Frank D. Lanterman Regional Center

## Total Annual Insurance-Related Expenditures by Residence

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| For All Ages                           |              |    |                       | Total                  |                            | Per Capita             |          |
|--|--------------|----|-----------------------|------------------------|----------------------------|------------------------|----------|
| Residence Type                         | Consun<br>Co |    | Total<br>Expenditures | Authorized<br>Services | Per Capita<br>Expenditures | Authorized<br>Services | Utilized |
| Out-of-State                           |              | 0  |                       |                        |                            |                        |          |
| Home of Parent or Guardian             |              | 66 | \$83,017              | \$404,295              | \$1,258                    | \$6,126                | 20.5%    |
| Independent Living or Supported Living |              | 0  |                       |                        |                            |                        |          |
| Developmental Center/State Hospital    |              | 0  |                       |                        |                            |                        |          |
| Correctional Institution               |              | 0  |                       |                        |                            |                        |          |
| Community Care Facility (CCF)          |              | 1  | \$0                   | \$0                    | \$0                        | \$0                    |          |
| ICF Facility & Continuous Nursing      |              | 0  |                       |                        |                            |                        |          |
| Skilled Nursing Facility (SNF)         |              | 0  |                       |                        |                            |                        |          |
| Foster Home, Children                  |              | 0  |                       |                        |                            |                        |          |
| Family Home, Adults                    |              | 0  |                       |                        |                            |                        |          |
| Psychiatric Treatment Facility         |              | 0  |                       |                        |                            |                        |          |
| Rehabilitation Center                  |              | 0  |                       |                        |                            |                        |          |
| Acute General Hospital                 |              | 0  |                       |                        |                            |                        |          |
| Sub-Acute .                            |              | 0  |                       |                        |                            |                        |          |
| Community Treatment Facility           |              | 0  |                       |                        |                            |                        |          |
| Hospice                                |              | 0  |                       |                        |                            |                        |          |
| Transient/Homeless                     |              | 0  |                       |                        |                            |                        |          |
| Other                                  |              | 0  |                       |                        |                            |                        |          |
|  | Totals:      | 67 | \$83,017              | \$404,295              | \$1,239                    | \$6,034                | 20.5%    |
|  |              | ٠. | Ψοσ,σ                 | Ψ101,200               | ψ.,200                     | ψο,σο .                | 20.070   |
| For Birth to age 2 years, inclu        | ısive        |    |                       |                        |                            |                        |          |
| Out-of-State                           |              | 0  |                       |                        |                            |                        |          |
| Home of Parent or Guardian             |              | 13 | \$6,195               | \$51,485               | \$477                      | \$3,960                | 12.0%    |
| Independent Living or Supported Living |              | 0  |                       |                        |                            |                        |          |
| Developmental Center/State Hospital    |              | 0  |                       |                        |                            |                        |          |
| Correctional Institution               |              | 0  |                       |                        |                            |                        |          |
| Community Care Facility (CCF)          |              | 0  |                       |                        |                            |                        |          |
| ICF Facility & Continuous Nursing      |              | 0  |                       |                        |                            |                        |          |
| Skilled Nursing Facility (SNF)         |              | 0  |                       |                        |                            |                        |          |
| Foster Home, Children                  |              | 0  |                       |                        |                            |                        |          |
| Family Home, Adults                    |              | 0  |                       |                        |                            |                        |          |
| Psychiatric Treatment Facility         |              | 0  |                       |                        |                            |                        |          |
| Rehabilitation Center                  |              | 0  |                       |                        |                            |                        |          |
| Acute General Hospital                 |              | 0  |                       |                        |                            |                        |          |
| Sub-Acute                              |              | 0  |                       |                        |                            |                        |          |
| Community Treatment Facility           |              | 0  |                       |                        |                            |                        |          |
| Hospice                                |              | 0  |                       |                        |                            |                        |          |
| Transient/Homeless                     |              | 0  |                       |                        |                            |                        |          |
| Other                                  |              | 0  |                       |                        |                            |                        |          |
|  | Totals:      | 13 | \$6,195               | \$51,485               | \$477                      | \$3,960                | 12.0%    |

Frank D. Lanterman Regional Center

## Total Annual Insurance-Related Expenditures by Residence

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| For age 3 years to 21 years, inclusive |                   | Total        | Total                  | Dor Conito                 | Per Capita             |          |
|--|-------------------|--------------|------------------------|----------------------------|------------------------|----------|
| Residence Type                         | Consumer<br>Count | Expenditures | Authorized<br>Services | Per Capita<br>Expenditures | Authorized<br>Services | Utilized |
| Out-of-State                           | 0                 |              |                        |                            |                        |          |
| Home of Parent or Guardian             | 53                | \$76,822     | \$352,809              | \$1,449                    | \$6,657                | 21.8%    |
| Independent Living or Supported        | d Living 0        |              |                        |                            |                        |          |
| Developmental Center/State Hos         | spital 0          |              |                        |                            |                        |          |
| Correctional Institution               | 0                 |              |                        |                            |                        |          |
| Community Care Facility (CCF)          | 0                 |              |                        |                            |                        |          |
| ICF Facility & Continuous Nursin       | ng 0              |              |                        |                            |                        |          |
| Skilled Nursing Facility (SNF)         | 0                 |              |                        |                            |                        |          |
| Foster Home, Children                  | 0                 |              |                        |                            |                        |          |
| Family Home, Adults                    | 0                 |              |                        |                            |                        |          |
| Psychiatric Treatment Facility         | 0                 |              |                        |                            |                        |          |
| Rehabilitation Center                  | 0                 |              |                        |                            |                        |          |
| Acute General Hospital                 | 0                 |              |                        |                            |                        |          |
| Sub-Acute                              | 0                 |              |                        |                            |                        |          |
| Community Treatment Facility           | 0                 |              |                        |                            |                        |          |
| Hospice                                | 0                 |              |                        |                            |                        |          |
| Transient/Homeless                     | 0                 |              |                        |                            |                        |          |
| Other                                  | 0                 |              |                        |                            |                        |          |
| -                                      | Fotals: 53        | \$76,822     | \$352,809              | \$1,449                    | \$6,657                | 21.8%    |
|  |                   | . ,          | . ,                    | . ,                        | . ,                    |          |
| For age 22 years and older             |                   |              |                        |                            |                        |          |
| Out-of-State                           | 0                 |              |                        |                            |                        |          |
| Home of Parent or Guardian             | 0                 |              |                        |                            |                        |          |
| Independent Living or Supported        | -                 |              |                        |                            |                        |          |
| Developmental Center/State Hos         | spital 0          |              |                        |                            |                        |          |
| Correctional Institution               | 0                 |              |                        |                            |                        |          |
| Community Care Facility (CCF)          | 1                 | \$0          | \$0                    | \$0                        | \$0                    |          |
| ICF Facility & Continuous Nursin       | ng 0              |              |                        |                            |                        |          |
| Skilled Nursing Facility (SNF)         | 0                 |              |                        |                            |                        |          |
| Foster Home, Children                  | 0                 |              |                        |                            |                        |          |
| Family Home, Adults                    | 0                 |              |                        |                            |                        |          |
| Psychiatric Treatment Facility         | 0                 |              |                        |                            |                        |          |
| Rehabilitation Center                  | 0                 |              |                        |                            |                        |          |
| Acute General Hospital                 | 0                 |              |                        |                            |                        |          |
| Sub-Acute                              | 0                 |              |                        |                            |                        |          |
| Community Treatment Facility           | 0                 |              |                        |                            |                        |          |
| Hospice                                | 0                 |              |                        |                            |                        |          |
| Transient/Homeless                     | 0                 |              |                        |                            |                        |          |
| Other                                  | 0                 |              |                        |                            |                        |          |
| ٦                                      | Totals: 1         | \$0          | \$0                    | \$0                        | \$0                    |          |