# Total Annual Insurance-Related Expenditures by Residence

## *For All Ages*

| Residence Type | Consumer Count | Total Expenditures | Total Authorized Services | Per Capita Expenditures | Per Capita Authorized Services | Utilized |
|---|---|---|---|---|---|---|
| Out-of-State | 0 | | | | | |
| Home of Parent or Guardian | 51 | $83,223 | $298,705 | $1,632 | $5,857 | 27.9% |
| 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:** | 51 | $83,223 | $298,705 | $1,632 | $5,857 | 27.9% |

## *For Birth to age 2 years, inclusive*

| | | | | | | |
|---|---|---|---|---|---|---|
| Out-of-State | 0 | | | | | |
| Home of Parent or Guardian | 6 | $5,585 | $9,215 | $931 | $1,536 | 60.6% |
| 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:** | 6 | $5,585 | $9,215 | $931 | $1,536 | 60.6% |

The expenditure data reported may not include payments made by the regional center to a service provider under a Contract. Typical services paid to a service provider under a Contract include, but are not limited to, Transportation Services, Transportation Assistant Services, and Supported Employment Program (SEP) Group Services.

# Total Annual Insurance-Related Expenditures by Residence

***For age 3 years to 21 years, inclusive***

| Residence Type | Consumer Count | Total Expenditures | Total Authorized Services | Per Capita Expenditures | Per Capita Authorized Services | Utilized |
|---|---|---|---|---|---|---|
| Out-of-State | 0 | | | | | |
| Home of Parent or Guardian | 44 | $77,248 | $288,620 | $1,756 | $6,560 | 26.8% |
| 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:** | 44 | $77,248 | $288,620 | $1,756 | $6,560 | 26.8% |

***For age 22 years and older***

| Residence Type | Consumer Count | Total Expenditures | Total Authorized Services | Per Capita Expenditures | Per Capita Authorized Services | Utilized |
|---|---|---|---|---|---|---|
| Out-of-State | 0 | | | | | |
| Home of Parent or Guardian | 1 | $390 | $870 | $390 | $870 | 44.8% |
| 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:** | 1 | $390 | $870 | $390 | $870 | 44.8% |

The expenditure data reported may not include payments made by the regional center to a service provider under a Contract. Typical services paid to a service provider under a Contract include, but are not limited to, Transportation Services, Transportation Assistant Services, and Supported Employment Program (SEP) Group Services.