

Sort by License Type

Line No	Description	PERCENTAGE OF TOTAL EXPENSE							Small Extensive Medical Needs	Extensive Support Needs Residents
		Sheltered Living	Intensive Training	Child Rearing	Child Rearing w/Spec. Prog	Basic Developmental	Developmental Training	Small Beh Mngt Res/Children		
311	Director of Nursing	0.00	0.10	0.00	0.20	0.10	0.10	0.70	0.00	0.10
312	Registered Nurses	0.30	1.10	1.30	1.30	1.10	0.90	0.80	2.30	1.50
313	Licensed Practical Nurses	1.10	0.80	0.00	0.30	0.60	0.70	1.40	0.40	0.00
314	Nurses Aides & Orderlies	0.00	0.10	0.00	0.00	0.60	0.40	0.00	0.00	0.00
315	Medical Director	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.00
316	Residential Supervisor	1.70	4.20	1.30	3.70	3.70	4.60	1.20	3.40	4.20
317	House Manager/Parent	27.20	27.50	40.10	38.90	31.00	27.60	36.90	28.00	42.00
318	Medical and Non-Medical Supplies	0.00	0.40	0.00	1.70	1.00	0.60	1.00	1.30	0.40
319	QMRP	2.10	2.00	1.60	1.30	1.90	1.80	3.70	1.80	2.20
320	Other	2.00	0.40	0.00	1.30	0.20	0.10	0.00	0.10	0.00
328	Total Nursing	34.50	36.60	44.30	48.90	40.20	36.80	45.60	37.40	50.50
331	Dietary Personnel	0.00	0.00	0.70	0.20	0.00	0.00	0.00	0.00	0.00
332	Dietician	0.00	0.20	0.00	0.00	0.10	0.20	0.10	0.20	0.10
333	Raw Food	3.00	3.70	2.30	3.30	3.20	3.40	4.00	2.80	2.60
337	Other Dietary Expense	0.10	0.00	0.00	0.10	0.00	0.00	0.00	0.00	0.10
338	Total Dietary	3.10	3.90	3.10	3.60	3.40	3.60	4.20	3.00	2.80
341	Laundry Personnel	0.60	0.70	0.00	1.60	1.00	0.80	2.00	3.50	0.30
342	Housekeeping Personnel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
343	Laundry Supplies/Services	0.00	0.10	0.00	0.30	0.10	0.10	0.30	1.10	0.10
344	Hskpg Supplies/Services	0.80	0.80	0.60	1.20	0.80	0.80	1.30	1.10	0.60
348	Total Laundry & Housekeeping	1.50	1.60	0.60	3.10	2.00	1.70	3.60	5.80	1.00
351	Plant Operation Personnel	0.70	0.90	3.70	1.40	0.80	0.70	0.80	0.10	0.60
352	Utilities	2.10	1.80	1.50	1.70	1.50	1.60	1.50	1.70	1.40
357	Other Plant	1.20	0.40	0.00	0.30	0.50	0.40	0.90	0.10	0.10
358	Total Plant	4.10	3.10	5.20	3.40	2.80	2.70	3.30	2.00	2.10
361	Facility Interest	0.00	0.60	0.00	0.10	0.50	0.50	1.30	1.70	0.80
362	Depreciation-Building	1.30	1.40	2.10	1.40	1.50	1.40	2.40	2.60	2.30
363	Depreciation-Equipment	1.20	1.20	0.90	0.90	0.80	0.90	0.70	0.90	0.80
364	Lease-Building	0.00	1.30	0.00	0.10	0.90	1.80	0.00	1.10	0.50
365	Lease-Equipment	0.20	0.90	1.20	1.00	1.00	1.30	1.60	2.00	1.10
371	Insurance	0.90	0.50	1.40	0.60	0.50	0.50	0.80	0.30	0.30
372	Repairs & Maintenance	1.60	2.00	4.00	2.80	2.00	2.00	1.50	2.30	2.60
373	Real Estate Taxes	0.00	0.50	0.00	0.40	0.20	0.50	0.10	0.20	0.40
374	Personal Property Taxes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
377	Other Ownership	0.00	0.00	0.00	0.00	0.00	0.00	0.10	0.20	0.00
378	Total Ownership	5.30	8.40	9.60	7.30	7.50	8.90	8.60	11.30	8.80

Sort by License Type

Line No	Description	PERCENTAGE OF TOTAL EXPENSE						Small Beh Mngt Res/Children	Small Extensive Medical Needs	Extensive Support Needs Residents
		Sheltered Living	Intensive Training	Child Rearing	Child Rearing w/Spec. Prog	Basic Developmental	Developmental Training			
381	Administrator's Salary	1.50	0.40	0.00	0.10	0.40	0.40	0.50	0.40	0.10
382	Co-Administrator's Salary	0.00	0.10	0.00	0.10	0.10	0.10	0.30	0.40	0.30
383	Owner/Rel-Party/Mgmt	1.00	1.40	3.10	1.70	1.20	1.20	1.10	0.00	0.70
384	Director's Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
385	Other H/O Personnel	5.90	5.00	0.00	3.10	4.70	4.90	6.00	4.80	3.00
389	Office/Clerical Personnel	1.70	1.80	4.80	2.50	1.40	1.60	0.40	0.20	1.30
391	Legal/Accounting	2.90	1.10	0.80	0.70	0.90	1.00	1.40	2.10	0.70
392	Advertising-All Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
393	Advertising-Help Wanted	0.10	0.10	0.30	0.20	0.20	0.10	0.20	0.10	0.00
394	Travel	4.10	2.10	0.50	1.20	1.70	1.80	1.50	0.90	1.40
395	Telephone	0.50	0.70	0.80	0.60	0.60	0.70	0.70	0.70	0.70
396	Licenses,Dues, & Subscriptions	0.20	0.30	0.50	0.20	0.20	0.20	0.30	0.10	0.10
397	Office Supplies & Postage	0.50	0.50	1.80	1.10	0.60	0.70	0.80	0.70	0.40
398	Contributions & Donations	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
401	Interest-Working Capital	0.00	0.40	0.00	0.00	0.20	0.30	0.00	0.00	0.40
402	State Gross Receipts & Income Taxes	0.00	0.10	0.00	0.00	0.00	0.10	0.00	0.00	0.10
403	Utilization Review Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
404	Liability Insurance	0.10	0.50	0.00	0.20	0.40	0.50	0.50	0.10	0.30
405	Owner's Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
406	Mgmt Consultant	0.40	0.10	0.00	0.40	0.10	0.10	0.00	0.00	0.10
407	Other G&A	1.50	0.50	1.00	0.80	0.60	0.60	0.70	0.40	0.30
408	Total General & Administrative	20.30	15.00	13.60	12.80	13.40	14.30	14.40	11.10	10.20
411	Payroll Taxes	3.40	3.90	4.30	4.60	4.00	3.80	4.70	3.90	4.60
412	Health Insurance	3.20	4.10	6.20	5.20	5.20	5.10	5.20	3.80	5.40
413	Life Insurance	0.30	0.10	0.00	0.10	0.10	0.10	0.00	0.00	0.10
414	Worker's Compensation	1.10	1.20	2.30	1.60	1.10	1.10	1.00	0.70	1.20
415	Qualified Pensions	2.10	0.60	1.50	0.90	0.80	0.60	0.60	0.90	0.60
416	Owner's Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
417	Other Benefits	0.10	0.30	0.40	0.30	0.30	0.40	0.40	0.40	0.30
418	Total Employee Benefits	10.20	10.10	14.70	12.70	11.50	11.00	11.80	9.70	12.20

Sort by License Type

Line No	Description	PERCENTAGE OF TOTAL EXPENSE						Small Beh Mngt Res/Children	Small Extensive Medical Needs	Extensive Support Needs Residents
		Sheltered Living	Intensive Training	Child Rearing	Child Rearing w/Spec. Prog	Basic Developmental	Developmental Training			
421	Activity Director	0.00	0.30	0.00	0.00	0.20	0.30	0.00	0.00	0.40
422	Activity Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
423	Recreational Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
424	Social Worker	0.00	0.30	0.90	0.20	0.20	0.20	0.40	0.00	0.30
425	Activity Supplies	0.10	0.10	0.00	0.20	0.10	0.10	0.50	0.20	0.30
426	Other	0.00	0.00	1.50	0.50	0.00	0.00	0.00	0.00	0.00
427	Recreational Supplies	0.40	0.10	0.00	0.10	0.10	0.20	0.00	0.00	0.00
438	Total Social Services	0.50	0.90	2.50	1.10	0.70	0.90	0.90	0.20	1.10
439	Subtotal	79.40	79.50	93.50	93.00	81.60	79.80	92.50	80.40	88.50
441	Physical Therapy	0.00	0.00	0.00	0.10	0.00	0.00	0.00	0.50	0.00
442	Speech & Audiology Therapy	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
443	Occupational Therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
444	Respiratory Therapy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
448	Total Therapy Services	0.10	0.00	0.00	0.20	0.10	0.00	0.00	0.50	0.00
453	Physician/Dentist	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
454	Psychiatrist/Psych/Beh Spec	0.30	0.40	0.40	0.20	0.50	0.60	1.00	0.20	2.90
455	Pharmacy/Drugs	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
456	Vending Machines	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
457	Assessment Program Costs	4.60	5.60	6.10	5.60	5.50	5.50	5.80	5.40	5.60
461	Day Habilitation Services	15.40	14.40	0.00	1.10	12.30	13.90	0.70	13.40	2.90
462	Day Habilitation Transp Services	0.00	0.00	0.00	0.00	0.00	0.10	0.00	0.00	0.00
463	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
468	Total Ancillary	20.60	20.50	6.50	6.80	18.30	20.10	7.50	19.00	11.50
498	Grand Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Note: Percentages may not add due to rounding.