

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	0	0	0.00	593	2358	435,111.32
OUTPATIENT	22	103	4,097.94	0	0	0.00	4786	94364	460,258.75
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	233	1527	9,570.61
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4901	134286	13371,748.16
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	3	48	8,270.91
HOME HEALTH	0	0	0.00	0	0	0.00	2330	43262	1414,319.55
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	39	78	4,473.89	0	0	0.00	7346	41343	383,319.85
CLINIC SERVICES	2	3	652.20	0	0	0.00	535	164	25,292.52
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	4	40	753.85	0	0	0.00	501	173	1,853.25
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	41	1069	76,353.14
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	427	351	22,839.08
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	19	62	1,518.61	0	0	0.00	3873	7330	94,227.18
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	47	59	1,331.51	0	0	0.00	1	1	101.47
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	1	1	35.06	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	36	36	72.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	1	1	45.10	0	0	0.00	1	1	752.80
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	2604	187677	309,095.98
OTHER PRACTITIONER	1	1	71.98	0	0	0.00	283	1429	16,061.41
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	11	9	651.42	0	0	0.00	392	489	63,263.53
OPTOMETRIST	2	4	181.60	0	0	0.00	646	980	22,281.50
CHIROPRACTIC	0	0	0.00	0	0	0.00	402	1053	8,479.61

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	0	0	0.00	0	0	0.00	774	1198	14,200.44
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	144	280	8,805.29
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	383	11540	84,723.33
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	88	5243	226,518.58
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	2612	114115	1452,371.29
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	143	113	31,087.08
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	74	397	13,885.16	0	0	0.00	14199	650394	18540,906.63

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	1698	10105	6785,446.52	696	2567	2710,954.41
OUTPATIENT	0	0	0.00	14987	252266	4525,055.43	8265	94067	2985,445.01
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	217	3953	1417,186.66	2	12	4,157.76
INTERMEDIATE CARE FACILITY	0	0	0.00	601	15912	1951,903.82	3	79	10,364.55
INTER CARE MENTAL RETARDA	0	0	0.00	12	324	100,057.07	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	3481	89639	2707,406.59	65	245	21,410.31
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	24111	124989	4119,456.17	14957	31252	2811,111.66
CLINIC SERVICES	0	0	0.00	2811	3147	490,120.12	2309	3471	404,822.02
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	2281	4680	65,639.22	2578	5740	114,248.58
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	78	4624	55,657.89	10	261	4,097.01
REHAB SUPPORT SERVICES	0	0	0.00	2225	58017	3361,543.23	22	378	16,990.30
AMBULANCE SERVICES	0	0	0.00	870	1027	121,627.96	197	207	27,940.40
LOCAL EDUCATION AGENCY	0	0	0.00	419	112360	633,077.07	4	2357	9,460.97

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	0	0	0.00	101	652	11,533.84	2	3	38.12
PRESCRIBED DRUGS	0	0	0.00	23977	113753	9283,692.06	19735	59240	3210,352.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	131	151	9,254.20	6406	7431	515,642.99
IOWA PLAN PROGRAM	0	0	0.00	44860	46167	3182,514.68	34273	38363	1029,813.51
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	359	454	14,692.98	154	181	5,832.43
HMO SERVICES	0	0	0.00	0	0	0.00	927	961	239,402.26
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	21746	21746	43,492.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	673	1682	199,665.58	412	1080	33,055.94
MEDICAL SUPPLIES	0	0	0.00	8153	751215	1822,542.99	858	30629	175,007.96
OTHER PRACTITIONER	0	0	0.00	2498	19380	335,895.20	1174	2300	133,997.81
FAMILY CENTERED PROGRAM	0	0	0.00	44	977	20,456.66	13	252	6,062.18
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	4	138	9,584.37	1	31	2,905.94
DENTAL	0	0	0.00	3448	4410	653,556.82	2600	3432	529,465.64
OPTOMETRIST	0	0	0.00	2164	2842	133,126.17	1277	1516	107,777.05
CHIROPRACTIC	0	0	0.00	2221	6212	108,437.15	1709	4300	145,888.83

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	0	0	0.00	1172	1953	65,114.69	171	252	32,590.05
PHYSICAL DISABILITIES SVCS	0	0	0.00	416	16213	193,051.09	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	236	15469	371,026.30	0	0	0.00
PSYCHIATRIC	0	0	0.00	2339	5563	177,094.53	25	35	4,056.70
RESIDENTIAL CARE FACILITY	0	0	0.00	1431	42269	343,962.42	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1072	68330	2713,390.77	2	42	737.28
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	34	768	23,295.45	2	76	1,682.40
AIDS WAIVER SERVICES	0	0	0.00	10	667	8,957.24	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	25	1255	22,014.35	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1753	83058	1301,234.92	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1796	1458	421,983.53	10	7	2,177.50
UNASSIGNED	0	0	0.00	4	0	80.80	0	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	49585	1866080	47760,340.54	46541	312513	15340,981.57

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CHAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	374	1690	1639,918.17	398	8474	1710,303.91	1899	8359	9413,947.74
OUTPATIENT	7056	41770	1430,916.53	1746	14547	417,785.67	11201	91833	2520,312.63
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	0	0.00	0	0	0.00	10	44	6,613.54
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	9	130	103,078.79
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1298,825.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	2	31	6,475.81
HOME HEALTH	474	2495	77,881.98	62	466	10,916.26	694	4348	64,894.49
LEAD INSPECTION AGENCY	6	6	2,187.49	1	1	366.36	2	1	366.36
PHYSICIAN	18997	33964	2182,036.34	3787	6947	554,057.44	27065	52314	4375,007.97
CLINIC SERVICES	3242	4259	534,330.24	698	958	106,487.02	5696	8233	883,816.32
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1441	2672	39,128.51	386	1011	19,696.42	2694	6616	117,910.89
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	195	7512	98,818.08	85	3760	48,110.13	144	5048	73,693.17
REHAB SUPPORT SERVICES	0	0	0.00	13	90	3,861.11	3	17	262.47
AMBULANCE SERVICES	116	115	16,710.79	49	56	8,868.43	178	159	25,564.28
LOCAL EDUCATION AGENCY	107	15354	82,798.70	24	2123	17,645.32	99	21250	88,616.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CHAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	113	492	9,613.31	12	48	861.66	122	661	13,771.64
PRESCRIBED DRUGS	19490	37420	2185,179.30	4323	10909	713,957.84	25837	49492	2406,568.94
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	1182	1419	98,244.13	137	163	11,014.50	296	342	23,162.56
IOWA PLAN PROGRAM	56743	62207	595,905.08	10786	12298	237,083.44	72118	82268	946,333.43
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	4815	5784	361,407.05	884	1038	66,606.95	6670	7680	688,364.13
HMO SERVICES	1596	1672	184,918.75	271	277	38,104.75	1484	1558	210,832.94
PATIENT MANAGEMENT	37618	37618	75,236.00	6433	6433	12,866.00	48876	48876	97,752.00
HEALTH INS PREMIUM PAYMENT	636	1716	43,954.14	42	114	5,036.07	2608	8311	194,170.40
MEDICAL SUPPLIES	776	11303	105,780.63	137	4591	21,416.22	945	24944	140,732.37
OTHER PRACTITIONER	2491	8207	196,071.77	472	1166	42,482.09	3167	16035	337,997.04
FAMILY CENTERED PROGRAM	146	2050	55,601.69	82	1067	36,653.51	143	2407	72,287.29
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	2	48	3,293.06	8	203	14,298.37	5	127	8,236.58
DENTAL	3539	4193	545,780.28	860	1075	164,733.93	5194	6197	806,434.24
OPTOMETRIST	1270	1421	89,101.58	319	364	24,124.73	1788	2045	128,627.98
CHIROPRACTIC	887	2526	81,727.44	219	547	18,816.24	1371	3190	97,654.45

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD		AMOUNT PAID	CHAP		AMOUNT PAID	OTHER		AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE		RECIPS SERVED	UNITS OF SERVICE		RECIPS SERVED	UNITS OF SERVICE	
PODIATRIC	73	96	11,337.97	21	32	3,679.57	102	127	6,402.31
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	2	16	934.45	0	0	0.00	1	0	27,693.44
PSYCHIATRIC	9	12	1,068.78	8	29	1,243.09	18	38	2,156.75
RESIDENTIAL CARE FACILITY	0	0	0.00	1	28	287.17	1	0	361.96
MR WAIVER SERVICE	2	3	51.93	0	0	0.00	6	115	82,375.15
CHILDRENS MENTAL HEALTH SVC	28	583	19,692.10	22	943	15,608.20	37	1211	31,401.07
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	2	66	4,347.18
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	1	165.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	32	31	21,846.02	36	28	23,757.48	49	44	35,175.14
UNASSIGNED	1	0	0.00	0	0	0.00	6	0	2043,225.60
* A L L C A T E G O R I E S *	64986	288654	10791,472.29	12077	79730	4350,155.54	81570	454118	20121,929.81

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	72	471	236,447.43	828	3420	801,707.81	54	194	255,800.56
OUTPATIENT	899	7471	188,478.41	6368	146422	727,672.37	566	8184	174,101.24
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	0	0.00	510	4118	29,432.78	6	37	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8952	229945	26327,530.78	1	0	915.84-
INTER CARE MENTAL RETARDA	7	150	46,636.41	1	0	547.50-	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	30	714	152,716.20	0	0	0.00
HOME HEALTH	74	3178	92,076.57	3780	76290	2766,791.37	67	1239	27,223.73
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2406	3974	238,399.89	8656	53037	598,469.58	917	2464	175,709.30
CLINIC SERVICES	519	885	108,242.91	709	302	51,128.66	142	182	22,973.96
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	247	587	8,940.63	668	313	3,786.15	122	296	5,700.02
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIATION SERVICES	682	87134	771,144.30	0	0	0.00	1	23	318.09
REHAB SUPPORT SERVICES	6	107	10,051.26	23	644	30,418.29	52	1603	124,043.63
AMBULANCE SERVICES	19	21	2,578.77	663	696	61,562.32	17	18	2,230.05
LOCAL EDUCATION AGENCY	73	23856	106,100.13	10	1516	7,881.83	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	25	93	2,090.07	5	27	380.96	0	0	0.00
PRESCRIBED DRUGS	4989	13957	1401,658.21	10278	23836	311,539.52	1009	3680	211,219.53
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	32	39	2,873.40	0	0	0.00	29	35	2,571.48
IOWA PLAN PROGRAM	9365	9740	921,241.01	1879	1940	119,005.42	1394	1591	52,374.50
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	289	357	20,204.73	5	6	125.58	21	23	659.25
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	61	61	122.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	153	398	19,594.68	30	73	9,859.68	7	18	692.31
MEDICAL SUPPLIES	199	20772	56,326.15	4318	419711	651,714.47	158	11017	17,202.40
OTHER PRACTITIONER	576	5965	70,886.11	396	1446	26,665.92	58	90	4,649.74
FAMILY CENTERED PROGRAM	190	2962	91,526.99	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	141	1184	53,198.11	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	240	10500	661,465.88	0	0	0.00	0	0	0.00
DENTAL	904	1084	147,806.66	726	859	134,791.12	175	233	29,331.70
OPTOMETRIST	339	381	21,081.02	788	1095	28,161.89	93	122	5,529.60
CHIROPRACTIC	151	352	10,687.46	287	686	6,984.93	102	213	6,036.87

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	24	33	2,114.20	1385	1899	24,108.81	49	67	2,818.21
PHYSICAL DISABILITIES SVCS	0	0	0.00	147	5407	73,386.70	0	0	0.00
BRAIN INJ WAIVER SERVICES	25	1616	29,390.32	292	14595	435,714.33	0	0	0.00
PSYCHIATRIC	6	13	1,188.92	232	513	17,963.56	35	76	3,542.07
RESIDENTIAL CARE FACILITY	1	1	25.07	15	358	3,431.13	1	31	290.35
MR WAIVER SERVICE	160	8082	177,127.05	4	180	15,722.78	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	2	133	2,804.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	1	54	1,499.40	26	2105	20,109.74	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5653	244181	2784,140.49	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	29	1672	24,369.26	8	297	3,075.88	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	185	163	42,216.18	133	96	25,885.21	18	3	1,137.88
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	9664	207446	5570,593.59	15556	1236727	36251,318.76	1791	31439	1125,240.63

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY W/ SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	204	1177	1499,861.95	63	549	461,306.42	8	43	89,170.15
OUTPATIENT	464	12573	146,046.57	1095	7281	250,395.58	91	1448	90,780.68
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	0	4,800.56-	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	50	670	34,302.97	59	161	9,162.20	3	8	257.46
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	866	7101	283,581.07	3149	5125	338,696.57	133	476	83,915.80
CLINIC SERVICES	79	107	14,045.88	649	833	92,620.50	15	20	2,563.48
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	47	162	2,199.13	153	453	7,180.68	23	67	1,699.13
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	40	2068	28,335.39	0	0	0.00
REHAB SUPPORT SERVICES	23	741	78,262.63	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	40	38	5,286.93	17	15	2,934.36	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	29	3451	14,835.04	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY W/ SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	0	0	0.00	3	6	214.08	0	0	0.00
PRESCRIBED DRUGS	272	1261	62,272.67	3943	7389	540,877.08	157	682	45,091.97
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	6	8	224.28	51	64	4,078.83	3	3	154.93
IOWA PLAN PROGRAM	0	0	0.00	12027	13242	137,453.48	193	194	19,590.14
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	3	3	1,789.19	544	583	33,637.52	0	0	0.00
HMO SERVICES	0	0	0.00	250	256	29,750.95	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8619	8619	17,238.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	52	137	6,493.92	0	0	0.00
MEDICAL SUPPLIES	99	52.64	21,469.89	112	2884	14,056.71	18	208	3,189.87
OTHER PRACTITIONER	62	123	7,316.99	470	1638	37,460.53	8	15	634.09
FAMILY CENTERED PROGRAM	0	0	0.00	19	142	5,588.05	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	53	86	23,676.95	1191	1433	199,030.61	17	20	2,573.38
OPTOMETRIST	30	37	2,150.61	400	442	28,187.88	3	3	207.89
CHIROPRACTIC	18	34	681.90	278	527	16,499.68	10	21	678.67

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY W/ SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	18	30	846.95	21	25	2,260.72	2	3	193.48
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	1	1	268.31	0	0	0.00
PSYCHIATRIC	43	105	4,817.81	3	12	721.56	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1	6	172.62	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	5	238	5,026.04	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	21	3	1,294.90	5	4	2,505.73	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1015	29523	2185,328.71	11755	57584	2286,989.04	194	3211	340,701.12

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	1	14	6,757.97	0	0	0.00
OUTPATIENT	0	0	0.00	2	23	19.84	1	1	483.03
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	1	1	72.73	0	0	0.00
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1	2	36.20	0	0	0.00
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	4	40	6,886.74	0	1	483.03

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	3	59	9,110.57	3	8	10,568.00	2	3	10,456.99
OUTPATIENT	14	72	2,172.12	13	107	515.31	25	339	5,459.68
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	1	3	41.61	2	137	41.50	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	32	58	2,506.98	14	57	689.71	32	154	13,451.95
CLINIC SERVICES	1	2	272.16	1	1	99.57	5	8	713.34
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	3	11	71.97	0	0	0.00	3	8	154.72
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	1	8	153.92	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	4	70	7,223.16	3	14	1,267.42
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	1	1	140.81
LOCAL EDUCATION AGENCY	4	1890	12,017.49	0	0	0.00	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	80	312	31,709.33	7	13	901.53	40	108	6,477.91
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	1	1	71.86	0	0	0.00	3	3	207.66
IOWA PLAN PROGRAM	92	97	9,878.05	10	12	671.90	98	100	13,039.99
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	4	5	168.67	0	0	0.00	2	2	66.06
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	6	14	877.65	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	6	1236	969.35	1	1	12.08	2	232	113.35
OTHER PRACTITIONER	11	25	597.72	1	1	20.00	3	14	820.80
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	3	5	364.97	0	0	0.00	4	4	321.74
OPTOMETRIST	3	3	123.82	0	0	0.00	2	3	153.51
CHIROPRACTIC	2	4	17.19	0	0	0.00	2	9	273.87

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	0	0	0.00	3	7	126.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	1	6	104.94	7	10	239.65	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	1	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1	12	2,317.08	1	15	491.85
CHILDRENS MENTAL HEALTH SVC	73	2277	62,338.66	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	85	84	51,940.50	1	1	209.04	1	1	224.29
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	85	6172	185,509.53	9	437	23,634.53	89	1018	53,835.94

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	42	513	307,959.13	149	710	421,303.56	0	0	0.00
OUTPATIENT	375	4192	151,699.73	2518	38271	400,196.34	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	2	4	2,328.60	7	105	22,238.62	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	11	92	12,314.49	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2142	64807	22667,270.21	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	18	264	15,337.91	1028	46963	1053,650.65	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	688	1688	135,173.53	4443	18168	373,758.23	0	0	0.00
CLINIC SERVICES	136	203	23,586.09	368	341	51,364.81	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	91	293	4,321.67	340	587	7,229.57	0	0	0.00
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	60	9852	83,626.50	5	172	3,427.20	0	0	0.00
REHAB SUPPORT SERVICES	3	45	1,847.37	45	678	43,735.39	0	0	0.00
AMBULANCE SERVICES	18	16	1,871.18	105	116	10,503.42	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	413	132764	660,985.12	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	4	12	322.81	24	156	3,158.65	0	0	0.00
PRESCRIBED DRUGS	1082	4784	314,596.56	5627	20462	1815,447.45	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	11	11	1,002.34	24	26	955.09	0	0	0.00
IOWA PLAN PROGRAM	1743	1973	185,395.49	9866	9979	614,690.44	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	43	60	3,426.26	89	104	3,066.38	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	1	1	2.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	3	7	641.50	510	1250	173,227.93	0	0	0.00
MEDICAL SUPPLIES	117	7386	21,471.79	1963	309166	489,534.32	0	0	0.00
OTHER PRACTITIONER	94	216	10,524.35	1080	13816	182,528.34	0	0	0.00
FAMILY CENTERED PROGRAM	17	180	6,901.36	4	35	1,388.57	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	1	12	605.67	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	19	693	43,172.49	1	18	1,687.32	0	0	0.00
DENTAL	131	181	36,896.30	1084	1222	106,413.91	0	0	0.00
OPTOMETRIST	88	104	7,106.56	559	678	28,123.77	0	0	0.00
CHIROPRACTIC	53	133	4,284.14	268	588	9,612.53	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	21	24	1,968.40	511	759	19,356.24	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	182	11373	242,594.99	0	0	0.00
PSYCHIATRIC	4	6	433.03	436	713	23,305.01	0	0	0.00
RESIDENTIAL CARE FACILITY	1	42	290.35	27	693	5,593.76	0	0	0.00
MR WAIVER SERVICE	3	284	7,328.59	7735	500092	18414,820.17	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	3	50	1,537.84	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	4	275	3,316.67	4	134	3,703.89	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	7	85.68	174	8524	124,978.79	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	9	9	3,792.93	7557	6856	1863,201.11	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1761	33520	1382,854.82	10416	1190418	49855,366.27	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			TOTAL			RECIPTS UNITS OF SERVICE	AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID		
INPATIENT	0	0	0.00	7051	40714	26806,134.61		
OUTPATIENT	0	0	0.00	59869	815334	14481,892.86		
CHILD PART HOSP	0	0	0.00	0	0	0.00		
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00		
ADULT PART HOSP	0	0	0.00	0	0	0.00		
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00		
SKILLED NURSING FACILITY	0	0	0.00	967	9800	1478,301.49		
INTERMEDIATE CARE FACILITY	0	0	0.00	14203	380444	41565,066.61		
INTER CARE MENTAL RETARDA	0	0	0.00	2161	65281	21514,591.19		
NURSING FAC FOR MENTAL ILL	0	0	0.00	35	793	167,462.92		
HOME HEALTH	0	0	0.00	12105	269368	8165,926.17		
LEAD INSPECTION AGENCY	0	0	0.00	9	8	2,920.21		
PHYSICIAN	0	0	0.00	115284	383190	16673,888.66		
CLINIC SERVICES	0	0	0.00	17748	23119	2813,131.80		
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00		
LAB AND RADIOLOGICAL	0	0	0.00	11532	23711	400,550.59		
REHABILITATION SERVICES	0	0	0.00	0	0	0.00		
REMEDIAL SERVICES	0	0	0.00	1268	120462	1167,381.68		
REHAB SUPPORT SERVICES	0	0	0.00	2415	63473	3755,334.46		
AMBULANCE SERVICES	0	0	0.00	2704	2836	310,658.78		
LOCAL EDUCATION AGENCY	0	0	0.00	1171	316921	1633,417.67		

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			TOTAL					
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	393	2150	41,985.14			
PRESCRIBED DRUGS	0	0	0.00	123125	354690	22637,287.69			
DRUG CAPITATION	0	0	0.00	0	0	0.00			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	0	0	0.00	8303	9696	669,458.25			
IOWA PLAN PROGRAM	0	0	0.00	254788	280231	8066,423.54			
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00			
EPSDT SCREENING	0	0	0.00	13819	16281	1200,082.24			
HMO SERVICES	0	0	0.00	4524	4724	703,009.65			
PATIENT MANAGEMENT	0	0	0.00	123391	123391	246,782.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5134	14802	688,067.70			
MEDICAL SUPPLIES	0	0	0.00	20020	1788236	3850,636.53			
OTHER PRACTITIONER	0	0	0.00	12724	71867	1404,681.89			
FAMILY CENTERED PROGRAM	0	0	0.00	645	10072	296,466.30			
FAMILY PRESERVATION	0	0	0.00	0	0	0.00			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	142	1196	53,803.78			
GROUP TREATMENT THERAPY	0	0	0.00	279	11758	744,644.01			
DENTAL	0	0	0.00	20247	24932	3445,093.20			
OPTOMETRIST	0	0	0.00	9755	12040	626,047.16			
CHIROPRACTIC	0	0	0.00	7914	20395	516,760.96			

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			TOTAL		AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE							
PODIATRIC	0	0	0.00	4327	6505	187,118.04						
PHYSICAL DISABILITIES SVCS	0	0	0.00	560	21620	266,437.79						
BRAIN INJ WAIVER SERVICES	0	0	0.00	724	43070	1052,235.26						
PSYCHIATRIC	0	0	0.00	3282	7411	246,741.69						
RESIDENTIAL CARE FACILITY	0	0	0.00	1851	54906	437,667.28						
MR WAIVER SERVICE	0	0	0.00	9015	582404	21476,303.55						
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	203	6279	163,385.76						
AIDS WAIVER SERVICES	0	0	0.00	37	2826	30,566.38						
ELDERLY WAIVER SERVICES	0	0	0.00	8149	360026	4261,199.51						
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1961	93559	1453,579.53						
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00						
MEP SERVICES	0	0	0.00	9733	8901	2528,434.52						
UNASSIGNED	0	0	0.00	11	0	2043,144.80-						
* A L L C A T E G O R I E S *	0	0	0.00	321371	6449422	216188,414.25				0	0	0.00

* * * E N D O F R E P O R T * * *