

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	501	1846	383,564.88
OUTPATIENT	15	99	2,497.09	0	0	0.00	4153	67606	391,280.88
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	159	1747	70,788.34
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4503	131366	10425,891.75
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	73	10,568.64
HOME HEALTH	0	0	0.00	0	0	0.00	2094	39781	1200,911.81
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	24	36	2,405.14	0	0	0.00	8172	44555	396,493.18
CLINIC SERVICES	4	9	1,083.32	0	0	0.00	486	212	43,955.35
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	2	3	52.12	0	0	0.00	518	204	2,455.12
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	35	1003	61,738.47
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	402	440	30,707.27
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	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
PRESCRIBED DRUGS	14	25	534.43	0	0	0.00	3227	5013	60,483.38
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	111.23	0	0	0.00	2	2	12.94
IOWA PLAN PROGRAM	47	50	1,117.10	0	0	0.00	4	4	405.88
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	47	47	94.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	1	2	90.20	0	0	0.00	1	1	752.80
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	2020	116975	196,286.53
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	284	1423	16,253.51
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	5	6	484.55	0	0	0.00	431	522	71,581.66
OPTOMETRIST	4	4	243.33	0	0	0.00	762	1134	21,987.08
CHIROPRACTIC	1	3	160.53	0	0	0.00	465	1192	7,046.30
PODIATRIC	0	0	0.00	0	0	0.00	1152	1629	15,780.36

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
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	181	293	8,539.97
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	380	11782	90,192.17
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	88	5824	241,721.92
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	2389	103275	1342,790.13
SICK & 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	112	119	28,059.72
UNASSIGNED	0	0	0.00	0	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	74	285	8,873.04	0	0	0.00	14052	538021	15120,250.04

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	1291	7578	5340,062.08	549	1826	2031,689.16
OUTPATIENT	0	0	0.00	12440	218660	3830,040.33	7106	78759	2489,382.04
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	146	3721	1384,986.25	1	0	116.16
INTERMEDIATE CARE FACILITY	0	0	0.00	553	15519	1493,853.37	2	62	6,386.62
INTER CARE MENTAL RETARDA	0	0	0.00	15	450	155,577.11	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	2644	70734	2268,655.10	28	155	10,571.17
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	22880	100965	3572,225.73	13579	25943	2350,020.85
CLINIC SERVICES	0	0	0.00	2615	3469	446,042.91	2068	3070	361,532.45
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1903	4075	56,922.26	1969	4784	97,018.90
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	2186	56118	2871,128.78	22	334	16,856.74
AMBULANCE SERVICES	0	0	0.00	716	808	91,489.32	196	202	28,846.05
LOCAL EDUCATION AGENCY	0	0	0.00	317	84264	390,334.75	4	1557	6,117.00
EARLY ACCESS SERVICES	0	0	0.00	48	297	6,096.95	0	0	0.00

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
PRESCRIBED DRUGS	0	0	0.00	22524	92181	6951,373.35	17998	48292	2514,472.52
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	133	147	9,025.69	5249	6131	442,176.47
IOWA PLAN PROGRAM	0	0	0.00	45049	46722	3226,952.34	34940	39470	1056,548.07
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	258	293	8,808.36	105	122	4,324.79
HMO SERVICES	0	0	0.00	0	0	0.00	944	988	246,187.16
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	21920	21920	43,840.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	657	1438	157,693.31	415	965	27,504.81
MEDICAL SUPPLIES	0	0	0.00	6647	525926	1330,169.48	866	26893	165,277.98
OTHER PRACTITIONER	0	0	0.00	1707	49422	253,663.61	1070	2150	127,650.32
FAMILY CENTERED PROGRAM	0	0	0.00	102	2294	60,955.75	25	390	11,431.91
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	1	13	613.78	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	7	219	12,732.44	1	29	2,731.22
DENTAL	0	0	0.00	3252	4109	599,650.57	2572	3401	557,365.44
OPTOMETRIST	0	0	0.00	1968	2476	125,141.86	1172	1381	95,676.90
CHIROPRACTIC	0	0	0.00	1891	5761	68,980.01	1447	3287	111,634.24
PODIATRIC	0	0	0.00	1178	1803	59,089.92	152	200	21,536.54

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
PHYSICAL DISABILITIES SVCS	0	0	0.00	386	14137	167,912.40	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	225	14311	360,550.07	0	0	0.00
PSYCHIATRIC	0	0	0.00	2225	4326	125,890.88	13	31	1,913.66
RESIDENTIAL CARE FACILITY	0	0	0.00	1452	44795	345,506.08	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1050	68591	2747,772.34	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	34	936	30,653.96	3	94	2,370.37
AIDS WAIVER SERVICES	0	0	0.00	12	891	10,411.25	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	21	1159	18,872.61	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1733	84261	1317,924.40	2	14	462.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1468	1777	432,252.26	7	8	2,859.91
UNASSIGNED	0	0	0.00	2	0	0.00	3	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	49127	1534647	40330,013.66	45373	272458	12834,269.13

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

ADC - CHILD

CHAP

OTHER

RECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAID

INPATIENT	279	1437	1494,196.95	393	8974	1867,544.04	1437	6675	7351,223.80
OUTPATIENT	5253	31365	1174,531.74	1414	12698	354,325.05	8616	72551	2100,584.98
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	96	10,476.40	0	0	0.00	3	10	2,796.59-
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	3	11	24,941.16-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	181	1229,023.73-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	13	2,710.63
HOME HEALTH	254	930	53,724.57	27	87	4,320.53	320	2028	572,594.15-
LEAD INSPECTION AGENCY	4	4	1,749.08	0	0	0.00	2	1	1,084.33
PHYSICIAN	16923	28090	1818,356.37	3350	5920	446,482.39	23392	42365	3646,018.36
CLINIC SERVICES	3160	4155	490,350.38	709	995	106,836.04	4994	7332	746,334.30
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	752	1777	24,371.21	291	940	16,665.06	1818	5030	87,027.04
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	1	5	410.15	11	220	14,375.30	2	82	4,523.20
AMBULANCE SERVICES	122	121	18,436.30	42	44	6,807.24	160	162	27,272.75
LOCAL EDUCATION AGENCY	115	13762	70,371.28	24	2840	9,930.35	101	18294	78,300.11
EARLY ACCESS SERVICES	49	201	5,555.20	10	40	1,161.65	64	286	8,123.93

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

ADC - CHILD

CHAP

OTHER

RECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAID

PRESCRIBED DRUGS	16692	29279	1608,624.13	3699	8772	578,870.51	21462	37782	1978,635.88
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	883	1012	71,564.20	144	171	11,774.13	316	336	23,266.25
IOWA PLAN PROGRAM	57881	63872	612,278.96	10675	12197	232,975.98	71644	82982	1831,272.67
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	1	0	4.74
EPSDT SCREENING	3025	3379	268,027.15	632	712	49,423.35	4987	5562	583,359.58
HOME SERVICES	1682	1765	209,686.32	264	271	32,568.63	1508	1603	256,979.61
PATIENT MANAGEMENT	38035	38035	76,070.00	6217	6217	12,434.00	47691	47690	95,380.00
HEALTH INS PREMIUM PAYMENT	622	1484	36,155.01	48	110	4,982.22	2576	6988	167,836.84
MEDICAL SUPPLIES	733	12549	91,677.09	131	4961	27,030.12	907	21475	150,027.34
OTHER PRACTITIONER	1340	13618	106,207.05	312	721	30,689.45	2029	13969	199,311.66
FAMILY CENTERED PROGRAM	369	6132	177,156.04	185	2800	79,806.16	263	4389	120,440.46
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	3	16	735.04	1	17	750.38
GROUP TREATMENT THERAPY	7	128	9,941.21	18	553	24,611.53	10	214	11,656.74
DENTAL	3503	4122	536,465.13	774	951	169,900.88	4697	5482	729,409.90
OPTOMETRIST	1257	1421	91,113.31	308	345	23,162.41	1691	1937	120,584.05
CHIROPRACTIC	748	1898	61,157.97	197	494	16,843.42	1270	2686	82,190.46
PODIATRIC	60	80	7,847.36	18	23	2,167.46	85	111	10,386.83

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	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
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	9	16	1,038.65	6	10	751.07	15	108	2,790.13
RESIDENTIAL CARE FACILITY	0	0	0.00	3	302	2,817.56	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1	12	512.88	6	100	2,252.21-
CHILDRENS MENTAL HEALTH SVC	24	588	20,487.33	25	1057	21,483.62	35	1114	30,239.31
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	1	6,902.91-
SICK & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	41	643.63
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	33	35	19,628.03	25	25	14,295.57	46	53	27,801.59
UNASSIGNED	2	0	0.00	0	0	0.00	2	0	669,591.97-
* A L L C A T E G O R I E S *	65176	261356	9167,654.57	11891	73478	4166,283.64	79778	389661	17968,068.76

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	43	624	160,069.97	562	2370	627,430.38	41	222	296,322.11
OUTPATIENT	788	6430	190,834.31	4982	91807	521,462.55	433	4817	139,388.84
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	92	27,888.04	295	3075	30,792.88	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8281	241936	22582,111.21	0	0	0.00
INTER CARE MENTAL RETARDA	3	93	23,603.40	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	18	558	104,876.80	0	0	0.00
HOME HEALTH	51	3206	81,344.51	3141	57933	2155,721.73	54	929	16,889.38
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2087	3138	190,304.23	8539	52205	464,830.52	893	2539	142,961.82
CLINIC SERVICES	370	469	47,967.74	475	264	31,646.10	127	137	15,730.90
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	156	453	6,851.11	604	255	3,057.04	84	193	3,597.20
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	1	0	0.00	22	686	32,940.06	42	1254	80,651.94
AMBULANCE SERVICES	15	14	1,354.85	555	612	51,817.48	16	16	2,387.27
LOCAL EDUCATION AGENCY	58	17258	95,960.71	7	1844	9,065.91	0	0	0.00
EARLY ACCESS SERVICES	20	99	3,254.22	2	7	138.80	0	0	0.00

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
PRESCRIBED DRUGS	4548	11677	1067,617.48	9727	20436	347,793.30	894	2851	153,989.98
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	35	42	2,655.55	0	0	0.00	30	31	2,259.89
IOWA PLAN PROGRAM	9434	9864	929,964.51	1886	1967	120,984.43	1371	1580	51,558.44
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	191	216	8,498.04	6	7	164.74	11	11	1,379.55
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	69	69	138.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	148	324	15,723.44	30	58	8,865.79	3	4	541.55
MEDICAL SUPPLIES	189	21525	54,841.08	3375	291216	420,390.07	116	6535	11,040.04
OTHER PRACTITIONER	432	5529	49,557.18	398	1398	26,181.22	55	132	4,666.94
FAMILY CENTERED PROGRAM	358	5964	179,571.52	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	326	2839	125,853.55	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	720	25591	1656,589.56	0	0	0.00	0	0	0.00
DENTAL	837	974	131,600.47	750	885	137,984.81	145	181	29,106.51
OPTOMETRIST	356	377	24,289.96	829	1126	24,943.41	100	125	6,284.66
CHIROPRACTIC	124	276	8,289.40	294	712	4,618.29	110	214	5,581.57
PODIATRIC	24	33	5,746.77	1707	2252	22,487.67	59	76	2,501.61

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	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
PHYSICAL DISABILITIES SVCS	0	0	0.00	138	5386	63,204.88	0	0	0.00
BRAIN INJ WAIVER SERVICES	25	1649	31,250.69	278	13247	390,963.92	0	0	0.00
PSYCHIATRIC	9	13	1,046.61	233	364	10,631.19	31	43	1,230.47
RESIDENTIAL CARE FACILITY	0	0	0.00	9	172	1,933.40	0	0	0.00
MR WAIVER SERVICE	163	7183	183,717.91	7	149	6,612.39	1	110	16,245.90
CHILDRENS MENTAL HEALTH SVC	1	39	1,487.22	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	1	85	1,487.50	27	2945	26,268.86	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5248	220796	2441,051.63	0	0	0.00
SICK & HANDICAPPED WAIVER SVCS	34	1512	25,010.55	1	34	408.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	167	205	50,149.66	95	95	23,827.19	9	11	2,691.20
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 *	9627	127862	5384,519.74	15279	1016797	30695,206.65	1850	22011	987,007.77

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	147	527	667,468.20	48	338	206,885.52	2	2	4,007.79
OUTPATIENT	393	8557	191,599.15	860	5632	212,159.43	84	2204	260,611.38
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	39	454	34,407.31	31	88	4,295.30	4	136	10,081.49
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	758	6328	218,894.09	2677	4213	269,173.81	130	390	72,084.62
CLINIC SERVICES	58	68	9,810.29	587	734	80,240.68	18	25	4,256.27
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	35	109	1,821.12	125	354	5,673.47	21	70	1,145.95
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	4	59	3,358.69	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	35	40	10,033.85	21	22	2,846.04	1	1	134.45
LOCAL EDUCATION AGENCY	0	0	0.00	17	1680	7,284.31	0	0	0.00
EARLY ACCESS SERVICES	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	MEDICALLY NEEDY WI 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
PRESCRIBED DRUGS	256	1083	49,680.30	3231	5684	401,900.34	154	534	39,615.10
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	8	8	550.72	53	65	3,914.78	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	11753	13049	134,044.71	195	199	20,002.45
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	2	1,221.27	392	412	20,762.86	0	0	0.00
HMO SERVICES	0	0	0.00	225	229	27,784.76	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8503	8503	17,006.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	35	81	3,496.11	0	0	0.00
MEDICAL SUPPLIES	87	3949	19,626.39	115	3326	24,393.15	15	27	1,824.71
OTHER PRACTITIONER	41	70	3,583.02	282	744	20,248.62	13	37	802.66
FAMILY CENTERED PROGRAM	0	0	0.00	61	1201	32,729.04	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	6	119	10,105.36	0	0	0.00
DENTAL	50	69	10,927.72	1050	1214	162,506.05	13	13	1,420.73
OPTOMETRIST	41	57	3,207.70	396	448	29,425.43	8	9	674.02
CHIROPRACTIC	22	48	1,201.56	233	484	15,468.17	8	16	576.90
PODIATRIC	10	10	262.49	20	27	2,974.50	2	1	44.94

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
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	43	95	4,875.02	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	1	6	201.72	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	2	166	2,747.52	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	6	5	1,086.69	5	7	2,414.02	0	0	0.00
UNASSIGNED	2	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	868	21538	1233,615.58	11617	48826	1700,681.70	196	3664	417,283.46

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	0	0	0.00	0	0	0.00
OUTPATIENT	1	2	219.33	1	3	53.07	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	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	0	0	0.00	0	0	0.00
CLINIC SERVICES	0	0	0.00	1	1	8.21	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	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	1	1	350.07	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	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
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	1	1	634.14	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
PODIATRIC	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
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
SICK & 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	1	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	2	3	569.40	3	5	695.42	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
INPATIENT	2	51	7,957.53	2	19	3,094.00	1	10	11,256.89
OUTPATIENT	10	60	2,953.92	6	56	371.84	10	115	3,296.39
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	60	3,488.10	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	27	36	2,437.29	22	37	365.34	26	68	3,017.82
CLINIC SERVICES	4	7	676.21	0	0	0.00	3	3	344.67
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1	6	23.43	0	0	0.00	3	5	64.40
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	4	32	2,300.94	3	28	1,919.95
AMBULANCE SERVICES	1	2	205.06	1	1	67.35	1	1	121.17
LOCAL EDUCATION AGENCY	2	520	1,947.57	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	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 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
PRESCRIBED DRUGS	67	219	26,187.94	6	12	109.05	31	87	5,890.20
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	1	1	75.90
IOWA PLAN PROGRAM	87	90	9,017.14	13	13	732.85	94	113	14,817.59
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	53.83	0	0	0.00	2	2	70.12
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	12	765.90	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	1	26-	36.58-	0	0	0.00	2	103	123.55
OTHER PRACTITIONER	5	20	1,216.98	0	0	0.00	3	5	92.57
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	8	10	3,792.65	1	1	22.98	2	2	1,004.12
OPTOMETRIST	6	10	573.05	1	1	131.70	1	1	43.31
CHIROPRACTIC	3	3	45.95	0	0	0.00	1	1	82.15
PODIATRIC	1	1	238.53	1	3	32.95	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 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
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	1	129.82	2	5	149.47	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	3	55	138.63	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	56	1684	39,201.04	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
SICK & 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	80	82	49,936.72	1	1	211.52	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 *	82	2851	150,812.08	15	236	7,728.62	88	545	42,220.80

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	24	247	167,395.41	92	312	173,420.85	0	0	0.00
OUTPATIENT	322	5640	126,078.56	1898	29533	313,181.99	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	0	0	0.00	4	73	30,235.14	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	7	141	12,854.88	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2135	64953	22341,554.92	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	9	173	10,430.57	816	33426	1052,299.88	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	641	1387	119,160.11	4075	13601	286,556.57	0	0	0.00
CLINIC SERVICES	111	157	20,175.54	291	296	41,092.08	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	64	183	3,051.01	258	407	4,714.83	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	3	53	4,103.43	38	595	27,211.91	0	0	0.00
AMBULANCE SERVICES	12	13	1,511.10	92	113	9,499.15	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	302	106496	529,608.80	0	0	0.00
EARLY ACCESS SERVICES	2	6	125.00	12	86	1,505.12	0	0	0.00

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
PRESCRIBED DRUGS	973	3747	238,272.87	5158	16528	1329,234.09	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	8	8	823.35	13	13	460.11	0	0	0.00
IOWA PLAN PROGRAM	1615	1891	179,965.07	9694	9810	604,704.07	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	23	25	2,184.28	82	87	2,103.31	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	10	10	20.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	4	10	517.90	479	1015	119,182.24	0	0	0.00
MEDICAL SUPPLIES	117	5348	21,487.11	1642	230607	405,842.16	0	0	0.00
OTHER PRACTITIONER	58	125	5,552.49	589	59749	175,394.68	0	0	0.00
FAMILY CENTERED PROGRAM	28	505	14,068.19	8	84	3,487.56	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	5	41	1,950.70	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	64	2037	138,149.92	0	0	0.00	0	0	0.00
DENTAL	150	189	28,463.00	1103	1237	109,120.92	0	0	0.00
OPTOMETRIST	80	99	7,597.87	530	619	25,621.03	0	0	0.00
CHIROPRACTIC	34	69	2,357.76	236	511	6,935.04	0	0	0.00
PODIATRIC	19	26	3,318.57	495	725	14,616.00	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	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
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	173	9396	238,292.41	0	0	0.00
PSYCHIATRIC	2	2	68.80	364	589	18,706.47	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	24	878	7,925.13	0	0	0.00
MR WAIVER SERVICE	6	319	13,279.07	7410	507401	18764,073.06	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	3	36	1,435.84	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	3	150	1,319.79	1	66	522.82	0	0	0.00
SICK & HANDICAPPED WAIVER SVCS	1	9	110.16	173	8192	129,093.55	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	8	9	4,213.16	6788	7972	1917,270.14	0	0	0.00
UNASSIGNED	0	0	0.00	2	0	1,689.95	0	0	0.00
* A L L C A T E G O R I E S *	1712	22514	1117,186.63	10467	1105511	48698,010.86	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	5391	33058	20793,589.56		
OUTPATIENT	0	0	0.00	48439	636594	12304,852.87		
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	607	8814	1552,254.30		
INTERMEDIATE CARE FACILITY	0	0	0.00	13272	389035	34496,156.67		
INTER CARE MENTAL RETARDA	0	0	0.00	2154	65677	21291,711.70		
NURSING FAC FOR MENTAL ILL	0	0	0.00	22	644	118,156.07		
HOME HEALTH	0	0	0.00	9456	210120	6334,547.30		
LEAD INSPECTION AGENCY	0	0	0.00	6	5	2,833.41		
PHYSICIAN	0	0	0.00	106379	331816	14001,788.24		
CLINIC SERVICES	0	0	0.00	15974	21403	2448,083.44		
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00		
LAB AND RADIOLOGICAL	0	0	0.00	8583	18848	314,511.27		
REMEDIAL SERVICES	0	0	0.00	0	0	0.00		
REHAB SUPPORT SERVICES	0	0	0.00	2365	60469	3121,519.56		
AMBULANCE SERVICES	0	0	0.00	2382	2613	283,886.77		
LOCAL EDUCATION AGENCY	0	0	0.00	935	248515	1198,920.79		
EARLY ACCESS SERVICES	0	0	0.00	202	1022	25,960.87		

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			TOTAL			RECEPS UNITS OF SERVED SERVICE	AMOUNT PAID	RECEPS UNITS OF SERVED SERVICE	AMOUNT PAID
	RECEPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECEPS SERVED	UNITS OF SERVICE	AMOUNT PAID				
PRESCRIBED DRUGS	0	0	0.00	109410	284202	17353,284.85				
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	6855	7968	568,671.21				
IOWA PLAN PROGRAM	0	0	0.00	255516	283873	9027,342.26				
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00				
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	4.74				
EPSDT SCREENING	0	0	0.00	9689	10834	951,015.37				
HMO SERVICES	0	0	0.00	4617	4856	773,206.48				
PATIENT MANAGEMENT	0	0	0.00	122493	122492	244,984.00				
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5025	12492	544,108.12				
MEDICAL SUPPLIES	0	0	0.00	16729	1271389	2920,000.22				
OTHER PRACTITIONER	0	0	0.00	8544	149112	1021,071.96				
FAMILY CENTERED PROGRAM	0	0	0.00	1369	23759	679,646.63				
FAMILY PRESERVATION	0	0	0.00	0	0	0.00				
TREATMENT FOSTER FAMILY CARE	0	0	0.00	336	2926	129,903.45				
GROUP TREATMENT THERAPY	0	0	0.00	828	28890	1866,517.98				
DENTAL	0	0	0.00	19285	23368	3280,808.09				
OPTOMETRIST	0	0	0.00	9504	11570	600,701.08				
CHIROPRACTIC	0	0	0.00	7021	17655	393,169.72				
PODIATRIC	0	0	0.00	4967	7000	169,032.50				

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	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE				
PHYSICAL DISABILITIES SVCS	0	0	0.00	521	19523	231,117.28			
BRAIN INJ WAIVER SERVICES	0	0	0.00	686	38603	1021,057.09			
PSYCHIATRIC	0	0	0.00	3122	5896	177,762.21			
RESIDENTIAL CARE FACILITY	0	0	0.00	1862	57984	448,512.97			
MR WAIVER SERVICE	0	0	0.00	8689	589695	21971,884.98			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	181	5714	150,106.21			
AIDS WAIVER SERVICES	0	0	0.00	40	3921	38,167.61			
ELDERLY WAIVER SERVICES	0	0	0.00	7554	325447	3797,654.07			
SICK & HANDICAPPED WAIVER SVCS	0	0	0.00	1944	94063	1473,652.29			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	0	0	0.00	8814	10404	2576,697.38			
UNASSIGNED	0	0	0.00	15	0	667,902.02-			
* A L L C A T E G O R I E S *	0	0	0.00	317277	5442269	190030,951.55	0	0	0.00
* * * E N D O F R E P O R T * * *									