

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	1	4	5,269.66	0	0	0.00	625	2304	429,716.85
OUTPATIENT	18	232	1,369.59	0	0	0.00	4895	88257	428,504.79
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	294	2327	131,040.79
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4906	141678	12825,946.22
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	121	19,442.39
HOME HEALTH	0	0	0.00	0	0	0.00	2020	41483	1741,690.40
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	30	51	3,360.15	0	0	0.00	9162	55794	454,292.25
CLINIC SERVICES	8	13	1,770.19	0	0	0.00	811	265-	46,746.17
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	9	76	1,412.10	0	0	0.00	543	262	2,847.89
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	37	916	53,486.30
AMBULANCE SERVICES	1	2	329.75	0	0	0.00	617	696	47,822.55
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
PRESCRIBED DRUGS	17	39	961.92	0	0	0.00	4048	8287	71,972.35

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
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	2	79.15	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	61	78	1,751.16	0	0	0.00	2	2	187.37
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	48	48	96.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	3	6	164.69	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	1	1	100.17	0	0	0.00	2551	172137	321,699.16
OTHER PRACTITIONER	1	14	340.15	0	0	0.00	332	1156	14,751.41
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	8	16	1,647.51	0	0	0.00	536	682	99,714.44
OPTOMETRIST	1	1	49.80	0	0	0.00	988	1401	29,413.27
CHIROPRACTIC	0	0	0.00	0	0	0.00	555	1542	9,887.24
PODIATRIC	0	0	0.00	0	0	0.00	1383	2036	18,176.88
PHYSICAL DISABILITIES SVCS	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	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
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	203	398	10,126.03
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	394	13476	96,798.29
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	86	5110	199,979.49
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	2528	116123	1448,732.31
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	124	160	36,429.72
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 *	86	583	18,701.99	0	0	0.00	14765	656083	18539,404.56

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	1668	9281	6990,406.42	709	2244	2672,040.93
OUTPATIENT	0	0	0.00	14605	258551	4814,572.16	8966	97145	3276,725.25
CHILD PART HOSP	0	0	0.00	1	0	60.22-	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	218	4187	1670,514.01	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	639	16900	1851,741.94	3	157	16,660.03
INTER CARE MENTAL RETARDA	0	0	0.00	18	345	121,245.87	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	3029	74014	3055,734.64	53	1402	44,022.41
LEAD INSPECTION AGENCY	0	0	0.00	1	1	350.00	0	0	0.00
PHYSICIAN	0	0	0.00	26033	136679	4870,542.08	16881	35517	3368,651.44
CLINIC SERVICES	0	0	0.00	3337	3484	626,652.95	2580	4032	473,098.93
MEP CASE MANAGEMENT	0	0	0.00	1	0	265.51	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	2310	5744	84,405.50	2729	6700	137,279.85
REHAB SUPPORT SERVICES	0	0	0.00	2379	57269	2979,971.86	27	299	15,554.17
AMBULANCE SERVICES	0	0	0.00	1188	1481	172,426.32	331	341	46,629.06
LOCAL EDUCATION AGENCY	0	0	0.00	210	37495	201,038.14	4	1436	6,365.04
EARLY ACCESS SERVICES	0	0	0.00	66	467	8,881.36	1	14	274.85
PRESCRIBED DRUGS	0	0	0.00	24425	118345	9557,931.52	20392	62739	3457,515.19

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
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	138	167	9,579.26	6261	7622	534,678.99
IOWA PLAN PROGRAM	0	0	0.00	44569	45926	3173,649.83	35054	39023	1044,529.71
MANAGED SUBSTANCE ABUSE	0	0	0.00	1	0	2.75-	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	374.37-	0	0	0.00
EPSDT SCREENING	0	0	0.00	393	518	17,006.22	177	206	8,330.01
HMO SERVICES	0	0	0.00	0	0	0.00	961	1015	252,374.12
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	22124	22124	44,248.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	678	1687	186,246.57	431	1133	36,354.22
MEDICAL SUPPLIES	0	0	0.00	7965	736606	1863,271.72	1030	28257	206,976.48
OTHER PRACTITIONER	0	0	0.00	2376	48861	349,811.02	1330	2734	170,356.61
FAMILY CENTERED PROGRAM	0	0	0.00	127	2737	71,343.91	32	585	15,375.30
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	2	29	1,314.78	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	10	317	17,642.08	1	22	2,011.68
DENTAL	0	0	0.00	4290	5695	816,591.88	3627	5263	870,528.29
OPTOMETRIST	0	0	0.00	2814	3721	184,747.15	1616	2019	141,548.40
CHIROPRACTIC	0	0	0.00	2420	6932	105,775.41	1947	5068	171,449.85
PODIATRIC	0	0	0.00	1451	2602	88,065.33	217	281	38,576.93
PHYSICAL DISABILITIES SVCS	0	0	0.00	408	15502	203,855.81	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	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
BRAIN INJ WAIVER SERVICES	0	0	0.00	232	17386	405,105.95	0	0	0.00
PSYCHIATRIC	0	0	0.00	2559	5728	160,913.47	18	37	2,591.32
RESIDENTIAL CARE FACILITY	0	0	0.00	1527	57401	438,666.52	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1060	68299	2612,737.79	1	6	199.92
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	34	804	22,604.17	3	85	2,287.03
AIDS WAIVER SERVICES	0	0	0.00	12	892	10,583.73	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	21	1111	18,210.09	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1839	95955	1495,850.49	2	2	6,840.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1580	2106	497,995.77	11	14	4,393.69
UNASSIGNED	0	0	0.00	6	0	0.00	9	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	49588	1845226	49757,815.89	47402	327522	17068,467.70

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	352	2060	2003,924.88	415	8374	1827,063.54	2018	8882	8937,028.74
OUTPATIENT	7224	41292	1563,691.76	1816	15789	479,372.92	11334	94614	3049,894.96
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	5	49	728.15-
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4	0	186,142.78-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1218,665.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	447	2434	86,798.52	62	178	9,702.96	659	3654	218,294.07-
LEAD INSPECTION AGENCY	8	8	2,930.88	1	2	732.72	4	4	1,821.13
PHYSICIAN	20552	36289	2444,811.70	4118	7862	690,348.76	28951	56042	4990,681.82
CLINIC SERVICES	3788	5129	620,383.83	828	1282	138,076.15	5983	9420	1067,602.59
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1390	3023	44,939.67	425	1229	22,068.19	2583	6894	122,604.68
REHAB SUPPORT SERVICES	0	0	0.00	24	428	40,078.61	4	194	11,685.30
AMBULANCE SERVICES	182	174	23,778.20	56	51	7,655.87	239	227	38,214.50
LOCAL EDUCATION AGENCY	113	5813	31,754.82	26	2344	14,861.83	99	11515	38,895.94
EARLY ACCESS SERVICES	79	464	9,592.92	10	54	733.33	73	277	6,624.61
PRESCRIBED DRUGS	19009	36719	2042,198.60	4214	10855	720,377.87	24698	47421	2237,073.44

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
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	1037	1244	87,054.21	165	200	11,034.64	362	428	27,732.52
IOWA PLAN PROGRAM	58157	63788	611,242.40	10543	11947	232,804.74	70628	80009	920,390.61
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	5655	6840	394,961.58	972	1142	79,002.70	7879	9097	767,055.04
HMO SERVICES	1709	1786	205,211.43	257	266	35,580.23	1491	1565	230,181.66
PATIENT MANAGEMENT	38318	38318	76,636.00	6213	6213	12,426.00	47750	47750	95,500.00
HEALTH INS PREMIUM PAYMENT	676	1810	45,109.99	54	144	7,002.08	2700	8511	208,249.06
MEDICAL SUPPLIES	807	9493	119,821.19	166	3050	21,501.18	1008	25312	148,763.50
OTHER PRACTITIONER	1992	13568	160,361.84	411	1294	46,423.41	2718	15706	297,672.83
FAMILY CENTERED PROGRAM	440	7072	200,477.54	230	3158	102,864.58	326	4785	143,123.24
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	1	3	137.85	2	11	527.54	1	10	451.90
GROUP TREATMENT THERAPY	2	71	3,636.59	24	671	33,287.70	10	281	12,726.67
DENTAL	4976	6166	793,449.63	1020	1345	208,733.51	6587	8155	1047,877.58
OPTOMETRIST	1804	2137	132,723.44	491	588	39,808.73	2429	2818	176,051.89
CHIROPRACTIC	948	2032	64,225.12	232	559	18,972.25	1571	3361	103,608.89
PODIATRIC	65	84	11,047.26	22	26	3,076.36	126	153	13,952.77
PHYSICAL DISABILITIES SVCS	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	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
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	2	22	830.32
PSYCHIATRIC	4	4	337.12	13	25	1,966.40	24	43	2,666.17
RESIDENTIAL CARE FACILITY	0	0	0.00	4	106	809.35	1	0	137.29-
MR WAIVER SERVICE	1	38	475.00	3	313	4,978.42	3	6	429,808.28-
CHILDRENS MENTAL HEALTH SVC	28	644	25,235.20	30	1126	20,139.62	40	1650	41,496.23
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	3	33	2,440.00
ILL & HANDICAPPED WAIVER SVCS	2	338	4,470.98	0	0	0.00	4	68	3,858.58-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	33	43	20,725.02	36	66	21,573.98	46	57	26,878.87
UNASSIGNED	3	0	0.00	0	0	0.00	2	0	26,301.92
* A L L C A T E G O R I E S *	66665	288884	11832,145.17	11998	80698	4853,586.17	81040	449013	22738,445.23

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	53	595	233,705.92	767	2899	722,996.44	66	215	220,831.80
OUTPATIENT	979	7799	220,346.81	5852	110089	539,492.46	568	9549	202,244.14
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	514	3330	13,063.10	3	6	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	9271	247173	25843,189.12	5	56	4,612.91
INTER CARE MENTAL RETARDA	5	89	23,945.73	1	143	43,886.98	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	18	572	105,201.17	0	0	0.00
HOME HEALTH	68	3994	111,364.34	3372	71371	3174,983.35	52	515	21,873.10
LEAD INSPECTION AGENCY	2	2	716.36	0	0	0.00	0	0	0.00
PHYSICIAN	2662	4130	252,910.47	10316	70387	648,163.96	1078	3035	179,580.99
CLINIC SERVICES	466	641	67,279.82	899	1120	86,315.94	159	204	30,279.90
MEP CASE MANAGEMENT	0	0	0.00	1	0	265.51	0	0	0.00
LAB AND RADIOLOGICAL	234	640	10,028.80	708	419	4,656.13	118	211	4,133.11
REHAB SUPPORT SERVICES	8	18	9,876.24	34	661	29,798.91	47	1573	97,063.88
AMBULANCE SERVICES	25	19	2,676.15	896	1087	80,955.93	34	37	7,185.57
LOCAL EDUCATION AGENCY	37	10600	35,419.58	7	1992	10,763.35	0	0	0.00
EARLY ACCESS SERVICES	24	162	2,931.54	4	46	637.22	0	0	0.00
PRESCRIBED DRUGS	4803	14310	1466,970.51	11142	28227	481,145.62	1008	3767	210,787.93

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
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	45	51	3,442.57	0	0	0.00	31	33	2,545.43
IOWA PLAN PROGRAM	9412	9745	917,143.29	1879	1945	119,358.75	1381	1556	50,851.69
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	316	354	16,100.51	5	8	263.83	22	25	1,541.63
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	57	57	114.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	152	352	14,478.95	30	68	9,140.25	3	4	541.55
MEDICAL SUPPLIES	210	28924	90,445.34	4342	407119	682,318.25	162	9909	23,577.73
OTHER PRACTITIONER	495	3370	48,894.86	461	1546	31,716.39	69	232	8,626.40
FAMILY CENTERED PROGRAM	441	6878	225,822.66	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	436	3993	179,786.79	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	809	31362	2015,312.06	0	0	0.00	0	0	0.00
DENTAL	1067	1257	183,082.82	967	1264	202,641.04	195	287	50,564.17
OPTOMETRIST	481	552	32,271.75	1120	1490	35,034.57	158	200	10,501.09
CHIROPRACTIC	148	317	9,281.68	369	938	6,154.09	152	358	9,412.53
PODIATRIC	30	34	4,131.43	2128	3052	29,947.40	55	102	3,280.44
PHYSICAL DISABILITIES SVCS	0	0	0.00	144	5666	85,984.15	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
BRAIN INJ WAIVER SERVICES	23	1817	44,034.48	289	15718	472,500.56	0	0	0.00
PSYCHIATRIC	8	8	1,246.75	315	596	18,341.35	37	75	2,570.35
RESIDENTIAL CARE FACILITY	0	0	0.00	4	286	2,819.51	2	2	2,327.98-
MR WAIVER SERVICE	156	8448	172,732.74	6	368	10,360.95	1	3	17.85
CHILDRENS MENTAL HEALTH SVC	2	157	3,689.86	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	28	2992	27,558.68	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5448	256591	2729,100.37	1	38	703.00
ILL & HANDICAPPED WAIVER SVCS	34	2067	39,718.78	4	76	1,112.36	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	165	212	53,593.50	100	111	27,391.46	11	21	5,193.25
UNASSIGNED	1	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	9678	142918	6473,744.61	15558	1237110	36277,259.15	1923	32013	1146,192.46

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
INPATIENT	181	714	463,431.03	72	349	261,690.94	7	44	38,597.32
OUTPATIENT	523	12823	479,678.17	1155	8384	271,694.42	107	2346	94,607.79
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	6	0	291.06	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	2	10	661.00	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	45	851	43,348.16	38	148	7,475.65	2	18	2,245.65
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1024	3855	285,951.95	3276	5446	376,518.91	154	670	152,880.03
CLINIC SERVICES	78	99	17,297.82	634	811	90,547.94	18	30	4,424.25
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	42	108	1,687.42	162	511	8,232.40	28	77	1,217.76
REHAB SUPPORT SERVICES	10	168	12,393.24	1	0	808.05	1	6	216.12
AMBULANCE SERVICES	67	77	13,859.58	24	26	3,791.22	1	1	114.63
LOCAL EDUCATION AGENCY	0	0	0.00	20	826	3,934.02	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	2	5	109.40	0	0	0.00
PRESCRIBED DRUGS	307	1302	90,675.62	3631	7253	494,720.75	157	681	45,886.35

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
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	5	5	208.23	67	77	5,266.87	2	2	130.09
IOWA PLAN PROGRAM	0	0	0.00	11602	12526	129,174.52	191	195	19,644.09
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	167.11	644	713	33,587.36	0	0	0.00
HMO SERVICES	0	0	0.00	226	232	25,570.48	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8275	8275	16,550.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	53	139	5,385.02	0	0	0.00
MEDICAL SUPPLIES	122	5569	25,536.43	118	2922	16,071.90	14	255	1,472.99
OTHER PRACTITIONER	55	142	6,633.44	355	918	25,188.12	11	37	1,355.81
FAMILY CENTERED PROGRAM	0	0	0.00	60	794	23,426.73	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	164	12,102.04	0	0	0.00
DENTAL	63	86	16,209.00	1450	1754	252,594.72	13	15	1,803.43
OPTOMETRIST	48	61	3,533.09	514	603	38,245.76	8	9	686.78
CHIROPRACTIC	25	95	2,920.65	311	607	19,777.89	8	27	921.57
PODIATRIC	20	31	1,086.41	26	35	4,573.03	2	2	78.93
PHYSICAL DISABILITIES SVCS	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	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
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	43	144	5,399.07	1	2	74.84	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	33	1,092.96	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	4	70	3,064.96	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	1	0	27,075.91-	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	10	14	3,598.31	6	4	2,556.44	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 *	1063	26157	1447,490.88	11445	53627	2133,827.34	184	4415	366,283.59

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	2	6-	2,486.12-	0	0	0.00
OUTPATIENT	1	1	971.26	0	0	0.00	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	1	1	220.35	2	3	1,388.99	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	1	1	70.89	3	6	152.13	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
EARLY 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

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
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
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

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 CHRND SH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
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	3	1,262.50	6	3	945.00-	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
INPATIENT	1	3	468.09	1	22	0.00	1	2	1,622.97
OUTPATIENT	11	46	3,085.73	10	76	1,454.03	13	137	6,568.67
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	59	3,407.25	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	20	36	1,603.69	21	116	1,627.30	28	49	2,867.60
CLINIC SERVICES	6	8	590.77	1	0	17.20	5	9	805.34
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	3	8	22.06	1	1	4.96	2	3	54.25
REHAB SUPPORT SERVICES	0	0	0.00	5	65	3,314.11	3	44	3,476.94
AMBULANCE SERVICES	2	2	211.60	3	4	731.23	1	1	79.53
LOCAL EDUCATION AGENCY	2	822	1,914.94	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	79	299	33,864.53	8	27	455.41	34	92	5,381.45

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
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	2	121.07	0	0	0.00	3	6	397.48
IOWA PLAN PROGRAM	87	93	9,225.66	15	19	1,074.05	75	78	10,036.69
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	6	6	300.05	0	0	0.00	2	2	42.97
HMO SERVICES	1	1	71.53	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	6	13	800.08	0	0	0.00	1	1	89.34
MEDICAL SUPPLIES	2	139	133.16	1	30	33.90	2	3	78.14
OTHER PRACTITIONER	10	39	2,181.90	0	0	0.00	2	2	69.07
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	13	17	1,786.53	3	4	513.56	3	4	97.91
OPTOMETRIST	3	3	133.57	0	0	0.00	1	1	51.80
CHIROPRACTIC	1	3	17.19	1	1	6.95	1	1	30.00
PODIATRIC	0	0	0.00	0	0	0.00	1	1	54.81
PHYSICAL DISABILITIES SVCS	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 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
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	1	1	8.30	5	7	210.09	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	9	198	846.87	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	72	2581	66,343.06	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	83	109	55,676.45	1	2	380.74	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 *	74	4290	181,967.21	7	573	10,672.40	58	436	31,804.96

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	33	227	238,834.72	135	800	469,565.78	0	0	0.00
OUTPATIENT	394	4244	136,947.36	2310	31927	358,556.74	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	1	30	9,341.10	15	99	10,569.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	10	93	9,769.58	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2160	64731	23003,148.82	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	16	266	16,096.30	893	40256	1355,089.33	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	710	1845	162,837.87	4657	19892	390,219.30	0	0	0.00
CLINIC SERVICES	124	197	25,155.85	409	390	54,200.67	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	5	0	1,327.55	0	0	0.00
LAB AND RADIOLOGICAL	77	221	3,669.99	285	505	6,216.23	0	0	0.00
REHAB SUPPORT SERVICES	3	51	4,765.01	41	575	28,347.01	0	0	0.00
AMBULANCE SERVICES	25	29	3,878.58	129	166	14,972.51	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	233	63276	295,351.89	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	14	84	1,365.76	0	0	0.00
PRESCRIBED DRUGS	1006	4555	303,088.38	5622	21523	1783,130.36	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
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	13	919.88	12	12	689.59	0	0	0.00
IOWA PLAN PROGRAM	1521	1832	171,087.02	9633	9736	600,559.13	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	56	64	6,718.25	95	115	3,457.30	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	16	16	32.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	4	10	530.75	482	1107	139,050.23	0	0	0.00
MEDICAL SUPPLIES	110	5449	19,710.24	1966	334766	525,445.66	0	0	0.00
OTHER PRACTITIONER	86	208	9,452.05	913	45002	200,394.42	0	0	0.00
FAMILY CENTERED PROGRAM	30	622	17,772.16	8	60	2,322.56	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	3	44	1,990.72	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	67	2717	180,089.63	0	0	0.00	0	0	0.00
DENTAL	169	222	32,120.67	1415	1659	156,138.74	0	0	0.00
OPTOMETRIST	91	115	8,963.27	689	817	35,661.72	0	0	0.00
CHIROPRACTIC	55	146	4,853.81	291	737	10,547.50	0	0	0.00
PODIATRIC	28	34	2,542.34	637	935	21,055.91	0	0	0.00
PHYSICAL DISABILITIES SVCS	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	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
BRAIN INJ WAIVER SERVICES	0	0	0.00	173	11005	254,020.30	0	0	0.00
PSYCHIATRIC	5	10	353.10	433	766	23,658.28	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	40	1600	13,078.07	0	0	0.00
MR WAIVER SERVICE	3	188	4,731.74	7541	536604	19150,999.46	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	3	37	1,303.26	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	298	4,251.29	1	6	114.24	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	50	1,609.23	180	8734	144,304.77	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	7	6	1,879.70	7198	9191	2232,471.97	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 *	1616	23746	1375,526.27	10355	1207169	51295,800.38	0	0	0.00

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
INPATIENT	0	0	0.00	7076	39013	25514,711.91			
OUTPATIENT	0	0	0.00	60198	783301	15929,779.01			
CHILD PART HOSP	0	0	0.00	1	0	60.22-			
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	1036	10028	1834,090.91			
INTERMEDIATE CARE FACILITY	0	0	0.00	14469	406067	40366,438.02			
INTER CARE MENTAL RETARDA	0	0	0.00	2178	65308	21973,562.40			
NURSING FAC FOR MENTAL ILL	0	0	0.00	21	693	124,643.56			
HOME HEALTH	0	0	0.00	10666	240643	9455,537.99			
LEAD INSPECTION AGENCY	0	0	0.00	16	17	6,551.09			
PHYSICIAN	0	0	0.00	126544	437699	19279,459.61			
CLINIC SERVICES	0	0	0.00	19934	24364	3351,246.31			
MEP CASE MANAGEMENT	0	0	0.00	7	0	1,858.57			
LAB AND RADIOLOGICAL	0	0	0.00	11575	26639	455,704.01			
REHAB SUPPORT SERVICES	0	0	0.00	2588	62231	3271,083.27			
AMBULANCE SERVICES	0	0	0.00	3795	4421	465,312.78			
LOCAL EDUCATION AGENCY	0	0	0.00	736	136119	640,299.55			
EARLY ACCESS SERVICES	0	0	0.00	265	1573	31,150.99			
PRESCRIBED DRUGS	1	1	0.00	122753	366442	23004,137.80			

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
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	8131	9864	683,879.98			
IOWA PLAN PROGRAM	0	0	0.00	254102	278498	8012,710.71			
MANAGED SUBSTANCE ABUSE	0	0	0.00	1	0	2.75-			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	374.37-			
EPSDT SCREENING	0	0	0.00	16125	19093	1328,534.56			
HMO SERVICES	0	0	0.00	4638	4865	748,989.45			
PATIENT MANAGEMENT	0	0	0.00	122803	122803	245,606.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5273	14985	653,142.78			
MEDICAL SUPPLIES	0	0	0.00	20131	1769941	4066,957.14			
OTHER PRACTITIONER	0	0	0.00	11531	134829	1374,229.73			
FAMILY CENTERED PROGRAM	0	0	0.00	1662	26691	802,528.68			
FAMILY PRESERVATION	0	0	0.00	0	0	0.00			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	445	4090	184,209.58			
GROUP TREATMENT THERAPY	0	0	0.00	920	35605	2276,808.45			
DENTAL	0	0	0.00	26269	33891	4736,095.43			
OPTOMETRIST	0	0	0.00	13219	16536	869,426.08			
CHIROPRACTIC	0	0	0.00	8932	22724	537,842.62			
PODIATRIC	0	0	0.00	6143	9408	239,646.23			
PHYSICAL DISABILITIES SVCS	0	0	0.00	548	21168	289,839.96			

