

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	336	729	186,240.84
OUTPATIENT	13	147	1,427.15	0	0	0.00	2017	28158	243,149.92
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	52	441	43,033.77
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4438	133304	10554,921.42
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	7	296	76,399.85
HOME HEALTH	0	0	0.00	0	0	0.00	1774	37283	1228,407.06
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	125	33	4,311.33	0	0	0.00	11872	17419	216,640.00
CLINIC SERVICES	5	5	677.41	0	0	0.00	708	208	54,679.95
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	2	18	232.17	0	0	0.00	47	94	895.09
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	42	984	62,695.02
AMBULANCE SERVICES	2	0	7.36	0	0	0.00	1249	147	12,893.66
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	86	41	1,278.34	0	0	0.00	13801	8276	15,832.19

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(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	0	0	0.00	0	0	0.00	1	0	0.00
IOWA PLAN PROGRAM	36	44	1,138.17	0	0	0.00	5	5	327.77
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	3	23.16	0	0	0.00	3	0	0.95
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	40	40	80.00	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	3	2	433.89	0	0	0.00	6032	387859	486,881.26
OTHER PRACTITIONER	3	87	65.96	0	0	0.00	793	1215	16,704.04
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	50	3	1,144.73	0	0	0.00	3043	1385	218,672.06
OPTOMETRIST	16	4	253.28	0	0	0.00	3708	867	32,395.30
CHIROPRACTIC	0	0	0.00	0	0	0.00	871	403	4,248.20
PODIATRIC	2	0	4.13	0	0	0.00	2602	582	10,361.63
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	466	149	3,884.58
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	385	11716	83,031.37
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	86	5402	208,961.52
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	2327	96953	1199,026.16
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	106	129	28,358.10
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 *	148	427	11,077.08	0	0	0.00	17599	734004	14958,977.33

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	1146	6183	6081,704.75	688	1980	2379,020.90
OUTPATIENT	0	0	0.00	10439	128138	3828,246.49	7800	63950	2935,074.70
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	145	4185	1774,688.18	1	5	1,689.85
INTERMEDIATE CARE FACILITY	0	0	0.00	574	16788	1644,922.32	1	1	106.64
INTER CARE MENTAL RETARDA	0	0	0.00	15	327	102,957.11	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	2856	77059	2408,814.73	59	357	32,221.20
LEAD INSPECTION AGENCY	0	0	0.00	1	0	10.67	0	0	0.00
PHYSICIAN	1	0	16.82	43939	63251	4059,811.92	41706	28863	3319,471.93
CLINIC SERVICES	0	0	0.00	3286	2985	522,342.30	3283	3288	386,802.31
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1130	4367	58,919.33	1960	4832	91,948.17
REHAB SUPPORT SERVICES	0	0	0.00	2740	52658	2929,761.77	32	267	16,272.96
AMBULANCE SERVICES	0	0	0.00	3672	588	86,783.67	1355	262	43,380.54
LOCAL EDUCATION AGENCY	0	0	0.00	535	181046	928,200.13	13	3128	13,300.79
EARLY ACCESS SERVICES	0	0	0.00	127	787	15,022.36	1	1	13.00
PRESCRIBED DRUGS	1	0	11.70	45504	93425	7078,475.54	44940	50422	2624,362.81

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	551	127	15,473.66	11603	5912	417,881.03
IOWA PLAN PROGRAM	0	0	0.00	44451	45700	3163,375.98	37553	41378	1099,668.73
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	2028	403	12,749.82	1209	204	6,189.72
HMO SERVICES	0	0	0.00	0	0	0.00	1062	1106	272,205.58
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	23716	23711	47,422.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	654	1650	170,547.95	496	1249	41,494.98
MEDICAL SUPPLIES	1	0	12.84	16345	509851	1418,259.75	3712	19019	155,364.74
OTHER PRACTITIONER	0	0	0.00	5741	56506	393,759.67	4722	10814	164,021.59
FAMILY CENTERED PROGRAM	0	0	0.00	138	2170	54,207.69	28	408	11,635.89
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	4	36	1,559.40
GROUP TREATMENT THERAPY	0	0	0.00	11	308	19,620.48	3	68	3,676.54
DENTAL	0	0	0.00	18207	4543	838,851.09	17913	4252	872,524.95
OPTOMETRIST	0	0	0.00	14573	2441	153,067.17	11966	1743	143,037.51
CHIROPRACTIC	0	0	0.00	4921	3216	79,857.40	6411	3752	158,871.15
PODIATRIC	0	0	0.00	4207	1181	69,714.42	1016	268	39,611.69
PHYSICAL DISABILITIES SVCS	0	0	0.00	312	11833	143,402.46	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	185	12987	293,942.33	0	0	0.00
PSYCHIATRIC	0	0	0.00	5361	1846	70,523.78	64	26	1,668.56
RESIDENTIAL CARE FACILITY	0	0	0.00	1517	45328	333,179.80	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1048	68157	2565,822.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	32	983	32,670.62	1	1	90.00
AIDS WAIVER SERVICES	0	0	0.00	10	608	7,101.45	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	19	1178	21,378.14	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1541	75334	1205,178.06	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	1457	1932	418,119.16	6	6	2,067.56
UNASSIGNED	0	0	0.00	5	0	43.35-	2	0	0.00
* A L L C A T E G O R I E S *	1	0	41.36	52926	1480069	43001,420.80	64231	271309	15282,657.42

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD		CHAP			OTHER			AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	
INPATIENT	332	1584	1518,035.94	702	8786	2468,065.18	1700	7876	7851,550.99
OUTPATIENT	6366	33719	1382,829.08	1598	12055	430,151.80	9591	67367	1680,329.28
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	1	337.97	2	57	26,008.44	3	16	115,053.04
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	5	86	41,303.36
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1315,154.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	431	1816	69,852.62	71	406	18,826.35	548	2444	135,135.22
LEAD INSPECTION AGENCY	38	1	766.13	6	0	53.35	15	0	85.36
PHYSICIAN	62334	28995	2416,113.15	12490	6391	609,003.98	81795	43912	4525,851.05
CLINIC SERVICES	3808	4085	491,855.21	1025	967	107,810.31	8060	7255	733,637.34
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	813	1959	25,569.45	290	820	14,951.69	1876	5502	82,270.51
REHAB SUPPORT SERVICES	1	0	3.10	19	118	15,501.52	4	28	880.94
AMBULANCE SERVICES	849	137	28,319.64	284	57	10,548.26	930	166	32,302.32
LOCAL EDUCATION AGENCY	224	45989	222,232.07	38	9927	43,524.00	140	33547	177,626.76
EARLY ACCESS SERVICES	120	559	13,753.45	23	80	2,429.50	137	700	16,590.57
PRESCRIBED DRUGS	59447	29540	1670,850.24	12241	8794	544,198.64	75869	36287	1897,627.96

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	1935	884	65,166.90	647	180	20,232.05	1471	297	34,705.03
IOWA PLAN PROGRAM	61822	66870	643,218.66	10872	11980	228,595.32	71958	80151	927,027.39
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	74.53
EPSDT SCREENING	26339	5436	378,846.49	5550	1115	71,314.30	33866	7073	607,965.25
HMO SERVICES	1850	1915	209,579.54	287	289	39,275.99	1635	1718	230,162.98
PATIENT MANAGEMENT	40856	40850	81,700.00	6570	6568	13,136.00	48072	48064	96,128.00
HEALTH INS PREMIUM PAYMENT	731	1924	49,561.39	44	127	6,155.25	2852	9116	234,278.90
MEDICAL SUPPLIES	4249	7876	119,338.13	770	3369	19,588.69	4661	19484	129,866.38
OTHER PRACTITIONER	7820	16555	243,544.85	1511	3466	52,804.18	9133	22721	326,955.74
FAMILY CENTERED PROGRAM	623	9596	260,179.39	275	3736	114,814.50	393	6124	168,264.04
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	3	13	572.05	1	9	420.84
GROUP TREATMENT THERAPY	6	88	6,415.02	23	600	36,317.95	11	269	14,921.20
DENTAL	27342	4811	782,307.04	5293	1022	180,991.88	32798	5772	987,028.81
OPTOMETRIST	11134	1403	106,511.32	2766	405	31,010.16	13517	1775	131,105.24
CHIROPRACTIC	3487	1593	63,229.85	878	430	18,289.48	5168	2436	89,646.34
PODIATRIC	368	92	12,396.33	136	36	5,016.42	522	112	13,953.95
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	1	10	168.00	0	0	0.00	2	1	4,745.24-
PSYCHIATRIC	33	17	880.47	32	28	1,921.15	85	43	1,887.95
RESIDENTIAL CARE FACILITY	0	0	0.00	1	0	511.00-	1	23	63.55
MR WAIVER SERVICE	0	0	0.00	2	107	2,337.54	3	70	87,639.65-
CHILDRENS MENTAL HEALTH SVC	33	689	35,210.06	28	809	20,454.62	30	691	23,019.04
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	1	1	25.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	4	221	4,045.09
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	36	47	22,687.80	37	58	20,261.54	33	36	18,992.50
UNASSIGNED	0	0	0.00	0	0	0.00	6	0	617,813.49
* A L L C A T E G O R I E S *	88666	309041	10921,459.29	14505	82796	5173,651.09	92491	411393	19957,924.75

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
INPATIENT	169	212-	117,432.23	379	1234	576,950.49	30	89	149,459.64
OUTPATIENT	896	6804	187,068.16	2286	32301	323,270.25	456	4807	191,604.74
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	101	30,983.95	110	944	21,208.63	4	4	3,373.53
INTERMEDIATE CARE FACILITY	0	0	0.00	8559	246742	22626,818.99	3	0	43.16
INTER CARE MENTAL RETARDA	4	95	31,951.21	2	43	12,886.68	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	30	1570	430,229.58	0	0	0.00
HOME HEALTH	72	4347	111,788.82	2974	52951	2310,670.89	59	1227	14,122.96
LEAD INSPECTION AGENCY	4	0	32.01	0	0	0.00	0	0	0.00
PHYSICIAN	8832	4717	374,651.13	12474	26164	390,570.77	2666	1954	166,300.46
CLINIC SERVICES	448	441	48,395.31	808	423	87,400.08	167	183	19,245.23
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	163	491	7,083.34	62	159	1,948.57	71	217	4,181.80
REHAB SUPPORT SERVICES	3	0	292.00	35	633	36,620.22	53	1517	88,281.17
AMBULANCE SERVICES	111	16	3,236.81	2112	331	30,478.81	99	18	3,475.47
LOCAL EDUCATION AGENCY	123	42670	223,789.43	13	3084	18,907.66	0	0	0.00
EARLY ACCESS SERVICES	39	127	2,898.88	2	22	234.84	0	0	0.00
PRESCRIBED DRUGS	9983	11921	1099,331.58	19033	23490	348,796.29	3232	3259	167,167.94

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(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	176	31	5,397.31	4	0	4.24	167	37	5,035.69
IOWA PLAN PROGRAM	9886	10250	961,166.47	1856	1906	117,546.58	1613	1777	57,679.30
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	1750	409	18,285.22	28	7	100.61	166	32	2,312.32
HMO SERVICES	1	1	205.06	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	99	99	198.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	149	343	17,948.10	28	63	6,829.53	6	11	632.67
MEDICAL SUPPLIES	737	17695	65,860.72	8602	868	210,772.21	525	5971	18,298.84
OTHER PRACTITIONER	1769	15419	104,381.22	1173	5832	36,115.08	269	727	8,085.53
FAMILY CENTERED PROGRAM	605	9073	285,278.58	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	522	4743	206,426.01	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	903	33794	2140,932.48	0	0	0.00	0	0	0.00
DENTAL	5903	1209	193,597.43	4264	32	27,405.60	1055	171	30,328.67
OPTOMETRIST	3077	542	39,664.40	4029	556	17,002.34	789	100	7,247.22
CHIROPRACTIC	507	343	12,146.32	535	225	2,173.18	415	249	9,378.84
PODIATRIC	165	28	5,641.34	4642	888	16,879.57	185	43	2,714.88
PHYSICAL DISABILITIES SVCS	0	0	0.00	120	4034	49,656.22	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	19	1651	30,374.79	245	11416	333,573.47	0	0	0.00
PSYCHIATRIC	42	11	1,008.32	726	362	5,924.35	122	19	937.65
RESIDENTIAL CARE FACILITY	0	0	0.00	2	48	451.26	0	0	0.00
MR WAIVER SERVICE	151	5818	148,298.43	8	124	7,225.46	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	24	2162	22,887.12	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5093	202248	2233,373.74	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	27	1430	37,930.76	2	145	1,260.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	149	187	40,767.34	91	103	23,650.24	8	12	2,622.75
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 *	9915	174594	6554,443.16	16309	621110	30329,823.55	2560	22424	952,530.46

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	203	836	915,323.57	57	133	106,667.03	6	36	49,058.86
OUTPATIENT	511	6690	314,897.13	898	5689	228,737.79	79	1044	77,532.52
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	0	1,254.00	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	62	3387	66,216.03	47	93	3,420.03	1	30	3,754.59
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	3527	5331	343,095.52	11509	3791	307,593.82	228	413	128,895.71
CLINIC SERVICES	114	113	15,905.14	593	661	68,925.98	25	44	5,441.18
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	44	139	1,959.78	130	393	4,422.59	20	44	588.32
REHAB SUPPORT SERVICES	32	401	38,114.85	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	270	49	7,728.39	97	18	1,174.91	7	2	227.94
LOCAL EDUCATION AGENCY	1	36	1,253.88	33	6267	30,603.54	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	5	27	696.14	0	0	0.00
PRESCRIBED DRUGS	2869	1771	77,934.41	11910	5506	337,668.02	226	592	36,061.01

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
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	27	8	569.07	243	80	9,389.94	7	1	137.18
IOWA PLAN PROGRAM	0	0	0.00	11586	12383	128,801.26	184	185	18,561.87
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	5	2	35.18	3412	566	27,330.54	0	0	0.00
HMO SERVICES	0	0	0.00	260	263	25,664.80	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8541	8539	17,078.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	37	98	5,224.33	0	0	0.00
MEDICAL SUPPLIES	835	10236	39,738.89	546	3107	16,963.23	62	776	2,261.28
OTHER PRACTITIONER	235	293	7,509.21	1291	2620	42,528.21	38	149	3,396.60
FAMILY CENTERED PROGRAM	0	0	0.00	98	1678	44,982.20	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	1	7	301.20	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	5	141	10,141.22	0	0	0.00
DENTAL	667	52	12,004.05	7531	1339	250,652.93	85	28	6,266.09
OPTOMETRIST	507	55	3,478.27	3384	458	33,516.87	55	17	1,530.94
CHIROPRACTIC	176	72	1,615.64	974	455	17,999.36	38	17	778.91
PODIATRIC	179	42	1,247.41	141	34	3,725.93	11	2	212.58
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	347	428	12,183.59	12	7	384.50	1	0	3.36
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	5	296	7,246.62	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	11	17	4,023.88	8	9	4,129.16	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 *	2414	29958	1866,087.89	10059	54658	1735,970.15	193	3380	334,728.94

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	0	0	0.00	3	19	279.69	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	3	35.55	13	11	910.82	0	0	0.00
CLINIC SERVICES	0	0	0.00	6	6	321.51	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	2	3	35.95	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	4	0	2.86	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	1	0	0.32	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	1	103-	91.38-	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	38.41	14	64-	1,456.91	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	5	7	2,163.57	2	9	5,452.77	18	100	111,087.35
OUTPATIENT	10	31	2,855.55	5	18	1,256.63	245	1962	100,241.94
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	1	30	9,341.10
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	1	1	23.00	14	179	14,224.87
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	37	42	2,165.66	28	111	1,795.00	1243	1078	116,310.24
CLINIC SERVICES	1	1	90.22	0	0	0.00	88	95	13,471.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	2	8	59.78	0	0	0.00	37	150	2,320.13
REHAB SUPPORT SERVICES	0	0	0.00	1	0	0.00	3	51	5,700.42
AMBULANCE SERVICES	1	1	77.35	1	0	0.00	55	9	1,250.10
LOCAL EDUCATION AGENCY	2	3042	8,423.16	0	0	0.00	1	333	2,417.58
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	4	47	979.36
PRESCRIBED DRUGS	61	148	13,473.20	30	29	1,587.67	1299	3086	210,269.85

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	0	0	0.00	0	0	0.00	16	3	386.83
IOWA PLAN PROGRAM	52	55	5,803.65	19	20	1,154.64	1188	1242	115,567.01
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	16	4	148.17	0	0	0.00	39	3	135.24
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	2	4	136.34	0	0	0.00	4	6	1,146.46
MEDICAL SUPPLIES	2	138	101.52	3	18	240.69	293	4413	25,262.68
OTHER PRACTITIONER	13	18	482.92	0	0	0.00	169	368	4,868.78
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	10	116	4,389.78
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	2	11	488.54
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	11	394	25,119.87
DENTAL	22	10	769.14	2	2	120.41	458	99	22,136.76
OPTOMETRIST	12	2	78.15	2	4	154.29	457	54	5,372.97
CHIROPRACTIC	4	6	49.98	1	2	64.11	145	84	3,701.34
PODIATRIC	1	0	2.01	1	0	0.00	74	14	1,728.80
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	7	3	180.81	11	33	701.29	10	1	48.01
RESIDENTIAL CARE FACILITY	0	0	0.00	3	59	164.72	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	2	113	5,877.38
CHILDRENS MENTAL HEALTH SVC	39	653	28,427.87	0	0	0.00	2	30	738.60
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	139	1,283.65
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	24	907.44
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	44	48	25,269.30	0	0	0.00	5	5	1,457.19
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 *	12	4221	90,758.35	3	306	12,715.22	1308	14239	808,231.27

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED			FEDERAL MEDICAID ONLY BLIND		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	91	370	378,078.47	0	0	0.00	0	0	0.00
OUTPATIENT	1489	15183	334,594.53	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	6	60	19,492.34	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	9	178	17,369.01	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	2171	70886	24827,228.22	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	842	32861	1043,798.58	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	8783	8094	325,556.93	0	0	0.00	0	0	0.00
CLINIC SERVICES	379	290	46,941.34	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	159	457	4,614.97	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	53	370	13,815.92	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	400	61	8,426.57	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	507	195790	1027,337.49	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	31	229	4,864.58	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	9151	16312	1382,940.99	1	0	0.52	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED			FEDERAL MEDICAID ONLY BLIND		
	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	140	17	1,249.79	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	9395	9446	583,575.02	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	499	69	1,992.14	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	456	1100	122,804.84	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	3528	232670	439,122.99	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	2141	53969	296,864.34	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	7	65	2,523.42	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	6293	1293	142,025.04	0	0	0.00	0	0	0.00
OPTOMETRIST	3423	505	28,515.16	0	0	0.00	0	0	0.00
CHIROPRACTIC	578	338	8,395.52	0	0	0.00	0	0	0.00
PODIATRIC	1736	390	14,840.42	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	FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED			FEDERAL MEDICAID ONLY BLIND		
	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	152	8951	205,239.43	0	0	0.00	0	0	0.00
PSYCHIATRIC	1057	219	10,966.96	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	37	825	6,828.97	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	7302	499974	17684,293.09	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	3	65	1,238.51	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	162	7740	132,743.02	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	6419	8002	1739,817.73	0	0	0.00	0	0	0.00
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 *	9703	1166779	50858,096.33	1	0	0.52	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	TOTAL			AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID							
INPATIENT	5624	29740	22898,292.58							
OUTPATIENT	44353	408082	12263,547.35							
CHILD PART HOSP	0	0	0.00							
CHILD DAY TREATMENT	0	0	0.00							
ADULT PART HOSP	0	0	0.00							
ADULT DAY TREATMENT	0	0	0.00							
SKILLED NURSING FACILITY	323	5844	1816,358.72							
INTERMEDIATE CARE FACILITY	13486	397099	34802,878.18							
INTER CARE MENTAL RETARDA	2190	71351	23659,869.22							
NURSING FAC FOR MENTAL ILL	37	1866	506,629.43							
HOME HEALTH	9732	214441	7191,006.51							
LEAD INSPECTION AGENCY	63	1	947.52							
PHYSICIAN	276829	240573	17309,101.79							
CLINIC SERVICES	22358	21050	2603,941.82							
MEP CASE MANAGEMENT	0	0	0.00							
LAB AND RADIOLOGICAL	6778	19653	302,001.64							
REHAB SUPPORT SERVICES	2947	57027	3207,939.89							
AMBULANCE SERVICES	11273	1862	270,311.80							
LOCAL EDUCATION AGENCY	1618	524859	2697,616.49							
EARLY ACCESS SERVICES	480	2579	57,482.68							
PRESCRIBED DRUGS	281057	292899	17476,207.38							

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	TOTAL			AMOUNT PAID	RECIPS UNITS OF SERVED SERVICE	AMOUNT PAID	RECIPS UNITS OF SERVED SERVICE	AMOUNT PAID
	RECIPS UNITS OF SERVED SERVICE	AMOUNT PAID	RECIPS UNITS OF SERVED SERVICE					
DRUG CAPITATION	0	0	0.00					
INDIAN HEALTH SERVICES	0	0	0.00					
FAMILY PLANNING SERVICES	16545	7577	575,628.72					
IOWA PLAN PROGRAM	261853	283392	8053,227.82					
MANAGED SUBSTANCE ABUSE	0	0	0.00					
MENTAL HEALTH ACCESS PLAN	1	0	74.53-					
EPSDT SCREENING	72047	15326	1127,429.43					
HMO SERVICES	5081	5292	777,093.95					
PATIENT MANAGEMENT	127894	127871	255,742.00					
HEALTH INS PREMIUM PAYMENT	5459	15691	656,760.74					
MEDICAL SUPPLIES	47590	1223249	3148,277.35					
OTHER PRACTITIONER	35503	190759	1702,087.92					
FAMILY CENTERED PROGRAM	2135	32966	946,275.49					
FAMILY PRESERVATION	0	0	0.00					
TREATMENT FOSTER FAMILY CARE	531	4819	209,768.04					
GROUP TREATMENT THERAPY	970	35662	2257,144.76					
DENTAL	125137	26023	4566,826.68					
OPTOMETRIST	72249	10931	733,940.59					
CHIROPRACTIC	23833	13621	470,445.62					
PODIATRIC	15528	3712	198,051.51					
PHYSICAL DISABILITIES SVCS	431	15867	193,058.68					

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	TOTAL			AMOUNT PAID				AMOUNT PAID				AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE			RECIPS SERVED	UNITS OF SERVICE			RECIPS SERVED	UNITS OF SERVICE		
BRAIN INJ WAIVER SERVICES	593	35016	858,552.78									
PSYCHIATRIC	8115	3192	113,105.33									
RESIDENTIAL CARE FACILITY	1936	57999	423,208.67									
MR WAIVER SERVICE	8536	579765	20535,175.77									
CHILDRENS MENTAL HEALTH SVC	169	4152	147,857.43									
AIDS WAIVER SERVICES	33	2770	29,988.57									
ELDERLY WAIVER SERVICES	7329	300584	3456,325.20									
ILL & HANDICAPPED WAIVER SVCS	1734	84894	1382,064.37									
COUNTY OFFICE REIMBURSEMENT	0	0	0.00									
MEP SERVICES	8368	10591	2352,224.25									
UNASSIGNED	15	0	617,770.14									
* A L L C A T E G O R I E S *	383058	5380647	202852,090.28									

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