

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

| <u>CATEGORY OF SERVICE</u>   | <u>RECIPS</u> | <u>UNITS OF</u>     | <u>AMOUNT</u> | <u>RECIPS</u> | <u>UNITS OF</u>     | <u>AMOUNT</u> | <u>RECIPS</u> | <u>UNITS OF</u> | <u>AMOUNT</u>  |
|------------------------------|---------------|---------------------|---------------|---------------|---------------------|---------------|---------------|-----------------|----------------|
|                              | <u>SERVED</u> | <u>SERVICE</u>      | <u>PAID</u>   | <u>SERVED</u> | <u>SERVICE</u>      | <u>PAID</u>   | <u>SERVED</u> | <u>SERVICE</u>  | <u>PAID</u>    |
|                              |               | <u>FEDERAL ONLY</u> |               |               | <u>REFUGEE TXXI</u> |               |               | <u>AGED</u>     |                |
| INPATIENT                    | 1             | 23                  | \$7,581.86    | 0             | 0                   | \$0.00        | 250           | 974             | \$292,617.10   |
| OUTPATIENT                   | 11            | 105                 | \$1,801.46    | 0             | 0                   | \$0.00        | 1,905         | 22,036          | \$287,353.67   |
| 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        | 33            | 374             | \$33,248.17    |
| INTERMEDIATE CARE FACILITY   | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 3,030         | 97,170          | \$6,862,140.68 |
| 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        | 2             | 31              | \$3,008.97     |
| HOME HEALTH                  | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 1,074         | 14,544          | \$688,018.35   |
| LEAD INSPECTION AGENCY       | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 0             | 0               | \$0.00         |
| PHYSICIAN                    | 21            | 52                  | \$3,622.50    | 0             | 0                   | \$0.00        | 3,309         | 13,224          | \$188,446.16   |
| CLINIC SERVICES              | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 355           | 232             | \$26,695.25    |
| MEP CASE MANAGEMENT          | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 0             | 0               | \$0.00         |
| LAB AND RADIOLOGICAL         | 1             | 2                   | \$29.96       | 0             | 0                   | \$0.00        | 62            | 161             | \$2,104.70     |
| REHAB SUPPORT SERVICES       | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 37            | 951             | \$46,577.69    |
| AMBULANCE SERVICES           | 1             | 1                   | \$126.25      | 0             | 0                   | \$0.00        | 102           | 114             | \$7,984.77     |
| 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             | 16            | 38                  | \$3,347.63    | 0             | 0                   | \$0.00        | 7,159         | 38,700          | \$1,654,340.91 |
| DRUG CAPITATION              | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 0             | 0               | \$0.00         |
| INDIAN HEALTH SERVICES       | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 0             | 0               | \$0.00         |
| FAMILY PLANNING SERVICES     | 1             | 1                   | \$34.68       | 0             | 0                   | \$0.00        | 4             | 9               | \$241.74       |
| IOWA PLAN PROGRAM            | 63            | 78                  | \$2,436.52    | 0             | 0                   | \$0.00        | 12            | 12              | \$716.83       |
| MANAGED SUBSTANCE ABUSE      | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 0             | 0               | \$0.00         |
| MENTAL HEALTH ACCESS PLAN    | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 0             | 0               | \$0.00         |
| EPSDT SCREENING              | 1             | 1                   | \$34.04       | 0             | 0                   | \$0.00        | 0             | 0               | \$0.00         |
| HMO SERVICES                 | 16            | 16                  | \$2,373.23    | 0             | 0                   | \$0.00        | 0             | 0               | \$0.00         |
| PATIENT MANAGEMENT           | 35            | 35                  | \$70.00       | 0             | 0                   | \$0.00        | 0             | 0               | \$0.00         |
| HEALTH INS PREMIUM PAYMENT   | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 3             | 4               | \$1,037.80     |
| MEDICAL SUPPLIES             | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 1,613         | 120,944         | \$159,498.31   |
| OTHER PRACTITIONER           | 1             | 1                   | \$269.32      | 0             | 0                   | \$0.00        | 199           | 759             | \$10,177.41    |
| 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      | 1             | 34                  | \$2,764.54    | 0             | 0                   | \$0.00        | 0             | 0               | \$0.00         |
| DENTAL                       | 9             | 9                   | \$668.34      | 0             | 0                   | \$0.00        | 247           | 304             | \$45,575.89    |
| OPTOMETRIST                  | 2             | 2                   | \$110.04      | 0             | 0                   | \$0.00        | 390           | 515             | \$11,691.13    |
| CHIROPRACTIC                 | 0             | 0                   | \$0.00        | 0             | 0                   | \$0.00        | 200           | 431             | \$3,215.96     |

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| <u>CATEGORY OF SERVICE</u>    | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> |
|-------------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|
| PODIATRIC                     | 1                        | 1                           | \$160.76               | 0                        | 0                           | \$0.00                 | 325                      | 465                         | \$5,127.15             |
| PHYSICAL DISABILITIES SVCS    | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 1                        | 2                           | \$127.00               |
| BRAIN INJ WAIVER SERVICES     | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 2                        | 193                         | \$2,973.89             |
| PSYCHIATRIC                   | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 86                       | 169                         | \$4,080.18             |
| RESIDENTIAL CARE FACILITY     | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 456                      | 14,223                      | \$106,188.00           |
| MR WAIVER SERVICE             | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 59                       | 3,181                       | \$141,325.08           |
| MR OBRA WAIVER SERVICES       | 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                 | 1,491                    | 66,688                      | \$759,946.62           |
| ILL & HANDICAPPED WAIVER SVCS | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 2                        | 99                          | \$864.44               |
| 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                 | 99                       | 113                         | \$25,144.58            |
| UNASSIGNED                    | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| ALL CATEGORIES *              | 74                       | 399                         | \$25,431.13            | 0                        | 0                           | \$0.00                 | 10,565                   | 396,622                     | \$11,370,468.43        |

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|------------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|
|                              |                          | <u>BLIND</u>                |                        |                          | <u>DISABLED</u>             |                        |                          | <u>ADC - ADULT</u>          |                        |
| INPATIENT                    | 0                        | 0                           | \$0.00                 | 1,152                    | 7,618                       | \$5,393,378.79         | 523                      | 1,700                       | \$2,026,658.29         |
| OUTPATIENT                   | 0                        | 0                           | \$0.00                 | 9,790                    | 118,079                     | \$3,000,094.63         | 5,580                    | 43,414                      | \$1,893,512.14         |
| 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     | 0                        | 0                           | \$0.00                 | 117                      | 2,742                       | \$1,014,813.57         | 2                        | 10                          | \$3,379.70             |
| INTERMEDIATE CARE FACILITY   | 0                        | 0                           | \$0.00                 | 421                      | 12,418                      | \$1,120,021.29         | 0                        | 0                           | \$0.00                 |
| INTER CARE MENTAL RETARDA    | 0                        | 0                           | \$0.00                 | 21                       | 713                         | \$205,528.01           | 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                 | 2,244                    | 48,028                      | \$1,941,541.04         | 43                       | 279                         | \$23,105.80            |
| LEAD INSPECTION AGENCY       | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| PHYSICIAN                    | 0                        | 0                           | \$0.00                 | 17,279                   | 56,465                      | \$2,406,317.34         | 11,292                   | 20,685                      | \$1,752,380.29         |
| CLINIC SERVICES              | 0                        | 0                           | \$0.00                 | 1,999                    | 2,381                       | \$312,970.32           | 1,693                    | 2,468                       | \$267,709.53           |
| MEP CASE MANAGEMENT          | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| LAB AND RADIOLOGICAL         | 0                        | 0                           | \$0.00                 | 943                      | 2,994                       | \$39,579.64            | 1,082                    | 2,852                       | \$54,013.56            |
| REHAB SUPPORT SERVICES       | 0                        | 0                           | \$0.00                 | 2,167                    | 53,101                      | \$2,715,522.70         | 19                       | 296                         | \$12,831.94            |
| AMBULANCE SERVICES           | 0                        | 0                           | \$0.00                 | 465                      | 530                         | \$61,649.12            | 118                      | 121                         | \$17,603.50            |
| LOCAL EDUCATION AGENCY       | 0                        | 0                           | \$0.00                 | 308                      | 63,902                      | \$596,452.38           | 1                        | 238                         | \$2,900.00             |
| EARLY ACCESS SERVICES        | 0                        | 0                           | \$0.00                 | 63                       | 614                         | \$10,256.30            | 0                        | 0                           | \$0.00                 |
| PRESCRIBED DRUGS             | 2                        | 21                          | \$1,166.63             | 32,358                   | 171,094                     | \$12,988,044.72        | 15,764                   | 40,928                      | \$2,061,362.60         |
| 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                 | 868                      | 932                         | \$38,641.13            | 3,270                    | 3,313                       | \$138,275.52           |
| IOWA PLAN PROGRAM            | 1                        | 1                           | \$77.59                | 42,001                   | 43,386                      | \$3,077,195.48         | 36,896                   | 41,683                      | \$1,042,007.68         |
| 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                 | 257                      | 311                         | \$11,017.23            | 161                      | 180                         | \$6,574.95             |
| HMO SERVICES                 | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 6,386                    | 6,667                       | \$1,528,124.99         |
| PATIENT MANAGEMENT           | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 21,020                   | 21,020                      | \$42,040.00            |
| HEALTH INS PREMIUM PAYMENT   | 0                        | 0                           | \$0.00                 | 712                      | 1,579                       | \$211,383.56           | 518                      | 1,295                       | \$35,779.44            |
| MEDICAL SUPPLIES             | 1                        | 72                          | \$77.20                | 5,860                    | 499,954                     | \$1,093,137.74         | 535                      | 11,952                      | \$94,071.78            |
| OTHER PRACTITIONER           | 0                        | 0                           | \$0.00                 | 1,796                    | 11,256                      | \$268,042.50           | 588                      | 1,567                       | \$73,608.26            |
| FAMILY CENTERED PROGRAM      | 0                        | 0                           | \$0.00                 | 202                      | 4,187                       | \$115,420.19           | 38                       | 671                         | \$20,622.78            |
| FAMILY PRESERVATION          | 0                        | 0                           | \$0.00                 | 1                        | 1                           | \$2,360.32             | 0                        | 0                           | \$0.00                 |
| TREATMENT FOSTER FAMILY CARE | 0                        | 0                           | \$0.00                 | 2                        | 21                          | \$882.99               | 1                        | 14                          | \$497.28               |
| GROUP TREATMENT THERAPY      | 0                        | 0                           | \$0.00                 | 5                        | 148                         | \$7,515.27             | 3                        | 38                          | \$2,443.92             |
| DENTAL                       | 0                        | 0                           | \$0.00                 | 2,318                    | 2,714                       | \$399,445.42           | 2,171                    | 2,683                       | \$431,011.66           |
| OPTOMETRIST                  | 0                        | 0                           | \$0.00                 | 1,580                    | 1,910                       | \$87,335.50            | 1,014                    | 1,202                       | \$77,152.23            |
| CHIROPRACTIC                 | 0                        | 0                           | \$0.00                 | 1,307                    | 2,898                       | \$46,400.07            | 1,290                    | 2,853                       | \$93,125.54            |

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|-------------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|
| PODIATRIC                     | 0                        | 0                           | \$0.00                 | 727                      | 1,158                       | \$37,117.08            | 138                      | 180                         | \$17,625.00            |
| PHYSICAL DISABILITIES SVCS    | 0                        | 0                           | \$0.00                 | 273                      | 8,878                       | \$121,930.08           | 0                        | 0                           | \$0.00                 |
| BRAIN INJ WAIVER SERVICES     | 0                        | 0                           | \$0.00                 | 132                      | 8,481                       | \$210,962.23           | 0                        | 0                           | \$0.00                 |
| PSYCHIATRIC                   | 0                        | 0                           | \$0.00                 | 1,685                    | 3,226                       | \$90,772.36            | 6                        | 8                           | \$474.44               |
| RESIDENTIAL CARE FACILITY     | 0                        | 0                           | \$0.00                 | 1,751                    | 52,507                      | \$419,213.65           | 0                        | 0                           | \$0.00                 |
| MR WAIVER SERVICE             | 0                        | 0                           | \$0.00                 | 943                      | 60,414                      | \$2,258,076.76         | 0                        | 0                           | \$0.00                 |
| MR OBRA WAIVER SERVICES       | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| AIDS WAIVER SERVICES          | 0                        | 0                           | \$0.00                 | 8                        | 529                         | \$5,498.28             | 0                        | 0                           | \$0.00                 |
| ELDERLY WAIVER SERVICES       | 0                        | 0                           | \$0.00                 | 76                       | 3,202                       | \$46,293.76            | 0                        | 0                           | \$0.00                 |
| ILL & HANDICAPPED WAIVER SVCS | 0                        | 0                           | \$0.00                 | 1,405                    | 64,745                      | \$1,065,123.11         | 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                 | 1,424                    | 1,551                       | \$329,846.73           | 4                        | 4                           | \$977.44               |
| UNASSIGNED                    | 0                        | 0                           | \$0.00                 | 8                        | -16                         | -\$855.95              | 0                        | 0                           | \$0.00                 |
| ALL CATEGORIES *              | 2                        | 94                          | \$1,321.42             | 46,387                   | 1,314,651                   | \$41,748,925.34        | 41,099                   | 208,321                     | \$11,719,870.26        |

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|------------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|
|                              |                          | <u>ADC - CHILD</u>          |                        |                          | <u>CMAP</u>                 |                        |                          | <u>OTHER</u>                |                        |
| INPATIENT                    | 253                      | 1,290                       | \$1,108,602.19         | 343                      | 8,378                       | \$1,381,030.42         | 1,260                    | 6,297                       | \$7,107,570.15         |
| OUTPATIENT                   | 4,559                    | 22,298                      | \$892,400.20           | 1,038                    | 8,954                       | \$229,094.81           | 6,807                    | 48,932                      | \$1,453,289.55         |
| 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                 | 3                        | 87                          | \$1,275.54             |
| INTERMEDIATE CARE FACILITY   | 0                        | 0                           | \$0.00                 | 1                        | -3                          | -\$182.97              | 8                        | 52                          | -\$113,999.41          |
| INTER CARE MENTAL RETARDA    | 0                        | 0                           | \$0.00                 | 2                        | 1                           | \$14,231.95            | 1                        | 0                           | -\$1,176,692.00        |
| NURSING FAC FOR MENTAL ILL   | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| HOME HEALTH                  | 315                      | 864                         | \$38,085.67            | 43                       | 132                         | \$6,449.91             | 445                      | 1,459                       | -\$5,539.22            |
| LEAD INSPECTION AGENCY       | 11                       | 14                          | \$4,979.66             | 2                        | 2                           | \$711.38               | 2                        | 3                           | \$1,061.38             |
| PHYSICIAN                    | 14,221                   | 23,179                      | \$1,439,647.35         | 2,385                    | 4,039                       | \$306,535.64           | 18,539                   | 32,652                      | \$2,606,715.48         |
| CLINIC SERVICES              | 2,459                    | 3,113                       | \$363,242.77           | 461                      | 715                         | \$78,452.99            | 3,624                    | 5,324                       | \$609,463.82           |
| MEP CASE MANAGEMENT          | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| LAB AND RADIOLOGICAL         | 837                      | 1,468                       | \$20,666.73            | 207                      | 577                         | \$10,360.18            | 1,617                    | 3,614                       | \$64,821.18            |
| REHAB SUPPORT SERVICES       | 1                        | 11                          | \$570.46               | 7                        | 321                         | \$22,983.61            | 5                        | 119                         | \$5,691.49             |
| AMBULANCE SERVICES           | 72                       | 73                          | \$9,490.77             | 28                       | 29                          | \$4,009.23             | 105                      | 103                         | \$17,591.03            |
| LOCAL EDUCATION AGENCY       | 108                      | 11,836                      | \$66,022.96            | 19                       | 3,664                       | \$15,426.66            | 59                       | 11,872                      | \$76,442.97            |
| EARLY ACCESS SERVICES        | 76                       | 437                         | \$9,634.86             | 9                        | 49                          | \$957.86               | 62                       | 445                         | \$8,245.38             |
| PRESCRIBED DRUGS             | 16,197                   | 28,192                      | \$1,596,149.02         | 3,005                    | 7,111                       | \$435,687.19           | 18,721                   | 31,577                      | \$1,493,479.24         |
| 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     | 510                      | 521                         | \$21,958.85            | 397                      | 421                         | \$17,772.25            | 1,091                    | 1,197                       | \$44,828.66            |
| IOWA PLAN PROGRAM            | 61,921                   | 68,107                      | \$746,988.19           | 8,885                    | 10,145                      | \$223,946.26           | 66,552                   | 75,595                      | \$926,836.39           |
| 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                 | 0                        | 0                           | \$0.00                 |
| EPSDT SCREENING              | 3,390                    | 3,853                       | \$255,872.94           | 594                      | 700                         | \$48,059.19            | 4,787                    | 5,421                       | \$417,321.58           |
| HMO SERVICES                 | 10,446                   | 10,921                      | \$1,162,844.92         | 1,348                    | 1,379                       | \$156,544.53           | 8,715                    | 9,119                       | \$1,189,269.96         |
| PATIENT MANAGEMENT           | 37,238                   | 37,238                      | \$74,476.00            | 4,756                    | 4,756                       | \$9,512.00             | 41,469                   | 41,469                      | \$82,938.00            |
| HEALTH INS PREMIUM PAYMENT   | 830                      | 2,051                       | \$49,092.49            | 32                       | 69                          | \$2,765.45             | 3,119                    | 8,715                       | \$215,195.85           |
| MEDICAL SUPPLIES             | 575                      | 9,095                       | \$59,141.44            | 88                       | 1,803                       | \$13,370.16            | 595                      | 10,818                      | \$80,682.91            |
| OTHER PRACTITIONER           | 1,537                    | 5,704                       | \$130,346.02           | 211                      | 678                         | \$21,570.28            | 1,735                    | 6,291                       | \$174,787.44           |
| FAMILY CENTERED PROGRAM      | 803                      | 11,571                      | \$373,295.38           | 300                      | 4,510                       | \$144,475.17           | 543                      | 8,872                       | \$278,656.88           |
| FAMILY PRESERVATION          | 1                        | 1                           | \$2,675.36             | 0                        | 0                           | \$0.00                 | 1                        | 1                           | \$2,353.38             |
| TREATMENT FOSTER FAMILY CARE | 0                        | 0                           | \$0.00                 | 4                        | 54                          | \$2,284.77             | 1                        | 5                           | \$217.90               |
| GROUP TREATMENT THERAPY      | 9                        | 222                         | \$12,971.62            | 21                       | 432                         | \$21,546.36            | 16                       | 330                         | \$18,423.84            |
| DENTAL                       | 2,814                    | 3,205                       | \$435,949.94           | 555                      | 650                         | \$87,596.92            | 3,511                    | 4,047                       | \$500,506.95           |
| OPTOMETRIST                  | 994                      | 1,122                       | \$65,306.89            | 237                      | 273                         | \$16,878.95            | 1,227                    | 1,343                       | \$76,680.84            |
| CHIROPRACTIC                 | 696                      | 1,273                       | \$38,680.65            | 123                      | 252                         | \$8,331.52             | 895                      | 1,763                       | \$49,255.10            |

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

| <u>CATEGORY OF SERVICE</u>    | <u>RECIPS SERVED</u> | <u>UNITS OF SERVICE</u> | <u>AMOUNT PAID</u> | <u>RECIPS SERVED</u> | <u>UNITS OF SERVICE</u> | <u>AMOUNT PAID</u> | <u>RECIPS SERVED</u> | <u>UNITS OF SERVICE</u> | <u>AMOUNT PAID</u> |
|-------------------------------|----------------------|-------------------------|--------------------|----------------------|-------------------------|--------------------|----------------------|-------------------------|--------------------|
| PODIATRIC                     | 40                   | 50                      | \$4,023.82         | 20                   | 24                      | \$2,489.09         | 62                   | 81                      | \$7,110.32         |
| 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             | 1                    | 0                       | -\$37.81           |
| PSYCHIATRIC                   | 6                    | 12                      | \$715.92           | 7                    | 42                      | \$2,106.33         | 15                   | 48                      | \$3,039.54         |
| RESIDENTIAL CARE FACILITY     | 0                    | 0                       | \$0.00             | 1                    | 30                      | \$267.00           | 0                    | 0                       | \$0.00             |
| MR WAIVER SERVICE             | 0                    | 0                       | \$0.00             | 5                    | 191                     | \$5,085.72         | 4                    | 45                      | -\$35,450.27       |
| MR OBRA WAIVER SERVICES       | 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             | 5                    | 32                      | \$52.72            |
| ILL & HANDICAPPED WAIVER SVCS | 0                    | 0                       | \$0.00             | 0                    | 0                       | \$0.00             | 2                    | 23                      | \$285.54           |
| COUNTY OFFICE REIMBURSEMENT   | 0                    | 0                       | \$0.00             | 0                    | 0                       | \$0.00             | 0                    | 0                       | \$0.00             |
| MEP SERVICES                  | 0                    | 0                       | \$0.00             | 1                    | 1                       | \$214.22           | 2                    | 5                       | \$1,058.00         |
| UNASSIGNED                    | 0                    | 0                       | \$0.00             | 1                    | 0                       | \$0.00             | 1                    | 0                       | -\$91,120.41       |
| ALL CATEGORIES *              | 67,404               | 247,721                 | \$8,983,833.07     | 9,672                | 60,379                  | \$3,290,565.03     | 73,203               | 317,756                 | \$16,092,309.89    |

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

| <u>CATEGORY OF SERVICE</u>   | <u>RECIPS</u>                       | <u>UNITS OF</u> | <u>AMOUNT</u>  | <u>RECIPS</u>                     | <u>UNITS OF</u> | <u>AMOUNT</u>   | <u>RECIPS</u>                      | <u>UNITS OF</u> | <u>AMOUNT</u> |
|------------------------------|-------------------------------------|-----------------|----------------|-----------------------------------|-----------------|-----------------|------------------------------------|-----------------|---------------|
|                              | <u>SERVED</u>                       | <u>SERVICE</u>  | <u>PAID</u>    | <u>SERVED</u>                     | <u>SERVICE</u>  | <u>PAID</u>     | <u>SERVED</u>                      | <u>SERVICE</u>  | <u>PAID</u>   |
|                              | <u>FOSTER - PRESUB - SUB ADOPTS</u> |                 |                | <u>INTERMEDIATE CARE FACILITY</u> |                 |                 | <u>MEDICALLY NEEDY NO SPEND DN</u> |                 |               |
| INPATIENT                    | 52                                  | 389             | \$117,872.01   | 498                               | 1,905           | \$628,782.05    | 50                                 | 218             | \$219,496.05  |
| OUTPATIENT                   | 730                                 | 5,889           | \$124,564.78   | 2,939                             | 39,645          | \$379,646.87    | 408                                | 3,647           | \$122,160.72  |
| 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         | 117                               | 1,630           | \$31,338.08     | 4                                  | 56              | -\$735.00     |
| INTERMEDIATE CARE FACILITY   | 0                                   | 0               | \$0.00         | 10,061                            | 304,376         | \$25,466,289.16 | 3                                  | 31              | \$540.06      |
| INTER CARE MENTAL RETARDA    | 7                                   | 102             | \$32,805.75    | 0                                 | 0               | \$0.00          | 0                                  | 0               | \$0.00        |
| NURSING FAC FOR MENTAL ILL   | 0                                   | 0               | \$0.00         | 28                                | 434             | \$50,314.96     | 0                                  | 0               | \$0.00        |
| HOME HEALTH                  | 67                                  | 2,885           | \$68,906.37    | 2,446                             | 35,168          | \$1,687,888.79  | 62                                 | 716             | -\$2,268.16   |
| LEAD INSPECTION AGENCY       | 0                                   | 0               | \$0.00         | 0                                 | 0               | \$0.00          | 0                                  | 0               | \$0.00        |
| PHYSICIAN                    | 2,090                               | 3,188           | \$167,612.43   | 4,929                             | 17,833          | \$254,565.87    | 777                                | 2,089           | \$120,180.86  |
| CLINIC SERVICES              | 356                                 | 455             | \$47,920.52    | 513                               | 275             | \$31,151.92     | 106                                | 137             | \$14,876.21   |
| MEP CASE MANAGEMENT          | 0                                   | 0               | \$0.00         | 0                                 | 0               | \$0.00          | 0                                  | 0               | \$0.00        |
| LAB AND RADIOLOGICAL         | 164                                 | 336             | \$4,749.97     | 91                                | 314             | \$3,218.12      | 54                                 | 137             | \$2,383.79    |
| REHAB SUPPORT SERVICES       | 2                                   | 43              | \$3,687.76     | 16                                | 383             | \$17,773.80     | 31                                 | 967             | \$59,747.76   |
| AMBULANCE SERVICES           | 24                                  | 26              | \$3,774.53     | 292                               | 367             | \$28,248.82     | 14                                 | 14              | \$2,562.55    |
| LOCAL EDUCATION AGENCY       | 67                                  | 13,350          | \$97,880.58    | 2                                 | 385             | \$3,469.07      | 0                                  | 0               | \$0.00        |
| EARLY ACCESS SERVICES        | 31                                  | 251             | \$4,166.58     | 3                                 | 16              | \$223.05        | 0                                  | 0               | \$0.00        |
| PRESCRIBED DRUGS             | 4,402                               | 10,491          | \$848,465.53   | 18,176                            | 136,894         | \$6,226,634.47  | 1,501                              | 7,151           | \$379,549.38  |
| 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     | 237                                 | 243             | \$9,896.86     | 24                                | 22              | \$1,206.82      | 119                                | 124             | \$4,952.02    |
| IOWA PLAN PROGRAM            | 9,379                               | 9,863           | \$833,457.17   | 1,731                             | 1,785           | \$97,438.64     | 1,488                              | 1,726           | \$52,087.97   |
| 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              | 228                                 | 247             | \$12,136.64    | 2                                 | 2               | \$41.96         | 12                                 | 12              | \$330.20      |
| HMO SERVICES                 | 0                                   | 0               | \$0.00         | 0                                 | 0               | \$0.00          | 0                                  | 0               | \$0.00        |
| PATIENT MANAGEMENT           | 74                                  | 74              | \$148.00       | 0                                 | 0               | \$0.00          | 0                                  | 0               | \$0.00        |
| HEALTH INS PREMIUM PAYMENT   | 107                                 | 245             | \$10,757.64    | 36                                | 67              | \$17,683.14     | 14                                 | 29              | \$2,091.66    |
| MEDICAL SUPPLIES             | 170                                 | 14,252          | \$41,053.03    | 3,284                             | 251,667         | \$415,082.35    | 142                                | 7,627           | \$14,314.04   |
| OTHER PRACTITIONER           | 382                                 | 2,393           | \$61,770.26    | 316                               | 1,191           | \$26,293.39     | 48                                 | 78              | \$3,818.86    |
| FAMILY CENTERED PROGRAM      | 717                                 | 11,924          | \$359,034.67   | 0                                 | 0               | \$0.00          | 0                                  | 0               | \$0.00        |
| FAMILY PRESERVATION          | 1                                   | 1               | \$2,160.63     | 0                                 | 0               | \$0.00          | 0                                  | 0               | \$0.00        |
| TREATMENT FOSTER FAMILY CARE | 496                                 | 4,927           | \$209,638.51   | 0                                 | 0               | \$0.00          | 0                                  | 0               | \$0.00        |
| GROUP TREATMENT THERAPY      | 984                                 | 35,073          | \$2,252,325.36 | 0                                 | 0               | \$0.00          | 0                                  | 0               | \$0.00        |
| DENTAL                       | 641                                 | 693             | \$72,442.75    | 441                               | 489             | \$80,780.69     | 132                                | 167             | \$25,001.06   |
| OPTOMETRIST                  | 321                                 | 356             | \$19,125.54    | 587                               | 691             | \$17,486.83     | 91                                 | 108             | \$5,343.77    |
| CHIROPRACTIC                 | 91                                  | 143             | \$4,346.99     | 137                               | 283             | \$1,713.68      | 91                                 | 214             | \$5,674.17    |

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

| <u>CATEGORY OF SERVICE</u>    | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> |
|-------------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|
| PODIATRIC                     | 25                       | 31                          | \$2,235.44             | 727                      | 1,062                       | \$11,801.88            | 31                       | 47                          | \$2,962.32             |
| PHYSICAL DISABILITIES SVCS    | 0                        | 0                           | \$0.00                 | 108                      | 3,727                       | \$49,865.49            | 0                        | 0                           | \$0.00                 |
| BRAIN INJ WAIVER SERVICES     | 18                       | 671                         | \$15,603.90            | 210                      | 11,788                      | \$295,791.78           | 0                        | 0                           | \$0.00                 |
| PSYCHIATRIC                   | 10                       | 13                          | \$1,082.46             | 168                      | 259                         | \$6,995.13             | 29                       | 49                          | \$1,932.09             |
| RESIDENTIAL CARE FACILITY     | 0                        | 0                           | \$0.00                 | 4                        | 72                          | \$1,101.00             | 1                        | 31                          | \$0.00                 |
| MR WAIVER SERVICE             | 123                      | 6,071                       | \$143,346.55           | 11                       | 1,340                       | \$45,124.48            | 1                        | 31                          | \$3,040.48             |
| MR OBRA WAIVER SERVICES       | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| AIDS WAIVER SERVICES          | 0                        | 0                           | \$0.00                 | 24                       | 2,222                       | \$19,711.13            | 0                        | 0                           | \$0.00                 |
| ELDERLY WAIVER SERVICES       | 0                        | 0                           | \$0.00                 | 4,836                    | 196,458                     | \$2,145,266.27         | 1                        | 2                           | \$50.00                |
| ILL & HANDICAPPED WAIVER SVCS | 21                       | 860                         | \$15,009.02            | 7                        | 235                         | \$2,982.16             | 0                        | 0                           | \$0.00                 |
| COUNTY OFFICE REIMBURSEMENT   | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| MEP SERVICES                  | 108                      | 124                         | \$27,115.81            | 69                       | 68                          | \$14,926.98            | 9                        | 12                          | \$2,728.45             |
| UNASSIGNED                    | 0                        | 0                           | \$0.00                 | 2                        | -7                          | -\$644.69              | 0                        | 0                           | \$0.00                 |
| ALL CATEGORIES *              | 9,609                    | 125,609                     | \$5,615,094.04         | 17,027                   | 1,013,046                   | \$38,060,194.14        | 2,187                    | 25,420                      | \$1,042,821.31         |



TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

| <u>CATEGORY OF SERVICE</u>   | <u>RECIPS</u>                      | <u>UNITS OF</u> | <u>AMOUNT</u> | <u>RECIPS</u>     | <u>UNITS OF</u> | <u>AMOUNT</u> | <u>RECIPS</u>                       | <u>UNITS OF</u> | <u>AMOUNT</u> |
|------------------------------|------------------------------------|-----------------|---------------|-------------------|-----------------|---------------|-------------------------------------|-----------------|---------------|
|                              | <u>SERVED</u>                      | <u>SERVICE</u>  | <u>PAID</u>   | <u>SERVED</u>     | <u>SERVICE</u>  | <u>PAID</u>   | <u>SERVED</u>                       | <u>SERVICE</u>  | <u>PAID</u>   |
|                              | <u>MEDICALLY NEEDY WI SPEND DN</u> |                 |               | <u>OTHER TXXI</u> |                 |               | <u>OTHER BREAST CERVICAL CANCER</u> |                 |               |
| INPATIENT                    | 204                                | 941             | \$987,230.70  | 26                | 117             | \$54,435.50   | 6                                   | 14              | \$31,874.95   |
| OUTPATIENT                   | 733                                | 10,086          | \$352,432.03  | 604               | 3,160           | \$128,035.23  | 77                                  | 828             | \$63,541.27   |
| 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        | 0                                   | 0               | \$0.00        |
| INTERMEDIATE CARE FACILITY   | 3                                  | 0               | -\$853.02     | 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                  | 129                                | 1,494           | \$66,992.77   | 18                | 41              | \$2,325.92    | 2                                   | 13              | \$1,136.20    |
| LEAD INSPECTION AGENCY       | 0                                  | 0               | \$0.00        | 0                 | 0               | \$0.00        | 0                                   | 0               | \$0.00        |
| PHYSICIAN                    | 1,287                              | 4,491           | \$283,396.29  | 1,820             | 2,656           | \$155,661.72  | 124                                 | 694             | \$100,376.44  |
| CLINIC SERVICES              | 94                                 | 85              | \$11,856.51   | 405               | 497             | \$56,099.27   | 14                                  | 18              | \$2,342.42    |
| MEP CASE MANAGEMENT          | 0                                  | 0               | \$0.00        | 0                 | 0               | \$0.00        | 0                                   | 0               | \$0.00        |
| LAB AND RADIOLOGICAL         | 38                                 | 91              | \$1,202.54    | 76                | 152             | \$3,102.14    | 35                                  | 100             | \$1,956.02    |
| REHAB SUPPORT SERVICES       | 57                                 | 1,192           | \$72,230.37   | 0                 | 0               | \$0.00        | 0                                   | 0               | \$0.00        |
| AMBULANCE SERVICES           | 59                                 | 64              | \$9,706.41    | 8                 | 6               | \$256.20      | 1                                   | 1               | \$113.41      |
| LOCAL EDUCATION AGENCY       | 0                                  | 0               | \$0.00        | 19                | 2,337           | \$24,861.51   | 0                                   | 0               | \$0.00        |
| EARLY ACCESS SERVICES        | 0                                  | 0               | \$0.00        | 1                 | 3               | \$43.11       | 0                                   | 0               | \$0.00        |
| PRESCRIBED DRUGS             | 1,301                              | 6,651           | \$519,473.35  | 2,441             | 4,194           | \$257,787.14  | 132                                 | 464             | \$34,705.58   |
| 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     | 18                                 | 19              | \$941.24      | 185               | 194             | \$8,376.69    | 2                                   | 3               | \$117.71      |
| IOWA PLAN PROGRAM            | 0                                  | 0               | \$0.00        | 10,247            | 11,128          | \$130,362.80  | 169                                 | 171             | \$13,267.89   |
| MANAGED SUBSTANCE ABUSE      | 0                                  | 0               | \$0.00        | 0                 | 0               | \$0.00        | 0                                   | 0               | \$0.00        |
| MENTAL HEALTH ACCESS PLAN    | 0                                  | 0               | \$0.00        | 0                 | 0               | \$0.00        | 0                                   | 0               | \$0.00        |
| EPSDT SCREENING              | 1                                  | 1               | \$533.69      | 298               | 313             | \$13,964.14   | 0                                   | 0               | \$0.00        |
| HMO SERVICES                 | 0                                  | 0               | \$0.00        | 1,389             | 1,424           | \$137,450.22  | 0                                   | 0               | \$0.00        |
| PATIENT MANAGEMENT           | 0                                  | 0               | \$0.00        | 6,882             | 6,882           | \$13,764.00   | 0                                   | 0               | \$0.00        |
| HEALTH INS PREMIUM PAYMENT   | 0                                  | 0               | \$0.00        | 73                | 152             | \$5,749.56    | 0                                   | 0               | \$0.00        |
| MEDICAL SUPPLIES             | 283                                | 19,649          | \$43,365.59   | 61                | 963             | \$8,635.40    | 11                                  | 693             | \$3,899.07    |
| OTHER PRACTITIONER           | 54                                 | 161             | \$11,078.12   | 239               | 1,083           | \$19,979.65   | 8                                   | 9               | \$987.35      |
| FAMILY CENTERED PROGRAM      | 0                                  | 0               | \$0.00        | 112               | 1,816           | \$55,118.29   | 0                                   | 0               | \$0.00        |
| FAMILY PRESERVATION          | 0                                  | 0               | \$0.00        | 1                 | 1               | \$2,353.38    | 0                                   | 0               | \$0.00        |
| TREATMENT FOSTER FAMILY CARE | 0                                  | 0               | \$0.00        | 3                 | 22              | \$938.21      | 0                                   | 0               | \$0.00        |
| GROUP TREATMENT THERAPY      | 0                                  | 0               | \$0.00        | 6                 | 116             | \$8,698.36    | 0                                   | 0               | \$0.00        |
| DENTAL                       | 98                                 | 126             | \$19,976.59   | 803               | 892             | \$117,934.70  | 5                                   | 5               | \$713.47      |
| OPTOMETRIST                  | 84                                 | 105             | \$3,213.01    | 291               | 331             | \$19,344.12   | 5                                   | 6               | \$503.00      |
| CHIROPRACTIC                 | 37                                 | 79              | \$1,158.64    | 168               | 299             | \$8,699.37    | 9                                   | 48              | \$1,489.29    |

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

| <u>CATEGORY OF SERVICE</u>    | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> |
|-------------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|
| PODIATRIC                     | 45                       | 95                          | \$4,191.61             | 10                       | 9                           | \$904.33               | 3                        | 3                           | \$111.60               |
| 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                   | 97                       | 158                         | \$7,184.74             | 5                        | 6                           | \$927.08               | 0                        | 0                           | \$0.00                 |
| RESIDENTIAL CARE FACILITY     | 1                        | -60                         | -\$1,525.00            | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| MR WAIVER SERVICE             | 1                        | 25                          | \$647.25               | 1                        | 4                           | \$91.64                | 0                        | 0                           | \$0.00                 |
| MR OBRA WAIVER SERVICES       | 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       | 1                        | 2                           | \$36.98                | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| ILL & HANDICAPPED WAIVER SVCS | 0                        | 0                           | \$0.00                 | 1                        | 120                         | \$525.00               | 0                        | 0                           | \$0.00                 |
| COUNTY OFFICE REIMBURSEMENT   | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| MEP SERVICES                  | 38                       | 40                          | \$9,230.87             | 2                        | 4                           | \$811.55               | 0                        | 0                           | \$0.00                 |
| UNASSIGNED                    | 1                        | -2                          | -\$120.39              | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| ALL CATEGORIES *              | 2,076                    | 45,493                      | \$2,403,580.89         | 9,962                    | 38,922                      | \$1,237,236.23         | 162                      | 3,070                       | \$257,135.67           |

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

| <u>CATEGORY OF SERVICE</u>   | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> | <u>RECIPS<br/>SERVED</u>         | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> | <u>RECIPS<br/>SERVED</u>          | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> |
|------------------------------|--------------------------|-----------------------------|------------------------|----------------------------------|-----------------------------|------------------------|-----------------------------------|-----------------------------|------------------------|
|                              | <u>STATE ONLY</u>        |                             |                        | <u>FED CNTY - FED CNTY STATE</u> |                             |                        | <u>FEDERAL MEDICAID ONLY AGED</u> |                             |                        |
| INPATIENT                    | 27                       | 156                         | \$157,440.55           | 97                               | 337                         | \$245,298.65           | 0                                 | 0                           | \$0.00                 |
| OUTPATIENT                   | 212                      | 1,733                       | \$102,968.18           | 1,420                            | 15,315                      | \$261,174.02           | 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                        | -6                          | -\$2,302.86            | 1                                | 31                          | \$14,266.37            | 0                                 | 0                           | \$0.00                 |
| INTERMEDIATE CARE FACILITY   | 0                        | 0                           | \$0.00                 | 5                                | 138                         | \$13,118.89            | 0                                 | 0                           | \$0.00                 |
| INTER CARE MENTAL RETARDA    | 1                        | 18                          | \$11,372.68            | 2,176                            | 65,252                      | \$19,407,776.14        | 0                                 | 0                           | \$0.00                 |
| NURSING FAC FOR MENTAL ILL   | 0                        | 0                           | \$0.00                 | 0                                | 0                           | \$0.00                 | 0                                 | 0                           | \$0.00                 |
| HOME HEALTH                  | 5                        | 43                          | \$3,523.03             | 671                              | 21,756                      | \$828,334.93           | 0                                 | 0                           | \$0.00                 |
| LEAD INSPECTION AGENCY       | 0                        | 0                           | \$0.00                 | 0                                | 0                           | \$0.00                 | 0                                 | 0                           | \$0.00                 |
| PHYSICIAN                    | 403                      | 1,016                       | \$85,477.15            | 2,853                            | 7,818                       | \$216,967.53           | 0                                 | 0                           | \$0.00                 |
| CLINIC SERVICES              | 74                       | 82                          | \$11,892.17            | 216                              | 200                         | \$21,310.63            | 0                                 | 0                           | \$0.00                 |
| MEP CASE MANAGEMENT          | 0                        | 0                           | \$0.00                 | 0                                | 0                           | \$0.00                 | 0                                 | 0                           | \$0.00                 |
| LAB AND RADIOLOGICAL         | 37                       | 120                         | \$1,737.83             | 127                              | 391                         | \$3,892.20             | 0                                 | 0                           | \$0.00                 |
| REHAB SUPPORT SERVICES       | 1                        | 47                          | \$4,444.26             | 28                               | 1,142                       | \$46,789.70            | 0                                 | 0                           | \$0.00                 |
| AMBULANCE SERVICES           | 7                        | 7                           | \$828.58               | 49                               | 54                          | \$6,706.42             | 0                                 | 0                           | \$0.00                 |
| LOCAL EDUCATION AGENCY       | 2                        | 1,134                       | \$6,517.66             | 224                              | 64,468                      | \$609,588.64           | 0                                 | 0                           | \$0.00                 |
| EARLY ACCESS SERVICES        | 0                        | 0                           | \$0.00                 | 21                               | 159                         | \$2,494.57             | 0                                 | 0                           | \$0.00                 |
| PRESCRIBED DRUGS             | 707                      | 2,904                       | \$175,704.20           | 7,043                            | 30,567                      | \$2,399,956.60         | 1                                 | 5                           | \$89.41                |
| 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     | 17                       | 17                          | \$912.61               | 534                              | 567                         | \$21,636.88            | 0                                 | 0                           | \$0.00                 |
| IOWA PLAN PROGRAM            | 1,104                    | 1,184                       | \$99,108.72            | 8,924                            | 8,989                       | \$657,286.80           | 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              | 4                        | 5                           | \$108.30               | 71                               | 84                          | \$2,034.74             | 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   | 4                        | 9                           | \$479.57               | 444                              | 939                         | \$136,351.08           | 0                                 | 0                           | \$0.00                 |
| MEDICAL SUPPLIES             | 89                       | 3,869                       | \$12,003.65            | 1,317                            | 205,935                     | \$294,327.02           | 0                                 | 0                           | \$0.00                 |
| OTHER PRACTITIONER           | 31                       | 55                          | \$3,361.22             | 899                              | 8,894                       | \$225,718.84           | 0                                 | 0                           | \$0.00                 |
| FAMILY CENTERED PROGRAM      | 7                        | 61                          | \$2,323.18             | 13                               | 69                          | \$2,562.86             | 0                                 | 0                           | \$0.00                 |
| FAMILY PRESERVATION          | 0                        | 0                           | \$0.00                 | 0                                | 0                           | \$0.00                 | 0                                 | 0                           | \$0.00                 |
| TREATMENT FOSTER FAMILY CARE | 3                        | 17                          | \$725.07               | 0                                | 0                           | \$0.00                 | 0                                 | 0                           | \$0.00                 |
| GROUP TREATMENT THERAPY      | 8                        | 235                         | \$15,111.10            | 1                                | 34                          | \$1,988.06             | 0                                 | 0                           | \$0.00                 |
| DENTAL                       | 41                       | 45                          | \$6,048.78             | 717                              | 800                         | \$72,058.78            | 0                                 | 0                           | \$0.00                 |
| OPTOMETRIST                  | 40                       | 48                          | \$2,943.28             | 321                              | 359                         | \$13,750.60            | 0                                 | 0                           | \$0.00                 |
| CHIROPRACTIC                 | 34                       | 77                          | \$2,252.86             | 163                              | 320                         | \$5,501.85             | 0                                 | 0                           | \$0.00                 |

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(BY CATEGORY OF SERVICE BY PROGRAM)

| <u>CATEGORY OF SERVICE</u>    | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> |
|-------------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|
| PODIATRIC                     | 12                       | 12                          | \$622.05               | 308                      | 410                         | \$9,881.59             | 0                        | 0                           | \$0.00                 |
| PHYSICAL DISABILITIES SVCS    | 0                        | 0                           | \$0.00                 | 1                        | 1                           | \$30.00                | 0                        | 0                           | \$0.00                 |
| BRAIN INJ WAIVER SERVICES     | 0                        | 0                           | \$0.00                 | 124                      | 6,456                       | \$161,770.18           | 0                        | 0                           | \$0.00                 |
| PSYCHIATRIC                   | 1                        | 4                           | \$211.51               | 218                      | 314                         | \$10,772.18            | 0                        | 0                           | \$0.00                 |
| RESIDENTIAL CARE FACILITY     | 1                        | 27                          | \$127.00               | 39                       | 1,110                       | \$8,415.92             | 0                        | 0                           | \$0.00                 |
| MR WAIVER SERVICE             | 1                        | 24                          | \$4,175.52             | 6,422                    | 402,296                     | \$14,598,449.06        | 0                        | 0                           | \$0.00                 |
| MR OBRA WAIVER SERVICES       | 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       | 1                        | 60                          | \$540.00               | 8                        | 301                         | \$1,343.99             | 0                        | 0                           | \$0.00                 |
| ILL & HANDICAPPED WAIVER SVCS | 1                        | 9                           | \$340.29               | 134                      | 5,979                       | \$92,285.62            | 0                        | 0                           | \$0.00                 |
| COUNTY OFFICE REIMBURSEMENT   | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |
| MEP SERVICES                  | 1                        | 1                           | \$215.00               | 5,604                    | 5,954                       | \$1,285,264.80         | 0                        | 0                           | \$0.00                 |
| UNASSIGNED                    | 0                        | 0                           | \$0.00                 | 1                        | -2                          | -\$96.08               | 0                        | 0                           | \$0.00                 |
| ALL CATEGORIES *              | 1,152                    | 13,013                      | \$711,213.14           | 9,346                    | 857,437                     | \$41,679,010.06        | 0                        | 5                           | \$89.41                |

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

| <u>CATEGORY OF SERVICE</u>   | <u>RECIPS<br/>SERVED</u>           | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> | <u>RECIPS<br/>SERVED</u> | <u>UNITS OF<br/>SERVICE</u> | <u>AMOUNT<br/>PAID</u> |
|------------------------------|------------------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|
|                              | <u>FEDERAL MEDICAID ONLY BLIND</u> |                             |                        | <u>TOTAL</u>             |                             |                        |                          |                             |                        |
| INPATIENT                    | 0                                  | 0                           | \$0.00                 | 4,724                    | 30,357                      | \$19,759,869.26        |                          |                             |                        |
| OUTPATIENT                   | 0                                  | 0                           | \$0.00                 | 36,466                   | 344,121                     | \$9,292,069.56         |                          |                             |                        |
| 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                 | 276                      | 4,924                       | \$1,095,283.57         |                          |                             |                        |
| INTERMEDIATE CARE FACILITY   | 0                                  | 0                           | \$0.00                 | 13,443                   | 414,182                     | \$33,347,074.68        |                          |                             |                        |
| INTER CARE MENTAL RETARDA    | 0                                  | 0                           | \$0.00                 | 2,199                    | 66,086                      | \$18,495,022.53        |                          |                             |                        |
| NURSING FAC FOR MENTAL ILL   | 0                                  | 0                           | \$0.00                 | 30                       | 465                         | \$53,323.93            |                          |                             |                        |
| HOME HEALTH                  | 0                                  | 0                           | \$0.00                 | 7,513                    | 127,422                     | \$5,348,501.40         |                          |                             |                        |
| LEAD INSPECTION AGENCY       | 0                                  | 0                           | \$0.00                 | 14                       | 19                          | \$6,752.42             |                          |                             |                        |
| PHYSICIAN                    | 0                                  | 0                           | \$0.00                 | 79,954                   | 190,081                     | \$10,087,903.05        |                          |                             |                        |
| CLINIC SERVICES              | 0                                  | 0                           | \$0.00                 | 12,295                   | 15,982                      | \$1,855,984.33         |                          |                             |                        |
| MEP CASE MANAGEMENT          | 0                                  | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |                          |                             |                        |
| LAB AND RADIOLOGICAL         | 0                                  | 0                           | \$0.00                 | 5,349                    | 13,309                      | \$213,818.56           |                          |                             |                        |
| REHAB SUPPORT SERVICES       | 0                                  | 0                           | \$0.00                 | 2,355                    | 58,573                      | \$3,008,851.54         |                          |                             |                        |
| AMBULANCE SERVICES           | 0                                  | 0                           | \$0.00                 | 1,338                    | 1,510                       | \$170,651.59           |                          |                             |                        |
| LOCAL EDUCATION AGENCY       | 0                                  | 0                           | \$0.00                 | 799                      | 173,186                     | \$1,499,562.43         |                          |                             |                        |
| EARLY ACCESS SERVICES        | 0                                  | 0                           | \$0.00                 | 265                      | 1,974                       | \$36,021.71            |                          |                             |                        |
| PRESCRIBED DRUGS             | 1                                  | 5                           | \$163.82               | 125,812                  | 516,987                     | \$31,076,107.42        |                          |                             |                        |
| 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                 | 7,255                    | 7,583                       | \$309,793.66           |                          |                             |                        |
| IOWA PLAN PROGRAM            | 0                                  | 0                           | \$0.00                 | 248,698                  | 273,853                     | \$7,903,214.93         |                          |                             |                        |
| MANAGED SUBSTANCE ABUSE      | 0                                  | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |                          |                             |                        |
| MENTAL HEALTH ACCESS PLAN    | 0                                  | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |                          |                             |                        |
| EPSDT SCREENING              | 0                                  | 0                           | \$0.00                 | 9,771                    | 11,130                      | \$768,029.60           |                          |                             |                        |
| HMO SERVICES                 | 0                                  | 0                           | \$0.00                 | 28,270                   | 29,526                      | \$4,176,607.85         |                          |                             |                        |
| PATIENT MANAGEMENT           | 0                                  | 0                           | \$0.00                 | 111,474                  | 111,474                     | \$222,948.00           |                          |                             |                        |
| HEALTH INS PREMIUM PAYMENT   | 0                                  | 0                           | \$0.00                 | 5,892                    | 15,154                      | \$688,367.24           |                          |                             |                        |
| MEDICAL SUPPLIES             | 0                                  | 0                           | \$0.00                 | 14,408                   | 1,159,293                   | \$2,332,659.69         |                          |                             |                        |
| OTHER PRACTITIONER           | 0                                  | 0                           | \$0.00                 | 7,988                    | 40,120                      | \$1,031,808.92         |                          |                             |                        |
| FAMILY CENTERED PROGRAM      | 0                                  | 0                           | \$0.00                 | 2,678                    | 43,681                      | \$1,351,509.40         |                          |                             |                        |
| FAMILY PRESERVATION          | 0                                  | 0                           | \$0.00                 | 5                        | 5                           | \$11,903.07            |                          |                             |                        |
| TREATMENT FOSTER FAMILY CARE | 0                                  | 0                           | \$0.00                 | 509                      | 5,060                       | \$215,184.73           |                          |                             |                        |
| GROUP TREATMENT THERAPY      | 0                                  | 0                           | \$0.00                 | 1,046                    | 36,662                      | \$2,343,788.43         |                          |                             |                        |
| DENTAL                       | 0                                  | 0                           | \$0.00                 | 14,474                   | 16,829                      | \$2,295,711.94         |                          |                             |                        |
| OPTOMETRIST                  | 0                                  | 0                           | \$0.00                 | 7,172                    | 8,371                       | \$416,865.73           |                          |                             |                        |
| CHIROPRACTIC                 | 0                                  | 0                           | \$0.00                 | 5,223                    | 10,933                      | \$269,845.69           |                          |                             |                        |

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|-------------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|--------------------------|-----------------------------|------------------------|
| PODIATRIC                     | 0                        | 0                           | \$0.00                 | 2,468                    | 3,628                       | \$106,364.04           |                          |                             |                        |
| PHYSICAL DISABILITIES SVCS    | 0                        | 0                           | \$0.00                 | 379                      | 12,608                      | \$171,952.57           |                          |                             |                        |
| BRAIN INJ WAIVER SERVICES     | 0                        | 0                           | \$0.00                 | 482                      | 27,589                      | \$687,064.17           |                          |                             |                        |
| PSYCHIATRIC                   | 0                        | 0                           | \$0.00                 | 2,326                    | 4,308                       | \$130,293.96           |                          |                             |                        |
| RESIDENTIAL CARE FACILITY     | 0                        | 0                           | \$0.00                 | 2,247                    | 67,940                      | \$533,787.57           |                          |                             |                        |
| MR WAIVER SERVICE             | 0                        | 0                           | \$0.00                 | 7,518                    | 473,622                     | \$17,163,912.27        |                          |                             |                        |
| MR OBRA WAIVER SERVICES       | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |                          |                             |                        |
| AIDS WAIVER SERVICES          | 0                        | 0                           | \$0.00                 | 32                       | 2,751                       | \$25,209.41            |                          |                             |                        |
| ELDERLY WAIVER SERVICES       | 0                        | 0                           | \$0.00                 | 6,335                    | 266,745                     | \$2,953,530.34         |                          |                             |                        |
| ILL & HANDICAPPED WAIVER SVCS | 0                        | 0                           | \$0.00                 | 1,572                    | 72,070                      | \$1,177,415.18         |                          |                             |                        |
| COUNTY OFFICE REIMBURSEMENT   | 0                        | 0                           | \$0.00                 | 0                        | 0                           | \$0.00                 |                          |                             |                        |
| MEP SERVICES                  | 0                        | 0                           | \$0.00                 | 7,341                    | 7,877                       | \$1,697,534.43         |                          |                             |                        |
| UNASSIGNED                    | 0                        | 0                           | \$0.00                 | 14                       | -27                         | -\$92,837.52           |                          |                             |                        |
| ALL CATEGORIES *              | 0                        | 5                           | \$163.82               | 299,927                  | 4,667,963                   | \$184,239,263.28       | 0                        | 0                           | \$0.00                 |