

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 12/31/07)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	***** AVERAGES *****			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT SERVED	PER UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
INPATIENT	7,201	7,454	43,788	\$29,999,776.20	\$685.11	\$83.33	6.1	\$4,166.06
OUTPATIENT	62,732	95,992	908,754	\$17,168,165.27	\$18.89	\$47.69	14.5	\$273.67
CHILD PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
CHILD DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
SKILLED NURSING FACILITY	1,432	951	12,204	\$2,964,333.89	\$242.90	\$8.23	8.5	\$2,070.07
INTERMEDIATE CARE FACILITY	14,585	14,230	405,670	\$53,031,725.28	\$130.73	\$147.31	27.8	\$3,636.05
INTER CARE MENTAL RETARDA	2,146	2,390	69,930	\$25,241,096.94	\$360.95	\$70.11	32.6	\$11,761.93
NURSING FAC FOR MENTAL ILL	35	51	1,519	\$491,638.38	\$323.66	\$2.67	43.4	\$14,046.81
HOME HEALTH	13,717	19,921	356,556	\$10,780,246.15	\$30.23	\$29.95	26.0	\$785.90
LEAD INSPECTION AGENCY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PHYSICIAN	118,795	267,433	379,529	\$17,649,990.52	\$46.50	\$49.03	3.2	\$148.58
CLINIC SERVICES	18,690	28,337	25,493	\$3,536,437.99	\$138.72	\$9.82	1.4	\$189.22
HEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	12,181	16,581	27,691	\$483,495.45	\$17.46	\$1.34	2.3	\$39.69
HABILITATION SERVICES	2,247	3,533	64,552	\$2,998,287.62	\$46.45	\$8.33	28.7	\$1,334.35
REMEDIAL SERVICES	5,274	11,572	314,901	\$4,023,587.84	\$12.78	\$11.18	59.7	\$762.91
REHAB SUPPORT SERVICES	148	105	3,057	\$100,150.48	\$32.76	\$0.28	20.7	\$676.69
AMBULANCE SERVICES	2,011	2,425	2,474	\$246,516.39	\$99.64	\$0.68	1.2	\$122.58
LOCAL EDUCATION AGENCY	973	2,278	283,281	\$1,635,574.27	\$5.77	\$4.54	291.1	\$1,680.96
EARLY ACCESS SERVICES	345	1,184	2,164	\$44,304.12	\$20.47	\$0.12	6.3	\$128.42
PRESCRIBED DRUGS	123,510	420,985	384,317	\$21,484,507.39	\$55.90	\$60.34	3.1	\$173.95
DRUG CAPTATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	8,788	10,755	10,762	\$803,965.62	\$74.70	\$2.23	1.2	\$91.48
IOWA MAN PROGRAM	353,422	288,542	288,542	\$8,482,290.01	\$29.40	\$23.56	.8	\$24.00
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EPSTD SCREENING	14,065	15,980	15,934	\$1,295,613.92	\$81.31	\$6.69	1.1	\$92.12
HMO SERVICES	4,459	4,689	4,689	\$732,802.04	\$156.28	\$555.15	1.1	\$164.34
PATIENT MANAGEMENT	126,037	126,037	126,034	\$252,068.00	\$2.00	\$29.80	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	4,402	11,348	11,348	\$538,105.10	\$47.42	\$1.49	2.6	\$122.24
MEDICAL SUPPLIES	21,312	41,555	2,056,240	\$4,563,436.72	\$2.22	\$12.82	96.5	\$214.13
OTHER PRACTITIONER	12,859	36,187	64,198	\$1,781,407.57	\$27.75	\$4.95	5.0	\$138.53
FAMILY CENTERED PROGRAM	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
GROUP TREATMENT THERAPY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
DENTAL	24,733	31,333	31,738	\$4,764,381.28	\$150.12	\$13.38	1.3	\$192.63
OPTOMETRIST	11,529	13,564	14,417	\$767,859.06	\$53.26	\$2.13	1.3	\$66.60
CHIROPRACTIC	8,198	17,373	21,527	\$546,130.23	\$25.37	\$1.53	2.6	\$66.62
PODIATRIC	3,935	4,882	6,328	\$171,204.03	\$27.05	\$0.48	1.6	\$43.51
PHYSICAL DISABILITIES SVCS	576	864	26,778	\$320,783.57	\$11.98	\$0.89	46.5	\$556.92
BRAIN INJ WAIVER SERVICES	945	2,172	51,465	\$1,506,936.91	\$29.28	\$4.19	54.5	\$1,594.64
PSYCHIATRIC	3,364	5,502	6,460	\$196,917.13	\$30.48	\$0.55	1.9	\$58.54
RESIDENTIAL CARE FACILITY	1,741	2,002	54,312	\$405,072.58	\$7.46	\$1.13	31.2	\$232.67
MR WAIVER SERVICE	4,327	18,012	644,634	\$24,271,806.37	\$37.65	\$2,461.89	69.1	\$2,602.33
CHILDRENS MENTAL HEALTH SVCS	413	638	17,313	\$388,974.08	\$22.47	\$739.49	41.9	\$941.83

T I T L E X I X R E P O R T O F E X P E N D I T U R E S
(BY CATEGORY OF SERVICE)
(MONTHLY TOTALS AS OF 12/31/07)

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					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
AIDS WAIVER SERVICES	45	79	3,953	\$40,128.73	\$10.15	\$872.36	87.8	\$891.75
ELDERLY WAIVER SERVICES	9,202	28,283	443,910	\$5,975,779.62	\$13.46	\$640.77	48.2	\$649.40
ILL & HANDICAPPED WAIVER SVCS	1,986	3,402	110,475	\$1,738,729.67	\$15.74	\$707.38	55.6	\$875.49
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	9,484	12,101	12,847	\$3,214,984.39	\$250.25	\$8.93	1.4	\$338.99
UNASSIGNED	57	0	0	\$791,226.43	\$0.00	\$2.20	.0	\$13,881.17
* A L L C A T E G O R I E S *	404,191	1,570,722	7,309,784	\$255,430,437.24	\$34.94	\$709.53	18.1	\$631.95

*** END OF REPORT ***