

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(MONTHLY TOTALS AS OF 09/30/07)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	***** AVERAGES *****			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT SERVED	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
INPATIENT	6,315	6,581	36,749	\$23,423,131.34	\$637.38	\$66.44	5.8	\$3,709.1
OUTPATIENT	52,832	82,311	760,832	\$15,706,455.88	\$20.64	\$4.55	14.4	\$297.29
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	1	0	0	\$63.14	\$0.00	\$0.00	.0	\$63.14
ADULT DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
SKILLED NURSING FACILITY	666	788	8,554	\$1,789,196.03	\$209.16	\$5.08	12.8	\$2,686.48
INTERMEDIATE CARE FACILITY	12,177	12,821	376,271	\$33,206,747.29	\$88.25	\$94.20	30.9	\$2,727.01
INR CARE MENTAL RETARDA	2,065	2,124	63,909	\$22,002,348.20	\$344.28	\$62.41	30.9	\$10,654.89
NURSING FAC FOR MENTAL ILL	33	47	1,423	\$397,772.14	\$279.53	\$2.29	43.1	\$12,053.70
HOME HEALTH	10,490	13,944	241,680	\$8,598,968.86	\$35.58	\$24.39	23.0	\$819.73
LEAD INSPECTION AGENCY	7	7	7	\$2,641.45	\$377.35	\$0.01	1.0	\$377.35
PHYSICIAN	103,827	213,568	314,158	\$14,451,462.42	\$46.00	\$40.99	3.0	\$139.19
CLINIC SERVICES	17,063	25,818	23,799	\$2,972,312.77	\$124.89	\$8.43	1.4	\$174.20
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	9,066	12,045	21,927	\$357,583.51	\$16.31	\$1.01	2.4	\$39.44
HABILITATION SERVICES	1,593	3,098	55,863	\$2,646,261.25	\$47.37	\$7.51	35.1	\$1,661.18
REMEDIAL SERVICES	4,002	9,834	234,849	\$3,018,812.62	\$12.85	\$8.56	58.7	\$754.33
REHAB SUPPORT SERVICES	633	512	6,938	\$267,986.08	\$38.63	\$0.76	11.0	\$423.36
AMBULANCE SERVICES	1,776	2,056	1,986	\$36,104.97	\$118.88	\$0.67	1.1	\$132.94
LOCAL EDUCATION AGENCY	198	331	37,811	\$202,914.79	\$5.37	\$0.58	191.0	\$1,024.82
EARLY ACCESS SERVICES	49	179	413	\$6,606.24	\$16.00	\$0.02	8.4	\$134.82
PRESCRIPTION DRUGS	108,631	322,183	291,391	\$17,138,642.49	\$58.82	\$49.17	2.7	\$157.77
DRUG CAPITATION	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	7,020	8,178	8,174	\$628,202.04	\$76.85	\$1.78	1.2	\$89.49
IOWA MAN PROGRAM	261,963	289,587	289,587	\$8,374,071.37	\$28.92	\$23.75	1.1	\$31.97
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
EPSDT SCREENING	13,683	16,109	16,092	\$1,163,644.99	\$72.31	\$5.96	1.2	\$85.04
HMO SERVICES	4,487	4,735	4,735	\$723,917.55	\$152.89	\$501.68	1.0	\$161.34
PATIENT MANAGEMENT	123,029	123,624	123,624	\$247,248.00	\$2.00	\$27.14	1.1	\$2.01
HEALTH INS PREMIUM PAYMENT	4,415	10,559	10,559	\$473,425.80	\$44.84	\$1.34	2.4	\$107.23
MEDICAL SUPPLIES	17,808	31,312	1,850,726	\$3,370,546.93	\$2.17	\$9.67	87.1	\$189.27
OTHER PRACTITIONER	8,038	13,089	27,339	\$942,823.15	\$34.49	\$2.67	3.4	\$117.30
FAMILY FLECTED PROGRAM	8	13	156	\$3,415.28	\$21.89	\$0.02	19.5	\$426.91
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	4	6	19	\$928.57	\$48.87	\$0.00	4.8	\$232.14
GROUP TREATMENT THERAPY	4	5	66	\$502.77	\$7.62	\$0.00	16.5	\$125.69
DENTAL	20,635	24,859	25,233	\$3,578,275.00	\$141.81	\$10.27	1.2	\$173.41
OPHTHOMETRIST	10,394	12,025	12,721	\$708,608.85	\$55.70	\$2.01	1.2	\$68.17
CHIROPRACTIC	6,961	13,144	16,240	\$409,816.79	\$25.24	\$1.18	2.3	\$58.87
PODIATRIC	3,717	4,350	5,735	\$184,339.97	\$32.14	\$0.52	1.5	\$49.59
PHYSICAL DISABILITIES SVCS	502	676	21,803	\$257,243.40	\$11.80	\$0.73	43.4	\$512.44
BRAIN INJ WAIVER SERVICES	828	1,739	44,714	\$1,227,361.73	\$27.45	\$0.48	54.0	\$1,482.32
PSYCHIATRIC	3,326	4,478	5,130	\$157,845.31	\$30.77	\$0.45	1.5	\$47.46
RESIDENTIAL CARE FACILITY	1,631	1,909	52,974	\$413,175.89	\$7.80	\$1.17	32.5	\$253.33
MR WAIVER SERVICE	8,803	15,819	646,097	\$21,912,341.98	\$33.91	\$2,245.58	73.4	\$2,489.19
CHILDRENS MENTAL HEALTH SV	228	314	10,258	\$198,991.57	\$19.40	\$455.36	45.0	\$872.77

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 09/30/07)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	* * * * * A V E R A G E S * * * * *			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
AIDS WAIVER SERVICES	44	80	4,195	\$44,021.21	\$10.49	\$917.11	95.3	\$1,000.48
ELDERLY WAIVER SERVICES	8,684	23,017	374,130	\$4,757,121.35	\$12.72	\$522.30	43.1	\$547.80
ILL & HANDICAPPED WAIVER SVCS	1,948	3,056	106,277	\$1,686,184.62	\$15.87	\$691.34	54.6	\$865.60
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	8,577	11,335	11,505	\$2,882,223.88	\$250.52	\$8.18	1.3	\$336.04
UNASSIGNED	39	1	0	\$148,822.35-	\$0.00	\$0.42-	.0	\$3,815.96-
* A L L C A T E G O R I E S *	323,553	1,322,266	5,846,649	\$200,623,467.12	\$34.31	\$569.10	18.1	\$620.06

\*\*\* END OF REPORT \*\*\*