

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	2	0	358.47	0	0	0.00	432	1254	270,289.84
OUTPATIENT	8	71	2,137.34	0	0	0.00	2722	44934	296,365.63
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	1	0	318.09-
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	150	1426	299,019.96
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4380	135063	10814,637.98
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	62	16,083.16
HOME HEALTH	0	0	0.00	0	0	0.00	1987	43044	1204,983.06
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	26	49	4,557.95	0	0	0.00	5280	32545	425,866.76
CLINIC SERVICES	1	1	165.45	0	0	0.00	471	241	28,185.46
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1	9	190.73	0	0	0.00	319	147	2,051.16
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	32	809	56,952.39
AMBULANCE SERVICES	1	1	130.09	0	0	0.00	234	221	20,264.79
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	30	75	870.23	0	0	0.00	3622	7554	80,807.48
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	46	54	1,201.62	0	0	0.00	7	6	509.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	33	33	66.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	1	3	72.48	0	0	0.00	1	1	752.80
MEDICAL SUPPLIES	1	202	89.40	0	0	0.00	2037	146571	263,391.71
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	212	647	9,221.06
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	7	14	2,230.29	0	0	0.00	408	465	68,406.25
OPTOMETRIST	1	1	35.00	0	0	0.00	540	788	27,683.61
CHIROPRACTIC	0	0	0.00	0	0	0.00	271	719	10,069.54

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	0	0	0.00	0	0	0.00	596	838	19,963.43
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	0	0	0.00	0	0	0.00	150	279	9,729.65
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	364	11322	84,798.80
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	83	5009	218,744.46
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	2572	108849	1365,596.40
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	140	122	34,513.28
UNASSIGNED	0	0	0.00	0	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	79	513	12,105.05	0	0	0.00	12048	542916	15628,589.57

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	3313	7081	5703,821.13	2991	1724	2309,271.96
OUTPATIENT	0	0	0.00	10976	174051	3157,584.04	5785	59502	2015,199.67
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	174	4386	2089,880.04	1	4	1,094.08
INTERMEDIATE CARE FACILITY	0	0	0.00	544	16668	1716,283.23	2	59	6,387.08
INTER CARE MENTAL RETARDA	0	0	0.00	12	311	95,262.54	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	3032	73569	2513,801.32	62	596	39,688.53
LEAD INSPECTION AGENCY	0	0	0.00	1	0	0.26	0	0	0.00
PHYSICIAN	0	0	0.00	21722	98988	3905,710.32	13799	27166	2553,512.84
CLINIC SERVICES	0	0	0.00	2649	3544	419,270.51	2187	3315	396,049.49
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1823	4267	64,215.71	2271	5288	114,280.88
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	128	6853	85,318.00	27	1838	19,043.86
REHAB SUPPORT SERVICES	0	0	0.00	2197	53443	3074,918.51	25	297	16,896.34
AMBULANCE SERVICES	0	0	0.00	811	911	115,097.38	243	261	37,553.43
LOCAL EDUCATION AGENCY	0	0	0.00	531	120512	635,684.32	11	4534	14,503.82

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	0	0	0.00	114	728	15,311.68	2	5	137.65
PRESCRIBED DRUGS	0	0	0.00	23602	113370	7580,724.90	19598	59100	2749,541.98
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	100	109	7,671.27	5750	6466	459,930.64
IOWA PLAN PROGRAM	0	0	0.00	45272	46875	3228,164.26	34464	38379	1033,188.75
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	319	382	13,437.44	154	155	5,081.88
HMO SERVICES	0	0	0.00	0	0	0.00	935	974	243,190.46
PATIENT MANAGEMENT	0	0	0.00	2	2	4.00	21482	21441	42,882.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	634	1420	145,046.44	383	894	26,124.07
MEDICAL SUPPLIES	0	0	0.00	7250	627541	1631,600.02	807	28763	166,527.10
OTHER PRACTITIONER	0	0	0.00	2337	15788	313,892.26	1067	2240	123,850.45
FAMILY CENTERED PROGRAM	0	0	0.00	23	707	15,467.52	7	156	3,120.65
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	2	83	3,031.28	0	0	0.00
DENTAL	0	0	0.00	3292	4225	632,792.09	2642	3530	552,250.78
OPTOMETRIST	0	0	0.00	2252	2934	158,445.72	1424	1735	120,680.09
CHIROPRACTIC	0	0	0.00	1955	4762	98,784.03	1556	3588	123,644.05

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	0	0	0.00	999	1686	73,505.93	152	209	22,452.26
PHYSICAL DISABILITIES SVCS	0	0	0.00	387	15212	192,158.12	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	233	14553	375,879.74	0	0	0.00
PSYCHIATRIC	0	0	0.00	2206	4465	168,564.53	18	26	2,476.17
RESIDENTIAL CARE FACILITY	0	0	0.00	1413	45368	375,835.26	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1026	66947	2769,133.39	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	34	798	24,464.74	2	50	1,823.94
AIDS WAIVER SERVICES	0	0	0.00	8	497	6,992.83	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	27	1204	21,491.11	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1736	87722	1357,945.55	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	1983	1681	435,005.82	11	7	1,795.86
UNASSIGNED	0	0	0.00	8	0	1.67	7	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	48835	1623643	43222,198.39	46150	272302	13202,180.76

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

ADC - CHILD

CHAP

OTHER

RECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAID

INPATIENT	1533	1567	1799,189.95	847	8488	1769,754.69	7514	6448	5177,310.76
OUTPATIENT	5049	29131	1004,098.83	1264	11477	287,552.94	8288	59675	1729,105.36
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	731.83	0	0	0.00	4	0	6,322.99-
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4	101	8,199.27
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	2601,406.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	449	1964	57,770.95	51	414	16,539.78	593	2922	146,092.03
LEAD INSPECTION AGENCY	3	3	1,088.41	0	0	0.00	2	1	355.69
PHYSICIAN	19137	33928	2229,765.91	3652	6586	497,032.13	27413	52241	4368,797.70
CLINIC SERVICES	3431	4586	550,464.16	756	1089	129,059.74	5765	8592	1278,063.03
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1019	2366	33,181.06	349	1002	18,896.17	2192	6068	106,429.23
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	289	10677	145,296.74	152	5991	83,738.19	229	8535	115,166.00
REHAB SUPPORT SERVICES	1	9	249.30	10	291	19,700.69	5	13	4,205.02
AMBULANCE SERVICES	126	120	18,055.90	44	49	7,547.09	195	190	31,149.53
LOCAL EDUCATION AGENCY	161	17114	85,128.94	40	2233	14,115.97	150	20861	101,012.91

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CHAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
YEARLY ACCESS SERVICES	126	585	14,663.34	20	88	2,130.44	143	662	15,851.95
PRESCRIBED DRUGS	20830	40349	2030,182.83	4466	11047	641,353.66	27432	51842	1460,224.26
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	1051	1172	84,434.57	112	120	8,310.28	257	298	22,964.29
IOWA PLAN PROGRAM	57144	62425	597,797.79	10853	12153	232,505.36	73152	82849	956,896.15
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	1	0	5,706.58
EPSDT SCREENING	5321	4974	279,720.21	1075	1033	72,107.87	8778	7254	629,940.54
HMO SERVICES	1624	1696	193,609.91	295	303	36,358.96	1515	1599	226,458.33
PATIENT MANAGEMENT	37222	37191	74,382.00	6477	6460	12,920.00	48869	48827	97,654.00
HEALTH INS PREMIUM PAYMENT	620	1480	35,128.16	47	105	5,282.67	2516	6979	173,491.79
MEDICAL SUPPLIES	847	9115	118,805.91	151	3501	23,057.60	965	19662	149,424.22
OTHER PRACTITIONER	2334	7659	179,563.06	433	1331	38,407.89	3270	12468	334,526.10
FAMILY CENTERED PROGRAM	58	847	24,415.02	55	702	20,889.40	112	1373	43,837.47
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	2	24	1,066.59	0	0	0.00
GROUP TREATMENT THERAPY	2	38	1,331.91	5	256	10,448.64	3	66	4,388.25
DENTAL	3526	4196	535,984.53	808	991	156,479.88	5005	5974	738,635.07
OPTOMETRIST	1400	1613	100,280.84	374	460	29,499.78	1871	2187	136,985.49
CHIROPRACTIC	839	1598	49,655.28	212	457	15,137.11	1362	2838	88,303.05

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD		AMOUNT PAID	CHAP		AMOUNT PAID	OTHER		AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE		RECIPS SERVED	UNITS OF SERVICE		RECIPS SERVED	UNITS OF SERVICE	
PODIATRIC	65	90	8,192.10	15	24	2,174.70	84	97	9,758.04
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	2	2	421.90
PSYCHIATRIC	3	5	396.45	12	28	2,149.45	20	37	1,583.69
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	0.00
MR WAIVER SERVICE	2	22	450.17	1	0	48.50	4	58	78,971.56-
CHILDRENS MENTAL HEALTH SVC	29	488	19,633.72	24	1599	25,901.00	31	1221	31,379.02
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	9	235	1,460.67
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	0	1,629.88-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	50	29	18,881.96-	70	25	18,278.22-	71	45	9,565.89-
UNASSIGNED	3	0	0.00	3	0	0.00	5	0	890,454.05
* A L L C A T E G O R I E S *	64972	277037	10254,767.82	12258	78327	4161,888.95	83649	412220	16376,921.96

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	161	652	307,255.76	695	2597	858,400.92	120	200	286,676.28
OUTPATIENT	723	6023	156,632.78	4356	75536	489,128.69	335	4239	119,399.96
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	309	2841	34,187.02	2	30	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8051	246633	23126,208.82	2	28	3,250.80
INTER CARE MENTAL RETARDA	7	166	44,633.80	1	65	13,384.52	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	32	1374	383,566.19	0	0	0.00
HOME HEALTH	90	5014	140,057.29	3418	75034	2455,774.30	57	1170	17,269.98
LEAD INSPECTION AGENCY	1	1	355.69	0	0	0.00	0	0	0.00
PHYSICIAN	2385	3934	251,335.05	7299	46096	653,925.67	836	2097	141,070.55
CLINIC SERVICES	428	552	58,788.65	711	476	57,986.73	120	130	18,894.20
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	201	595	8,781.70	493	266	3,845.69	83	173	3,378.54
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIATION SERVICES	1170	132644	1274,384.61	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	5	2	233.36	25	543	39,049.03	49	1826	136,318.60
AMBULANCE SERVICES	19	20	2,606.73	481	541	53,551.49	19	19	2,500.96
LOCAL EDUCATION AGENCY	119	28293	139,598.80	15	3774	20,349.75	1	3	41.57

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	52	225	5,021.60	8	71	823.63	0	0	0.00
PRESCRIBED DRUGS	5052	13774	1153,602.70	9869	23675	368,287.67	1012	3755	176,760.38
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	29	33	2,122.39	0	0	0.00	31	34	2,207.86
IOWA PLAN PROGRAM	9365	9839	924,688.82	1903	1970	121,058.43	1385	1593	52,276.97
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	258	294	15,895.71	6	9	231.47	16	16	547.72
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	75	75	150.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	155	351	17,660.19	28	58	7,175.25	7	15	666.39
MEDICAL SUPPLIES	184	20785	81,851.59	3888	370239	551,726.97	122	8554	15,967.67
OTHER PRACTITIONER	544	3812	72,945.82	373	1946	34,510.65	47	138	4,396.08
FAMILY CENTERED PROGRAM	114	1628	48,943.89	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	93	840	38,227.56	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	183	6626	417,425.62	0	0	0.00	0	0	0.00
DENTAL	862	1060	122,340.71	657	795	131,557.68	150	199	27,376.21
OPTOMETRIST	431	508	29,234.23	635	839	29,733.09	97	115	6,317.50
CHIROPRACTIC	162	311	9,051.92	231	511	7,487.11	88	191	6,011.25

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	15	20	1,730.30	1164	1646	37,864.63	37	53	1,922.32
PHYSICAL DISABILITIES SVCS	0	0	0.00	143	5643	60,812.99	0	0	0.00
BRAIN INJ WAIVER SERVICES	26	1512	32,492.00	300	13777	410,485.61	0	0	0.00
PSYCHIATRIC	7	16	571.58	256	407	14,968.82	37	68	1,684.24
RESIDENTIAL CARE FACILITY	1	6	155.10	14	294	4,032.32	0	0	0.00
MR WAIVER SERVICE	165	6468	173,862.43	9	403	18,269.62	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	99	1,477.24	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	1	9	157.50	25	2298	23,769.61	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5588	244820	2769,529.32	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	34	1721	37,337.88	2	16	341.28	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	211	185	48,914.40	130	121	33,783.12	13	2	1,738.02
UNASSIGNED	0	0	0.00	1	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	9615	248093	5620,525.40	15415	1125314	32815,808.09	1766	24648	1026,674.05

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY W/ SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	466	695	784,806.85	235	450	230,071.90	22	9	24,022.34
OUTPATIENT	346	6661	135,507.75	825	5509	182,419.60	67	1926	93,520.33
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	2	574.92	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	68	1215	50,831.91	60	160	6,432.57	4	35	387.63
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	792	3635	245,001.61	3188	5061	336,934.93	132	417	108,938.79
CLINIC SERVICES	69	101	12,772.37	700	885	98,585.37	15	23	3,610.51
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	38	131	2,089.98	183	464	7,072.43	19	51	1,113.37
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	64	3736	46,036.75	0	0	0.00
REHAB SUPPORT SERVICES	15	582	36,454.45	0	0	0.00	1	2	72.04
AMBULANCE SERVICES	45	46	8,528.63	21	24	3,776.51	1	2	298.80
LOCAL EDUCATION AGENCY	1	26	160.11	45	2662	11,938.42	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY W/ SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	0	0	0.00	2	2	100.00	0	0	0.00
PRESCRIBED DRUGS	373	1733	30,963.25	4354	8393	486,543.03	166	658	31,939.40
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	50	57	4,752.67	2	0	1.72-
IOWA PLAN PROGRAM	0	0	0.00	11986	12985	133,072.26	191	195	19,739.13
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	1	39.43	596	561	30,723.11	0	0	0.00
HMO SERVICES	0	0	0.00	246	255	30,980.81	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8758	8736	17,472.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	42	105	5,867.14	0	0	0.00
MEDICAL SUPPLIES	85	2389	28,011.13	113	2819	18,565.46	18	168	3,574.54
OTHER PRACTITIONER	66	132	8,904.12	435	2074	35,219.09	9	2508	2,648.62
FAMILY CENTERED PROGRAM	0	0	0.00	7	79	1,929.07	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	62	96	22,931.78	1124	1336	206,020.07	13	17	1,252.21
OPTOMETRIST	33	35	1,948.33	441	516	31,374.83	7	10	665.66
CHIROPRACTIC	26	49	1,228.76	266	460	14,825.52	8	16	514.96

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY W/ SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	20	25	1,002.98	13	14	1,841.65	4	4	540.20
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	45	136	7,020.86	2	2	228.23	0	0	0.00
RESIDENTIAL CARE FACILITY	1	92-	46.52-	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	4	216	4,655.04	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	1	1	75.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	36	9	7,481.42	14	7	4,318.79-	0	0	0.00
UNASSIGNED	1	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1116	17608	1386,289.12	11683	57568	1943,119.67	200	6041	292,836.81

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	1	21	19,252.92	3	3	4,043.68	0	0	0.00
OUTPATIENT	0	0	0.00	1	13	255.68	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	2	3	122.07	0	0	0.00
CLINIC SERVICES	0	0	0.00	1	2	170.62	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	0	0	0.00	0	0	0.00
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	1	0	19.03	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	0	21	19,252.92	7	21	4,611.08	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	3	70	10,922.10	5	40	4,582.02	6	3	4,283.58
OUTPATIENT	11	142	3,863.90	9	253	1,126.39	15	67	1,191.81
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	1	61	2,426.58	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	32	46	2,178.62	10	63	1,096.30	34	59	5,560.51
CLINIC SERVICES	3	4	341.77	0	0	0.00	7	9	795.90
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	3	33	674.35	0	0	0.00	3	8	339.31
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	3	206	2,747.30	0	0	0.00	1	38	696.54
REHAB SUPPORT SERVICES	0	0	0.00	2	71	5,594.78	1	8	751.86
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	6	1449	5,937.21	0	0	0.00	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	84	281	23,249.95	6	15	262.97	43	96	5,650.34
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	3	3	139.64
IOWA PLAN PROGRAM	93	95	9,468.92	14	14	798.99	97	102	13,448.57
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	35.06	0	0	0.00	1	1	15.82
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	2	2	4.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	9	19	913.69	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	5	604	362.02	2	8	120.70	0	0	0.00
OTHER PRACTITIONER	7	15	485.87	0	0	0.00	3	15	1,538.28
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	5	5	601.06	0	0	0.00	6	6	3,454.92
OPTOMETRIST	8	10	543.03	1	1	16.79	4	6	342.08
CHIROPRACTIC	2	3	55.81	0	0	0.00	2	4	120.95

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	1	2	22.14	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	4	67	615.60	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	1	31	5,139.80
CHILDRENS MENTAL HEALTH SVC	84	3225	86,859.09	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	110	80	3,784.02	0	0	0.00	1	1	224.29
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	69	6349	155,450.35	7	536	14,240.68	84	457	43,694.20

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	113	354	168,528.93	242	452	151,584.04	0	0	0.00
OUTPATIENT	267	2260	107,767.86	1868	29337	316,109.46	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	17	5,293.29	7	120	37,895.40	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	4	102	11,553.54	0	0	0.00
INTER CARE MENTAL RETARDA	1	0	71.40	2156	65197	22383,671.34	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	15	327	15,288.36	972	39377	931,735.20	0	0	0.00
LEAD INSPECTION AGENCY	1	1	366.36	0	0	0.00	0	0	0.00
PHYSICIAN	617	1473	132,264.52	4074	12992	374,945.94	0	0	0.00
CLINIC SERVICES	108	183	20,613.64	319	419	48,862.21	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	82	304	4,998.68	254	491	7,641.89	0	0	0.00
REHABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	122	18314	166,385.47	11	218	4,333.48	0	0	0.00
REHAB SUPPORT SERVICES	3	40	1,701.63	36	585	23,230.48	0	0	0.00
AMBULANCE SERVICES	10	10	1,297.99	99	106	11,837.93	0	0	0.00
LOCAL EDUCATION AGENCY	1	2	6.22	496	149045	768,581.08	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
HEARLY ACCESS SERVICES	8	64	1,037.40	39	272	5,193.37	0	0	0.00
PRESCRIBED DRUGS	1058	4768	260,005.06	5478	19383	1414,966.91	0	0	0.00
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	6	7	430.41	21	21	1,646.36	0	0	0.00
IOWA PLAN PROGRAM	1731	1827	171,329.61	9923	10027	616,457.02	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	40	34	3,237.13	82	113	4,114.32	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	3	3	6.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	3	6	476.50	505	1080	125,856.25	0	0	0.00
MEDICAL SUPPLIES	114	5320	15,474.63	1886	301826	434,022.56	0	0	0.00
OTHER PRACTITIONER	85	315	10,698.77	1086	16903	277,179.90	0	0	0.00
FAMILY CENTERED PROGRAM	6	42	1,730.00	1	3	135.60	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	2	12	596.55	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	19	590	38,246.59	1	31	2,905.94	0	0	0.00
DENTAL	129	170	26,207.20	1186	1318	113,212.62	0	0	0.00
OPTOMETRIST	89	97	6,689.92	526	655	30,693.63	0	0	0.00
CHIROPRACTIC	54	136	4,908.92	249	525	10,748.24	0	0	0.00

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	27	36	3,869.88	461	701	20,900.40	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	190	11921	281,444.22	0	0	0.00
PSYCHIATRIC	5	10	449.50	407	700	26,140.77	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	32	813	15,408.24	0	0	0.00
MR WAIVER SERVICE	3	214	5,065.66	7702	526053	19378,068.16	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	3	33	1,447.74	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	5	300	3,546.91	3	20	1,362.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	8	97.92	171	8385	127,211.03	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	7	10	4,364.31	7566	7786	2040,161.44	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1790	37287	1184,500.96	10382	1206139	49999,810.97	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			TOTAL			RECIPTS UNITS OF SERVICE	AMOUNT PAID
	RECIPTS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPTS SERVED	UNITS OF SERVICE	AMOUNT PAID		
INPATIENT	0	0	0.00	18509	32108	19884,428.12		
OUTPATIENT	0	0	0.00	42650	510807	10098,968.02		
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	1	0	318.09-		
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00		
SKILLED NURSING FACILITY	0	0	0.00	642	8826	2462,353.55		
INTERMEDIATE CARE FACILITY	0	0	0.00	12918	398654	35686,520.72		
INTER CARE MENTAL RETARDA	0	0	0.00	2174	65739	19935,617.60		
NURSING FAC FOR MENTAL ILL	0	0	0.00	34	1436	399,649.35		
HOME HEALTH	0	0	0.00	10785	244902	7599,079.49		
LEAD INSPECTION AGENCY	0	0	0.00	8	6	2,165.89		
PHYSICIAN	0	0	0.00	108518	327379	16238,638.17		
CLINIC SERVICES	0	0	0.00	17609	23314	3122,679.81		
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00		
LAB AND RADIOLOGICAL	0	0	0.00	9290	21663	379,180.88		
REHABILITATION SERVICES	0	0	0.00	0	0	0.00		
REMEDIAL SERVICES	0	0	0.00	2137	189050	1943,146.94		
REHAB SUPPORT SERVICES	0	0	0.00	2372	58521	3416,328.48		
AMBULANCE SERVICES	0	0	0.00	2343	2521	314,197.25		
LOCAL EDUCATION AGENCY	0	0	0.00	1551	350508	1797,059.12		

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			TOTAL					
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	491	2702	60,271.06			
PRESCRIBED DRUGS	0	0	0.00	125014	359868	18495,937.00			
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	7401	8320	594,608.66			
IOWA PLAN PROGRAM	0	0	0.00	256943	281388	8112,601.65			
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	5,706.58-			
EPSDT SCREENING	0	0	0.00	16419	14828	1055,146.74			
HMO SERVICES	0	0	0.00	4609	4827	730,598.47			
PATIENT MANAGEMENT	0	0	0.00	122910	122770	245,540.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	4951	12516	544,513.82			
MEDICAL SUPPLIES	0	0	0.00	18185	1548067	3502,573.23			
OTHER PRACTITIONER	0	0	0.00	12164	67991	1447,988.02			
FAMILY CENTERED PROGRAM	0	0	0.00	377	5537	160,468.62			
FAMILY PRESERVATION	0	0	0.00	0	0	0.00			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	97	876	39,890.70			
GROUP TREATMENT THERAPY	0	0	0.00	213	7690	477,778.23			
DENTAL	0	0	0.00	19815	24397	3341,733.35			
OPTOMETRIST	0	0	0.00	10123	12510	711,169.62			
CHIROPRACTIC	0	0	0.00	7236	16168	440,546.50			

T I T L E X I X M O N T H L Y R E P O R T O F E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

FEDERAL MEDICAID ONLY BLIND

TOTAL

RECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAID

PODIATRIC	0	0	0.00	3640	5443	205,718.82			
PHYSICAL DISABILITIES SVCS	0	0	0.00	528	20855	252,971.11			
BRAIN INJ WAIVER SERVICES	0	0	0.00	735	41765	1100,723.47			
PSYCHIATRIC	0	0	0.00	3156	6181	235,986.08			
RESIDENTIAL CARE FACILITY	0	0	0.00	1813	57778	480,798.80			
MR WAIVER SERVICE	0	0	0.00	8943	605205	22489,810.63			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	209	7729	197,641.53			
AIDS WAIVER SERVICES	0	0	0.00	34	2804	30,919.94			
ELDERLY WAIVER SERVICES	0	0	0.00	8079	355429	4163,061.41			
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1943	97852	1521,303.78			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	0	0	0.00	9830	10110	2560,721.12			
UNASSIGNED	0	0	0.00	30	0	890,455.72			
* A L L C A T E G O R I E S *	0	0	0.00	320125	5937040	197365,466.80	0	0	0.00

* * * E N D O F R E P O R T * * *