

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	1	3	8,470.61	0	0	0.00	551	2280	412,307.67
OUTPATIENT	19	177	3,657.99	0	0	0.00	4207	68074	434,876.11
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	154	1647	157,299.93
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4466	136038	10432,576.34
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	5	150	35,097.54
HOME HEALTH	0	0	0.00	0	0	0.00	1431	24924	1107,114.32
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	35	59	6,246.26	0	0	0.00	7715	42175	399,385.87
CLINIC SERVICES	9	14	1,826.88	0	0	0.00	912	775	72,585.39
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	4	25	449.72	0	0	0.00	453	199	2,738.06
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	30	815	41,663.16
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	218	226	17,148.34
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	19	40	976.51	0	0	0.00	3556	6038	59,992.24

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
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	63	76	1,832.51	0	0	0.00	4	4	405.88
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	2	2	184.24	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	42	42	84.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	2	7	107.32	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	1	202	89.40	0	0	0.00	2338	187620	231,158.68
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	288	1336	17,250.67
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	2	59.62	0	0	0.00	0	0	0.00
DENTAL	8	10	1,783.52	0	0	0.00	445	518	73,959.36
OPTOMETRIST	1	1	54.00	0	0	0.00	724	1033	20,957.52
CHIROPRACTIC	0	0	0.00	0	0	0.00	461	1104	7,191.52
PODIATRIC	0	0	0.00	0	0	0.00	1001	1487	13,161.70
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	156	209	5,268.67
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	351	10639	74,445.22
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	83	4447	208,503.57
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	2353	99758	1232,724.31
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	108	144	32,630.29
UNASSIGNED	0	0	0.00	0	0	0.00	1	0	48.94
* A L L C A T E G O R I E S *	91	660	25,822.58	0	0	0.00	13703	591640	15090,393.42

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	1435	8149	6026,685.70	573	1880	2318,263.44
OUTPATIENT	0	0	0.00	12373	191640	3942,553.14	7132	75382	2615,553.28
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	160	3365	1370,648.23	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	530	16223	1554,357.05	1	30	3,245.51
INTER CARE MENTAL RETARDA	0	0	0.00	13	389	120,263.26	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	2285	60215	2158,591.74	42	336	25,043.64
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	22437	97451	3545,937.21	14236	26609	2463,003.86
CLINIC SERVICES	0	0	0.00	3006	4989	489,369.63	2061	3009	339,846.19
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1812	4005	59,765.13	2237	4979	106,127.77
REHAB SUPPORT SERVICES	0	0	0.00	2180	60344	3034,200.46	28	403	20,156.13
AMBULANCE SERVICES	0	0	0.00	498	552	65,725.99	191	192	26,915.32
LOCAL EDUCATION AGENCY	0	0	0.00	196	39930	232,904.59	3	577	2,024.90
EARLY ACCESS SERVICES	0	0	0.00	53	344	6,066.93	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	22713	94060	7069,606.57	18462	50629	2636,243.16

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	105	116	6,304.62	5359	6158	430,320.99
IOWA PLAN PROGRAM	0	0	0.00	44832	46733	3226,448.91	35706	40206	1074,419.53
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	297	345	15,116.12	135	147	5,393.73
HMO SERVICES	0	0	0.00	0	0	0.00	960	1023	253,091.65
PATIENT MANAGEMENT	0	0	0.00	3	2	117.92-	22581	22581	45,162.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	639	1475	151,416.11	436	992	32,032.62
MEDICAL SUPPLIES	0	0	0.00	7232	626994	1571,089.95	829	20746	158,368.01
OTHER PRACTITIONER	0	0	0.00	1530	82996	289,368.33	921	2575	117,104.14
FAMILY CENTERED PROGRAM	0	0	0.00	153	3505	84,891.45	27	525	15,908.33
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	2	29	1,339.12	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	11	311	18,022.19	4	144	8,317.87
DENTAL	0	0	0.00	3455	4269	588,259.75	2790	3738	608,042.81
OPTOMETRIST	0	0	0.00	2114	2633	128,761.60	1281	1546	108,738.79
CHIROPRACTIC	0	0	0.00	1965	4995	75,676.18	1527	3444	117,756.37
PODIATRIC	0	0	0.00	1148	1917	62,929.45	208	292	32,512.06
PHYSICAL DISABILITIES SVCS	0	0	0.00	365	13950	173,355.02	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
BRAIN INJ WAIVER SERVICES	0	0	0.00	219	13764	355,404.63	0	0	0.00
PSYCHIATRIC	0	0	0.00	2168	4306	129,197.48	8	12	726.82
RESIDENTIAL CARE FACILITY	0	0	0.00	1171	36394	292,355.15	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1054	67197	2822,359.98	2	166	1,944.98
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	36	915	27,476.35	2	42	1,758.12
AIDS WAIVER SERVICES	0	0	0.00	12	996	12,558.46	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	20	852	16,038.01	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1697	88207	1359,048.16	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	1363	1636	385,939.96	5	8	2,808.18
UNASSIGNED	0	0	0.00	1	0	0.00	4	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	48792	1586193	41469,914.69	46369	268371	13570,830.20

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	255	1211	1245,608.18	400	9151	1946,735.69	1484	7160	7588,574.80
OUTPATIENT	5658	32006	1269,892.34	1461	11601	396,494.41	8817	69460	2274,272.63
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	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	1	3	2,805.00	2	3	88,506.49-
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	2	3	35,563.85-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1332,233.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	0	1,591.00-
HOME HEALTH	335	2513	53,812.41	49	147	7,645.79	391	3209	160,598.33
LEAD INSPECTION AGENCY	5	5	1,831.80	0	0	0.00	1	1	366.36
PHYSICIAN	17228	27178	1805,956.11	3323	5883	476,895.38	23428	42011	3692,828.44
CLINIC SERVICES	2958	3812	456,888.56	635	954	101,632.55	4493	6653	615,929.18
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1236	2476	35,972.27	399	1145	22,235.95	2370	5716	101,265.67
REHAB SUPPORT SERVICES	1	31	2,542.93	11	141	12,110.10	2	45	916.95
AMBULANCE SERVICES	106	105	14,402.36	43	47	6,573.31	146	130	23,328.69
LOCAL EDUCATION AGENCY	61	10704	60,581.61	13	4469	17,211.75	53	10177	57,722.58
EARLY ACCESS SERVICES	50	217	4,335.45	5	20	459.17	58	252	6,564.80
PRESCRIBED DRUGS	15655	27660	1462,600.96	3635	8508	533,741.92	19617	34949	1574,948.22

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CHAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	963	1188	78,444.10	143	160	10,958.25	287	330	21,449.53
IOWA PLAN PROGRAM	59041	65208	624,177.21	10539	11883	232,572.59	71482	81027	938,813.38
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	1	0	0.49-
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	1	0	211.56-
EPSDT SCREENING	4245	4741	357,465.86	677	750	52,242.35	5990	6669	636,464.00
HMO SERVICES	1713	1820	211,164.39	260	272	40,375.40	1547	1643	242,320.77
PATIENT MANAGEMENT	39063	39060	78,120.00	6453	6453	12,906.00	48343	48340	96,680.00
HEALTH INS PREMIUM PAYMENT	659	1584	37,789.15	53	125	6,725.92	2705	7459	189,977.79
MEDICAL SUPPLIES	629	10284	89,615.23	128	2719	23,976.77	781	18506	111,031.67
OTHER PRACTITIONER	1392	22976	135,872.10	291	648	32,424.54	1756	22751	206,200.65
FAMILY CENTERED PROGRAM	519	9124	251,071.59	242	3815	117,949.40	365	6492	173,724.08
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	1	16	626.40	7	59	2,719.20	0	0	0.00
GROUP TREATMENT THERAPY	8	135	10,770.67	22	669	35,529.07	10	303	14,895.90
DENTAL	4181	4796	599,775.90	791	992	154,020.10	5304	6124	672,040.47
OPTOMETRIST	1381	1530	97,174.31	349	407	28,221.45	1828	2058	124,762.63
CHIROPRACTIC	791	1362	41,904.30	173	389	13,488.23	1200	2444	69,918.94
PODIATRIC	85	115	12,114.14	24	39	3,963.01	113	142	13,049.38
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	0	24.03-

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CHAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	3	33	1,066.69
PSYCHIATRIC	10	15	794.94	7	24	901.24	15	36	1,630.03
RESIDENTIAL CARE FACILITY	1	31	290.35	2	45	266.17	2	43	941.41-
MR WAIVER SERVICE	0	0	0.00	1	7	201.39	2	2	1,359.61-
CHILDRENS MENTAL HEALTH SVC	30	630	25,369.97	28	971	18,595.12	34	1109	30,432.09
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	30	166.50
ILL & HANDICAPPED WAIVER SVCS	1	135	2,196.45	0	0	0.00	2	1	2.95
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	30	33	17,957.88	37	59	27,704.50	45	56	35,298.09
UNASSIGNED	5	0	8.55-	0	0	0.00	6	0	113,648.37-
* A L L C A T E G O R I E S *	66620	272701	9087,111.37	11888	72555	4340,281.72	79382	385367	18103,182.38

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	42	616	182,245.80	640	2637	499,861.01	38	186	138,661.31
OUTPATIENT	769	6306	172,420.00	5034	74227	500,559.08	466	5376	156,725.02
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	31	9,648.47	311	2856	41,610.11	2	15	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8382	253471	23343,353.69	4	31	1,515.56
INTER CARE MENTAL RETARDA	4	175	51,045.09	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	36	991	242,549.72	0	0	0.00
HOME HEALTH	61	3339	68,576.25	2545	46017	2026,551.57	33	735	10,934.07
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2187	3150	192,446.59	8517	44264	455,962.36	917	2875	141,477.89
CLINIC SERVICES	342	436	46,355.71	1001	2057	104,471.82	158	158	22,799.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	173	545	7,166.88	563	203	2,062.23	86	174	4,419.85
REHAB SUPPORT SERVICES	0	0	0.00	15	443	17,503.97	38	1298	79,722.31
AMBULANCE SERVICES	13	10	1,252.10	332	384	28,270.29	17	16	1,784.78
LOCAL EDUCATION AGENCY	40	11126	61,214.06	3	274	1,176.17	0	0	0.00
EARLY ACCESS SERVICES	12	56	1,095.91	1	2	27.28	0	0	0.00
PRESCRIBED DRUGS	4352	11205	1126,496.83	10101	21820	385,446.46	944	3028	164,811.84

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
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	34	36	1,815.03	0	0	0.00	38	44	2,786.75
IOWA PLAN PROGRAM	9440	9772	919,548.96	1880	1962	121,083.91	1426	1618	53,270.29
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	276	305	15,726.24	6	9	278.68	13	13	342.03
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	52	52	104.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	150	343	16,387.98	28	63	7,739.08	5	6	827.23
MEDICAL SUPPLIES	187	19046	72,379.51	3785	355457	518,136.44	126	8266	21,511.32
OTHER PRACTITIONER	358	5097	51,671.73	366	1456	19,918.25	53	191	8,173.87
FAMILY CENTERED PROGRAM	515	8097	256,239.80	1	13	446.27	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	444	4169	186,071.34	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	872	34293	2260,651.63	0	0	0.00	0	0	0.00
DENTAL	898	1009	128,970.04	736	859	125,627.75	161	213	30,691.69
OPTOMETRIST	397	434	26,861.72	789	1084	24,351.73	96	121	5,353.10
CHIROPRACTIC	125	267	8,090.31	289	682	4,460.47	111	280	6,422.14
PODIATRIC	28	43	4,616.74	1501	2082	21,531.35	43	58	1,948.73
PHYSICAL DISABILITIES SVCS	0	0	0.00	134	4795	58,863.79	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
BRAIN INJ WAIVER SERVICES	21	1346	24,498.69	275	13112	377,594.28	0	0	0.00
PSYCHIATRIC	9	9	1,375.12	226	325	8,524.05	38	53	1,512.18
RESIDENTIAL CARE FACILITY	0	0	0.00	8	167	1,439.03	0	0	0.00
MR WAIVER SERVICE	155	9641	174,572.69	8	335	24,383.70	1	30	178.50
CHILDRENS MENTAL HEALTH SVC	1	24	992.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	26	2075	18,771.42	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5158	214067	2374,183.43	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	35	2292	40,527.23	6	93	11,170.26	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	119	138	33,290.49	87	90	20,952.37	10	12	2,908.34
UNASSIGNED	1	0	0.00	1	0	63.53-	0	0	0.00
* A L L C A T E G O R I E S *	9634	133408	6144,354.94	15251	1048372	31388,798.49	1919	24797	858,777.80

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	151	728	930,540.78	49	231	215,341.30	6	20	30,320.98
OUTPATIENT	445	9637	339,679.43	810	4874	209,852.91	88	1476	97,157.82
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	5	15	119.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	3	93	4,647.57	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	31	583	28,339.28	30	86	4,353.21	5	35	2,653.86
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	890	3342	221,288.92	2552	3751	253,781.98	126	397	114,678.41
CLINIC SERVICES	79	87	12,692.10	523	651	68,709.68	18	18	2,348.66
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	31	74	1,360.69	154	392	7,504.22	16	41	1,038.64
REHAB SUPPORT SERVICES	11	669	47,134.45	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	27	27	3,804.09	11	8	2,097.92	1	1	219.05
LOCAL EDUCATION AGENCY	0	0	0.00	20	2091	12,007.57	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	295	1212	70,956.92	2959	5368	354,016.30	147	562	35,964.03

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY W/ SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	4	4	184.97	51	61	3,878.33	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	11480	12509	129,033.54	192	195	19,596.57
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	650.02	491	528	35,328.97	0	0	0.00
HMO SERVICES	0	0	0.00	225	237	31,873.63	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8502	8502	17,004.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	1	1	167.26	53	145	6,177.62	0	0	0.00
MEDICAL SUPPLIES	104	6237	31,855.04	90	1438	15,531.14	19	194	1,644.30
OTHER PRACTITIONER	60	264	7,017.18	199	398	19,187.95	9	40	2,194.37
FAMILY CENTERED PROGRAM	0	0	0.00	68	1048	30,370.25	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	1	3	134.05	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	7	215	13,310.25	0	0	0.00
DENTAL	50	74	17,634.16	1130	1318	208,658.86	15	18	1,821.42
OPTOMETRIST	31	39	1,896.90	409	449	28,462.84	8	11	763.73
CHIROPRACTIC	22	67	2,197.41	226	428	13,330.36	7	24	766.32
PODIATRIC	21	21	2,766.95	29	35	5,149.08	1	1	143.04
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	MEDICALLY NEEDY WI SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	42	109	5,425.26	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	1	31	270.35	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	2	73	1,418.31	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	1	0	41,787.11-	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	6	21	6,211.56	5	6	2,188.48	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 *	1017	23336	1695,053.18	11332	44845	1688,702.75	188	3033	311,311.20

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	1	19	10,322.84	0	0	0.00
OUTPATIENT	0	0	0.00	1	2	8.33	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	3	5	1,544.89	1	2	77.50
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	2	3	106.26	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	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
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	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	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	1	1	267.88	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	7	30	12,250.20	0	2	77.50

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	0	0	0.00	3	18	1,215.00	0	0	0.00
OUTPATIENT	7	19	1,562.37	7	63	445.33	10	79	853.15
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	54	3,141.60	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	20	27	1,528.85	13	72	1,285.19	15	23	1,584.50
CLINIC SERVICES	3	3	304.30	1	0	19.56	6	6	647.39
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	3	84	1,083.04	0	0	0.00	2	13	276.81
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	15	815.40
AMBULANCE SERVICES	0	0	0.00	1	1	67.35	0	0	0.00
LOCAL EDUCATION AGENCY	3	488	587.83	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	75	222	24,636.57	7	12	255.62	23	66	3,468.75

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	1	2	136.56
IOWA PLAN PROGRAM	84	87	8,738.15	13	21	1,156.13	66	110	14,618.75
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	2	2	125.29	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	1	1	2.00	1	1	2.00	1	1	2.00
HEALTH INS PREMIUM PAYMENT	6	15	944.24	0	0	0.00	1	3	81.89
MEDICAL SUPPLIES	3	219	136.49	1	2	696.00	1	102	82.40
OTHER PRACTITIONER	4	38	2,043.67	0	0	0.00	1	1	77.51
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	9	9	717.42	0	0	0.00	1	2	110.90
OPTOMETRIST	4	6	379.89	0	0	0.00	1	1	82.96
CHIROPRACTIC	2	2	5.73	2	3	20.85	0	0	0.00
PODIATRIC	0	0	0.00	1	2	19.50	1	1	472.03
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	4	6	167.09	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	3	85	726.30	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	68	1698	53,777.24	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	1	123	425.00	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	77	90	52,301.01	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 *	70	3187	152,440.69	12	286	6,075.92	49	425	23,311.00

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
INPATIENT	27	230	177,890.08	114	396	321,767.73	0	0	0.00
OUTPATIENT	298	3654	133,772.43	1935	26474	350,894.72	0	0	0.00
CHILD PART HOSP	0	0	0.00	1	0	422.80-	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	62	19,304.94	11	157	26,700.35	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	5	71	5,289.38	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2095	64398	21752,438.55	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	13	188	15,224.08	713	30903	903,239.45	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	588	1340	105,994.14	3836	10052	293,225.57	0	0	0.00
CLINIC SERVICES	98	180	21,101.25	371	342	37,320.48	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	1	0	538.80	0	0	0.00
LAB AND RADIOLOGICAL	54	126	2,225.57	232	413	4,620.06	0	0	0.00
REHAB SUPPORT SERVICES	4	104	7,952.68	44	806	39,007.36	0	0	0.00
AMBULANCE SERVICES	12	11	1,587.51	51	97	6,358.85	0	0	0.00
LOCAL EDUCATION AGENCY	1	752	6,340.80	170	49512	217,548.76	0	0	0.00
EARLY ACCESS SERVICES	2	52	955.00	5	54	868.18	0	0	0.00
PRESCRIBED DRUGS	850	3614	240,243.72	5091	16040	1390,541.80	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
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	3	3	301.94	31	35	1,778.77	0	0	0.00
IOWA PLAN PROGRAM	1376	1632	150,351.01	9578	9712	598,670.03	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	28	30	1,735.11	77	85	2,981.20	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	23	23	46.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	4	9	565.20	462	1013	113,248.16	0	0	0.00
MEDICAL SUPPLIES	114	5349	17,093.94	1759	282792	461,978.30	0	0	0.00
OTHER PRACTITIONER	54	97	4,409.65	490	101881	220,237.88	0	0	0.00
FAMILY CENTERED PROGRAM	25	609	17,281.86	10	117	4,629.54	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	1	8	368.14	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	47	1596	112,060.33	0	0	0.00	0	0	0.00
DENTAL	145	186	31,359.73	1185	1323	114,001.21	0	0	0.00
OPTOMETRIST	79	92	6,855.91	503	601	23,461.00	0	0	0.00
CHIROPRACTIC	41	92	2,874.21	234	508	7,456.20	0	0	0.00
PODIATRIC	24	27	2,725.74	552	789	17,524.89	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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
BRAIN INJ WAIVER SERVICES	0	0	0.00	163	9388	245,062.24	0	0	0.00
PSYCHIATRIC	3	3	56.93	312	428	15,352.37	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	23	657	5,945.74	0	0	0.00
MR WAIVER SERVICE	1	23	469.30	7440	512423	19087,785.54	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	3	37	1,326.33	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	3	173	1,953.90	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	117	1,432.08	165	8994	149,081.16	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	7	6	2,098.21	5911	6714	1588,255.47	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 *	1467	20425	1087,957.72	10319	1137175	48007,386.94	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL 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
INPATIENT	0	0	0.00	5752	34915	22054,812.92			
OUTPATIENT	0	0	0.00	49215	580527	12901,230.49			
CHILD PART HOSP	0	0	0.00	1	0	422.80-			
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	645	8154	1539,629.54			
INTERMEDIATE CARE FACILITY	0	0	0.00	13316	405960	35309,421.25			
INTER CARE MENTAL RETARDA	0	0	0.00	2111	64962	20591,513.90			
NURSING FAC FOR MENTAL ILL	0	0	0.00	41	1141	276,056.26			
HOME HEALTH	0	0	0.00	7919	173284	6575,819.60			
LEAD INSPECTION AGENCY	0	0	0.00	6	6	2,198.16			
PHYSICIAN	0	0	0.00	106196	310666	14175,129.92			
CLINIC SERVICES	0	0	0.00	16559	24144	2394,848.33			
MEP CASE MANAGEMENT	0	0	0.00	1	0	538.80			
LAB AND RADIOLOGICAL	0	0	0.00	9772	20613	360,418.82			
REHAB SUPPORT SERVICES	0	0	0.00	2355	65114	3303,725.90			
AMBULANCE SERVICES	0	0	0.00	1662	1807	199,535.95			
LOCAL EDUCATION AGENCY	0	0	0.00	552	130100	669,320.62			
EARLY ACCESS SERVICES	0	0	0.00	180	997	20,372.72			
PRESCRIBED DRUGS	0	0	0.00	107219	285033	17134,948.42			

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
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	7002	8137	558,359.84			
IOWA PLAN PROGRAM	0	0	0.00	256428	282755	8114,737.35			
MANAGED SUBSTANCE ABUSE	0	0	0.00	1	0	0.49-			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	211.56-			
EPSDT SCREENING	0	0	0.00	12196	13627	1124,033.84			
HMO SERVICES	0	0	0.00	4695	4995	778,825.84			
PATIENT MANAGEMENT	0	0	0.00	125065	125058	249,994.08			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5204	13240	564,187.57			
MEDICAL SUPPLIES	0	0	0.00	17793	1546173	3326,374.59			
OTHER PRACTITIONER	0	0	0.00	7734	242746	1133,420.37			
FAMILY CENTERED PROGRAM	0	0	0.00	1890	33345	952,512.57			
FAMILY PRESERVATION	0	0	0.00	0	0	0.00			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	455	4284	191,258.25			
GROUP TREATMENT THERAPY	0	0	0.00	973	37668	2473,617.53			
DENTAL	0	0	0.00	21231	25458	3357,475.09			
OPTOMETRIST	0	0	0.00	9982	12046	627,140.08			
CHIROPRACTIC	0	0	0.00	7134	16091	371,559.54			
PODIATRIC	0	0	0.00	4752	7051	194,627.79			
PHYSICAL DISABILITIES SVCS	0	0	0.00	497	18745	232,194.78			

