

## 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	7	1	2,326.54	0	0	0.00	3653	1737	400,598.21
OUTPATIENT	20	159	2,076.91	0	0	0.00	3857	71077	542,955.97
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	134	1524	141,229.07
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4548	136357	10586,730.76
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	4	90	15,722.65
HOME HEALTH	0	0	0.00	0	0	0.00	1964	35149	1436,355.53
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	45	86	6,694.42	0	0	0.00	5620	28064	255,673.28
CLINIC SERVICES	1	2	172.00	0	0	0.00	953	405	83,686.52
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	27	4	331.64	0	0	0.00	734	114	1,536.96
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	28	1092	51,025.35
AMBULANCE SERVICES	1	1	134.45	0	0	0.00	189	206	18,945.89
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	23	41	1,294.91	0	0	0.00	4307	6245	453,588.39

## 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	1	1	8.73	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	47	58	1,440.05	0	0	0.00	3	3	288.84
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	5	88.56	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	31	31	62.00	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	1	102	80.40	0	0	0.00	2376	170230	247,650.93
OTHER PRACTITIONER	2	2	462.30	0	0	0.00	243	1534	10,212.36
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	36	2,245.26	0	0	0.00	0	0	0.00
DENTAL	11	12	1,084.26	0	0	0.00	407	491	71,061.82
OPTOMETRIST	2	2	101.74	0	0	0.00	607	831	22,632.57
CHIROPRACTIC	0	0	0.00	0	0	0.00	300	750	5,672.41
PODIATRIC	1	1	24.03	0	0	0.00	519	697	8,635.27
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	113	167	4,473.20
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	383	11220	77,986.61
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	90	7085	224,234.34
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	2626	117516	1403,677.97
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	129	156	35,984.59
UNASSIGNED	1	0	0.00	0	0	0.00	17	0	513.75-
* A L L C A T E G O R I E S *	90	544	18,628.20	0	0	0.00	14570	592740	15192,868.96

## 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	9758	8912	5849,621.62	6151	2298	3901,563.04
OUTPATIENT	0	0	0.00	13895	256544	4849,635.58	9205	101294	3282,745.27
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	1	46	709.32	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	159	4192	1608,997.28	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	567	16782	1616,376.56	2	28	2,772.71
INTER CARE MENTAL RETARDA	0	0	0.00	15	425	133,892.49	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	3059	89203	2962,240.35	58	473	37,183.76
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	1	0	25.35
PHYSICIAN	0	0	0.00	20993	84418	3443,482.66	16229	33009	2960,681.68
CLINIC SERVICES	0	0	0.00	3473	3859	575,915.75	2399	3681	392,112.53
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	7540	5472	87,640.16	13050	5956	155,115.38
REHAB SUPPORT SERVICES	0	0	0.00	2227	54408	2676,021.21	29	352	17,850.31
AMBULANCE SERVICES	0	0	0.00	667	734	93,922.56	227	231	33,631.95
LOCAL EDUCATION AGENCY	0	0	0.00	285	74344	322,421.66	6	3045	10,382.67
EARLY ACCESS SERVICES	0	0	0.00	98	595	12,737.21	4	23	439.58
PRESCRIBED DRUGS	0	0	0.00	23572	109785	7756,026.49	19879	58478	3116,802.21

## 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	147	163	9,264.59	8368	11052	767,563.49
IOWA PLAN PROGRAM	0	0	0.00	44632	45918	3180,759.62	37181	41173	1098,996.93
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	392	490	14,712.40	185	199	6,502.45
HMO SERVICES	0	0	0.00	0	0	0.00	1028	1054	258,937.14
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	23531	23521	47,042.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	670	1479	168,360.84	438	998	31,717.20
MEDICAL SUPPLIES	0	0	0.00	7612	692953	1846,060.91	1018	29156	226,238.91
OTHER PRACTITIONER	0	0	0.00	2069	60889	318,551.02	1201	3266	140,855.83
FAMILY CENTERED PROGRAM	0	0	0.00	133	2539	61,826.27	15	122	4,483.97
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	3	33	1,411.05	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	12	387	28,218.32	3	129	7,933.92
DENTAL	0	0	0.00	3461	4380	659,598.58	3017	4072	703,587.65
OPTOMETRIST	0	0	0.00	2415	2961	153,294.35	1680	2007	129,327.43
CHIROPRACTIC	0	0	0.00	1764	4208	84,978.05	1946	4993	168,515.39
PODIATRIC	0	0	0.00	942	1434	57,870.55	224	276	30,581.03
PHYSICAL DISABILITIES SVCS	0	0	0.00	389	14632	195,503.65	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	216	15804	379,864.31	0	0	0.00
PSYCHIATRIC	0	0	0.00	1301	2329	72,760.65	12	19	1,272.74
RESIDENTIAL CARE FACILITY	0	0	0.00	1508	45827	345,140.78	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1075	77547	2655,958.25	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	38	999	28,372.42	2	23	7,029.90
AIDS WAIVER SERVICES	0	0	0.00	11	816	10,345.89	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	42	2132	44,453.27	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1788	92103	1428,208.95	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	1577	2022	482,058.76	9	11	3,771.57
UNASSIGNED	0	0	0.00	478	0	81.00-	481	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	50056	1781764	44217,133.38	54330	330939	17545,663.99

## 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
INPATIENT	3199	1779	2278,384.07	1646	10151	2597,342.25	15054	8711	31597,501.72
OUTPATIENT	6548	38411	1494,861.43	1729	15607	562,922.02	10295	87029	2391,421.88
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	5	3	107,851.50-
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4	118	291,644.13-
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	0	0	0.00
HOME HEALTH	334	1347	62,819.35	60	281	17,064.15	504	1726	234,940.43
LEAD INSPECTION AGENCY	4	4	1,438.41	1	1	366.36	2	1	580.27
PHYSICIAN	17859	29299	2028,266.77	3631	6401	525,241.73	25195	45638	38281,181.12
CLINIC SERVICES	3043	4078	470,749.51	689	1039	107,111.64	5208	8222	1322,443.17
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	1	0	971.40
LAB AND RADIOLOGICAL	10121	2571	44,228.84	2462	941	22,387.80	16111	7230	155,903.49
REHAB SUPPORT SERVICES	0	0	0.00	11	256	24,799.07	3	0	1,484.10-
AMBULANCE SERVICES	126	128	19,106.82	53	53	13,856.34	181	195	27,897.84
LOCAL EDUCATION AGENCY	83	11252	37,341.99	10	1013	3,627.88	60	18224	44,364.84
EARLY ACCESS SERVICES	113	517	14,119.30	14	33	871.02	125	604	13,747.81
PRESCRIBED DRUGS	15656	27270	1483,581.12	3856	9550	538,914.24	20727	36489	1371,021.92

## 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	1447	1915	135,612.70	172	201	14,043.54	324	373	22,131.12
IOWA PLAN PROGRAM	61294	66610	638,032.36	11022	12205	241,664.34	72863	81352	936,572.82
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	1	0	0.27-
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	1	0	177.13-
EPSDT SCREENING	5299	6178	385,663.53	970	1096	66,131.08	7203	8241	736,716.41
HMO SERVICES	1764	1847	254,878.35	281	287	41,280.50	1606	1693	270,827.96
PATIENT MANAGEMENT	40442	40418	80,836.00	6652	6652	13,304.00	48907	48897	97,794.00
HEALTH INS PREMIUM PAYMENT	641	1506	39,225.65	48	113	7,545.09	2802	7748	193,310.06
MEDICAL SUPPLIES	800	12159	113,914.72	143	2756	21,605.67	983	21580	146,821.89
OTHER PRACTITIONER	1805	50929	184,751.40	351	1300	42,517.98	2356	25427	280,710.14
FAMILY CENTERED PROGRAM	502	8037	210,331.82	231	3065	96,120.12	339	5612	150,676.00
FAMILY PRESERVATION	1	1	2,755.62	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	2	7	326.75	2	25	1,177.30
GROUP TREATMENT THERAPY	2	37	3,232.58	27	752	43,470.23	11	207	8,719.93
DENTAL	4087	4769	633,543.13	920	1125	164,516.42	5608	6619	748,293.35
OPTOMETRIST	1461	1674	98,731.44	395	481	30,880.26	1905	2176	126,358.48
CHIROPRACTIC	955	1855	59,512.20	220	435	15,058.33	1406	2934	85,246.17
PODIATRIC	78	97	9,148.43	16	19	2,136.41	99	114	11,399.46
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	0	43.65-



## 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	4	43	109,364.15-
PSYCHIATRIC	4	6	727.58	14	38	2,409.59	19	31	7,088.53
RESIDENTIAL CARE FACILITY	1	5	0.00	3	36	39.52	2	30	2,520.94-
MR WAIVER SERVICE	1	4-	78.02-	0	0	0.00	3	10	12,268.32-
CHILDRENS MENTAL HEALTH SVC	35	801	36,004.34	33	1142	28,835.37	36	1409	36,515.60
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	2	1	17,045.26-
ILL & HANDICAPPED WAIVER SVCS	1	60	840.00	0	0	0.00	2	65	955.68
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	35	36	33,230.20	45	50	37,768.24	38	43	34,212.57
UNASSIGNED	403	0	0.00	69	0	0.00	523	0	996,840.59
* A L L C A T E G O R I E S *	72530	315592	10855,791.64	12870	77086	5284,157.94	86966	428820	78459,711.50

## 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 UNITS OF  
SERVED SERVICEAMOUNT  
PAIDRECIPS UNITS OF  
SERVED SERVICEAMOUNT  
PAIDRECIPS UNITS OF  
SERVED SERVICEAMOUNT  
PAID

INPATIENT	337	874	183,910.66	4593	2966	949,697.66	406	234	295,230.04
OUTPATIENT	918	7669	227,342.24	4351	85591	711,402.41	533	6125	194,834.28
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	1	61	18,985.57	274	2355	30,309.09	5	33	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8648	250692	22064,828.08	3	31-	54,293.75-
INTER CARE MENTAL RETARDA	7	253	77,234.50	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	18	540	101,007.77	0	0	0.00
HOME HEALTH	81	4647	128,794.19	3351	67327	2781,238.90	55	735	452.73
LEAD INSPECTION AGENCY	1	1	366.36	0	0	0.00	0	0	0.00
PHYSICIAN	2584	3859	258,559.62	6530	34517	338,488.95	964	2395	166,931.60
CLINIC SERVICES	407	522	54,110.49	1031	473	99,451.97	146	166	17,404.06
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1576	822	14,300.73	862	416	4,607.34	606	202	5,111.95
REHAB SUPPORT SERVICES	1	24	1,208.88	23	620	31,721.27	38	1050	73,282.37
AMBULANCE SERVICES	13	15	2,051.03	322	346	26,924.94	19	22	2,569.55
LOCAL EDUCATION AGENCY	54	6853	31,898.80	8	4223	22,491.94	0	0	0.00
EARLY ACCESS SERVICES	33	199	4,934.51	5	15	317.71	0	0	0.00
PRESCRIBED DRUGS	4824	13517	1096,049.29	11250	26659	85,766.22	1063	3550	150,765.16

## 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	60	71	4,267.69	1	1	8.99	33	36	2,264.34
IOWA PLAN PROGRAM	9798	10190	960,150.94	1856	1905	117,666.64	1537	1723	55,347.27
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	299	325	13,798.19	8	9	216.41	26	26	818.35
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	105	105	210.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	152	325	16,433.73	27	52	5,827.32	7	11	1,131.37
MEDICAL SUPPLIES	206	20154	77,011.09	3968	372480	597,793.07	148	6914	20,295.54
OTHER PRACTITIONER	480	23623	80,278.37	395	1403	21,193.03	84	263	10,920.69
FAMILY CENTERED PROGRAM	523	7711	242,199.13	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	413	3655	158,907.75	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	872	30760	1991,482.14	0	0	0.00	0	0	0.00
DENTAL	1081	1301	156,894.55	748	892	142,084.31	185	235	36,934.20
OPTOMETRIST	504	575	32,441.85	748	916	27,067.41	109	122	7,050.64
CHIROPRACTIC	136	263	7,984.06	202	470	4,336.73	127	309	9,695.31
PODIATRIC	28	38	4,904.74	884	1124	17,665.48	29	41	2,339.13
PHYSICAL DISABILITIES SVCS	0	0	0.00	132	4557	52,511.24	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	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	1877	32,239.53	271	13457	397,287.29	0	0	0.00
PSYCHIATRIC	11	17	897.05	156	239	7,281.05	19	25	1,050.03
RESIDENTIAL CARE FACILITY	2	81	543.07	6	140	1,441.98	0	0	0.00
MR WAIVER SERVICE	164	9629	190,971.76	9	142	6,103.30	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	2	66	2,964.24	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	30	2410	23,159.34	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5605	247127	2504,425.69	1	1	25.00
ILL & HANDICAPPED WAIVER SVCS	36	1979	36,978.42	3	64	866.77	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	162	211	50,400.67	102	112	25,726.49	14	18	4,020.02
UNASSIGNED	71	0	0.00	17	0	0.00	23	0	0.00
* A L L C A T E G O R I E S *	9932	152272	6161,705.84	15866	1124240	31200,916.79	2137	24205	1004,179.88

## 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	1525	525	521,750.93	408	273	269,910.03	50	7	23,417.87
OUTPATIENT	520	12218	293,150.34	927	6538	224,626.22	86	2245	113,980.03
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	2	1	117.01	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	4	16	56,428.33-	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	39	697	21,863.71	40	182	9,789.53	5	135	7,414.03
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	934	3389	277,174.33	2742	4084	287,429.76	158	509	126,457.61
CLINIC SERVICES	94	124	15,919.33	534	690	71,348.27	21	29	3,929.12
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	346	170	3,390.49	1136	372	8,455.83	96	106	2,055.99
REHAB SUPPORT SERVICES	15	444	29,920.25	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	42	45	7,857.14	23	24	5,575.49	2	2	497.18
LOCAL EDUCATION AGENCY	1	20	658.20	15	224	491.85	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	3	7	315.00	0	0	0.00
PRESCRIBED DRUGS	391	1669	98,389.25	3134	5668	348,963.83	163	729	68,640.74

## TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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
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	2	2	116.24	71	83	5,917.08	2	2	166.12
IOWA PLAN PROGRAM	0	0	0.00	11770	12718	131,799.85	189	192	19,339.68
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	660	729	33,778.87	0	0	0.00
HMO SERVICES	0	0	0.00	240	241	24,360.54	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8670	8664	17,328.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	48	119	4,639.03	0	0	0.00
MEDICAL SUPPLIES	111	13652	47,940.62	112	2316	14,649.31	21	238	7,738.17
OTHER PRACTITIONER	60	173	8,144.00	310	1916	27,202.00	13	43	2,034.46
FAMILY CENTERED PROGRAM	0	0	0.00	73	959	27,312.06	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	6	256.59	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	5	142	10,272.77	0	0	0.00
DENTAL	69	94	19,223.02	1318	1544	240,616.74	16	20	4,371.21
OPTOMETRIST	45	59	2,996.68	448	518	31,140.64	7	9	637.11
CHIROPRACTIC	19	67	1,319.19	261	477	15,128.69	17	52	1,782.48
PODIATRIC	31	42	3,718.91	23	35	5,587.83	1	1	80.52
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	1	5	1,100.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	40	170	5,791.16	1	1	21.46	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	7	273	6,396.83	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	2	4	256.10	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	9	13	3,153.78	6	6	4,839.16	0	0	0.00
UNASSIGNED	26	0	0.00	57	0	0.00	17	0	0.00
* A L L C A T E G O R I E S *	1677	33599	1307,522.35	11433	48609	1828,153.26	193	4319	382,542.32

## 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	2	1	1,701.12	12	3-	806.75-	0	0	0.00
OUTPATIENT	5	38	4,732.50	2	32	2,282.52	1	15	1,427.59
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	3	5	343.76	7	12	2,959.41	0	0	0.00
CLINIC SERVICES	0	0	0.00	1	0	70.40-	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	8	1	61.60	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	1	1	28.50	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	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	1	0	45.52-	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 CHRND SH		
	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	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 *	1	44	6,731.86	14	43	4,452.88	1	15	1,427.59

## 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	6	0	1,814.68	12	8	1,138.43	162	125	232,500.96
OUTPATIENT	13	149	4,786.94	4	8	148.23	309	3211	116,093.96
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	0	0	0.00	3	99	47,166.80
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	59	2,316.93	1	2	86.08	13	197	13,052.28
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	28	43	3,292.29	10	23	404.95	548	1288	90,840.37
CLINIC SERVICES	1	1	90.22	0	0	0.00	96	161	20,375.68
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	12	20	165.31	0	0	0.00	314	204	3,524.30
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	3	59	5,523.43
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	11	12	17,502.47
LOCAL EDUCATION AGENCY	1	66	255.42	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	1	6	75.30
PRESCRIBED DRUGS	78	289	28,455.18	10	17	173.99	790	3696	237,037.39

## 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	4	4	227.15
IOWA PLAN PROGRAM	83	85	8,126.91	13	17	984.10	1194	1274	119,271.14
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	5	5	211.47	0	0	0.00	19	21	710.27
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	1	1	2.00	1	1	2.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	6	13	878.25	0	0	0.00	4	7	794.31
MEDICAL SUPPLIES	1	3	180.22	3	14	367.55	120	5984	14,952.57
OTHER PRACTITIONER	5	8	663.44	1	1	65.85	59	120	5,701.72
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	8	86	3,272.36
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	1	4	176.56
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	16	464	29,448.90
DENTAL	5	5	3,249.10	1	1	89.93	125	164	32,641.12
OPTOMETRIST	4	4	129.15	1	0	0.00	81	109	7,932.05
CHIROPRACTIC	2	3	36.50	0	0	0.00	59	139	4,620.52
PODIATRIC	0	0	0.00	1	1	37.62	30	36	2,671.70
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	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	1	7	517.75
PSYCHIATRIC	1	2	14.42	1	1	27.61	2	5	68.81
RESIDENTIAL CARE FACILITY	0	0	0.00	2	26	674.84	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	2	52	9,711.04	3	342	12,540.57
CHILDRENS MENTAL HEALTH SVC	52	1280	46,431.02	0	0	0.00	3	43	1,582.60
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	3	166	1,531.93
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	153	2,575.89
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	56	60	56,331.47	0	0	0.00	7	10	3,017.74
UNASSIGNED	0	0	0.00	0	0	0.00	10	0	0.00
* A L L C A T E G O R I E S *	49	2096	157,430.92	11	172	13,912.22	1285	18196	1027,948.60

## TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED			FEDERAL MEDICAID ONLY BLIND		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	975	733	322,823.56	0	0	0.00	0	0	0.00
OUTPATIENT	2147	26843	407,432.66	0	0	0.00	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	6	67	17,328.40	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	6	94	9,374.26	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	2158	63170	21347,350.27	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	921	38946	1291,381.90	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	3582	10242	292,282.19	0	0	0.00	0	0	0.00
CLINIC SERVICES	405	452	38,321.82	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	1037	543	7,497.95	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	39	783	37,647.25	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	68	77	8,122.92	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	227	86684	358,797.89	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	9	95	1,616.77	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5415	21116	1567,553.64	1	1	0.00	0	0	0.00

## TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED			FEDERAL MEDICAID ONLY BLIND		
	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	49	58	1,454.81	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	9489	9546	589,557.60	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	101	111	3,212.19	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	477	985	150,816.04	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	1762	292669	472,665.42	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	862	93363	229,913.38	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	5	60	2,322.35	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	1200	1315	110,812.62	0	0	0.00	0	0	0.00
OPTOMETRIST	616	617	26,594.68	0	0	0.00	0	0	0.00
CHIROPRACTIC	207	393	7,462.09	0	0	0.00	0	0	0.00
PODIATRIC	404	507	15,549.72	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	1	62	620.00	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	FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED			FEDERAL MEDICAID ONLY BLIND		
	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	164	8845	241,386.26	0	0	0.00	0	0	0.00
PSYCHIATRIC	202	299	13,595.85	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	39	965	8,420.37	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	7489	593761	18966,154.16	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	6	146	11,574.38	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	179	9321	158,941.95	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	7007	8671	1988,080.16	0	0	0.00	0	0	0.00
UNASSIGNED	58	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	10145	1271539	48706,665.51	0	1	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	TOTAL			AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID							
INPATIENT	47023	39332	49430,424.64							
OUTPATIENT	54830	720803	15428,858.98							
CHILD PART HOSP	0	0	0.00							
CHILD DAY TREATMENT	0	0	0.00							
ADULT PART HOSP	0	0	0.00							
ADULT DAY TREATMENT	1	46	709.32							
SKILLED NURSING FACILITY	580	8335	1756,281.72							
INTERMEDIATE CARE FACILITY	13701	404056	33877,716.16							
INTER CARE MENTAL RETARDA	2177	63848	20226,244.26							
NURSING FAC FOR MENTAL ILL	21	630	116,730.42							
HOME HEALTH	10409	241106	9006,993.85							
LEAD INSPECTION AGENCY	9	7	2,776.75							
PHYSICIAN	105458	287281	49346,386.50							
CLINIC SERVICES	18334	23904	3273,071.68							
MEP CASE MANAGEMENT	1	0	971.40							
LAB AND RADIOLOGICAL	53935	25144	516,315.76							
REHAB SUPPORT SERVICES	2401	59088	2947,515.29							
AMBULANCE SERVICES	1934	2091	278,596.57							
LOCAL EDUCATION AGENCY	738	205948	832,733.14							
EARLY ACCESS SERVICES	387	2094	49,174.21							
PRESCRIBED DRUGS	112870	324769	17495,847.19							

## TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	TOTAL			AMOUNT PAID	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							
INDIAN HEALTH SERVICES	0	0	0.00							
FAMILY PLANNING SERVICES	10666	13963	963,075.09							
IOWA PLAN PROGRAM	262348	284969	8099,999.09							
MANAGED SUBSTANCE ABUSE	1	0	0.27-							
MENTAL HEALTH ACCESS PLAN	1	0	177.13-							
EPSDT SCREENING	15097	17435	1262,560.18							
HMO SERVICES	4905	5122	850,284.49							
PATIENT MANAGEMENT	128340	128290	256,580.00							
HEALTH INS PREMIUM PAYMENT	5320	13356	620,678.89							
MEDICAL SUPPLIES	19022	1643360	3855,966.99							
OTHER PRACTITIONER	10172	264260	1364,177.97							
FAMILY CENTERED PROGRAM	1805	28191	798,544.08							
FAMILY PRESERVATION	1	1	2,755.62							
TREATMENT FOSTER FAMILY CARE	421	3730	162,256.00							
GROUP TREATMENT THERAPY	942	32914	2125,024.05							
DENTAL	22172	27039	3728,556.49							
OPTOMETRIST	11004	13061	697,316.48							
CHIROPRACTIC	7552	17348	471,348.12							
PODIATRIC	3301	4463	172,350.83							
PHYSICAL DISABILITIES SVCS	517	19251	248,591.24							

## 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	TOTAL		AMOUNT PAID	RECIPS UNITS OF		AMOUNT PAID	RECIPS UNITS OF		AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE		SERVED	SERVICE		SERVED	SERVICE	
BRAIN INJ WAIVER SERVICES	661	40038	943,030.99						
PSYCHIATRIC	1883	3349	117,479.73						
RESIDENTIAL CARE FACILITY	1926	58330	431,726.23						
MR WAIVER SERVICE	8798	688564	22053,327.08						
CHILDRENS MENTAL HEALTH SVC	204	6036	194,132.32						
AIDS WAIVER SERVICES	41	3226	33,505.23						
ELDERLY WAIVER SERVICES	8075	367093	3948,899.08						
ILL & HANDICAPPED WAIVER SVCS	2009	103745	1629,367.66						
COUNTY OFFICE REIMBURSEMENT	0	0	0.00						
MEP SERVICES	9136	11419	2762,595.42						
UNASSIGNED	2249	0	996,245.84						
* A L L C A T E G O R I E S *	344156	6207035	263377,545.63						

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