

## 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	0	0	0.00	0	0	0.00	628	2317	597,851.59
OUTPATIENT	19	201	2,933.40	0	0	0.00	3567	54573	760,327.55
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	103	1436	328,036.71
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4523	140853	11323,713.89
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	7	208	48,388.08
HOME HEALTH	0	0	0.00	0	0	0.00	2018	35435	1347,778.48
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	57	83	7,679.32	0	0	0.00	7456	56228	573,088.10
CLINIC SERVICES	0	0	0.00	0	0	0.00	734	321	58,929.68
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	7	40	642.68	0	0	0.00	97	234	2,937.84
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	37	749	27,602.15
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	377	459	35,765.93
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	20	47	1,108.30	0	0	0.00	3925	8302	164,273.10

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(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	80.41	0	0	0.00	2	3	22.62
IOWA PLAN PROGRAM	48	76	1,862.81	0	0	0.00	3	3	304.41
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	46.65	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	32	32	64.00	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	2	3	135.81	0	0	0.00	2689	229392	295,815.70
OTHER PRACTITIONER	1	2	65.16	0	0	0.00	346	1341	19,250.81
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	9	619.92	0	0	0.00	0	0	0.00
DENTAL	12	15	2,364.88	0	0	0.00	580	654	91,509.34
OPTOMETRIST	2	2	108.00	0	0	0.00	1128	2790	45,405.93
CHIROPRACTIC	0	0	0.00	0	0	0.00	501	1900	14,468.18
PODIATRIC	0	0	0.00	0	0	0.00	1092	2513	17,413.16
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	210	360	9,580.90
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	419	14233	108,484.60
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	86	4433	213,696.68
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	2447	122860	1369,550.49
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	121	149	39,368.52
UNASSIGNED	1	0	0.00	0	0	0.00	119	0	508.00-
* A L L C A T E G O R I E S *	86	513	17,711.34	0	0	0.00	14176	681746	17493,056.44

## 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	1775	10131	8015,166.47	747	2524	3065,894.79
OUTPATIENT	0	0	0.00	14150	250636	6838,850.40	8685	96535	3413,548.98
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	2	60	925.20	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	166	3852	1630,535.32	3	29	15,296.99
INTERMEDIATE CARE FACILITY	0	0	0.00	564	17410	1725,889.73	1	29	3,043.26
INTER CARE MENTAL RETARDA	0	0	0.00	17	464	150,185.35	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	3174	79157	2763,152.12	63	860	47,898.15
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	25485	159375	4545,525.15	16775	35413	3221,417.66
CLINIC SERVICES	0	0	0.00	3369	5163	584,789.04	2655	4156	453,898.37
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1641	5915	86,135.39	2729	7031	147,704.42
REHAB SUPPORT SERVICES	0	0	0.00	2289	52299	2252,740.26	34	340	23,187.30
AMBULANCE SERVICES	0	0	0.00	822	853	68,045.91	142	49	3,117.88
LOCAL EDUCATION AGENCY	0	0	0.00	559	204014	954,337.02	12	6125	18,376.01
EARLY ACCESS SERVICES	0	0	0.00	97	712	13,113.96	1	1	50.00
PRESCRIBED DRUGS	0	0	0.00	23464	110979	8407,723.27	19932	58747	3150,584.66

## 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	154	159	8,279.47	5941	6439	378,974.34
IOWA PLAN PROGRAM	0	0	0.00	44797	47073	3272,496.59	38092	45390	1202,933.00
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	329	418	14,663.40	155	177	5,209.77
HMO SERVICES	0	0	0.00	0	0	0.00	1045	1081	267,003.24
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	23900	23833	47,666.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	652	1466	182,696.83	450	1039	31,691.05
MEDICAL SUPPLIES	0	0	0.00	8051	761061	1822,666.81	979	24606	170,111.60
OTHER PRACTITIONER	0	0	0.00	2694	126039	491,534.99	1276	3926	168,062.56
FAMILY CENTERED PROGRAM	0	0	0.00	151	3693	80,613.60	27	817	17,009.59
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	2	29	1,271.76	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	13	324	22,883.99	4	119	7,249.94
DENTAL	0	0	0.00	4314	5249	754,123.03	3800	4857	809,080.11
OPTOMETRIST	0	0	0.00	3096	4089	178,835.20	1784	2037	135,312.55
CHIROPRACTIC	0	0	0.00	2359	8077	105,317.16	1897	4572	157,072.61
PODIATRIC	0	0	0.00	1483	2671	75,504.03	231	325	35,777.29
PHYSICAL DISABILITIES SVCS	0	0	0.00	350	13715	164,718.22	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	202	14035	344,597.24	0	0	0.00
PSYCHIATRIC	0	0	0.00	2991	7034	204,224.88	14	30	1,613.73
RESIDENTIAL CARE FACILITY	0	0	0.00	1545	50350	397,672.50	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1064	67298	2861,914.67	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	33	861	25,741.43	1	10	618.10
AIDS WAIVER SERVICES	0	0	0.00	10	679	9,077.72	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	24	1177	24,731.26	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1590	80347	1259,635.12	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	1493	1960	460,708.02	8	12	6,226.39
UNASSIGNED	0	0	0.00	833	0	66.87	537	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	49312	2098624	50801,089.38	49215	331109	17005,630.34

## 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
INFAPIENT	322	1603	1744,650.26	423	9430	1999,722.23	1726	8186	8466,845.82
OUTPATIENT	7002	40958	1574,743.35	1757	13291	473,043.36	10451	83961	158,431.31
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	31	9,652.47	4	26	96,829.32-
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	2	30	97,861.96-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1337,208.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	442	1560	66,816.90	77	243	14,743.67	633	2118	2,770.89
LEAD INSPECTION AGENCY	3	3	1,071.69	0	0	0.00	4	4	1,399.08
PHYSICIAN	20271	35942	2393,973.22	3882	7395	574,148.33	27817	53721	4505,719.04
CLINIC SERVICES	4015	5470	659,519.81	820	1229	127,703.95	6195	9804	966,285.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1952	3438	49,764.31	492	1261	23,452.91	3605	9341	159,168.56
REHAB SUPPORT SERVICES	0	0	0.00	9	186	16,084.76	4	32	1,657.01
AMBULANCE SERVICES	60	71	3,281.79	17	12	6,131.35	90	86	10,437.88
LOCAL EDUCATION AGENCY	188	24778	95,968.92	29	5420	19,100.17	145	39312	146,790.43
EARLY ACCESS SERVICES	113	694	14,283.48	15	85	1,960.61	134	734	15,497.96
PRESCRIBED DRUGS	16630	30311	1628,893.00	3838	9626	620,437.57	21242	39278	1886,454.21

## 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	1046	1120	68,070.37	183	188	11,934.53	363	367	24,018.64
IOWA PLAN PROGRAM	62262	71620	686,747.82	11247	13577	267,017.23	74084	90804	1064,552.08
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	0.96
EPSDT SCREENING	5352	6158	375,093.95	996	1146	63,980.81	7348	8360	648,639.40
HMO SERVICES	1829	1905	224,848.21	290	297	40,917.50	1598	1662	231,414.10
PATIENT MANAGEMENT	41154	41080	82,160.00	6670	6657	13,314.00	48978	48901	97,802.00
HEALTH INS PREMIUM PAYMENT	689	1649	39,602.69	39	88	4,878.57	2803	7714	203,806.04
MEDICAL SUPPLIES	962	10947	129,805.27	175	3689	29,266.99	1118	25954	175,760.53
OTHER PRACTITIONER	2511	57256	250,287.09	446	1455	46,279.15	3179	32419	332,841.64
FAMILY CENTERED PROGRAM	628	11568	298,877.11	290	4884	137,046.19	440	7493	199,178.46
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	5	64	2,738.02	1	18	819.60
GROUP TREATMENT THERAPY	6	20	1,487.25	26	623	37,627.80	8	171	8,097.25
DENTAL	5084	5548	728,502.28	1125	1331	210,371.47	6449	7267	865,514.19
OPTOMETRIST	1510	1695	99,658.72	391	446	29,319.34	1974	2212	131,168.09
CHIROPRACTIC	1009	1970	61,716.84	233	509	17,558.11	1358	2891	87,729.48
PODIATRIC	70	86	10,987.96	34	44	3,783.74	119	139	10,715.04
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	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	1	1	220.00	0	0	0.00	2	43	1,832.79
PSYCHIATRIC	5	7	698.62	7	25	1,444.79	18	49	793.33-
RESIDENTIAL CARE FACILITY	0	0	0.00	1	1	25.07	2	29	271.35-
MR WAIVER SERVICE	0	0	0.00	2	268	4,152.24	3	38	8,448.87-
CHILDRENS MENTAL HEALTH SVC	33	846	27,460.22	31	1179	30,823.14	38	813	25,482.24
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	79	707.85
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	3	223	2,737.05
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	42	51	109,613.03	56	69	106,436.88	53	60	153,236.29
UNASSIGNED	390	0	0.00	87	0	0.00	567	0	11,130.77
* A L L C A T E G O R I E S *	70570	358355	11428,804.16	12293	84749	4945,096.95	81375	484339	19057,226.93

## 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	60	502	269,800.17	763	3146	922,088.72	74	527	314,717.19
OUTPATIENT	1018	7651	272,200.29	3937	64869	987,712.12	519	8452	231,686.04
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	30	9,341.10	274	2639	32,076.76	6	84	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8652	260286	24089,188.34	2	31	1,822.21
INTER CARE MENTAL RETARDA	4	81	24,880.15	2	56	13,615.72	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	30	995	250,399.67	0	0	0.00
HOME HEALTH	77	4335	98,617.17	3359	57473	2661,108.68	62	710	25,593.27
LEAD INSPECTION AGENCY	1	1	366.36	1	0	11.29	0	0	0.00
PHYSICIAN	2679	4454	254,144.74	8556	66002	684,943.43	1019	4013	182,695.06
CLINIC SERVICES	470	643	67,844.45	852	922	72,455.24	149	186	19,784.15
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	281	748	12,089.36	131	322	3,608.67	123	305	6,120.50
REHAB SUPPORT SERVICES	1	0	0.00	26	397	19,743.93	44	1196	57,519.03
AMBULANCE SERVICES	8	7	814.37	690	896	69,182.51	18	21	2,421.42
LOCAL EDUCATION AGENCY	122	56093	201,585.61	16	4220	20,991.44	0	0	0.00
EARLY ACCESS SERVICES	37	258	5,950.98	6	35	501.18	0	0	0.00
PRESCRIBED DRUGS	4804	14349	1412,921.58	11030	29213	570,447.42	1104	3920	204,427.60

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(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	49	50	3,150.24	0	0	0.00	40	37	2,221.79
IOWA PLAN PROGRAM	10107	11040	1034,790.35	1872	1956	121,775.55	1651	2048	61,683.02
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	308	341	16,030.93	4	5	147.78	16	17	562.65
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	121	121	242.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	152	338	13,693.33	28	59	7,564.12	8	20	664.71
MEDICAL SUPPLIES	246	24454	70,226.87	4287	452500	628,078.47	177	11592	20,715.51
OTHER PRACTITIONER	627	17852	111,790.90	517	2008	34,694.66	83	216	9,093.84
FAMILY CENTERED PROGRAM	635	9542	297,716.02	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	550	4895	212,475.84	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	1025	39572	2525,082.56	0	0	0.00	0	0	0.00
DENTAL	1255	1370	160,451.19	943	1120	176,057.45	239	284	44,680.49
OPTOMETRIST	462	510	29,312.12	1253	1805	44,596.54	156	231	10,730.12
CHIROPRACTIC	161	314	9,199.86	279	947	7,077.19	131	343	8,599.95
PODIATRIC	41	61	7,481.24	1842	2388	28,622.12	63	101	3,394.24
PHYSICAL DISABILITIES SVCS	0	0	0.00	129	4604	58,935.71	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	1651	36,204.36	266	11903	360,042.55	0	0	0.00
PSYCHIATRIC	15	36	2,018.53	293	564	16,538.72	53	219	9,709.10
RESIDENTIAL CARE FACILITY	1	1-	25.07-	9	93	549.18	0	0	0.00
MR WAIVER SERVICE	150	6213	155,426.45	8	266	11,145.39	1	92	5,872.36
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	1	211	3,692.50	28	2447	22,000.34	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5383	267311	2732,584.78	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	31	1415	27,263.84	6	263	2,900.20	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	147	173	41,919.79	94	102	22,579.78	7	7	1,612.13
UNASSIGNED	106	0	0.00	139	0	0.00	37	0	0.00
* A L L C A T E G O R I E S *	10151	209310	7388,700.18	15562	1241812	34673,965.65	2098	34652	1226,326.38

## 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	207	796	1492,686.37	46	317	277,815.11	10	41	78,820.24
OUTPATIENT	566	11867	522,061.72	978	6766	263,437.50	93	1819	121,484.10
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	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	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	61	1125	57,511.58	51	323	9,843.65	4	85	5,730.68
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1103	5489	314,590.00	2996	4879	345,161.63	138	514	127,658.56
CLINIC SERVICES	89	117	14,786.14	640	895	99,115.76	21	49	8,049.83
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	48	119	2,155.25	172	457	6,822.10	20	57	1,126.34
REHAB SUPPORT SERVICES	29	179	52,947.83-	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	40	29	2,108.89	7	0	25.42	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	30	4509	41,234.14	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	5	19	634.25	0	0	0.00
PRESCRIBED DRUGS	352	1809	140,767.68	3220	5990	387,154.04	163	686	40,960.81

## 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	5	6	761.01	67	72	5,263.63	1	1	60.55
IOWA PLAN PROGRAM	0	0	0.00	12073	13879	143,433.63	195	373	37,705.75
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	1	1	35.06	607	652	29,858.45	0	0	0.00
HMO SERVICES	0	0	0.00	250	257	28,326.86	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8625	8610	17,220.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	35	95	4,368.44	0	0	0.00
MEDICAL SUPPLIES	151	7043	38,137.88	132	2824	18,726.72	21	611	4,173.16
OTHER PRACTITIONER	91	569	14,055.84	440	5941	43,604.71	9	73	3,231.73
FAMILY CENTERED PROGRAM	0	0	0.00	101	1572	42,735.79	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	4	152.04	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	9	282	19,190.89	0	0	0.00
DENTAL	77	90	18,656.80	1501	1691	248,067.80	27	34	5,835.54
OPTOMETRIST	51	72	2,770.68	481	536	33,947.47	9	14	1,070.07
CHIROPRACTIC	29	68	1,581.58	257	479	14,921.97	12	28	1,059.17
PODIATRIC	21	27	1,743.75	29	40	5,330.97	5	5	193.97
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 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
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	65	157	7,910.95	1	4	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	7	279	7,124.51	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	17	14	8,671.68	12	8	18,759.27	0	0	0.00
UNASSIGNED	27	0	0.00	81	0	0.00	16	0	0.00
* A L L C A T E G O R I E S *	1210	29577	2588,045.03	11314	61380	2112,276.75	197	4390	437,160.50

## 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	3	8	8,304.09	0	0	0.00
OUTPATIENT	1	8	118.24	0	0	0.00	1	6	791.52
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	5	30	3,912.94	1	1	38.75
CLINIC SERVICES	0	0	0.00	1	1	86.00	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	5	9	188.17	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	1	1	634.14	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	1	70	62.26	1	103	91.38	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	1	86.92	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	0	0	0.00	1	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	2	79	267.42	10	152	13,216.72	1	7	830.27

## 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	4	37	12,470.02	1	0	952.00	23	116	120,281.19
OUTPATIENT	7	58	2,305.57	6	92	1,301.85	288	4467	144,907.12
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	1	66	21,327.42
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	1	10	25.01	14	242	18,996.14
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	18	41	1,890.49	17	101	1,541.87	539	1323	110,199.79
CLINIC SERVICES	3	4	356.81	0	0	0.00	96	155	18,503.27
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	3	11	129.60	0	0	0.00	57	136	2,956.94
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	4	55	4,923.42
AMBULANCE SERVICES	0	0	0.00	1	1	118.99	8	8	1,433.81
LOCAL EDUCATION AGENCY	4	2270	6,369.25	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	2	7	78.90
PRESCRIBED DRUGS	58	173	19,100.80	9	20	1,356.20	782	3642	241,296.88

## 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	1	1	247.66	0	0	0.00	6	9	553.85
IOWA PLAN PROGRAM	61	65	6,632.67	16	19	1,244.20	1188	1326	123,962.48
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	3	50.88	0	0	0.00	8	8	269.73
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	2	4	136.34	0	0	0.00	4	6	1,146.46
MEDICAL SUPPLIES	2	307	485.09	1	4	25.16	127	5901	22,155.57
OTHER PRACTITIONER	5	12	230.95	1	1	30.79	68	240	8,883.33
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	9	83	2,911.67
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	2	20	896.18
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	12	614	38,869.59
DENTAL	5	4	348.79	1	1	84.93	107	128	22,011.69
OPTOMETRIST	4	4	235.71	1	1	48.00	67	76	5,070.87
CHIROPRACTIC	3	3	63.70	0	0	0.00	55	110	3,548.17
PODIATRIC	1	2	706.63	1	3	29.90	30	39	2,742.22
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	1	220.00
PSYCHIATRIC	2	12	126.31	4	4	106.67	2	6	97.87
RESIDENTIAL CARE FACILITY	0	0	0.00	3	33	517.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1	7	1,189.92	4	155	8,040.51
CHILDRENS MENTAL HEALTH SVC	49	852	38,749.14	0	0	0.00	3	61	2,043.90
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	156	1,409.45
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	12	453.72
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	64	80	148,269.79	0	0	0.00	6	7	3,182.58
UNASSIGNED	0	0	0.00	0	0	0.00	29	0	0.00
* A L L C A T E G O R I E S *	42	3943	238,906.20	10	297	8,572.49	1260	19175	933,374.72

## 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
INPATIENT	150	673	368,134.72	0	0	0.00	0	0	0.00
OUTPATIENT	2143	31696	476,355.55	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	13	122	24,528.99	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	8	138	15,207.90	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	2174	66578	22532,486.45	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	946	39706	1307,750.73	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	4736	19951	426,258.85	0	0	0.00	0	0	0.00
CLINIC SERVICES	381	560	39,717.45	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	177	501	5,768.74	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	46	549	18,654.44	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	93	104	9,203.51	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	510	222754	996,894.55	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	28	237	4,636.71	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5290	19414	1702,618.74	0	0	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	41	41	1,983.95	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	9461	9549	590,015.91	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	60	84	2,697.29	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	462	1018	137,054.37	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	1971	321815	477,691.09	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	1181	109143	298,909.80	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	10	102	3,967.92	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	1508	1538	134,185.39	0	0	0.00	0	0	0.00
OPTOMETRIST	726	866	34,459.64	0	0	0.00	0	0	0.00
CHIROPRACTIC	288	849	11,025.59	0	0	0.00	0	0	0.00
PODIATRIC	632	855	19,219.65	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	156	8990	234,843.35	0	0	0.00	0	0	0.00
PSYCHIATRIC	510	899	29,757.31	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	33	973	7,852.74	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	7346	492778	18073,034.47	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	5	95	3,007.78	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	162	7350	137,769.12	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	6252	7682	1622,405.59	0	0	0.00	0	0	0.00
UNASSIGNED	172	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	10121	1367672	49748,718.29	0	0	0.00	0	0	0.00



## 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							
INPATIENT	6939	40354	27756,200.98							
OUTPATIENT	54682	677906	16246,239.97							
CHILD PART HOSP	0	0	0.00							
CHILD DAY TREATMENT	0	0	0.00							
ADULT PART HOSP	0	0	0.00							
ADULT DAY TREATMENT	2	60	925.20							
SKILLED NURSING FACILITY	561	8315	1973,966.44							
INTERMEDIATE CARE FACILITY	13659	418777	37061,003.37							
INTER CARE MENTAL RETARDA	2191	67179	21383,959.67							
NURSING FAC FOR MENTAL ILL	37	1203	298,787.75							
HOME HEALTH	10886	223382	8428,337.12							
LEAD INSPECTION AGENCY	9	8	2,848.42							
PHYSICIAN	120845	454955	18274,586.93							
CLINIC SERVICES	20267	29675	3191,824.95							
MEP CASE MANAGEMENT	0	0	0.00							
LAB AND RADIOLOGICAL	11473	29925	510,771.78							
REHAB SUPPORT SERVICES	2477	55982	2369,164.47							
AMBULANCE SERVICES	2363	2596	212,089.66							
LOCAL EDUCATION AGENCY	1594	569495	2501,647.54							
EARLY ACCESS SERVICES	429	2782	56,708.03							
PRESCRIBED DRUGS	114084	336506	20580,525.86							

## 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	7882	8494	505,623.06							
IOWA PLAN PROGRAM	265035	308798	8617,157.50							
MANAGED SUBSTANCE ABUSE	0	0	0.00							
MENTAL HEALTH ACCESS PLAN	1	0	0.96-							
EPSDT SCREENING	15104	17373	1157,920.89							
HMO SERVICES	5008	5202	792,509.91							
PATIENT MANAGEMENT	129465	129234	258,468.00							
HEALTH INS PREMIUM PAYMENT	5324	13496	627,302.95							
MEDICAL SUPPLIES	20567	1882876	3904,131.87							
OTHER PRACTITIONER	13292	358493	1832,847.95							
FAMILY CENTERED PROGRAM	2260	39754	1080,056.35							
FAMILY PRESERVATION	0	0	0.00							
TREATMENT FOSTER FAMILY CARE	559	5030	218,353.44							
GROUP TREATMENT THERAPY	1102	41734	2661,109.19							
DENTAL	26857	31182	4271,932.29							
OPTOMETRIST	13058	17386	782,049.05							
CHIROPRACTIC	8483	23060	500,939.56							
PODIATRIC	5673	9299	223,645.91							
PHYSICAL DISABILITIES SVCS	479	18381	224,273.93							

## 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
	RECEIVED	SERVICE		SERVED	SERVICE		SERVED	SERVICE	
BRAIN INJ WAIVER SERVICES	631	36624	977,960.29						
PSYCHIATRIC	4165	9406	283,035.05						
RESIDENTIAL CARE FACILITY	1997	65711	514,804.67						
MR WAIVER SERVICE	8598	571548	21326,023.82						
CHILDRENS MENTAL HEALTH SVC	195	4901	158,042.68						
AIDS WAIVER SERVICES	38	3337	34,770.56						
ELDERLY WAIVER SERVICES	7715	391678	4131,991.61						
ILL & HANDICAPPED WAIVER SVCS	1787	89610	1430,759.05						
COUNTY OFFICE REIMBURSEMENT	0	0	0.00						
MEP SERVICES	8286	10374	2742,989.74						
UNASSIGNED	3112	0	10,689.64						
* A L L C A T E G O R I E S *	329005	7012081	220118,976.14						

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