

## 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	4,551.84	0	0	0.00	483	1835	654,643.93
OUTPATIENT	24	220	3,572.74	0	0	0.00	2892	38466	408,711.92
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	82	901	180,014.47
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4242	128861	9484,355.15
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	121	23,351.20
HOME HEALTH	1	6	731.20	0	0	0.00	1549	24164	1120,862.34
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	46	76	5,638.95	0	0	0.00	5689	37430	372,991.01
CLINIC SERVICES	1	1	111.07	0	0	0.00	573	301	48,756.38
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	5	38	476.24	0	0	0.00	76	14-	176.30
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	41	1031	42,390.47
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	236	290	23,294.46
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	27	59	1,355.93	0	0	0.00	3700	7770	149,419.91

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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	0	0	0.00	0	0	0.00	1	1	8.29
IOWA PLAN PROGRAM	61	62	1,542.75	0	0	0.00	2	2	158.92
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	40	40	80.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	3	4	217.29	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	2190	136352	215,914.58
OTHER PRACTITIONER	1	2	60.93	0	0	0.00	270	843	15,448.22
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	12	921.20	0	0	0.00	0	0	0.00
DENTAL	4	5	970.91	0	0	0.00	465	565	95,687.90
OPTOMETRIST	2	2	108.00	0	0	0.00	596	784	24,187.50
CHIROPRACTIC	0	0	0.00	0	0	0.00	338	740	7,443.52
PODIATRIC	1	3	18.50	0	0	0.00	624	903	14,960.80
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	111	238	5,200.10
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	402	11020	86,309.91
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	85	3883	188,313.46
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	2197	89713	1139,191.42
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	134	127	33,001.14
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 *	85	533	20,357.55	0	0	0.00	12996	486327	14334,793.30

## 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	1346	7775	5893,528.17	610	2306	2646,122.16
OUTPATIENT	0	0	0.00	12120	157254	4132,514.10	7792	65183	2807,349.23
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	136	4024	1543,671.69	2	1	437.33
INTERMEDIATE CARE FACILITY	0	0	0.00	532	15441	1417,270.24	1	15	1,963.55
INTER CARE MENTAL RETARDA	0	0	0.00	16	417	132,129.49	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	2506	54608	2044,807.37	44	342	24,938.65
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	1	88.53	21832	91898	3373,512.25	14534	28046	2585,834.04
CLINIC SERVICES	0	0	0.00	2761	2559	517,999.94	2110	3045	327,453.73
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1373	4387	60,353.55	2273	5619	107,442.34
REHAB SUPPORT SERVICES	0	0	0.00	2575	68811	3850,504.73	32	288	14,020.72
AMBULANCE SERVICES	0	0	0.00	644	676	68,213.79	171	150	20,631.70
LOCAL EDUCATION AGENCY	0	0	0.00	366	77135	429,591.14	6	1728	6,431.00
EARLY ACCESS SERVICES	0	0	0.00	64	278	5,723.56	2	2	100.00
PRESCRIBED DRUGS	1	3	111.32	22535	92935	7108,571.66	18528	49395	2566,278.22

## 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	153	140	8,313.34	6033	7303	390,105.05
IOWA PLAN PROGRAM	0	0	0.00	44402	45158	3101,911.76	37732	38653	1029,152.85
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	259	330	9,662.82	136	142	6,488.39
HMO SERVICES	0	0	0.00	0	0	0.00	1054	1095	270,136.79
PATIENT MANAGEMENT	0	0	0.00	3	1	2.00	23554	23532	47,064.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	633	1328	144,978.38	446	998	30,691.75
MEDICAL SUPPLIES	0	0	0.00	7113	560221	1419,424.97	779	22251	138,172.20
OTHER PRACTITIONER	0	0	0.00	1786	11279	258,958.47	1085	2507	132,095.85
FAMILY CENTERED PROGRAM	0	0	0.00	130	2332	65,544.96	23	248	8,672.97
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	1	14	602.79	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	10	250	16,146.04	3	70	3,731.89
DENTAL	0	0	0.00	3595	4400	607,916.09	3177	4196	655,373.13
OPTOMETRIST	0	0	0.00	2028	2509	120,446.69	1366	1635	107,490.17
CHIROPRACTIC	0	0	0.00	1954	4791	90,714.26	1809	4330	146,292.98
PODIATRIC	0	0	0.00	944	1553	54,996.87	190	256	31,023.44
PHYSICAL DISABILITIES SVCS	0	0	0.00	329	12427	158,515.42	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	193	11939	312,280.41	0	0	0.00
PSYCHIATRIC	0	0	0.00	2075	4067	125,076.38	18	26	1,619.89
RESIDENTIAL CARE FACILITY	0	0	0.00	1589	36098	280,051.87	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1031	62896	2660,979.58	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	24	531	16,746.57	1	32	384.00
AIDS WAIVER SERVICES	0	0	0.00	11	959	11,204.89	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	25	985	21,498.64	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1550	76808	1231,067.41	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	1661	1807	433,666.86	8	9	2,754.32
UNASSIGNED	0	0	0.00	2	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	1	4	199.85	48495	1421021	41729,099.15	47955	263403	14110,252.34

## 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
INPATIENT	350	1908	1624,421.15	409	9820	1819,704.20	1485	7782	8746,824.73
OUTPATIENT	6497	34310	1460,723.98	1604	12103	436,331.67	9518	70275	2281,369.96
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	1	8	2,422.08	0	0	0.00	6	34	125,375.70-
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	7	111	43,674.62-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1323,207.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	359	1461	50,054.29	46	205	11,015.50	521	2366	736,296.55-
LEAD INSPECTION AGENCY	6	6	1,903.45	0	0	0.00	2	1	169.53
PHYSICIAN	17821	29874	1992,805.01	3380	5851	452,787.36	24104	44273	3750,731.54
CLINIC SERVICES	3287	4277	501,446.72	742	1051	110,532.25	5003	7353	26,512.39
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1111	2288	31,593.63	347	939	14,701.77	2128	6414	97,568.41
REHAB SUPPORT SERVICES	1	2	71.32	22	180	6,799.59	7	28-	3,614.21
AMBULANCE SERVICES	83	70	12,169.84	30	29	3,576.91	122	116	15,028.34
LOCAL EDUCATION AGENCY	119	10701	37,908.58	21	1127	5,346.26	84	4138	342.90
EARLY ACCESS SERVICES	53	181	4,986.31	7	12	347.05	68	286	6,518.41
PRESCRIBED DRUGS	16744	29467	1729,633.71	3753	8791	563,636.42	20769	37157	2005,903.99

## 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
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	1298	72,960.55	168	142	9,197.80	296	278	17,282.48
IOWA PLAN PROGRAM	61741	63088	607,469.68	10842	10944	215,814.18	70831	72138	51,238.16
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	4373	4888	294,995.46	786	871	56,916.93	6056	6786	537,721.21
HMO SERVICES	1885	1951	197,818.31	290	294	38,792.38	1573	1641	213,522.83
PATIENT MANAGEMENT	40608	40588	81,176.00	6441	6434	12,868.00	47712	47658	95,316.00
HEALTH INS PREMIUM PAYMENT	709	1629	40,282.54	44	94	4,311.00	2733	7194	190,006.44
MEDICAL SUPPLIES	786	8179	90,276.70	133	3666	22,298.56	951	21363	119,460.01
OTHER PRACTITIONER	1646	4627	138,483.27	334	793	37,870.76	2087	6910	216,618.59
FAMILY CENTERED PROGRAM	517	7306	221,191.40	239	3064	88,096.34	338	4781	146,157.05
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	9	422.34
GROUP TREATMENT THERAPY	5	67	4,633.96	13	335	15,562.61	13	376	23,685.63
DENTAL	4153	4878	591,723.06	838	1036	145,504.50	5255	6173	750,138.29
OPTOMETRIST	1265	1446	85,615.37	331	381	24,309.22	1569	1767	104,206.85
CHIROPRACTIC	957	1790	56,176.73	222	447	15,643.13	1303	2481	75,339.85
PODIATRIC	61	75	7,196.52	20	25	3,214.29	71	84	4,741.33
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	0	0	0.00
PSYCHIATRIC	9	15	719.21	12	66	2,763.04	16	27	1,337.79
RESIDENTIAL CARE FACILITY	0	0	0.00	2	30-	287.17-	3	0	5,999.82-
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	2	17	100,421.79-
CHILDRENS MENTAL HEALTH SVC	33	434	21,060.75	27	740	17,551.82	28	517	18,354.89
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	7	51.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	5	268	3,220.73
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	33	39	20,000.56	40	48	19,931.31	35	40	426,768.73-
UNASSIGNED	0	0	0.00	0	0	0.00	4	0	630,847.35-
* A L L C A T E G O R I E S *	69062	256852	9982,140.14	11927	69458	4155,137.68	78947	360793	16008,338.00

## 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	41	393	161,411.37	601	2272	667,686.54	61	198	220,037.82
OUTPATIENT	835	6134	189,038.98	3178	41852	497,479.48	441	4949	134,483.67
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	173	1621	74,749.62	3	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8583	250014	22281,123.01	3	12	4,163.35
INTER CARE MENTAL RETARDA	7	277	82,860.30	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	17	527	100,263.49	0	0	0.00
HOME HEALTH	65	3966	83,206.68	2767	43189	1934,804.23	59	511	21,433.94
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2301	3525	215,007.00	6580	40604	467,210.16	895	3638	142,252.32
CLINIC SERVICES	391	493	53,027.81	630	355	69,669.06	129	174	19,407.18
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	204	567	8,122.82	117	349	3,765.42	94	298	5,470.46
REHAB SUPPORT SERVICES	5	77	8,121.12	31	538	21,838.80	55	1640	125,829.76
AMBULANCE SERVICES	16	5	9.30-	435	530	44,495.16	17	19	1,895.15
LOCAL EDUCATION AGENCY	74	19689	113,263.61	10	3915	22,712.67	0	0	0.00
EARLY ACCESS SERVICES	14	28	854.52	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4682	12054	1169,505.61	10359	25087	515,055.66	1053	3434	175,915.93

## 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
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	45	30	2,587.42	2	7	138.18	34	36	1,826.62
IOWA PLAN PROGRAM	9733	9733	914,509.21	1840	1877	114,884.89	1616	1620	52,508.58
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	205	217	9,428.35	5	6	53.82	27	27	909.02
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	69	69	138.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	135	251	11,696.62	25	48	5,802.85	4	10	138.60
MEDICAL SUPPLIES	187	15368	56,865.33	3914	314787	463,317.36	140	8163	20,190.39
OTHER PRACTITIONER	422	2361	71,866.47	385	818	22,570.49	49	137	5,327.92
FAMILY CENTERED PROGRAM	555	7889	250,637.62	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	465	4151	181,338.33	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	781	27178	1753,333.79	0	0	0.00	0	0	0.00
DENTAL	960	1099	141,095.36	661	792	110,419.50	171	218	32,681.77
OPTOMETRIST	365	397	22,273.28	645	823	23,513.04	108	135	7,473.83
CHIROPRACTIC	150	310	9,622.82	202	411	4,425.44	122	261	7,060.97
PODIATRIC	18	16	1,150.65	1204	1654	28,712.65	34	42	2,346.98
PHYSICAL DISABILITIES SVCS	0	0	0.00	107	3557	61,809.55	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	19	1499	27,427.07	234	10360	308,896.06	0	0	0.00
PSYCHIATRIC	12	19	1,237.42	204	525	9,730.36	34	53	1,948.68
RESIDENTIAL CARE FACILITY	2	50-	253.50-	11	41	1,582.67	1	20-	501.40-
MR WAIVER SERVICE	162	6971	168,729.14	7	158	10,514.55	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	2	59	1,526.55	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	22	2464	21,646.11	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5076	202637	2325,890.35	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	29	1431	21,399.59	7	342	4,422.97	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	158	176	38,900.40	101	100	23,620.99	14	10	4,007.32
UNASSIGNED	0	0	0.00	1	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	9957	126382	5769,920.44	15245	952273	30243,251.40	2027	25565	986,808.86

## 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	214	1426	2100,421.68	51	328	152,385.88	7	21	35,345.80
OUTPATIENT	573	10160	372,104.67	914	5241	248,338.67	81	1527	139,334.71
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	2	20	1,484.86	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	40	817	83,537.20	34	76	1,890.59	2	26	729.20
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1091	4080	302,838.25	2626	4041	264,339.06	136	543	88,864.59
CLINIC SERVICES	117	131	17,879.48	493	585	62,840.25	15	35	5,318.72
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	46	152	2,139.02	144	314	5,046.80	19	49	849.62
REHAB SUPPORT SERVICES	40	1064	56,826.93	0	0	0.00	1	0	737.18
AMBULANCE SERVICES	39	37	5,548.90	11	10	419.22	1	1	146.85
LOCAL EDUCATION AGENCY	0	0	0.00	22	1715	10,399.25	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	2	8	295.00	0	0	0.00
PRESCRIBED DRUGS	476	2106	97,576.31	3150	5619	355,996.35	146	594	39,076.24

## 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	7	7	598.54	71	71	4,006.10	1	1	68.07
IOWA PLAN PROGRAM	0	0	0.00	11454	11642	121,162.46	2	2	107.90
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	671.99	472	498	25,611.09	0	0	0.00
HMO SERVICES	0	0	0.00	260	266	27,106.46	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8594	8584	17,168.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	40	83	6,539.34	0	0	0.00
MEDICAL SUPPLIES	141	6283	24,128.81	103	2866	8,867.42	22	925	2,413.65
OTHER PRACTITIONER	64	146	6,707.42	289	783	23,319.39	12	36	2,017.53
FAMILY CENTERED PROGRAM	0	0	0.00	94	1654	44,733.81	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	3	23	942.35	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	9	264	18,121.52	0	0	0.00
DENTAL	85	118	19,987.82	1185	1375	199,410.71	18	20	4,966.57
OPTOMETRIST	43	43	2,462.00	359	396	23,155.36	6	7	445.11
CHIROPRACTIC	29	64	1,641.80	245	428	13,235.87	14	32	1,058.00
PODIATRIC	22	39	2,270.85	23	23	2,914.39	2	3	376.24
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	60	145	5,961.99	3	5	266.33	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	244	5,317.59	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	43	22	12,708.48	7	7	3,706.12	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 *	1299	26863	3117,497.00	11309	47149	1647,535.38	176	3822	321,855.98

## 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	2	4	4,220.18	0	0	0.00
OUTPATIENT	0	0	0.00	4	41	1,304.07	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	4	6	1,869.64	0	0	0.00
CLINIC SERVICES	0	0	0.00	2	9	773.00	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	1	1	8.09	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	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
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	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	6	61	8,174.98	0	0	0.00

## TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	3	42	7,799.32	3	29	2,856.00	15	60	95,377.25
OUTPATIENT	10	33	1,134.81	4	35	869.30	292	2639	150,186.12
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	2	60	19,277.73
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	7	67	6,451.45
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	20	32	2,059.07	10	21	576.34	466	1053	92,923.68
CLINIC SERVICES	2	2	180.44	0	0	0.00	73	95	11,074.01
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	5	19	113.18	0	0	0.00	58	188	2,529.88
REHAB SUPPORT SERVICES	0	0	0.00	1	13	68.51	4	66	5,574.65
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	10	5	627.04
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	2	202	3,835.21
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	1	9	129.33
PRESCRIBED DRUGS	46	139	14,436.24	10	47	1,377.50	726	3145	208,053.14

## 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	2	102.86
IOWA PLAN PROGRAM	48	49	5,052.08	19	23	1,364.70	1174	1174	109,073.40
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	34.04	0	0	0.00	4	5	282.20
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	1	1	2.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	3	7	814.76	0	0	0.00	2	4	1,406.00
MEDICAL SUPPLIES	1	164	122.48	1	1	7.99	96	4955	12,507.97
OTHER PRACTITIONER	3	2	164.88	1	1	86.04	42	130	5,040.80
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	7	97	3,018.24
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	3	26	1,119.35
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	11	410	26,916.67
DENTAL	7	9	451.47	0	0	0.00	80	104	16,102.89
OPTOMETRIST	5	5	458.34	0	0	0.00	53	63	4,284.56
CHIROPRACTIC	3	6	134.53	0	0	0.00	66	138	4,543.78
PODIATRIC	0	0	0.00	0	0	0.00	23	29	3,411.23
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	1	1	60.13	5	9	286.94	3	12	135.60
RESIDENTIAL CARE FACILITY	0	0	0.00	4	97	698.05	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	4	165	14,267.57
CHILDRENS MENTAL HEALTH SVC	30	431	21,135.54	0	0	0.00	2	14	631.92
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	132	1,243.49
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	21	794.01
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	41	49	24,167.50	0	0	0.00	6	6	1,677.19
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 *	37	992	78,320.81	16	276	8,191.37	1245	15076	802,599.22

## 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	115	468	337,451.96	0	0	0.00	0	0	0.00
OUTPATIENT	1817	20310	387,662.22	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	4	55	15,527.37	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	4	99	7,297.19	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	2172	84462	31205,354.62	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	792	30115	1021,719.27	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	3819	12989	307,413.82	0	0	0.00	0	0	0.00
CLINIC SERVICES	320	318	56,237.65	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	155	494	5,355.08	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	57	1573	67,024.89	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	83	87	8,210.82	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	369	116935	603,397.70	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	10	67	1,056.02	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5079	16098	1355,962.25	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	28	32	1,706.01	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	9363	9394	577,935.36	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	71	87	2,712.50	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	430	833	99,437.15	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	1690	259606	416,357.03	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	714	6236	147,398.64	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	7	63	2,418.98	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	1171	1308	122,345.60	0	0	0.00	0	0	0.00
OPTOMETRIST	493	540	25,094.83	0	0	0.00	0	0	0.00
CHIROPRACTIC	242	607	10,431.65	0	0	0.00	0	0	0.00
PODIATRIC	451	568	14,670.37	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	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	145	7425	195,013.10	0	0	0.00	0	0	0.00
PSYCHIATRIC	360	604	21,871.39	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	31	391	4,533.41	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	7279	464205	17861,984.98	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	2	16	145.52	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	150	7565	125,693.29	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	6801	7346	1749,025.50	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 *	10029	1050916	56758,446.17	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	5782	36670	25174,789.98							
OUTPATIENT	48172	470732	13652,510.30							
CHILD PART HOSP	0	0	0.00							
CHILD DAY TREATMENT	0	0	0.00							
ADULT PART HOSP	0	0	0.00							
ADULT DAY TREATMENT	0	0	0.00							
SKILLED NURSING FACILITY	404	6704	1710,724.59							
INTERMEDIATE CARE FACILITY	13261	394573	33153,982.73							
INTER CARE MENTAL RETARDA	2190	85156	30097,137.41							
NURSING FAC FOR MENTAL ILL	21	648	123,614.69							
HOME HEALTH	8726	161919	5669,885.36							
LEAD INSPECTION AGENCY	8	7	2,072.98							
PHYSICIAN	103486	307981	14419,742.62							
CLINIC SERVICES	16496	20784	1829,220.08							
MEP CASE MANAGEMENT	0	0	0.00							
LAB AND RADIOLOGICAL	8119	22102	345,712.61							
REHAB SUPPORT SERVICES	2784	75255	4203,422.88							
AMBULANCE SERVICES	1887	2025	204,248.88							
LOCAL EDUCATION AGENCY	1062	237285	1233,228.32							
EARLY ACCESS SERVICES	218	871	20,010.20							
PRESCRIBED DRUGS	110474	293900	18057,866.39							

## TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	TOTAL			AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID							
DRUG CAPITATION	0	0	0.00							
INDIAN HEALTH SERVICES	0	0	0.00							
FAMILY PLANNING SERVICES	7876	9348	508,901.31							
IOWA PLAN PROGRAM	260711	265559	6801,410.56							
MANAGED SUBSTANCE ABUSE	0	0	0.00							
MENTAL HEALTH ACCESS PLAN	0	0	0.00							
EPSDT SCREENING	12358	13861	945,487.82							
HMO SERVICES	5047	5247	747,376.77							
PATIENT MANAGEMENT	127009	126907	253,814.00							
HEALTH INS PREMIUM PAYMENT	5207	12483	536,322.72							
MEDICAL SUPPLIES	17889	1365150	3010,325.45							
OTHER PRACTITIONER	9135	37611	1084,035.67							
FAMILY CENTERED PROGRAM	1887	27447	830,917.64							
FAMILY PRESERVATION	0	0	0.00							
TREATMENT FOSTER FAMILY CARE	473	4223	184,425.16							
GROUP TREATMENT THERAPY	843	28962	1863,053.31							
DENTAL	21743	26296	3494,775.57							
OPTOMETRIST	9225	10933	575,524.15							
CHIROPRACTIC	7599	16836	443,765.33							
PODIATRIC	3672	5293	172,005.11							
PHYSICAL DISABILITIES SVCS	430	15984	220,324.97							

## 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	579	31224	843,836.64						
PSYCHIATRIC	2904	5812	178,215.25						
RESIDENTIAL CARE FACILITY	2021	47547	366,134.02						
MR WAIVER SERVICE	8523	538295	20804,367.49						
CHILDRENS MENTAL HEALTH SVC	151	3002	102,709.63						
AIDS WAIVER SERVICES	33	3423	32,851.00						
ELDERLY WAIVER SERVICES	7179	293490	3488,020.42						
ILL & HANDICAPPED WAIVER SVCS	1735	86435	1386,598.00						
COUNTY OFFICE REIMBURSEMENT	0	0	0.00						
MEP SERVICES	8960	9786	1940,398.96						
UNASSIGNED	9	0	630,847.35-						
* A L L C A T E G O R I E S *	320814	5107766	200082,919.62						

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