

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	3	14-	15,433.12-	0	0	0.00	600	2006	583,203.00
OUTPATIENT	19	239	3,836.77	0	0	0.00	2866	38254	452,182.24
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	121	1167	154,697.90
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4254	132838	9631,411.03
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	281	68,775.18
HOME HEALTH	1	7	36.80	0	0	0.00	1797	33983	1402,190.72
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	50	96	7,142.60	0	0	0.00	5977	35035	567,769.78
CLINIC SERVICES	4	4	525.85	0	0	0.00	609	312	52,881.28
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	4	10	136.75	0	0	0.00	78	171	2,801.25
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	47	1261	77,289.43
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	281	372	33,378.30
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	70	1,506.40	0	0	0.00	4540	13825	356,928.12

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	59	60	1,488.87	0	0	0.00	2	2	114.90
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	0	0	0.00	0	0	0.00	3	3	31.33
HMO SERVICES	1	1	114.04	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	42	42	84.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	5	16	185.04	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	1	102	78.26	0	0	0.00	2457	184412	329,359.14
OTHER PRACTITIONER	2	11	223.11-	0	0	0.00	268	1255	16,642.13
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	32	2,661.96	0	0	0.00	0	0	0.00
DENTAL	20	27	4,808.56	0	0	0.00	504	634	62,415.60
OPTOMETRIST	5	7	569.58	0	0	0.00	727	1036	35,084.21
CHIROPRACTIC	0	0	0.00	0	0	0.00	379	1084	15,972.79
PODIATRIC	0	0	0.00	0	0	0.00	689	1068	22,486.90
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			AMOUNT PAID
	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	147	248	8,683.04	
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	427	13720	110,283.46	
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	82	4961	209,238.61	
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	2342	113629	1347,553.07	
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	175	163	44,417.68	
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 *	87	710	7,519.25	0	0	0.00	13298	581720	15585,791.09	

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	2898	10216	9002,349.37	2390	2585	3088,326.36
OUTPATIENT	0	0	0.00	13035	166388	4707,935.56	8714	73391	3304,783.80
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	154	4106	1562,019.62	2	4	1,210.43
INTERMEDIATE CARE FACILITY	0	0	0.00	538	16405	1543,844.69	1	54	6,072.02
INTER CARE MENTAL RETARDA	0	0	0.00	23	713	225,746.15	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	3005	75812	2712,568.92	78	955	36,247.79
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	2	43.28	24157	110064	4759,633.13	17464	37580	3284,875.16
CLINIC SERVICES	0	0	0.00	3222	4632	597,249.27	2830	4645	520,636.77
MEP CASE MANAGEMENT	0	0	0.00	1	0	323.80-	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1426	5097	71,720.98	1937	5387	112,091.35
REHAB SUPPORT SERVICES	0	0	0.00	2832	59932	3491,775.75	28	257	14,231.10
AMBULANCE SERVICES	0	0	0.00	962	1121	136,977.01	356	359	44,723.76
LOCAL EDUCATION AGENCY	0	0	0.00	544	152230	1286,927.31	8	3560	18,775.14
EARLY ACCESS SERVICES	0	0	0.00	96	551	11,033.63	1	4	53.08
PRESCRIBED DRUGS	1	12	494.91	24244	118281	9088,973.11	20702	63402	3256,459.12

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	149	184	10,151.06	964	1171	72,586.41
IOWA PLAN PROGRAM	1	1	101.47	44357	45666	3155,606.84	37418	41434	1103,763.45
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	115.67-	0	0	0.00
EPSDT SCREENING	0	0	0.00	506	723	22,959.66	212	244	9,051.38
HMO SERVICES	0	0	0.00	0	0	0.00	1071	1122	278,818.06
PATIENT MANAGEMENT	0	0	0.00	2	0	0.00	23666	23666	47,332.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	636	1449	149,129.35	462	1090	35,142.59
MEDICAL SUPPLIES	1	2	69.26	7788	721686	1772,730.31	975	29228	186,135.38
OTHER PRACTITIONER	0	0	0.00	2426	15994	384,902.35	1194	2624	154,163.06
FAMILY CENTERED PROGRAM	0	0	0.00	151	2419	69,427.26	28	647	15,323.29
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	1	28	1,234.39	1	8	362.06
GROUP TREATMENT THERAPY	0	0	0.00	8	202	9,382.31	1	3	114.03
DENTAL	0	0	0.00	4206	5617	786,059.22	3888	5488	898,213.78
OPTOMETRIST	0	0	0.00	3083	3888	199,449.85	2210	2683	174,081.54
CHIROPRACTIC	0	0	0.00	2149	5985	127,926.24	2015	5343	176,426.62
PODIATRIC	0	0	0.00	1248	2096	88,028.42	246	357	36,118.27
PHYSICAL DISABILITIES SVCS	0	0	0.00	308	12923	164,755.45	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	188	13532	384,689.58	0	0	0.00
PSYCHIATRIC	0	0	0.00	2485	6046	210,761.55	22	45	3,019.12
RESIDENTIAL CARE FACILITY	0	0	0.00	1646	49865	388,875.11	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1086	76360	2924,833.08	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	19	431	14,992.95	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	10	564	9,007.62	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	24	923	19,443.67	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1571	83129	1373,029.88	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	2512	2232	473,167.37	13	11	3,508.18
UNASSIGNED	0	0	0.00	3	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1	17	708.92	49278	1777490	51938,858.55	43640	307347	16882,645.10

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	1268	2277	2247,696.81	787	10374	2573,735.35	5701	9218	9318,628.27
OUTPATIENT	7924	41607	1707,640.68	1855	13497	504,628.63	11507	80893	3186,560.63
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	4	91	706,529.13
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	2	0	41,565.30-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1293,767.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	13	3,188.43
HOME HEALTH	613	1987	78,565.21	86	236	11,827.78	804	4253	638,816.59
LEAD INSPECTION AGENCY	7	7	2,478.45	2	2	711.38	1	1	355.69
PHYSICIAN	23211	43478	2740,840.75	4210	8270	650,906.42	30335	61012	4949,921.90
CLINIC SERVICES	4160	5892	705,390.29	908	1401	152,102.25	6269	10306	1281,170.52
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1101	2432	34,147.80	385	1047	17,733.82	2479	7117	113,837.59
REHAB SUPPORT SERVICES	0	0	0.00	27	77	5,422.42	10	64	3,746.50
AMBULANCE SERVICES	246	238	32,391.64	86	86	12,409.91	270	273	44,136.09
LOCAL EDUCATION AGENCY	203	41614	323,572.19	29	2450	18,607.94	133	22877	169,146.23
EARLY ACCESS SERVICES	130	552	12,791.08	22	113	2,434.41	134	644	14,551.55
PRESCRIBED DRUGS	23322	46253	2432,268.44	4636	11799	770,852.39	27930	55560	2738,172.32

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	153	184	11,760.66	167	209	12,969.97	333	373	23,622.82
IOWA PLAN PROGRAM	62055	67226	647,541.68	10593	11758	234,881.36	70169	78436	905,020.24
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	7174	7987	459,147.81	1339	1537	93,418.89	10019	10344	709,595.58
HMO SERVICES	1903	1982	229,243.56	304	307	39,334.70	1622	1699	247,550.33
PATIENT MANAGEMENT	40861	40861	81,722.00	6431	6426	12,852.00	47148	47147	94,294.00
HEALTH INS PREMIUM PAYMENT	751	1843	43,728.88	40	79	5,051.59	2727	7608	186,336.13
MEDICAL SUPPLIES	1044	13080	139,198.32	164	3360	22,740.36	1268	25335	150,294.91
OTHER PRACTITIONER	2628	9464	235,702.10	435	1291	51,070.31	3201	12478	335,959.61
FAMILY CENTERED PROGRAM	603	8831	265,553.99	281	3831	114,524.13	365	6176	178,811.04
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	1	10	465.90	3	11	433.56	1	3	148.14
GROUP TREATMENT THERAPY	5	166	12,796.66	18	385	24,135.54	12	191	12,409.46
DENTAL	4955	6044	768,986.99	1077	1339	218,567.44	6036	7357	927,808.63
OPTOMETRIST	1971	2281	131,331.83	499	584	36,316.83	2351	2742	161,745.67
CHIROPRACTIC	1020	2087	64,964.64	242	652	22,370.05	1448	3254	99,345.53
PODIATRIC	74	93	11,442.79	27	42	4,770.89	113	157	13,838.08
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	0	0	0.00	1	1	164.98	1	0	9,212.53-
PSYCHIATRIC	6	6	671.37	8	64	2,797.81	23	35	2,157.63
RESIDENTIAL CARE FACILITY	0	0	0.00	1	29	749.65	2	16-	1,125.56-
MR WAIVER SERVICE	0	0	0.00	1	7	171.64	2	48	14,015.20-
CHILDRENS MENTAL HEALTH SVC	26	391	22,438.05	29	737	19,181.20	18	192	15,295.81
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	1	18,756.76-
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	4	178	2,154.78
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	28	33	17,710.80	48	56	22,420.10	57	38	20,017.17
UNASSIGNED	1	0	0.00	1	0	27.00-	3	0	1310,142.05-
* A L L C A T E G O R I E S *	69390	348906	13462,191.37	12077	82057	5660,268.70	80730	456098	24566,582.60

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	131	703	345,093.47	790	2794	940,957.11	136	295	274,054.36
OUTPATIENT	1045	7868	282,068.43	3473	46072	544,227.93	543	5841	202,616.79
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	299	1907	11,413.09	2	54	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8955	262884	22860,431.05	7	123	10,797.30-
INTER CARE MENTAL RETARDA	4	201	86,444.70	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	29	1240	328,034.37	0	0	0.00
HOME HEALTH	93	3475	89,000.69	3448	66735	2878,293.77	78	878	30,270.03
LEAD INSPECTION AGENCY	2	2	711.38	0	0	0.00	0	0	0.00
PHYSICIAN	2927	4971	298,799.42	7248	41315	677,421.72	1090	3141	182,441.63
CLINIC SERVICES	493	726	76,587.96	678	472	70,773.85	177	245	29,618.33
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	206	547	7,753.14	129	404	5,221.80	117	284	5,546.06
REHAB SUPPORT SERVICES	8	13	6,986.96	47	442	19,205.66	65	1186	89,861.97
AMBULANCE SERVICES	34	33	4,928.68	516	668	64,418.68	33	39	4,508.08
LOCAL EDUCATION AGENCY	120	33872	241,798.42	15	3373	32,014.54	0	0	0.00
EARLY ACCESS SERVICES	41	211	4,282.56	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5252	15933	1454,796.86	11019	38160	938,109.80	1166	4472	225,178.63

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	44	53	3,839.94	1	1	46.54	35	39	2,042.21
IOWA PLAN PROGRAM	9730	10220	957,368.89	1806	1862	114,410.79	1553	1759	56,388.70
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	362	396	19,648.32	8	9	240.81	23	24	719.20
HMO SERVICES	1	1	98.20	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	80	80	160.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	137	300	14,764.04	22	45	5,794.33	4	7	760.88
MEDICAL SUPPLIES	231	25795	56,884.15	4225	396228	658,161.79	177	8769	24,514.38
OTHER PRACTITIONER	539	3600	95,322.35	368	1342	42,296.99	68	252	11,219.97
FAMILY CENTERED PROGRAM	624	9456	297,655.23	1	11	372.97	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	488	4389	189,797.15	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	829	29971	1886,980.01	0	0	0.00	0	0	0.00
DENTAL	1216	1429	179,616.27	793	988	140,336.21	231	327	45,916.34
OPTOMETRIST	607	696	41,527.49	834	1128	38,223.92	156	216	11,523.22
CHIROPRACTIC	155	320	9,390.07	199	477	7,579.24	126	359	9,241.63
PODIATRIC	32	40	4,200.38	1320	1849	39,136.77	47	67	4,588.54
PHYSICAL DISABILITIES SVCS	0	0	0.00	108	3926	61,798.06	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	20	1569	28,446.74	235	12386	366,420.57	0	0	0.00
PSYCHIATRIC	6	24	965.26	216	320	11,601.52	38	131	4,908.53
RESIDENTIAL CARE FACILITY	0	0	0.00	11	256	1,682.82	1	49-	838.86-
MR WAIVER SERVICE	163	7896	206,632.33	7	96	9,296.29	1	31	1,137.39
CHILDRENS MENTAL HEALTH SVC	1	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	26	2850	26,144.07	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5401	252443	2767,635.22	3	5	11,753.41-
ILL & HANDICAPPED WAIVER SVCS	28	1231	21,511.37	5	241	2,794.84	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	219	218	47,784.80	130	119	26,902.51	26	9	3,223.02
UNASSIGNED	1	0	0.00	1	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	9933	166239	6961,845.66	15717	1143043	33691,399.63	2107	28504	1196,890.32

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	583	834	1228,673.23	152	538	346,356.56	22	44	65,546.16
OUTPATIENT	734	10440	470,214.44	1062	6479	272,678.96	92	2125	131,298.05
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	3	0	816.00-	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	2	31-	4,097.43-	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	109	1570	92,548.63	38	126	4,436.48	3	43	5,173.20
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1551	6843	398,518.00	3259	5536	358,863.22	147	668	136,435.06
CLINIC SERVICES	176	252	32,150.57	677	918	95,630.15	29	38	5,556.92
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	59	187	4,422.54	177	406	6,678.36	26	77	1,112.60
REHAB SUPPORT SERVICES	61	1394	80,698.25	0	0	0.00	1	80	2,533.45
AMBULANCE SERVICES	85	87	13,283.83	17	20	3,529.91	1	1	117.65
LOCAL EDUCATION AGENCY	1	96	11,248.62	29	5797	63,973.46	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	2	19	227.88	0	0	0.00
PRESCRIBED DRUGS	666	3633	183,776.22	3907	7545	448,297.79	160	662	52,531.66

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	3	3	135.21	68	86	4,546.94	1	1	143.67
IOWA PLAN PROGRAM	0	0	0.00	11499	12436	131,022.20	190	195	19,667.25
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	9	2	639.19	662	703	35,267.49	0	0	0.00
HMO SERVICES	0	0	0.00	252	257	25,625.56	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8419	8419	16,838.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	1	1	60.50	45	125	6,700.73	0	0	0.00
MEDICAL SUPPLIES	219	13727	48,353.51	135	5834	18,008.50	22	518	3,195.31
OTHER PRACTITIONER	85	163	12,394.97	405	1634	40,430.64	6	7	564.56
FAMILY CENTERED PROGRAM	0	0	0.00	99	1835	49,210.15	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	9	247	15,726.37	0	0	0.00
DENTAL	118	164	30,891.47	1443	1717	223,571.65	24	39	6,472.52
OPTOMETRIST	111	145	6,781.58	504	566	32,360.17	7	9	680.28
CHIROPRACTIC	43	116	1,715.02	287	551	17,263.00	15	42	1,208.04
PODIATRIC	46	64	1,876.50	31	41	4,266.76	4	7	1,043.10
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	94	315	14,808.98	1	1	126.04	0	0	0.00
RESIDENTIAL CARE FACILITY	2	92	46.52	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	5	213	6,460.10	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	3	112	1,096.32	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	58	24	14,363.35	8	9	4,406.28	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 *	1870	40233	2643,784.02	11032	62058	2232,503.35	186	4556	433,279.48

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	69	98	164,167.55	238	434	317,382.15	0	0	0.00
OUTPATIENT	286	3135	171,220.44	1936	28300	507,603.22	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	9	117	28,835.62	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8	168	16,715.90	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1827	78961	26903,256.13	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	12	110	8,156.63	908	39122	1281,982.62	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	572	1608	129,583.40	4235	15672	406,265.14	0	0	0.00
CLINIC SERVICES	97	156	19,864.58	388	469	52,837.22	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	70	218	3,476.37	206	608	7,160.06	0	0	0.00
REHAB SUPPORT SERVICES	6	74	5,961.61	59	803	39,120.34	0	0	0.00
AMBULANCE SERVICES	16	15	2,375.10	95	116	11,979.93	0	0	0.00
LOCAL EDUCATION AGENCY	1	298	2,974.04	476	166146	1437,763.25	0	0	0.00
EARLY ACCESS SERVICES	1	7	165.00	38	243	4,558.53	0	0	0.00
PRESCRIBED DRUGS	794	3919	252,121.55	5446	21457	1704,836.65	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	4	4	203.35	36	48	1,505.72	0	0	0.00
IOWA PLAN PROGRAM	1196	1246	115,803.82	9274	9325	572,597.96	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	14	15	1,075.99	98	160	4,123.25	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	1	1	250.96	438	947	103,757.26	0	0	0.00
MEDICAL SUPPLIES	99	7211	13,586.26	1836	309295	502,994.93	0	0	0.00
OTHER PRACTITIONER	39	84	5,270.51	1080	11333	251,771.55	0	0	0.00
FAMILY CENTERED PROGRAM	4	32	1,386.10	9	180	3,887.82	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	2	17	762.53	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	11	362	21,836.06	0	0	0.00	0	0	0.00
DENTAL	104	154	28,997.03	1416	1622	142,841.17	0	0	0.00
OPTOMETRIST	82	99	6,320.15	634	712	32,927.80	0	0	0.00
CHIROPRACTIC	55	151	4,709.62	286	687	14,334.27	0	0	0.00
PODIATRIC	17	25	1,927.23	549	748	22,918.30	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
BRAIN INJ WAIVER SERVICES	0	0	0.00	144	8683	226,427.60	0	0	0.00
PSYCHIATRIC	3	16	492.59	407	654	27,998.61	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	38	1008	7,629.32	0	0	0.00
MR WAIVER SERVICE	1	26	4,747.60	7280	527781	18430,592.99	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	8	152.00	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	3	152	1,346.16	1	2	39.90	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	28	942.76	147	7756	141,372.62	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	2	2	368.48	7911	8690	1881,107.49	0	0	0.00
UNASSIGNED	0	0	0.00	2	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1243	19271	970,245.47	9302	1242247	55089,125.32	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			*** --UNKNOWN CODE C -- ***			*** --UNKNOWN CODE C -- ***		
	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	18	3,976.51	4	18	14,993.83
OUTPATIENT	0	0	0.00	4	9	415.72	7	74	3,738.99
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	9	44	819.54	8	21	1,054.93
CLINIC SERVICES	0	0	0.00	0	0	0.00	4	11	770.44
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	0	0	0.00	2	24	499.26
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1	2	214.18	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	7	24	817.54	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			*** --UNKNOWN CODE C -- ***			*** --UNKNOWN CODE C -- ***		
	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	4	4	251.25	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	3	3	594.21
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	1	1	19.07	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	1	2	108.46	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	FEDERAL MEDICAID ONLY BLIND			*** --UNKNOWN CODE C -- ***			*** --UNKNOWN CODE C -- ***		
	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	1	1	127.06	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	2	44	507.40	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	4	149	7,256.73	12	151	21,651.66

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	*** --UNKNOWN CODE C -- ***			*** --UNKNOWN CODE C -- ***			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	4	79	10,840.00	15631	42517	30510,546.97
OUTPATIENT	0	0	0.00	8	41	1,063.35	54526	524653	16454,714.63
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	586	7446	2463,889.79
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	13613	412441	34002,014.66
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1846	79875	25921,679.98
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	36	1534	399,997.98
HOME HEALTH	0	0	0.00	0	0	0.00	10944	229292	9270,115.86
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	12	12	4,256.90
PHYSICIAN	1	2	21.32	13	23	1,285.41	123498	375381	19552,641.81
CLINIC SERVICES	0	0	0.00	2	4	401.37	20478	30483	3694,147.62
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	1	0	323.80-
LAB AND RADIOLOGICAL	0	0	0.00	2	23	180.96	8369	24039	394,520.69
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	3068	65583	3836,833.44
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	2984	3430	409,372.75
LOCAL EDUCATION AGENCY	0	0	0.00	1	913	3,438.14	1541	433226	3610,239.28
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	456	2344	50,097.72
PRESCRIBED DRUGS	0	0	0.00	37	124	12,550.53	131825	405131	23918,672.04

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	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	1947	2356	143,554.50
IOWA PLAN PROGRAM	0	0	0.00	34	35	4,304.61	259295	281665	8020,334.28
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	115.67-
EPSDT SCREENING	0	0	0.00	4	5	143.84	20145	22155	1356,656.95
HMO SERVICES	0	0	0.00	0	0	0.00	5144	5369	820,784.45
PATIENT MANAGEMENT	0	0	0.00	4	4	8.00	126651	126645	253,290.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	1	2	68.18	5270	13513	551,730.46
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	20138	1744583	3926,323.84
OTHER PRACTITIONER	0	0	0.00	3	3	147.03	12620	61535	1637,635.02
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	2126	33418	996,151.98
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	496	4466	193,203.73
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	885	31559	1986,042.40
DENTAL	0	0	0.00	8	10	902.99	25906	32958	4466,514.33
OPTOMETRIST	0	0	0.00	3	4	203.20	13754	16796	909,127.32
CHIROPRACTIC	0	0	0.00	0	0	0.00	8335	21108	572,446.76
PODIATRIC	0	0	0.00	1	2	16.42	4420	6656	256,659.35
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	413	16849	226,553.51

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BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	575	36171	996,936.94
PSYCHIATRIC	0	0	0.00	4	9	408.31	3439	7915	289,527.42
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	2109	64949	507,809.86
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	8552	617206	21772,634.73
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	27	347	21,645.01	120	2319	100,165.12
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	36	3414	35,151.69
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	7608	367267	4106,604.17
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1751	92563	1541,806.25
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	31	45	24,777.50	10193	11649	2584,174.73
UNASSIGNED	0	0	0.00	0	0	0.00	13	0	1310,169.05-
* A L L C A T E G O R I E S *	0	2	21.32	29	1673	82,384.85	319936	6262471	231434,953.39

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