

## 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	2	11	12,396.33	0	0	0.00	434	1603	470,304.34
OUTPATIENT	16	127	1,790.16	0	0	0.00	2733	32954	465,391.14
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	87	1113	538,527.86
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4587	126885	10717,533.30
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	6	366	95,636.53
HOME HEALTH	0	0	0.00	0	0	0.00	1599	25466	1177,596.21
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	26	38	3,905.10	0	0	0.00	5031	22944	300,837.20
CLINIC SERVICES	3	3	384.22	0	0	0.00	598	294	41,293.05
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	5	46	615.66	0	0	0.00	80	196	2,066.28
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	47	1115	67,784.13
AMBULANCE SERVICES	1	1	128.37	0	0	0.00	187	227	17,760.72
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	18	30	1,839.58	0	0	0.00	8132	42105	1766,135.54

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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	0	0	0.00
IOWA PLAN PROGRAM	64	79	2,019.19	0	0	0.00	5	5	219.18
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	1	1	114.04	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	41	41	82.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	4	15	392.08	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	2098	128238	220,221.84
OTHER PRACTITIONER	1	1	238.92	0	0	0.00	198	742	8,971.47
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	31	2,658.56	0	0	0.00	0	0	0.00
DENTAL	9	11	1,182.64	0	0	0.00	375	440	62,508.47
OPTOMETRIST	2	2	191.21	0	0	0.00	558	788	17,208.24
CHIROPRACTIC	0	0	0.00	0	0	0.00	324	821	4,935.34
PODIATRIC	0	0	0.00	0	0	0.00	589	1056	9,897.06
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	144	224	4,920.12	
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	424	13534	99,616.78	
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	86	4746	218,333.89	
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	2148	92843	1116,046.24	
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	124	149	34,622.65	
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 *	83	437	27,938.06	0	0	0.00	13127	498854	17458,367.58	

## 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	1475	8179	6823,758.66	638	1968	2281,463.30
OUTPATIENT	0	0	0.00	11379	141885	3896,630.80	6588	51624	2593,667.67
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	137	3254	1155,976.06	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	605	15173	1557,355.49	3	52	5,152.83
INTER CARE MENTAL RETARDA	0	0	0.00	18	673	197,505.83	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	2570	54498	2249,139.17	53	1228	39,624.40
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	1	10.53	20702	79957	3106,199.40	13796	25974	2314,670.45
CLINIC SERVICES	0	0	0.00	2543	3690	458,756.68	2027	2906	334,225.89
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1078	3773	49,642.25	1591	4370	81,379.22
REHAB SUPPORT SERVICES	0	0	0.00	2363	53320	2832,033.66	13	149	6,906.64
AMBULANCE SERVICES	0	0	0.00	650	723	86,363.64	245	256	34,673.89
LOCAL EDUCATION AGENCY	0	0	0.00	315	84497	697,002.08	8	2395	12,459.01
EARLY ACCESS SERVICES	0	0	0.00	93	491	9,359.33	2	14	32.640
PRESCRIBED DRUGS	1	11	482.42	28524	124386	9974,359.30	17698	47019	2385,384.34

## 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	100	104	6,044.45	655	739	44,331.73
IOWA PLAN PROGRAM	1	1	101.47	44138	45373	3137,864.23	37191	41811	1105,150.91
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	305	398	12,575.11	122	136	3,944.81
HMO SERVICES	0	0	0.00	0	0	0.00	1044	1087	270,246.29
PATIENT MANAGEMENT	0	0	0.00	2	2	4.00	23564	23564	47,128.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	667	1652	181,625.97	482	1284	37,391.94
MEDICAL SUPPLIES	1	2	69.26	6735	508404	1364,254.51	775	24225	140,854.22
OTHER PRACTITIONER	0	0	0.00	2045	9850	261,626.77	959	1792	113,817.89
FAMILY CENTERED PROGRAM	0	0	0.00	192	3925	108,268.96	38	733	18,790.57
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	1	15	659.57	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	8	297	19,573.15	5	96	5,821.02
DENTAL	0	0	0.00	3001	3709	513,767.89	2827	3614	567,297.50
OPTOMETRIST	0	0	0.00	2080	2697	126,195.98	1386	1704	108,053.35
CHIROPRACTIC	0	0	0.00	1674	4347	70,724.95	1512	3551	117,486.41
PODIATRIC	0	0	0.00	986	1796	58,634.21	183	221	27,677.40
PHYSICAL DISABILITIES SVCS	0	0	0.00	279	11280	124,415.33	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	178	11366	270,896.84	0	0	0.00
PSYCHIATRIC	0	0	0.00	2095	4238	113,584.37	11	15	896.99
RESIDENTIAL CARE FACILITY	0	0	0.00	1597	51824	416,819.62	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1035	63950	2607,937.89	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	7	195	3,460.66	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	10	691	9,104.55	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	25	1006	20,818.69	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1426	69309	1086,433.24	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	1713	1959	455,190.73	9	7	1,879.75
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 *	1	15	663.68	48098	1372886	44064,564.02	42305	242534	12700,702.82

## TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

ADC - CHILD

CHAP

OTHER

RECIPS UNITS OF  
SERVED SERVICEAMOUNT  
PAIDRECIPS UNITS OF  
SERVED SERVICEAMOUNT  
PAIDRECIPS UNITS OF  
SERVED SERVICEAMOUNT  
PAID

INFANT	349	1760	1588,885.92	417	8783	1971,039.25	1484	7658	8016,627.01
OUTPATIENT	5544	27424	1230,382.86	1326	10576	401,939.29	8315	55692	2222,870.44
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	9	8,513.73
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	9	100	453,430.42-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	0	1280,926.80-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	443	1432	46,878.77	56	185	9,108.55	531	2218	39,721.45-
LEAD INSPECTION AGENCY	4	5	1,778.45	0	0	0.00	2	2	1,067.07
PHYSICIAN	17256	28367	1770,230.04	3152	5387	427,172.09	22865	40683	3302,471.58
CLINIC SERVICES	3157	3950	509,164.89	717	1070	124,688.81	4657	6708	726,184.68
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1307	2558	34,073.24	338	850	14,200.69	2460	6386	98,962.05
REHAB SUPPORT SERVICES	1	0	152.68	15	276	11,539.74	5	99	2,488.38
AMBULANCE SERVICES	141	142	19,544.62	53	52	8,683.85	179	175	28,275.29
LOCAL EDUCATION AGENCY	101	9096	81,010.46	13	1724	15,388.19	89	14011	151,918.32
EARLY ACCESS SERVICES	100	392	8,727.89	13	50	1,334.93	100	381	9,312.87
PRESCRIBED DRUGS	17279	31145	1689,030.31	3550	8022	510,281.09	20853	37291	1876,047.80

## 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	97	112	6,677.63	110	126	7,742.90	210	230	12,707.07
IOWA PLAN PROGRAM	61632	67743	660,013.18	10510	11835	238,104.90	69357	78478	908,358.19
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	4271	5035	279,797.53	801	944	55,412.48	5525	6316	464,829.00
HMO SERVICES	1827	1900	202,409.21	294	297	37,159.69	1681	1757	259,526.72
PATIENT MANAGEMENT	40696	40696	81,392.00	6369	6369	12,738.00	46987	46987	93,974.00
HEALTH INS PREMIUM PAYMENT	768	2131	51,633.97	34	86	3,541.65	2783	8886	213,549.14
MEDICAL SUPPLIES	719	11491	96,540.61	129	3203	16,399.50	804	17487	116,176.08
OTHER PRACTITIONER	2057	6096	164,253.66	319	961	36,690.73	2389	6145	221,137.21
FAMILY CENTERED PROGRAM	684	11449	349,964.82	338	5388	161,841.51	448	8392	245,275.61
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	2	23	989.13	6	63	2,814.54	1	4	167.37
GROUP TREATMENT THERAPY	8	178	12,375.29	20	570	39,039.14	12	410	29,900.28
DENTAL	3573	3983	515,036.36	803	921	128,889.70	4429	5025	631,606.09
OPTOMETRIST	1407	1640	93,273.97	318	368	21,609.04	1556	1830	106,479.49
CHIROPRACTIC	805	1542	47,971.67	184	447	14,395.40	1170	2501	74,053.66
PODIATRIC	60	75	8,246.49	14	17	2,583.95	84	121	13,250.80
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	ADC - CHILD			CHAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	2	12	260.97
PSYCHIATRIC	4	9	707.43	3	5	347.28	20	49	3,057.21
RESIDENTIAL CARE FACILITY	0	0	0.00	2	69	719.18	1	2	50.14
MR WAIVER SERVICE	0	0	0.00	2	67	9,529.28	5	138	4,913.69-
CHILDRENS MENTAL HEALTH SVC	12	64	1,896.00	12	112	2,102.36	16	23	2,070.00
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	3	61	8,192.87-
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	3	96.17
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	18	33	18,639.16	28	26	13,970.61	29	32	18,356.41
UNASSIGNED	0	0	0.00	0	0	0.00	2	0	717,051.17-
* A L L C A T E G O R I E S *	68230	260471	9571,678.24	11756	68849	4301,008.32	77427	356302	17355,384.43

## 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	56	659	267,729.44	604	2624	721,414.40	52	234	173,945.44
OUTPATIENT	847	6237	220,717.70	3329	49404	512,791.84	403	3926	145,333.30
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	221	1689	25,440.26	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	9431	246779	24533,034.52	3	88	7,787.28
INTER CARE MENTAL RETARDA	3	44	16,229.73	1	0	483.30-	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	30	1575	430,842.81	0	0	0.00
HOME HEALTH	67	1395	39,151.80	2852	47788	2309,584.54	63	2707	15,204.23
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2241	3639	225,553.57	6231	30581	354,240.56	795	2163	119,822.15
CLINIC SERVICES	355	452	49,215.98	758	449	58,562.87	129	163	19,853.34
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	172	425	5,683.02	114	421	4,242.06	77	191	3,488.62
REHAB SUPPORT SERVICES	1	31	2,079.48	21	364	22,304.28	46	1073	82,216.26
AMBULANCE SERVICES	13	14	2,414.91	373	482	39,239.47	13	12	1,553.33
LOCAL EDUCATION AGENCY	74	17110	116,482.42	9	2549	24,907.06	0	0	0.00
EARLY ACCESS SERVICES	49	165	3,709.31	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4556	11262	1092,785.95	12991	74838	3046,961.74	1279	4995	284,688.25

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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	33	39	2,339.10	1	1	85.41	28	29	2,037.14
IOWA PLAN PROGRAM	9730	10196	955,943.48	1793	1855	114,581.41	1586	1770	57,836.68
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	212	225	10,121.02	3	4	109.80	7	7	185.48
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	66	65	130.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	138	332	14,704.60	24	44	6,974.37	4	10	768.28
MEDICAL SUPPLIES	200	19586	44,821.26	3642	275727	503,378.09	145	6576	16,982.07
OTHER PRACTITIONER	449	1885	53,674.80	313	1179	23,573.01	59	288	7,107.99
FAMILY CENTERED PROGRAM	682	11223	351,438.54	1	12	409.62	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	564	6178	269,832.54	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	1024	45742	2935,081.55	0	0	0.00	0	0	0.00
DENTAL	843	952	113,393.80	568	640	104,565.44	160	199	27,270.69
OPTOMETRIST	365	409	23,661.23	594	748	19,527.44	103	129	5,561.20
CHIROPRACTIC	123	213	6,007.08	170	374	2,325.31	108	254	6,310.59
PODIATRIC	31	36	3,125.28	1078	1579	17,347.92	49	77	2,555.52
PHYSICAL DISABILITIES SVCS	0	0	0.00	96	3459	45,147.09	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	1644	28,104.57	222	9860	264,521.64	0	0	0.00
PSYCHIATRIC	6	15	1,252.69	262	423	9,097.00	37	55	1,749.68
RESIDENTIAL CARE FACILITY	0	0	0.00	7	122	916.98	2	56	864.92
MR WAIVER SERVICE	142	7226	183,020.66	6	280	16,969.69	1	8-	146.32-
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	21	2040	19,117.16	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5044	211674	2225,661.05	1	0	714.00
ILL & HANDICAPPED WAIVER SVCS	28	1148	18,255.58	7	280	3,327.11	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	165	211	48,810.36	98	104	24,477.65	14	9	2,322.66
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 *	9897	148758	7105,471.45	15566	969948	35485,196.30	2134	25003	986,012.78

## 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	220	804	850,848.87	46	419	244,672.51	8	49	86,847.11
OUTPATIENT	685	9225	440,204.33	750	4157	190,355.78	81	993	81,370.94
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	51	3,873.78	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	2	92	7,690.81	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	117	1282	65,079.80	22	78	1,483.56	3	22	1,262.03
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1344	5003	297,605.07	2351	3464	213,701.30	129	539	114,320.53
CLINIC SERVICES	111	118	15,241.48	491	613	68,017.38	18	27	3,990.56
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	34	136	1,585.78	163	453	5,726.06	21	63	877.25
REHAB SUPPORT SERVICES	44	1098	59,477.16	0	0	0.00	1	29	644.96
AMBULANCE SERVICES	53	55	8,172.04	12	12	1,308.57	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	17	2513	49,385.06	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	2	4	200.00	0	0	0.00
PRESCRIBED DRUGS	981	5428	262,284.06	2912	5199	330,018.85	144	563	44,621.22

## 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	2	3	261.63	34	37	2,347.44	2	2	66.40
IOWA PLAN PROGRAM	0	0	0.00	11346	12320	130,608.16	189	190	14,742.10
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	533.69	412	441	18,568.72	0	0	0.00
HMO SERVICES	0	0	0.00	242	247	27,848.94	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8315	8315	16,630.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	56	156	4,790.90	0	0	0.00
MEDICAL SUPPLIES	249	12029	32,023.84	80	1850	12,047.25	17	436	2,189.56
OTHER PRACTITIONER	67	115	9,741.57	334	1090	28,431.90	10	17	939.07
FAMILY CENTERED PROGRAM	0	0	0.00	109	2259	59,033.95	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	8	346.94	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	8	271	17,373.48	0	0	0.00
DENTAL	96	136	26,715.64	1007	1125	170,837.65	10	12	2,072.58
OPTOMETRIST	81	110	3,886.97	397	467	26,374.57	6	6	450.34
CHIROPRACTIC	40	84	1,127.22	235	443	13,888.54	10	14	428.95
PODIATRIC	36	75	5,334.04	21	27	3,052.17	2	2	183.76
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	78	154	5,600.02	1	1	49.67	0	0	0.00
RESIDENTIAL CARE FACILITY	1	2-	0.00	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1	3	100.80	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	5	47	1,180.50	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	1	8	380.00	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	40	46	12,376.51	7	9	4,521.74	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 *	1862	36052	2110,044.31	11038	46028	1642,902.39	194	2964	355,007.36

## 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	23	75	89,198.09	126	683	343,341.35	0	0	0.00
OUTPATIENT	229	1854	98,611.82	1653	19961	349,502.24	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	5	99	28,799.05	0	0	0.00
INTERMEDIATE CARE FACILITY	1	49	5,279.75	6	38	4,513.81	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1799	47436	13739,187.94	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	10	82	6,885.34	751	28251	1047,565.08	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	460	1028	90,980.79	3415	8646	234,365.11	0	0	0.00
CLINIC SERVICES	68	85	10,624.35	288	216	28,852.11	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	33	84	1,232.38	132	386	4,357.22	0	0	0.00
REHAB SUPPORT SERVICES	4	67	5,277.25	39	564	20,296.38	0	0	0.00
AMBULANCE SERVICES	10	14	1,735.08	69	75	7,474.61	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	330	82717	774,207.82	0	0	0.00
EARLY ACCESS SERVICES	1	3	32.49	23	141	2,209.09	0	0	0.00
PRESCRIBED DRUGS	722	2928	186,708.94	6331	23526	2004,025.61	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	244.66	20	26	844.57	0	0	0.00
IOWA PLAN PROGRAM	1199	1265	117,221.36	9261	9315	577,664.87	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	7	7	190.07	65	91	2,096.39	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	2	2	329.79	474	1105	159,645.67	0	0	0.00
MEDICAL SUPPLIES	99	3701	15,695.76	1609	255291	426,664.63	0	0	0.00
OTHER PRACTITIONER	41	103	5,645.18	984	6555	165,777.15	0	0	0.00
FAMILY CENTERED PROGRAM	6	41	1,521.15	9	213	4,244.87	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	3	46	1,912.55	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	8	412	21,280.25	0	0	0.00	0	0	0.00
DENTAL	82	98	20,376.39	922	992	75,244.60	0	0	0.00
OPTOMETRIST	61	77	4,741.25	438	533	19,534.13	0	0	0.00
CHIROPRACTIC	35	99	3,252.36	206	411	6,923.31	0	0	0.00
PODIATRIC	24	30	2,866.68	364	551	11,366.47	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	129	6205	163,658.37	0	0	0.00
PSYCHIATRIC	1	1	10.00	341	534	16,080.05	0	0	0.00
RESIDENTIAL CARE FACILITY	1	0	87.10	27	923	6,887.11	0	0	0.00
MR WAIVER SERVICE	1	24	4,382.40	7062	460195	17594,357.68	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	23	437.00	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	138	1,267.43	3	87	1,992.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	25	945.25	137	6966	115,858.58	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	2	2	440.00	6624	8305	1958,752.81	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 *	1241	12367	699,412.91	9622	971037	39896,290.68	0	0	0.00

## TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			TOTAL					
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	5910	35509	23942,472.02			
OUTPATIENT	0	0	0.00	43478	416039	12851,560.31			
CHILD PART HOSP	0	0	0.00	0	0	0.00			
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00			
ADULT PART HOSP	0	0	0.00	0	0	0.00			
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00			
SKILLED NURSING FACILITY	0	0	0.00	451	6215	1761,130.74			
INTERMEDIATE CARE FACILITY	0	0	0.00	14379	389256	36384,917.37			
INTER CARE MENTAL RETARDA	0	0	0.00	1817	48153	12671,513.40			
NURSING FAC FOR MENTAL ILL	0	0	0.00	36	1941	526,479.34			
HOME HEALTH	0	0	0.00	9069	166632	6968,842.03			
LEAD INSPECTION AGENCY	0	0	0.00	6	7	2,845.52			
PHYSICIAN	0	0	0.00	98024	258414	12876,085.47			
CLINIC SERVICES	0	0	0.00	15752	20744	2449,056.29			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
LAB AND RADIOLOGICAL	0	0	0.00	7567	20338	308,131.78			
REHAB SUPPORT SERVICES	0	0	0.00	2550	58185	3113,201.00			
AMBULANCE SERVICES	0	0	0.00	1992	2240	257,328.39			
LOCAL EDUCATION AGENCY	0	0	0.00	953	216612	1922,760.42			
EARLY ACCESS SERVICES	0	0	0.00	382	1641	35,212.31			
PRESCRIBED DRUGS	0	0	0.00	124517	418748	25455,655.00			

## TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			TOTAL					
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DRUG CAPITATION	0	0	0.00	0	0	0.00			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	0	0	0.00	1293	1452	85,730.13			
IOWA PLAN PROGRAM	0	0	0.00	257303	282236	8020,429.31			
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00			
EPSDT SCREENING	0	0	0.00	11688	13606	848,364.10			
HMO SERVICES	0	0	0.00	5086	5289	797,304.89			
PATIENT MANAGEMENT	0	0	0.00	126040	126039	252,078.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5436	15703	675,348.36			
MEDICAL SUPPLIES	0	0	0.00	17012	1268246	3008,318.48			
OTHER PRACTITIONER	0	0	0.00	10170	36819	1101,627.32			
FAMILY CENTERED PROGRAM	0	0	0.00	2428	43635	1300,789.60			
FAMILY PRESERVATION	0	0	0.00	0	0	0.00			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	576	6337	276,722.64			
GROUP TREATMENT THERAPY	0	0	0.00	1082	48007	3083,102.72			
DENTAL	0	0	0.00	18633	21857	2960,765.44			
OPTOMETRIST	0	0	0.00	9330	11508	576,748.41			
CHIROPRACTIC	0	0	0.00	6541	15101	369,830.79			
PODIATRIC	0	0	0.00	3510	5663	166,121.75			
PHYSICAL DISABILITIES SVCS	0	0	0.00	372	14739	169,562.42			

