

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	0	0	0.00	321	1124	319,466.66
OUTPATIENT	16	203	3,328.04	0	0	0.00	2465	33086	312,393.86
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	396	115,766.85
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4900	135603	11893,099.69
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	3	90	14,837.50
HOME HEALTH	0	0	0.00	0	0	0.00	1473	20408	1044,906.74
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	31	52	2,977.55	0	0	0.00	5467	23942	330,224.80
CLINIC SERVICES	1	1	150.00	0	0	0.00	449	239	36,283.01
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	4	5	218.23	0	0	0.00	83	188	2,304.35
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	43	1414	73,134.39
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	174	212	16,432.04
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	19	37	1,821.93	0	0	0.00	9604	58053	2500,037.37

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	57	65	2,117.67	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	1	1	114.04	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	53	53	106.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	2	4	47.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	2183	144749	250,271.04
OTHER PRACTITIONER	2	46	1,090.27	0	0	0.00	208	593	10,224.73
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	39	3,126.80	0	0	0.00	0	0	0.00
DENTAL	7	7	1,193.44	0	0	0.00	465	560	78,938.47
OPTOMETRIST	2	2	94.94	0	0	0.00	769	1183	24,943.96
CHIROPRACTIC	0	0	0.00	0	0	0.00	344	983	6,517.66
PODIATRIC	0	0	0.00	0	0	0.00	696	1090	11,169.84
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	153	256	6,626.27
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	424	12221	87,049.10
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	81	4234	175,314.69
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	2200	100689	1166,465.16
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	117	135	31,432.72
UNASSIGNED	0	0	0.00	0	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	78	515	16,385.91	0	0	0.00	14027	541448	18507,840.90

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	1099	6882	5137,039.39	628	2035	2277,706.66
OUTPATIENT	1	7	223.56	10458	122123	3794,101.00	7173	56810	2486,021.50
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	155	3093	1082,896.54	3	17	5,583.71
INTERMEDIATE CARE FACILITY	0	0	0.00	644	16441	1774,386.14	2	0	320.29
INTER CARE MENTAL RETARDA	0	0	0.00	22	589	179,348.03	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	2500	51077	1905,416.66	51	472	36,496.97
LEAD INSPECTION AGENCY	0	0	0.00	1	1	355.69	0	0	0.00
PHYSICIAN	1	4	87.67	22013	95600	3245,888.49	14776	28972	2426,103.96
CLINIC SERVICES	0	0	0.00	2547	4688	414,410.48	2047	3055	344,229.83
MEP CASE MANAGEMENT	0	0	0.00	4	0	1,295.20	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1380	4908	66,940.78	2008	5721	117,287.62
REHAB SUPPORT SERVICES	0	0	0.00	2399	59888	2969,831.80	13	131	6,476.24
AMBULANCE SERVICES	0	0	0.00	681	780	97,276.60	227	231	33,020.57
LOCAL EDUCATION AGENCY	0	0	0.00	369	88830	791,198.57	9	2379	19,031.44
EARLY ACCESS SERVICES	0	0	0.00	144	1190	23,154.92	5	49	1,105.92
PRESCRIBED DRUGS	1	12	720.36	34355	210702	16816,295.56	18665	52507	2740,125.89

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	1	0	6.17	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	116	123	5,405.30	766	804	40,372.53
IOWA PLAN PROGRAM	1	1	77.59	44223	45623	3204,863.58	36920	41109	1029,537.72
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	477.49	0	0	0.00
EPSDT SCREENING	0	0	0.00	318	405	13,009.24	146	157	5,243.43
HMO SERVICES	0	0	0.00	0	0	0.00	1064	1119	278,172.04
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	23563	23563	47,126.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	694	1667	196,101.22	460	1206	35,973.14
MEDICAL SUPPLIES	1	104	147.52	7015	551686	1272,614.48	850	23816	160,303.29
OTHER PRACTITIONER	0	0	0.00	2494	17809	393,379.03	993	2325	127,786.77
FAMILY CENTERED PROGRAM	0	0	0.00	160	3066	77,969.32	29	550	14,476.61
FAMILY PRESERVATION	0	0	0.00	1	1	2,755.62	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	299	13,273.07	1	7	219.73
DENTAL	0	0	0.00	3610	4569	637,752.28	3174	4310	655,006.91
OPTOMETRIST	0	0	0.00	2459	3295	140,986.03	1571	1912	116,568.34
CHIROPRACTIC	0	0	0.00	1880	5184	86,926.84	1762	4552	149,190.27
PODIATRIC	0	0	0.00	1083	1850	51,616.01	175	262	28,519.51
PHYSICAL DISABILITIES SVCS	0	0	0.00	282	10630	138,339.87	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	175	11570	244,508.41	0	0	0.00
PSYCHIATRIC	0	0	0.00	2375	5479	150,584.17	8	13	842.82
RESIDENTIAL CARE FACILITY	0	0	0.00	1562	42002	311,171.02	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1044	64479	2513,074.35	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	79	935.62	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	11	710	8,701.35	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	28	1077	18,455.85	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1452	70881	1168,089.01	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	1588	1725	386,711.04	7	8	1,894.22
UNASSIGNED	0	0	0.00	3	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	1	128	1,256.70	48103	1511002	49336,589.24	42373	258092	13184,743.93

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CHAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	298	1737	1760,928.17	398	8678	1674,323.50	1517	7159	6914,541.24
OUTPATIENT	6005	28670	1224,122.65	1416	10454	395,737.62	8783	61563	1947,056.94
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	0	0	0.00	0	0	0.00	9	15	43,194.11
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	14	30	4579,685.62
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	0	4166,295.59
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	293	1007	44,737.37	49	152	8,434.72	393	2789	114,559.96
LEAD INSPECTION AGENCY	8	11	3,828.80	0	0	0.00	3	3	1,044.66
PHYSICIAN	19386	32502	1943,443.55	3458	6148	457,455.01	24914	45625	3378,478.08
CLINIC SERVICES	3289	4189	491,399.53	748	1052	115,457.62	4794	7197	334,178.51
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	1	0	971.40
LAB AND RADIOLOGICAL	1789	3032	45,114.74	441	1118	20,935.39	3124	7112	122,313.41
REHAB SUPPORT SERVICES	0	0	0.00	10	133	6,025.59	3	87	13,035.48
AMBULANCE SERVICES	147	146	21,497.56	41	41	6,204.69	163	162	24,437.36
LOCAL EDUCATION AGENCY	128	13515	110,081.32	21	879	7,114.23	87	13405	108,677.85
EARLY ACCESS SERVICES	198	934	24,394.05	31	94	2,831.76	205	1376	30,771.59
PRESCRIBED DRUGS	18609	34429	1874,143.21	3850	9480	577,281.14	21793	40525	1812,150.84

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	115	116	5,668.44	114	132	5,948.96	274	283	14,086.27
IOWA PLAN PROGRAM	61386	66901	734,360.42	10424	11708	239,413.43	69059	77773	952,327.11
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	4748	5428	318,878.32	838	975	58,503.20	6072	6829	491,897.25
HMO SERVICES	1854	1953	225,309.15	288	291	40,852.78	1625	1693	249,868.96
PATIENT MANAGEMENT	40695	40695	81,390.00	6356	6356	12,712.00	47112	47112	94,224.00
HEALTH INS PREMIUM PAYMENT	716	1921	48,097.17	35	89	3,960.38	2796	8568	213,283.96
MEDICAL SUPPLIES	748	9533	84,652.47	140	3673	17,630.47	884	21579	120,264.86
OTHER PRACTITIONER	2585	11341	265,719.51	402	1363	40,883.33	2929	11945	341,925.21
FAMILY CENTERED PROGRAM	534	7462	217,457.07	270	3932	119,734.19	336	5256	150,770.37
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	3	19	898.90	0	0	0.00
GROUP TREATMENT THERAPY	6	117	7,519.44	17	511	44,479.08	9	244	15,148.54
DENTAL	4257	4961	587,809.71	872	1105	170,300.96	5067	5910	694,971.93
OPTOMETRIST	1614	1933	107,628.74	375	444	26,373.52	1816	2130	118,014.03
CHIROPRACTIC	851	1708	52,797.23	211	452	15,361.41	1248	2782	81,665.25
PODIATRIC	49	66	5,458.40	19	22	1,927.14	85	109	8,364.40
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 UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAID

BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	3	3	575.45
PSYCHIATRIC	6	27	1,493.76	9	52	1,782.89	14	31	1,482.31
RESIDENTIAL CARE FACILITY	0	0	0.00	1	28	752.10	2	29	166.03
MR WAIVER SERVICE	0	0	0.00	1	48	1,094.46	5	27	4,011.80-
CHILDRENS MENTAL HEALTH SVC	5	5	393.62	7	115	1,575.50	9	13	1,170.00
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	6	85	906.03
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	29	462.40
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	4	1	214.08	8	16	3,319.84	5	1	493.93
UNASSIGNED	0	0	0.00	0	0	0.00	2	0	2905,191.87-
* A L L C A T E G O R I E S *	68342	274340	10288,538.48	11695	69560	4079,305.81	77581	379479	15815,277.86

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	42	387	167,688.00	436	1532	414,704.84	48	217	221,370.34
OUTPATIENT	838	5198	213,415.97	3301	53959	367,825.05	391	3794	140,343.39
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	2	62	19,304.94	303	1041	11,309.44	5	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	10216	252233	24806,557.17	3	103	6,757.53
INTER CARE MENTAL RETARDA	5	51	16,732.64	2	30	7,417.92	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	17	510	92,753.11	0	0	0.00
HOME HEALTH	70	600	23,309.80	2758	44162	2100,144.86	57	713	26,062.68
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2519	4098	219,464.42	6672	32625	386,990.13	862	2813	120,535.44
CLINIC SERVICES	395	497	49,904.27	624	448	56,686.26	130	188	21,283.30
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	274	690	10,372.45	106	544	5,083.91	100	245	4,527.05
REHAB SUPPORT SERVICES	0	0	0.00	20	544	27,036.90	42	1337	88,864.67
AMBULANCE SERVICES	22	21	2,288.09	360	456	35,823.38	16	15	2,440.95
LOCAL EDUCATION AGENCY	81	19223	160,033.11	9	2270	14,507.62	0	0	0.00
EARLY ACCESS SERVICES	64	318	7,865.58	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4695	12662	1188,154.98	18776	156916	6862,028.56	1489	7646	384,673.62

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	40	44	2,128.38	2	0	2.65-	38	46	2,498.18
IOWA PLAN PROGRAM	9804	10286	840,533.74	1785	1831	100,240.77	1587	1806	53,124.01
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	249	279	10,031.92	5	8	206.98	14	15	403.98
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	108	108	216.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	150	352	16,575.71	30	55	10,336.19	9	14	761.96
MEDICAL SUPPLIES	199	18779	56,129.08	3910	330381	526,696.36	144	9843	12,681.00
OTHER PRACTITIONER	599	3660	86,619.93	378	1456	35,470.29	53	160	7,610.40
FAMILY CENTERED PROGRAM	561	7688	247,355.78	1	14	472.86	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	432	3752	162,446.91	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	774	26640	1722,631.95	0	0	0.00	0	0	0.00
DENTAL	941	1137	147,653.67	721	851	111,351.26	187	233	30,523.45
OPTOMETRIST	402	456	23,632.39	901	1315	27,474.80	135	166	8,039.10
CHIROPRACTIC	136	302	9,115.46	199	524	3,688.56	117	324	8,016.94
PODIATRIC	38	42	3,168.95	1162	1683	17,572.24	42	64	1,666.98
PHYSICAL DISABILITIES SVCS	0	0	0.00	85	3091	34,245.15	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	1122	22,321.70	213	10774	288,060.85	0	0	0.00
PSYCHIATRIC	6	6	989.99	235	449	12,314.74	41	105	3,918.24
RESIDENTIAL CARE FACILITY	4	139	3,295.57	6	131	1,551.47	0	0	0.00
MR WAIVER SERVICE	156	10179	206,983.21	9	297	10,975.99	2	72	1,868.88
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	28	2509	22,801.14	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5133	231789	2317,325.10	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	26	1854	30,878.72	5	195	5,965.15	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	147	169	37,280.44	89	100	23,667.69	11	13	3,370.81
UNASSIGNED	0	0	0.00	1	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	10002	130801	5708,523.75	16075	1134723	38739,284.09	2251	29932	1151,342.90

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	215	1121	1290,246.49	30	333	139,270.38	2	34	123,923.13
OUTPATIENT	675	8257	365,431.23	818	4955	209,411.78	78	1504	76,498.14
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	6	0	1,154.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	3	23-	5,064.59-	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	112	1607	80,014.73	29	79	2,401.56	4	72	7,900.93
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1350	6057	246,667.71	2746	4073	235,001.92	134	523	99,467.20
CLINIC SERVICES	119	163	23,685.16	569	721	77,139.82	20	27	3,484.36
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	50	165	2,700.38	162	424	7,330.29	20	74	937.39
REHAB SUPPORT SERVICES	36	1334	83,034.60	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	59	60	9,000.08	13	14	2,838.19	2	2	287.94
LOCAL EDUCATION AGENCY	0	0	0.00	16	3192	25,932.01	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	7	29	829.00	0	0	0.00
PRESCRIBED DRUGS	1635	10300	496,229.87	3231	5984	369,129.77	150	628	42,609.71

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	1	1	23.67	49	62	3,223.88	2	1	62.09
IOWA PLAN PROGRAM	0	0	0.00	11230	12131	143,029.54	192	196	15,207.64
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	465	502	24,782.83	0	0	0.00
HMO SERVICES	0	0	0.00	247	255	29,319.72	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8100	8100	16,200.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	31	78	4,028.91	0	0	0.00
MEDICAL SUPPLIES	288	14563	40,585.82	99	2034	10,639.19	18	502	2,911.63
OTHER PRACTITIONER	88	344	8,739.55	409	2000	43,200.75	12	26	925.37
FAMILY CENTERED PROGRAM	0	0	0.00	72	1278	33,660.52	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	10	433.78	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	3	112	7,316.29	0	0	0.00
DENTAL	125	182	33,924.51	1094	1269	172,243.19	12	15	1,175.26
OPTOMETRIST	131	210	5,491.36	467	576	31,504.08	6	9	619.80
CHIROPRACTIC	44	103	1,233.77	203	408	13,309.29	14	48	1,545.44
PODIATRIC	54	97	2,191.87	22	29	2,767.13	3	5	1,730.34
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	93	285	8,635.39	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	1	30	334.90	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1	9	293.76	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	1	1	90.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	2	5	252.00	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	30	37	8,979.19	1	1	226.38	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 *	2112	44898	2703,491.69	10984	48659	1605,553.96	189	3666	379,286.37

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	27	131	129,052.05	85	394	343,484.17	0	0	0.00
OUTPATIENT	243	1965	100,503.82	1527	15054	303,196.37	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	1	92	27,986.04	4	38	12,369.06	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8	95	9,711.92	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2168	67908	22682,380.97	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	8	29	2,216.05	711	22798	848,842.81	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	519	1216	89,635.90	3761	11715	280,044.48	0	0	0.00
CLINIC SERVICES	74	105	13,370.26	277	303	30,793.03	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	4	0	2,104.70	0	0	0.00
LAB AND RADIOLOGICAL	52	160	2,124.02	192	586	6,927.45	0	0	0.00
REHAB SUPPORT SERVICES	4	69	5,782.30	34	710	32,357.65	0	0	0.00
AMBULANCE SERVICES	13	14	2,013.10	59	63	6,031.57	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	339	99083	981,932.47	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	50	374	7,798.89	0	0	0.00
PRESCRIBED DRUGS	781	3483	223,464.17	7507	38284	3116,807.68	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	0	0	0.00	16	17	824.82	0	0	0.00
IOWA PLAN PROGRAM	1199	1259	106,188.94	9221	9264	679,667.29	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	8	10	557.55	57	71	1,756.05	0	0	0.00
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	2	5	566.28	473	1117	124,209.84	0	0	0.00
MEDICAL SUPPLIES	103	7126	21,205.69	1630	262225	435,749.27	0	0	0.00
OTHER PRACTITIONER	39	153	4,861.09	1251	11570	275,426.33	0	0	0.00
FAMILY CENTERED PROGRAM	3	18	596.90	8	158	3,445.88	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	1	14	631.70	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	7	340	16,052.53	0	0	0.00	0	0	0.00
DENTAL	88	106	17,885.71	1230	1357	108,445.38	0	0	0.00
OPTOMETRIST	81	91	5,707.79	614	769	28,951.12	0	0	0.00
CHIROPRACTIC	47	115	3,670.09	212	514	8,802.42	0	0	0.00
PODIATRIC	14	20	1,318.15	556	762	17,211.51	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	120	7876	182,430.25	0	0	0.00
PSYCHIATRIC	1	1	37.00	390	672	20,808.89	0	0	0.00
RESIDENTIAL CARE FACILITY	1	0	97.10-	26	404	3,148.37	0	0	0.00
MR WAIVER SERVICE	2	76	6,084.60	7028	479560	16425,307.40	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	123	1,147.73	1	33	222.75	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	44	1,257.92	133	7100	109,576.66	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	6341	7460	1667,460.70	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 *	1248	16768	784,262.28	9836	1048334	48758,228.15	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	5122	31764	20913,745.02			
OUTPATIENT	0	0	0.00	43778	407602	11939,610.92			
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	591	4754	1233,176.47			
INTERMEDIATE CARE FACILITY	0	0	0.00	15303	404482	43065,453.77			
INTER CARE MENTAL RETARDA	0	0	0.00	2184	68578	18719,583.97			
NURSING FAC FOR MENTAL ILL	0	0	0.00	20	600	107,590.61			
HOME HEALTH	0	0	0.00	8448	145965	6245,445.84			
LEAD INSPECTION AGENCY	0	0	0.00	12	15	5,229.15			
PHYSICIAN	0	0	0.00	106657	295965	13462,466.31			
CLINIC SERVICES	0	0	0.00	15944	22873	2012,455.44			
MEP CASE MANAGEMENT	0	0	0.00	9	0	4,371.30			
LAB AND RADIOLOGICAL	0	0	0.00	9728	24972	415,117.46			
REHAB SUPPORT SERVICES	0	0	0.00	2593	65647	3305,579.62			
AMBULANCE SERVICES	0	0	0.00	1972	2217	259,592.12			
LOCAL EDUCATION AGENCY	0	0	0.00	1045	242776	2218,508.62			
EARLY ACCESS SERVICES	0	0	0.00	677	4364	98,751.71			
PRESCRIBED DRUGS	0	0	0.00	140717	641648	39005,674.66			

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	1	0	6.17			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	0	0	0.00	1528	1629	80,239.87			
IOWA PLAN PROGRAM	0	0	0.00	256460	279953	8100,689.45			
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	477.49-			
EPSDT SCREENING	0	0	0.00	12884	14679	925,270.75			
HMO SERVICES	0	0	0.00	5070	5312	823,636.69			
PATIENT MANAGEMENT	0	0	0.00	125989	125989	251,978.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5398	15076	653,941.76			
MEDICAL SUPPLIES	0	0	0.00	17895	1400593	3012,482.17			
OTHER PRACTITIONER	0	0	0.00	12298	64791	1643,862.56			
FAMILY CENTERED PROGRAM	0	0	0.00	1948	29422	865,939.50			
FAMILY PRESERVATION	0	0	0.00	1	1	2,755.62			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	437	3795	164,411.29			
GROUP TREATMENT THERAPY	0	0	0.00	824	28309	1829,767.43			
DENTAL	0	0	0.00	21766	26572	3449,176.13			
OPTOMETRIST	0	0	0.00	11311	14491	666,030.00			
CHIROPRACTIC	0	0	0.00	7195	17999	441,840.63			
PODIATRIC	0	0	0.00	3984	6101	154,682.47			
PHYSICAL DISABILITIES SVCS	0	0	0.00	366	13721	172,585.02			

