

## 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	2	2,239.86	0	0	0.00	526	1889	637,699.46
OUTPATIENT	28	449	3,342.38	0	0	0.00	3135	39072	568,457.49
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	88	769	164,607.14
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4221	134237	10464,466.65
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	106	17,555.18
HOME HEALTH	2	12	962.36	0	0	0.00	1803	31625	1466,197.53
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	46	96	6,126.96	0	0	0.00	6458	39799	468,201.33
CLINIC SERVICES	2	2	290.63	0	0	0.00	875	352	69,255.88
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	5	24	295.57	0	0	0.00	108	264	3,195.29
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	37	1608	92,781.56
AMBULANCE SERVICES	1	1	115.53	0	0	0.00	252	321	23,884.00
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	17	30	4,177.31	0	0	0.00	9884	61142	2689,102.36

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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	66	82	2,655.45	0	0	0.00	1	1	42.74
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	50	50	100.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	3	6	452.53	0	0	0.00	2	3	396.29
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	2452	178690	286,631.64
OTHER PRACTITIONER	1	40	716.35	0	0	0.00	310	1967	18,317.95
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	35	2,980.30	0	0	0.00	0	0	0.00
DENTAL	11	16	1,113.09	0	0	0.00	701	945	122,190.51
OPTOMETRIST	1	2	94.85	0	0	0.00	1048	1683	37,198.58
CHIROPRACTIC	0	0	0.00	0	0	0.00	430	1338	8,580.20
PODIATRIC	0	0	0.00	0	0	0.00	783	1326	13,407.63
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	167	253	6,558.10	
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	436	14012	100,578.24	
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	88	4294	213,393.11	
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	2176	101335	1205,627.34	
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	130	141	33,632.43	
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 *	98	848	25,777.21	0	0	0.00	14197	617172	18711,958.63	

## 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	1654	9045	6086,896.76	760	2330	2447,453.63
OUTPATIENT	0	0	0.00	13620	170939	4990,977.14	8787	73892	3487,161.69
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	142	3582	1211,428.50	4	25	18,267.72
INTERMEDIATE CARE FACILITY	0	0	0.00	551	16787	1691,446.57	1	25	2,667.75
INTER CARE MENTAL RETARDA	0	0	0.00	17	356	112,666.90	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	3189	85040	3249,998.79	74	1255	63,537.66
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	24725	119954	4011,552.96	17107	35525	3086,478.55
CLINIC SERVICES	0	0	0.00	3503	7303	618,101.58	2488	3874	439,532.69
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1437	4982	66,344.85	1744	5050	96,067.47
REHAB SUPPORT SERVICES	0	0	0.00	2364	62713	3228,103.86	15	194	10,045.86
AMBULANCE SERVICES	0	0	0.00	949	1129	138,528.81	349	366	52,696.55
LOCAL EDUCATION AGENCY	0	0	0.00	350	85449	803,058.96	6	2446	21,700.73
EARLY ACCESS SERVICES	0	0	0.00	55	187	3,730.75	1	2	26.38
PRESCRIBED DRUGS	1	6	345.83	34506	211869	16828,606.48	19452	55714	2738,436.36

## 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	138	174	8,046.18	871	1048	56,931.43
IOWA PLAN PROGRAM	1	1	77.59	44024	45344	3183,990.14	37018	41532	1040,782.30
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	377	455	17,208.71	179	187	5,448.35
HMO SERVICES	0	0	0.00	0	0	0.00	1043	1079	268,584.86
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	23312	23312	46,624.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	676	1458	157,687.90	452	1051	30,930.65
MEDICAL SUPPLIES	0	0	0.00	7245	622125	1608,230.20	884	24903	157,597.59
OTHER PRACTITIONER	0	0	0.00	2688	22734	477,075.99	1195	3332	162,545.14
FAMILY CENTERED PROGRAM	0	0	0.00	164	2912	83,509.63	27	652	14,836.46
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	2	10	467.98	1	4	179.48
GROUP TREATMENT THERAPY	0	0	0.00	9	295	16,755.15	2	16	1,106.03
DENTAL	0	0	0.00	5007	6823	916,858.37	4367	6344	991,173.03
OPTOMETRIST	0	0	0.00	3053	4198	180,438.41	1971	2456	151,075.64
CHIROPRACTIC	0	0	0.00	2187	6821	100,575.83	1981	5139	170,683.66
PODIATRIC	0	0	0.00	1354	2554	85,852.35	247	358	37,087.62
PHYSICAL DISABILITIES SVCS	0	0	0.00	282	11192	145,512.18	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	173	13702	307,157.28	0	0	0.00
PSYCHIATRIC	0	0	0.00	2655	6071	184,111.28	14	27	1,711.63
RESIDENTIAL CARE FACILITY	0	0	0.00	1656	55099	413,683.71	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1090	68286	2791,615.54	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	7	570	5,459.61	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	23	1238	19,714.28	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1459	79790	1364,343.24	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	1567	1826	417,752.59	9	8	1,891.86
UNASSIGNED	0	0	0.00	4	0	0.00	3	0	0.00
* A L L C A T E G O R I E S *	1	7	423.42	48383	1733013	55527,491.46	43229	292146	15603,262.77

## 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
INFANT	405	2502	2392,459.29	427	10503	2010,400.64	1849	8270	7551,132.15
OUTPATIENT	7543	35682	1572,082.03	1855	13106	493,175.06	10768	71719	2665,058.38
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	1	37	19,755.99	7	35	16,224.88
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4	11	4810,640.63-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	98	821,045.79-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	297	1218	60,687.10	35	151	8,837.04	481	3202	671,815.74
LEAD INSPECTION AGENCY	7	8	3,096.78	1	1	355.69	7	9	3,084.17
PHYSICIAN	22164	39047	2382,066.37	4065	7708	538,970.89	27838	53161	4169,890.13
CLINIC SERVICES	3740	4877	613,966.36	820	1200	139,237.63	5410	8358	973,456.01
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1134	2492	31,649.61	358	993	15,300.43	2199	5849	91,638.26
REHAB SUPPORT SERVICES	1	0	0.00	12	290	12,771.51	3	31	1,185.83
AMBULANCE SERVICES	215	219	32,967.28	85	85	12,889.79	229	235	37,099.94
LOCAL EDUCATION AGENCY	119	15341	125,101.10	21	1389	9,864.05	79	11836	98,211.06
EARLY ACCESS SERVICES	67	248	7,105.73	11	47	1,200.34	76	319	8,224.78
PRESCRIBED DRUGS	19980	38152	1909,258.96	4043	9976	608,336.47	23378	44486	2138,437.65

## 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	129	151	7,734.09	126	142	6,621.45	271	320	16,951.21
IOWA PLAN PROGRAM	61470	67515	738,765.25	10426	11826	242,590.94	69075	78161	955,809.32
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	60.00
EPSDT SCREENING	5448	6345	391,298.69	957	1076	70,958.57	6721	7626	627,448.26
HMO SERVICES	1848	1922	226,754.00	301	308	48,580.19	1631	1696	241,504.65
PATIENT MANAGEMENT	40318	40318	80,636.00	6172	6172	12,344.00	46275	46275	92,550.00
HEALTH INS PREMIUM PAYMENT	705	1716	43,635.73	35	82	3,102.38	2820	7565	184,535.65
MEDICAL SUPPLIES	817	11168	95,566.63	151	3672	19,570.91	898	15478	132,555.37
OTHER PRACTITIONER	2451	10245	247,024.05	435	1397	44,383.25	3083	11509	359,163.40
FAMILY CENTERED PROGRAM	620	9163	272,261.49	309	4385	134,087.14	399	6599	189,848.23
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	7	40	1,760.99	0	0	0.00
GROUP TREATMENT THERAPY	7	112	7,164.21	23	654	40,677.70	7	137	9,691.76
DENTAL	6342	7860	949,226.72	1174	1544	241,749.05	7332	9081	1110,120.01
OPTOMETRIST	1974	2308	132,678.81	442	519	30,848.02	2216	2614	144,637.05
CHIROPRACTIC	1025	2136	66,986.35	238	545	18,005.54	1394	3219	96,312.47
PODIATRIC	68	94	9,284.91	19	36	2,808.34	118	160	13,737.66
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	1	2	423.04	0	0	0.00	1	16	374.08
PSYCHIATRIC	7	7	858.73	8	30	1,343.62	20	56	2,993.46
RESIDENTIAL CARE FACILITY	1	23	575.00	5	429	4,546.12	2	9	100.03
MR WAIVER SERVICE	0	0	0.00	2	30	1,052.60	3	3	326.82
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	1	1	90.00
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	1	90	720.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	70	1,344.85
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	7	5	1,034.84	3	3	618.92
UNASSIGNED	1	0	0.00	0	0	0.00	4	0	3612,593.25
* A L L C A T E G O R I E S *	69044	300871	12401,314.31	11714	78378	4797,161.18	77961	398307	20587,085.37

## 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 NEEDED 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	71	1004	255,677.61	659	2268	726,864.27	74	262	333,648.98
OUTPATIENT	1062	8320	248,310.25	3853	50334	817,292.27	585	7130	284,729.83
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	28	13,548.96	241	1231	6,018.83	2	25	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8796	265872	23623,230.36	3	100	9,483.35
INTER CARE MENTAL RETARDA	3	51	16,279.50	2	77	19,426.44	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	16	519	94,004.68	0	0	0.00
HOME HEALTH	65	1693	69,873.11	3344	71289	3331,953.09	82	1270	51,283.81
LEAD INSPECTION AGENCY	1	1	355.69	0	0	0.00	0	0	0.00
PHYSICIAN	2815	4483	256,411.37	7778	41250	524,557.66	1072	4020	193,996.13
CLINIC SERVICES	434	541	58,754.97	1057	492	98,268.57	189	234	32,493.59
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	203	603	7,664.48	142	481	5,373.53	77	217	4,041.57
REHAB SUPPORT SERVICES	1	31	2,217.43	15	277	11,064.27	48	1632	115,321.20
AMBULANCE SERVICES	24	21	3,101.57	465	593	47,813.24	28	37	4,610.04
LOCAL EDUCATION AGENCY	76	16604	142,640.96	9	3476	29,102.38	0	0	0.00
EARLY ACCESS SERVICES	13	42	876.67	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4865	13411	1227,500.95	18561	151096	6692,610.04	1546	7810	440,142.43

## 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
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	41	46	2,255.80	1	1	9.12	28	31	1,701.31
IOWA PLAN PROGRAM	9708	10195	835,360.17	1776	1814	99,006.10	1596	1820	54,225.14
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	328	352	16,302.17	2	2	67.09	19	19	563.28
HMO SERVICES	2	2	1,384.04	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	114	114	228.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	147	317	14,095.68	26	46	6,486.06	9	13	841.68
MEDICAL SUPPLIES	215	18508	71,482.63	4247	390134	615,917.11	149	8951	22,674.24
OTHER PRACTITIONER	621	3608	98,523.52	522	2379	49,695.77	80	444	12,748.48
FAMILY CENTERED PROGRAM	599	9028	277,684.98	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	487	4450	192,194.05	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	922	34832	2218,174.64	0	0	0.00	0	0	0.00
DENTAL	1298	1603	205,013.15	994	1292	187,017.17	231	329	43,692.72
OPTOMETRIST	549	624	35,550.03	1176	1629	37,481.01	144	212	8,133.58
CHIROPRACTIC	144	326	9,229.69	234	640	5,283.44	142	397	10,328.00
PODIATRIC	46	64	5,194.35	1491	2405	25,285.55	55	100	5,803.57
PHYSICAL DISABILITIES SVCS	0	0	0.00	99	3971	43,557.63	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	1332	23,457.42	213	13491	338,801.01	0	0	0.00
PSYCHIATRIC	11	21	1,817.30	270	462	12,682.51	37	81	2,261.62
RESIDENTIAL CARE FACILITY	0	0	0.00	6	149	1,136.51	0	0	0.00
MR WAIVER SERVICE	159	9212	222,899.70	2	47	1,684.39	1	92	3,375.48
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	27	2922	26,158.60	0	0	0.00
ELDERLY WAIVER SERVICES	1	20-	518.20-	5069	227783	2421,993.26	1	1	96.45
ILL & HANDICAPPED WAIVER SVCS	25	1875	30,566.49	2	47	915.07	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	151	173	38,695.82	83	98	23,099.22	9	18	5,477.46
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 *	9921	143495	6602,804.95	15569	1238567	39923,856.25	2321	35245	1641,673.94

## 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	280	931	959,532.17	42	438	164,039.66	9	26	42,756.05
OUTPATIENT	876	14552	585,949.01	1025	5918	254,149.26	104	1931	126,872.97
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	2	620.40	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	6	757.44	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	143	2633	117,090.82	30	76	2,262.27	5	32	2,702.30
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1659	7933	344,917.56	3210	5068	307,055.93	146	645	139,272.86
CLINIC SERVICES	179	143	22,964.61	615	785	86,063.44	25	51	9,454.58
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	57	180	2,559.83	167	509	7,219.16	26	106	1,551.25
REHAB SUPPORT SERVICES	35	1177	88,282.94	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	104	110	18,829.48	32	33	4,994.50	2	2	135.56
LOCAL EDUCATION AGENCY	0	0	0.00	20	812	20,366.62	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	1	14	528.94	0	0	0.00
PRESCRIBED DRUGS	2027	15890	454,369.33	3471	6561	391,284.71	163	635	45,096.08

## 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	2	2	77.70	43	46	2,541.76	1	1	27.81
IOWA PLAN PROGRAM	0	0	0.00	11075	12120	142,487.33	190	197	15,285.23
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	5	5	1,296.23	549	600	32,699.99	0	0	0.00
HMO SERVICES	0	0	0.00	242	246	25,681.91	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	7944	7944	15,888.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	41	106	5,308.06	0	0	0.00
MEDICAL SUPPLIES	311	13081	62,865.46	93	1213	13,552.23	19	496	3,981.69
OTHER PRACTITIONER	84	222	8,904.89	409	1803	43,616.92	11	30	1,865.85
FAMILY CENTERED PROGRAM	0	0	0.00	78	1493	40,740.26	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	6	269.15	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	6	213	16,782.55	0	0	0.00
DENTAL	224	341	51,065.63	1724	2119	296,092.47	17	25	5,612.63
OPTOMETRIST	127	182	5,469.09	535	635	36,695.37	9	13	1,049.30
CHIROPRACTIC	60	230	2,375.05	282	555	17,488.54	12	44	1,422.82
PODIATRIC	61	102	2,379.45	28	43	4,413.97	4	5	273.04
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	124	322	13,104.43	2	3	374.33	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	1	11	359.04	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	1	4	140.00	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	34	41	13,564.58	2	1	370.56	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 *	2382	58089	2757,116.10	10761	49371	1933,326.93	184	4239	397,360.02

## 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	19	152	94,569.07	144	636	391,576.05	0	0	0.00
OUTPATIENT	317	2612	155,984.93	2062	24330	529,527.57	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	2	105	35,537.19	4	66	22,807.37	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	7	122	10,827.03	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2176	46371	13225,993.33	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	11	66	6,046.84	870	36041	1300,607.15	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	573	1351	94,351.37	4422	18572	351,897.78	0	0	0.00
CLINIC SERVICES	93	132	17,770.84	366	670	39,683.02	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	62	180	2,116.43	198	639	6,404.60	0	0	0.00
REHAB SUPPORT SERVICES	5	83	5,897.10	28	700	30,686.79	0	0	0.00
AMBULANCE SERVICES	18	20	3,399.74	98	113	10,881.38	0	0	0.00
LOCAL EDUCATION AGENCY	1	20	420.00	328	119209	1075,304.24	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	22	123	2,344.24	0	0	0.00
PRESCRIBED DRUGS	797	3535	215,064.35	7561	38732	3089,816.44	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	7	7	413.05	30	34	1,016.08	0	0	0.00
IOWA PLAN PROGRAM	1193	1284	108,442.12	9190	9224	678,148.32	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	13	16	728.35	82	91	2,671.00	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	456	956	99,906.71	0	0	0.00
MEDICAL SUPPLIES	87	4502	19,672.49	1637	270579	447,071.85	0	0	0.00
OTHER PRACTITIONER	46	104	7,249.72	1336	18079	369,094.01	0	0	0.00
FAMILY CENTERED PROGRAM	3	18	724.98	5	43	1,596.20	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	4	58	2,501.58	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	10	322	20,904.80	0	0	0.00	0	0	0.00
DENTAL	118	185	40,545.72	1678	1993	176,456.65	0	0	0.00
OPTOMETRIST	98	119	7,608.32	744	945	33,178.43	0	0	0.00
CHIROPRACTIC	52	150	5,012.59	254	689	9,581.32	0	0	0.00
PODIATRIC	20	28	2,605.41	639	954	22,414.02	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	122	8041	183,784.03	0	0	0.00
PSYCHIATRIC	3	3	197.25	439	694	23,480.22	0	0	0.00
RESIDENTIAL CARE FACILITY	1	31	117.17	27	602	4,005.50	0	0	0.00
MR WAIVER SERVICE	3	167	7,983.06	7074	512597	17466,350.91	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	91	831.55	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	18	680.58	141	8382	151,459.12	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	3	3	719.00	6318	7691	1753,781.50	0	0	0.00
UNASSIGNED	0	0	0.00	1	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1252	15368	858,663.88	9809	1127918	41512,354.86	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			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	6885	40258	24096,947.65			
OUTPATIENT	0	0	0.00	55009	519986	16783,070.26			
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	486	5905	1508,816.98			
INTERMEDIATE CARE FACILITY	0	0	0.00	13452	417160	30992,238.52			
INTER CARE MENTAL RETARDA	0	0	0.00	2195	46953	12553,320.38			
NURSING FAC FOR MENTAL ILL	0	0	0.00	20	625	111,559.86			
HOME HEALTH	0	0	0.00	10306	235603	10403,855.61			
LEAD INSPECTION AGENCY	0	0	0.00	16	19	6,892.33			
PHYSICIAN	0	0	0.00	121371	378612	16875,747.85			
CLINIC SERVICES	0	0	0.00	19584	29014	3219,294.40			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
LAB AND RADIOLOGICAL	0	0	0.00	7892	22569	341,422.33			
REHAB SUPPORT SERVICES	0	0	0.00	2559	68736	3598,358.35			
AMBULANCE SERVICES	0	0	0.00	2833	3285	391,947.41			
LOCAL EDUCATION AGENCY	0	0	0.00	996	256582	2325,770.10			
EARLY ACCESS SERVICES	0	0	0.00	238	982	24,037.83			
PRESCRIBED DRUGS	0	0	0.00	145468	659045	39472,585.75			

## 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	1675	2003	104,326.99			
IOWA PLAN PROGRAM	0	0	0.00	256101	281116	8097,668.14			
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	60.00-			
EPSDT SCREENING	0	0	0.00	14579	16774	1166,690.69			
HMO SERVICES	0	0	0.00	5059	5254	812,603.69			
PATIENT MANAGEMENT	0	0	0.00	124187	124187	248,374.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5374	13324	547,945.60			
MEDICAL SUPPLIES	0	0	0.00	18765	1563500	3557,370.04			
OTHER PRACTITIONER	0	0	0.00	13068	77893	1900,925.29			
FAMILY CENTERED PROGRAM	0	0	0.00	2177	34293	1015,289.37			
FAMILY PRESERVATION	0	0	0.00	0	0	0.00			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	500	4568	197,373.23			
GROUP TREATMENT THERAPY	0	0	0.00	983	36616	2334,237.14			
DENTAL	0	0	0.00	31057	40500	5337,926.92			
OPTOMETRIST	0	0	0.00	14063	18139	842,136.49			
CHIROPRACTIC	0	0	0.00	8330	22229	521,865.50			
PODIATRIC	0	0	0.00	4900	8229	230,547.87			
PHYSICAL DISABILITIES SVCS	0	0	0.00	379	15163	189,069.81			

## 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

## TOTAL

	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	519	36584	853,996.86			
PSYCHIATRIC	0	0	0.00	3731	8030	251,494.48			
RESIDENTIAL CARE FACILITY	0	0	0.00	2120	70354	524,742.28			
MR WAIVER SERVICE	0	0	0.00	8367	594739	20708,387.01			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	1	1	90.00			
AIDS WAIVER SERVICES	0	0	0.00	34	3492	31,618.21			
ELDERLY WAIVER SERVICES	0	0	0.00	7116	330522	3648,604.68			
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1625	90182	1549,309.35			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	0	0	0.00	8186	10008	2290,638.78			
UNASSIGNED	0	0	0.00	17	0	3612,593.25			
* A L L C A T E G O R I E S *	0	0	0.00	316826	6093034	223281,631.28	0	0	0.00

\* \* \*   E N D   O F   R E P O R T   \* \* \*