

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	14	15,878.58	0	0	0.00	441	1965	543,368.92
OUTPATIENT	21	132	2,120.09	0	0	0.00	2746	36048	487,421.92
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	57	988	190,198.59
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4109	127269	9550,781.68
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	178	37,453.27
HOME HEALTH	1	7	596.40	0	0	0.00	1628	27837	1212,657.38
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	41	85	5,643.71	0	0	0.00	5451	28360	340,287.32
CLINIC SERVICES	4	5	708.15	0	0	0.00	392	228	33,698.24
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	5	17	291.61	0	0	0.00	78	160	1,938.23
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	35	1199	53,911.19
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	220	258	18,403.93
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	24	66	6,863.97	0	0	0.00	9522	54442	2357,813.12

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(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	1	1	5.90
IOWA PLAN PROGRAM	72	89	2,903.69	0	0	0.00	5	5	350.25
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	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	52	52	104.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	2	6	119.61	0	0	0.00	2	2	942.20
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	2067	132929	227,860.46
OTHER PRACTITIONER	1	1	95.74	0	0	0.00	221	1207	13,188.70
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	36	2,854.98	0	0	0.00	0	0	0.00
DENTAL	6	7	682.25	0	0	0.00	511	647	96,053.01
OPTOMETRIST	3	3	157.95	0	0	0.00	656	947	22,629.91
CHIROPRACTIC	0	0	0.00	0	0	0.00	332	922	6,382.74
PODIATRIC	1	1	43.03	0	0	0.00	614	878	9,123.52
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	129	229	6,753.76	
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	413	12711	90,068.02	
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	83	5425	225,440.75	
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	2134	107682	1293,430.93	
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	172	39,209.12	
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 *	90	522	39,177.80	0	0	0.00	13496	542689	16859,373.06	

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	1324	7866	5309,418.73	663	2240	2250,025.18
OUTPATIENT	0	0	0.00	11967	151007	4030,401.58	7441	59455	2806,643.71
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	111	3081	1054,557.12	1	2	675.94
INTERMEDIATE CARE FACILITY	0	0	0.00	545	15512	1610,115.78	2	15	1,606.59
INTER CARE MENTAL RETARDA	0	0	0.00	18	242	119,360.41	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	2839	77592	2680,478.08	67	829	33,988.28
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	2	79.21	21818	91783	3290,265.58	15259	29232	2549,970.46
CLINIC SERVICES	0	0	0.00	2078	3451	358,317.51	2005	2973	340,498.80
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1552	5013	69,425.11	2192	5825	124,203.76
REHAB SUPPORT SERVICES	0	0	0.00	2185	58648	2723,236.22	16	184	7,982.28
AMBULANCE SERVICES	0	0	0.00	628	718	59,685.60	190	178	17,720.72
LOCAL EDUCATION AGENCY	0	0	0.00	274	79885	543,976.09	4	1434	10,060.02
EARLY ACCESS SERVICES	0	0	0.00	518	5645	64,281.40	5	43	604.92
PRESCRIBED DRUGS	1	10	514.00	33246	188441	14657,922.91	18418	50087	2450,707.30

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
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	110	144	5,680.16	698	829	38,442.60
IOWA PLAN PROGRAM	1	1	77.59	43781	45096	3173,887.99	37240	42007	1052,607.54
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	385	477	15,693.99	198	211	6,582.35
HMO SERVICES	0	0	0.00	0	0	0.00	1045	1091	270,755.58
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	23386	23386	46,772.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	690	1463	173,649.85	458	1105	32,764.65
MEDICAL SUPPLIES	0	0	0.00	6328	513376	1310,238.57	701	18086	146,678.09
OTHER PRACTITIONER	0	0	0.00	1738	13977	287,984.89	1009	2541	136,940.98
FAMILY CENTERED PROGRAM	0	0	0.00	177	2739	85,025.33	29	664	16,755.14
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	2	9	404.88	1	3	134.61
GROUP TREATMENT THERAPY	0	0	0.00	7	219	11,462.66	4	109	7,682.37
DENTAL	0	0	0.00	3743	4742	649,422.31	3302	4410	657,796.81
OPTOMETRIST	0	0	0.00	2401	2980	141,686.42	1597	1974	122,697.17
CHIROPRACTIC	0	0	0.00	1870	5223	90,034.86	1691	4329	142,765.54
PODIATRIC	0	0	0.00	982	1537	51,706.02	187	242	26,003.37
PHYSICAL DISABILITIES SVCS	0	0	0.00	262	11917	148,067.01	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	166	13167	365,850.21	0	0	0.00
PSYCHIATRIC	0	0	0.00	2250	4625	137,379.01	11	30	2,181.87
RESIDENTIAL CARE FACILITY	0	0	0.00	1548	47249	346,938.96	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1083	74691	2830,874.29	1	13	146.90
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	6	357	3,796.27	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	25	1101	21,441.97	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1333	72944	1124,384.97	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	1625	2314	513,788.62	8	10	2,407.74
UNASSIGNED	0	0	0.00	7	0	0.00	4	0	0.00
* A L L C A T E G O R I E S *	1	13	670.80	47549	1497941	47932,278.56	42761	253451	13303,593.43

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	279	1503	1511,619.24	410	9528	1814,780.03	1524	7262	7639,728.80
OUTPATIENT	6265	29686	1298,125.48	1464	10781	408,198.84	8692	59134	2024,877.71
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	6	64	36,754.94
INTERMEDIATE CARE FACILITY	0	0	0.00	1	1	97.11	6	61	87,910.68
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	752,892.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	0	778.00
HOME HEALTH	325	1715	44,122.91	41	458	9,092.89	454	3601	149,339.74
LEAD INSPECTION AGENCY	9	10	3,501.21	2	2	711.38	6	7	2,488.93
PHYSICIAN	19611	32209	2060,616.17	3455	5909	452,967.16	24382	42692	3323,924.74
CLINIC SERVICES	2630	3319	402,042.83	483	747	77,922.29	3802	5666	1634,326.10
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	2468	3960	57,750.66	520	1200	21,769.76	3819	7606	130,015.81
REHAB SUPPORT SERVICES	0	0	0.00	8	165	9,723.72	2	29	1,640.12
AMBULANCE SERVICES	94	91	8,416.05	33	30	2,793.32	103	90	8,480.26
LOCAL EDUCATION AGENCY	106	12776	95,832.21	15	1991	15,483.10	78	17454	103,168.31
EARLY ACCESS SERVICES	496	4804	43,206.22	56	261	1,632.22	492	4949	46,161.29
PRESCRIBED DRUGS	17657	32301	1543,566.82	3720	8710	506,041.94	20270	35814	1424,662.26

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	127	141	7,100.58	80	97	4,575.41	199	229	12,087.96
IOWA PLAN PROGRAM	61674	68009	743,832.30	10309	11751	241,053.20	68891	78156	955,929.67
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	5952	6789	354,296.10	963	1081	61,103.25	7084	7932	541,023.20
HMO SERVICES	1849	1914	212,922.26	281	283	37,987.97	1617	1686	233,819.78
PATIENT MANAGEMENT	40418	40418	80,836.00	6207	6207	12,414.00	46392	46392	92,784.00
HEALTH INS PREMIUM PAYMENT	716	1799	43,181.22	35	73	3,152.71	2820	7661	194,378.46
MEDICAL SUPPLIES	635	7994	76,635.52	122	3762	22,365.44	680	14565	93,972.60
OTHER PRACTITIONER	1582	3812	127,330.08	299	696	30,860.27	1915	4834	194,246.90
FAMILY CENTERED PROGRAM	610	8473	257,270.31	291	3413	114,234.78	365	6255	179,651.78
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	7	58	2,596.95	0	0	0.00
GROUP TREATMENT THERAPY	7	104	6,045.85	23	613	40,269.22	8	195	11,893.95
DENTAL	4753	5478	608,906.59	872	1078	146,410.47	5505	6427	725,101.84
OPTOMETRIST	1583	1833	105,237.94	426	509	29,794.18	1994	2307	128,756.24
CHIROPRACTIC	952	1927	59,451.13	236	577	19,321.18	1293	2795	81,882.56
PODIATRIC	66	95	8,453.86	27	33	3,683.37	92	104	10,064.45
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	4	83.32	1	1	184.25
PSYCHIATRIC	2	2	113.43	5	6	285.95	13	27	1,714.08
RESIDENTIAL CARE FACILITY	0	0	0.00	1	29	262.10	0	0	0.00
MR WAIVER SERVICE	1	20	518.20	5	88	1,615.93	1	0	1,645.28-
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	1	21	166.30
ILL & HANDICAPPED WAIVER SVCS	1	31	509.33	0	0	0.00	2	88	904.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	3	3	632.51	11	26	5,159.02	5	13	2,496.23
UNASSIGNED	2	0	0.00	0	0	0.00	3	0	678,584.43
* A L L C A T E G O R I E S *	69174	261608	9675,660.57	11502	69645	4095,178.04	77214	354219	19430,983.67

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	73	769	202,657.18	558	2068	468,184.95	47	138	154,082.81
OUTPATIENT	912	6227	230,504.03	3337	44126	550,931.24	495	4563	166,494.61
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	113	1343	26,309.41	3	61	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8693	253120	22790,439.64	3	156	15,461.76
INTER CARE MENTAL RETARDA	4	30	9,863.09	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	25	738	165,682.14	0	0	0.00
HOME HEALTH	55	2733	55,425.90	2972	55303	2574,533.31	76	754	46,378.42
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2500	3746	212,053.47	6564	33090	382,714.86	924	3145	134,275.35
CLINIC SERVICES	344	454	46,778.97	508	222	12,201.21	118	139	19,342.48
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	314	671	9,426.09	118	373	3,864.27	102	235	4,893.63
REHAB SUPPORT SERVICES	3	16	613.77	13	323	13,008.28	44	1220	85,125.92
AMBULANCE SERVICES	13	13	887.78	359	445	32,187.48	18	18	1,295.10
LOCAL EDUCATION AGENCY	50	13946	73,137.77	6	852	7,337.18	0	0	0.00
EARLY ACCESS SERVICES	120	885	8,719.00	6	71	900.63	0	0	0.00
PRESCRIBED DRUGS	4563	11924	1069,499.33	18227	139428	6192,385.51	1547	7349	410,087.99

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	39	43	2,157.78	1	1	20.66	24	28	1,246.82
IOWA PLAN PROGRAM	9585	9986	819,893.37	1763	1801	98,582.48	1625	1831	54,560.99
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	350	396	16,662.86	2	7	256.64	12	12	346.41
HMO SERVICES	1	1	205.06	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	104	104	208.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	143	286	14,830.60	34	53	10,275.05	9	18	1,053.13
MEDICAL SUPPLIES	169	15555	43,482.47	3611	290108	463,637.92	142	10813	17,804.36
OTHER PRACTITIONER	420	2121	62,880.40	305	2162	35,320.48	68	218	10,436.23
FAMILY CENTERED PROGRAM	635	9195	291,505.39	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	4592	199,650.79	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	868	29735	1907,994.55	0	0	0.00	0	0	0.00
DENTAL	1050	1230	143,167.11	699	837	122,490.59	207	259	39,145.41
OPTOMETRIST	447	501	27,149.36	706	898	22,323.97	103	122	6,750.21
CHIROPRACTIC	138	287	7,991.80	200	469	3,250.15	116	362	9,995.68
PODIATRIC	28	32	3,372.60	1244	1657	17,673.30	46	56	1,495.50
PHYSICAL DISABILITIES SVCS	0	0	0.00	88	3946	48,856.60	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	17	1931	35,785.39	214	11901	364,344.51	0	0	0.00
PSYCHIATRIC	11	12	1,602.79	204	388	11,864.35	52	99	2,753.33
RESIDENTIAL CARE FACILITY	1	30	287.17	5	95	459.28	0	0	0.00
MR WAIVER SERVICE	144	6444	186,309.23	2	10	1,557.46	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	27	3141	26,814.48	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	4965	239085	2566,532.05	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	22	961	14,912.73	7	188	2,018.82	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	161	235	54,221.50	76	115	26,497.82	8	14	3,432.09
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 *	9814	123321	5736,399.33	15322	1088222	36989,036.64	2308	31610	1093,701.39

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	210	819	696,109.02	41	343	175,612.54	9	56	75,477.83
OUTPATIENT	704	10484	533,758.45	871	5967	211,333.38	85	1069	97,971.50
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	4	37	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	0	31,980.41-	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	125	3538	74,309.02	28	237	3,578.59	3	15	3,561.99
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1281	5338	274,824.55	2724	3937	256,080.10	132	615	119,279.78
CLINIC SERVICES	89	107	14,385.06	429	566	61,526.39	16	36	7,301.34
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	48	150	2,431.83	151	364	5,577.71	31	71	1,639.76
REHAB SUPPORT SERVICES	40	1310	80,037.55	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	54	58	5,163.20	6	6	588.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	16	2075	12,897.60	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	82	861-	9,048.50-	0	0	0.00
PRESCRIBED DRUGS	1231	8554	604,845.13	3014	5448	320,796.47	145	604	33,286.77

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	4	3	90.24	34	43	1,851.32	1	1	18.69
IOWA PLAN PROGRAM	0	0	0.00	10978	11982	140,277.29	184	184	14,276.56
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	34.04	533	560	24,458.87	0	0	0.00
HMO SERVICES	0	0	0.00	246	255	28,188.34	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	7862	7862	15,724.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	31	71	2,906.45	0	0	0.00
MEDICAL SUPPLIES	237	14682	41,987.93	95	2449	15,400.06	10	164	2,199.59
OTHER PRACTITIONER	73	377	8,169.83	260	720	18,909.12	10	21	1,189.25
FAMILY CENTERED PROGRAM	0	0	0.00	72	1229	35,041.13	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	5	216.83	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	5	155	11,065.01	0	0	0.00
DENTAL	128	182	28,157.60	1240	1439	208,204.63	16	19	3,523.97
OPTOMETRIST	96	127	3,992.61	478	555	30,594.33	3	5	245.55
CHIROPRACTIC	61	107	2,016.34	230	469	14,571.71	14	28	860.13
PODIATRIC	30	45	950.45	25	30	2,596.42	1	1	35.52
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	99	220	9,515.91	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	2	16	379.44	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	31	44	10,319.06	1	3	679.14	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 *	1936	46184	2359,117.41	10612	45925	1590,006.37	180	2889	360,868.23

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
INPATIENT	18	74	110,663.54	120	507	308,628.86	0	0	0.00
OUTPATIENT	240	1762	68,433.08	1757	20914	339,612.16	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	4	70	13,429.22	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	2	4-	381.15-	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1894	52101	17286,722.24	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	7	72	5,632.37	773	33817	1085,168.73	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	500	1106	94,102.45	3740	10757	263,646.65	0	0	0.00
CLINIC SERVICES	85	119	15,621.23	244	994	29,079.39	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	60	151	2,255.44	188	561	5,985.55	0	0	0.00
REHAB SUPPORT SERVICES	3	74	5,520.49	24	530	23,975.53	0	0	0.00
AMBULANCE SERVICES	8	8	972.61	60	66	5,358.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	259	81149	612,172.75	0	0	0.00
EARLY ACCESS SERVICES	4	30-	303.14-	358	4508-	53,593.39-	0	0	0.00
PRESCRIBED DRUGS	788	3260	195,545.42	7290	34013	2792,035.31	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	3	3	181.44	13	14	473.59	0	0	0.00
IOWA PLAN PROGRAM	1198	1273	106,728.17	9152	9194	676,803.59	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	6	7	301.72	105	137	3,852.94	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	5	9	715.73	473	962	115,998.76	0	0	0.00
MEDICAL SUPPLIES	92	4687	19,368.22	1457	243432	375,997.16	0	0	0.00
OTHER PRACTITIONER	41	78	4,604.23	765	9107	211,083.98	0	0	0.00
FAMILY CENTERED PROGRAM	5	45	1,601.63	7	73	2,559.75	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	1	12	540.48	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	7	303	18,453.73	0	0	0.00	0	0	0.00
DENTAL	96	118	15,471.60	1214	1379	114,254.32	0	0	0.00
OPTOMETRIST	77	99	5,817.96	511	602	24,431.02	0	0	0.00
CHIROPRACTIC	52	139	4,368.47	214	454	7,550.97	0	0	0.00
PODIATRIC	13	18	1,086.15	445	582	14,185.39	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	124	9813	198,762.82	0	0	0.00
PSYCHIATRIC	1	1	35.85	341	537	17,964.41	0	0	0.00
RESIDENTIAL CARE FACILITY	1	25	92.10	25	783	6,226.23	0	0	0.00
MR WAIVER SERVICE	2	135	7,095.68	6967	505204	18257,028.68	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	96	888.33	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	15	567.15	133	7641	128,042.77	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	6610	9598	2181,908.05	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 *	1229	13662	687,081.13	9741	1030479	45048,964.28	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	5693	35152	21276,236.21			
OUTPATIENT	0	0	0.00	46596	441355	13256,827.78			
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	294	5646	1269,306.40			
INTERMEDIATE CARE FACILITY	0	0	0.00	13229	396130	33848,230.32			
INTER CARE MENTAL RETARDA	0	0	0.00	1911	52373	16663,053.74			
NURSING FAC FOR MENTAL ILL	0	0	0.00	32	916	202,357.41			
HOME HEALTH	0	0	0.00	9282	208508	7587,427.69			
LEAD INSPECTION AGENCY	0	0	0.00	17	19	6,701.52			
PHYSICIAN	0	0	0.00	106461	292006	13760,731.56			
CLINIC SERVICES	0	0	0.00	13129	19026	3053,749.99			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
LAB AND RADIOLOGICAL	0	0	0.00	11569	26357	441,469.22			
REHAB SUPPORT SERVICES	0	0	0.00	2362	63698	3004,775.07			
AMBULANCE SERVICES	0	0	0.00	1782	1979	161,952.05			
LOCAL EDUCATION AGENCY	0	0	0.00	788	211562	1474,065.03			
EARLY ACCESS SERVICES	0	0	0.00	2066	22057-	228,450.71-			
PRESCRIBED DRUGS	0	0	0.00	135574	580451	34566,574.25			

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			TOTAL			RECIPTS 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	1324	1577	73,933.15		
IOWA PLAN PROGRAM	0	0	0.00	255774	281365	8081,764.68		
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	15512	17611	1024,612.37		
HMO SERVICES	0	0	0.00	5033	5231	783,993.03		
PATIENT MANAGEMENT	0	0	0.00	124421	124421	248,842.00		
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5418	13508	593,968.42		
MEDICAL SUPPLIES	0	0	0.00	16052	1272602	2857,628.39		
OTHER PRACTITIONER	0	0	0.00	8644	41872	1143,241.08		
FAMILY CENTERED PROGRAM	0	0	0.00	2156	32086	983,645.24		
FAMILY PRESERVATION	0	0	0.00	0	0	0.00		
TREATMENT FOSTER FAMILY CARE	0	0	0.00	497	4679	203,544.54		
GROUP TREATMENT THERAPY	0	0	0.00	926	31469	2017,722.32		
DENTAL	0	0	0.00	23265	28252	3558,788.51		
OPTOMETRIST	0	0	0.00	11060	13462	672,264.82		
CHIROPRACTIC	0	0	0.00	7337	18088	450,443.26		
PODIATRIC	0	0	0.00	3789	5311	150,472.95		
PHYSICAL DISABILITIES SVCS	0	0	0.00	347	15863	196,923.61		

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	504	36817	965,010.50			
PSYCHIATRIC	0	0	0.00	3107	6176	192,164.74			
RESIDENTIAL CARE FACILITY	0	0	0.00	1986	60922	444,333.86			
MR WAIVER SERVICE	0	0	0.00	8220	592046	21509,321.28			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00			
AIDS WAIVER SERVICES	0	0	0.00	33	3498	30,610.75			
ELDERLY WAIVER SERVICES	0	0	0.00	6933	347985	3882,459.58			
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1494	81868	1271,339.77			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	0	0	0.00	8617	12550	2841,469.90			
UNASSIGNED	0	0	0.00	16	0	678,584.43			
* A L L C A T E G O R I E S *	0	0	0.00	312929	5362380	205202,090.71	0	0	0.00

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