

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 09/30/05)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	14,096	15,735	95,907	\$62,526,840.42
OUTPATIENT	93,557	181,447	1,150,502	\$37,544,281.62
CHILD PART HOSP	0	0	0	\$0.00
CHILD DAY TREATMENT	0	0	0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00
ADULT DAY TREATMENT	1	17	213	\$2,559.39
SKILLED NURSING FACILITY	740	1,129	16,794	\$3,352,144.82
INTERMEDIATE CARE FACILITY	14,537	40,709	1,191,100	\$96,226,382.37
INTER CARE MENTAL RETARDA	2,227	7,105	212,239	\$67,438,985.52
NURSING PAC FOR MENTAL ILL	35	166	4,927	\$1,230,197.15
HOME HEALTH	11,922	23,547	365,909	\$14,072,736.50
LEAD INSPECTION AGENCY	14	14	15	\$5,335.35
PHYSICIAN	170,132	566,651	767,812	\$36,610,874.15
CLINIC SERVICES	27,004	46,252	45,845	\$5,799,067.16
MEP CASE MANAGEMENT	1	0	0	\$1,257.05
LAB AND RADIOLOGICAL	18,782	27,040	54,256	\$820,035.04
REHAB SUPPORT SERVICES	2,839	9,540	172,157	\$8,205,951.50
AMBULANCE SERVICES	4,520	6,045	6,080	\$631,492.60
LOCAL EDUCATION AGENCY	1,078	4,304	411,580	\$3,152,307.13
EARLY ACCESS SERVICES	2,292	18,746	29,153	\$357,249.08
PRESCRIBED DRUGS	181,496	1,803,953	1,675,420	\$102,455,092.06
DRUG CAPITATION	0	0	0	\$0.00
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	2,947	4,116	4,185	\$195,293.13
IOWA PLAN PROGRAM	282,817	825,030	825,030	\$23,941,623.15
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	1	0	0	\$135.00
EPSDT SCREENING	25,364	31,979	31,949	\$2,732,327.75
HMO SERVICES	5,886	15,696	15,696	\$2,396,581.98
PATIENT MANAGEMENT	141,041	374,256	374,256	\$748,512.00
HEALTH INS PREMIUM PAYMENT	6,347	43,718	43,718	\$1,853,004.15
MEDICAL SUPPLIES	26,350	77,667	3,407,263	\$6,885,300.53
OTHER PRACTITIONER	14,362	30,919	76,166	\$2,492,325.16
FAMILY CENTERED PROGRAM	3,700	14,898	131,316	\$3,833,941.57
FAMILY PRESERVATION	3	3	3	\$7,711.04
TREATMENT FOSTER FAMILY CARE	795	3,541	17,374	\$741,251.31
GROUP TREATMENT THERAPY	1,435	6,923	124,821	\$7,792,441.26
DENTAL	49,679	58,698	59,568	\$7,373,097.70
OPTOMETRIST	23,498	29,929	31,860	\$1,544,651.48
CHIROPRACTIC	11,450	31,569	40,766	\$966,429.30
PODIATRIC	8,856	12,959	16,186	\$488,019.14
PHYSICAL DISABILITIES SVCS	411	1,329	36,656	\$456,391.54
BRAIN INJ WAIVER SERVICES	502	2,697	79,088	\$2,033,614.29
PSYCHIATRIC	5,731	13,686	16,657	\$519,726.34
RESIDENTIAL CARE FACILITY	2,365	6,499	190,126	\$1,461,190.93
MR WAIVER SERVICE	8,717	39,696	1,614,664	\$55,460,836.96
MR OBRA WAIVER SERVICES	0	0	0	\$0.00
AIDS WAIVER SERVICES	37	151	8,670	\$77,548.04
ELDERLY WAIVER SERVICES	7,452	39,184	795,665	\$8,846,032.99
ILL & HANDICAPPED WAIVER SVCS	1,827	6,949	222,724	\$3,483,735.99

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 09/30/05)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	8,745	21,552	22,279	\$4,811,137.66
UNASSIGNED	23	0	0	\$290,311.38
* ALL CATEGORIES *	336,673	4,445,744	14,386,595	\$581,865,690.63

\*\*\* END OF REPORT \*\*\*