

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	441	1671	409,368.04
OUTPATIENT	27	241	4,078.98	0	0	0.00	2728	33132	498,342.33
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	597	57,804.57
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4182	132450	9630,409.05
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	7	217	49,042.42
HOME HEALTH	0	0	0.00	0	0	0.00	1450	29550	1031,086.12
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	53	102	5,873.60	0	0	0.00	5912	33178	441,560.98
CLINIC SERVICES	4	6	789.62	0	0	0.00	506	264	43,564.74
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	2	7	66.81	0	0	0.00	113	329	4,111.67
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	40	1503	65,360.99
AMBULANCE SERVICES	1	1	128.37	0	0	0.00	262	379	28,647.36
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	69	6,664.12	0	0	0.00	9537	57136	2260,129.53

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	67	87	2,824.20	0	0	0.00	2	2	133.59
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	45	45	90.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	5	13	253.83	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	1	171	4,064.95	0	0	0.00	2411	154952	261,069.79
OTHER PRACTITIONER	2	5	165.99	0	0	0.00	271	1159	16,016.75
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	37	3,028.42	0	0	0.00	0	0	0.00
DENTAL	7	10	800.32	0	0	0.00	531	654	101,300.90
OPTOMETRIST	4	5	275.40	0	0	0.00	740	1067	26,567.26
CHIROPRACTIC	0	0	0.00	0	0	0.00	386	1119	7,793.45
PODIATRIC	0	0	0.00	0	0	0.00	778	1198	14,369.18
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	140	212	6,255.55
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	426	13590	104,676.14
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	82	5764	181,771.54
MR OBRA WAIVER SERVICES	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	2024	94605	1063,630.74
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	4	85	511.45
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	148	32,911.55
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 *	89	800	29,218.65	0	0	0.00	13758	564961	16336,435.69

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	1571	9059	6941,806.44	737	2434	2722,910.49
OUTPATIENT	1	1	294.32	13250	172219	4650,031.76	8763	75277	3209,332.60
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	1	3	44.91	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	138	3793	1400,878.81	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	534	16087	1466,521.38	1	150	15,919.28
INTER CARE MENTAL RETARDA	0	0	0.00	18	440	133,518.43	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	2480	66977	2325,161.50	54	936	34,965.83
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	2	43.28	23824	111406	4232,355.34	16795	35700	3374,474.63
CLINIC SERVICES	0	0	0.00	2873	4160	598,705.95	2436	4038	469,241.70
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1305	4732	60,091.12	1739	4717	92,656.78
REHAB SUPPORT SERVICES	0	0	0.00	2334	67635	3163,713.06	13	182	8,858.70
AMBULANCE SERVICES	0	0	0.00	1101	1449	162,922.33	382	430	59,854.47
LOCAL EDUCATION AGENCY	0	0	0.00	153	48221	359,998.75	3	828	8,063.60
EARLY ACCESS SERVICES	0	0	0.00	65	525	9,267.45	1	8	140.84
PRESCRIBED DRUGS	1	9	537.89	34462	220842	17228,279.24	20025	59100	2983,565.13

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	130	151	6,456.71	946	1178	56,571.45
IOWA PLAN PROGRAM	1	1	77.59	43789	45239	3177,836.45	37002	41951	1051,783.42
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	393	428	17,084.84	154	176	6,766.53
HMO SERVICES	0	0	0.00	0	0	0.00	1266	1098	297,645.47
PATIENT MANAGEMENT	0	0	0.00	3	2	4.00	23423	23460	46,920.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	701	1547	179,953.68	481	1156	35,017.22
MEDICAL SUPPLIES	1	2	69.26	7402	670535	1661,678.38	946	25765	191,425.99
OTHER PRACTITIONER	0	0	0.00	1579	10965	285,775.64	1079	2451	144,825.24
FAMILY CENTERED PROGRAM	0	0	0.00	188	4352	110,225.56	42	813	25,287.69
FAMILY PRESERVATION	0	0	0.00	1	1	2,675.36	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	1	10	441.40
GROUP TREATMENT THERAPY	0	0	0.00	14	374	20,985.28	2	57	3,821.76
DENTAL	0	0	0.00	3893	4912	665,017.75	3279	4368	665,913.72
OPTOMETRIST	0	0	0.00	2652	3333	156,002.59	1873	2359	144,774.94
CHIROPRACTIC	0	0	0.00	2020	5787	97,566.90	1939	5138	168,680.62
PODIATRIC	0	0	0.00	1346	2352	82,552.19	244	362	44,764.65
PHYSICAL DISABILITIES SVCS	0	0	0.00	249	8399	107,982.60	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	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	145	9795	262,866.75	0	0	0.00
PSYCHIATRIC	0	0	0.00	2258	4906	152,779.46	14	32	1,917.88
RESIDENTIAL CARE FACILITY	0	0	0.00	1626	51839	415,895.74	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1044	84536	2674,424.90	0	0	0.00
MR OBRA WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	9	563	5,805.85	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	18	829	15,846.20	1	0	75.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1333	70643	1107,768.82	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	1499	1736	387,441.18	8	11	2,708.69
UNASSIGNED	0	0	0.00	5	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	2	15	1,022.34	47763	1710772	54327,925.30	43165	294185	15869,325.72

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	366	2016	1864,098.50	432	10257	2273,685.64	1839	8691	8157,751.13
OUTPATIENT	7271	33155	1494,649.89	1731	11919	474,292.35	9983	64942	2197,554.48
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	29	11,258.00	5	78	61.75
INTERMEDIATE CARE FACILITY	0	0	0.00	1	10	971.10	5	112	173,334.88
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	772,718.81
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	23	7,017.53
HOME HEALTH	240	1061	41,826.21	34	126	6,493.17	361	2766	21,639.13
LEAD INSPECTION AGENCY	5	5	1,778.45	1	1	355.69	2	2	711.38
PHYSICIAN	20928	35583	2441,057.30	3855	7168	588,197.22	27190	52481	4622,032.77
CLINIC SERVICES	3526	4791	611,787.40	676	1291	135,726.21	5245	8057	1007,451.66
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	1	0	1,257.05
LAB AND RADIOLOGICAL	1680	3104	39,331.24	347	893	14,355.07	2729	6786	101,410.69
REHAB SUPPORT SERVICES	0	0	0.00	9	444	23,096.84	3	0	0.00
AMBULANCE SERVICES	234	235	34,372.46	84	90	11,454.50	268	284	39,881.25
LOCAL EDUCATION AGENCY	55	4101	51,536.46	7	287	1,266.11	38	8493	77,940.08
EARLY ACCESS SERVICES	76	407	9,477.72	7	31	733.65	64	571	8,463.42
PRESCRIBED DRUGS	18009	34240	1726,590.53	3897	10120	634,937.48	21095	39917	1859,648.77

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
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	157	185	8,673.75	134	158	7,405.04	268	322	14,929.06
IOWA PLAN PROGRAM	61353	67799	741,128.13	10171	11544	238,757.22	68398	77813	954,815.84
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	135.00
EPSDT SCREENING	5855	6581	472,626.44	962	1060	71,275.76	7653	8667	742,221.30
HMO SERVICES	2217	1937	241,157.61	346	290	43,088.07	1986	1664	261,425.52
PATIENT MANAGEMENT	40379	40444	80,888.00	6195	6202	12,404.00	46456	46651	93,302.00
HEALTH INS PREMIUM PAYMENT	765	1912	44,955.38	41	83	3,743.00	2797	7626	189,089.73
MEDICAL SUPPLIES	796	11284	104,740.71	165	4499	25,162.04	879	25894	148,993.15
OTHER PRACTITIONER	1312	3144	133,127.34	259	733	36,805.93	1757	3343	213,829.82
FAMILY CENTERED PROGRAM	660	11834	341,756.47	388	5720	176,609.29	437	7200	216,714.21
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	2	14	602.74	7	54	2,346.01	0	0	0.00
GROUP TREATMENT THERAPY	4	115	7,130.04	26	749	42,406.86	9	180	10,196.52
DENTAL	5210	6086	693,403.63	979	1205	148,726.73	6221	7412	803,057.50
OPTOMETRIST	1955	2286	127,746.70	460	551	31,479.94	2392	2838	159,713.13
CHIROPRACTIC	1035	2246	69,657.11	188	458	14,447.37	1395	3315	97,751.29
PODIATRIC	86	114	12,655.85	34	47	6,722.92	115	141	17,569.78
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	1	0	1,562.11-
PSYCHIATRIC	5	7	283.86	13	44	1,941.41	21	49	3,073.19
RESIDENTIAL CARE FACILITY	0	0	0.00	5	453	6,035.65	1	31	777.17
MR WAIVER SERVICE	1	2	33.60	1	4	106.96	7	95	3,443.22-
MR OBRA WAIVER SERVICES	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	4	51	610.50-
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	4	176	1,966.64
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	2	2	466.97	12	13	2,891.09	6	8	1,929.12
UNASSIGNED	1	0	0.00	0	0	0.00	4	0	188,680.15-
* A L L C A T E G O R I E S *	69165	274690	11397,540.49	11439	76475	5026,662.32	77450	386679	20893,691.39

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	64	847	237,914.56	649	2419	678,576.68	55	190	188,769.72
OUTPATIENT	1028	6997	267,728.51	3444	42332	651,311.17	523	5383	178,833.38
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	1	0	0.00	219	2072	10,197.43	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8783	271571	23026,027.17	2	0	21,086.62-
INTER CARE MENTAL RETARDA	4	100	33,671.09	1	31	5,207.09	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	27	948	218,198.64	0	0	0.00
HOME HEALTH	54	1627	46,610.32	2728	51891	2419,356.03	69	862	29,414.99
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2860	4548	282,128.98	7483	41087	516,834.28	1019	3029	159,740.56
CLINIC SERVICES	465	625	68,949.44	662	412	75,479.10	168	237	27,888.09
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	218	534	6,394.20	114	454	4,135.15	79	251	3,763.02
REHAB SUPPORT SERVICES	2	148	2,398.44	17	411	17,650.58	50	1676	108,244.23
AMBULANCE SERVICES	38	39	4,980.52	519	703	56,163.78	30	32	3,918.96
LOCAL EDUCATION AGENCY	27	12227	109,821.96	2	2486	21,641.50	0	0	0.00
EARLY ACCESS SERVICES	25	153	3,562.11	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4793	13929	1260,041.04	18777	162680	7187,417.34	1593	9021	511,242.98

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	55	67	2,664.70	1	1	11.99	38	43	2,317.02
IOWA PLAN PROGRAM	9617	10078	829,811.00	1757	1814	98,928.04	1610	1828	53,923.73
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	388	516	22,893.76	6	4	102.42	20	20	590.37
HMO SERVICES	2	1	105.78	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	112	112	224.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	144	327	16,267.53	31	52	14,507.54	10	20	1,694.14
MEDICAL SUPPLIES	227	20997	51,543.78	4157	375428	607,055.85	202	11008	32,462.23
OTHER PRACTITIONER	360	3269	94,187.78	391	2233	26,866.97	63	227	9,379.23
FAMILY CENTERED PROGRAM	723	11130	361,449.51	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	555	5552	238,361.03	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	1052	44260	2843,341.53	0	0	0.00	0	0	0.00
DENTAL	1174	1420	159,125.81	803	978	133,925.32	197	247	32,167.21
OPTOMETRIST	581	655	36,647.51	859	1144	25,822.28	138	172	8,115.42
CHIROPRACTIC	141	293	8,873.71	223	628	5,126.62	127	321	9,003.35
PODIATRIC	34	40	4,014.35	1454	2153	25,089.63	46	68	2,955.75
PHYSICAL DISABILITIES SVCS	0	0	0.00	86	2823	40,642.57	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	1528	23,110.88	202	13072	343,834.17	0	0	0.00
PSYCHIATRIC	16	43	2,353.19	238	385	11,317.30	35	109	4,579.58
RESIDENTIAL CARE FACILITY	1	31	480.17	3	97	921.79	0	0	0.00
MR WAIVER SERVICE	159	10274	228,313.53	9	76	2,723.16	1	23	1,366.87
MR OBRA WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	25	2953	23,041.56	0	0	0.00
ELDERLY WAIVER SERVICES	1	20	518.20	4913	226172	2342,980.03	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	23	1341	21,328.49	21	711	6,903.58	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	135	165	36,057.12	72	85	19,071.18	8	7	1,474.18
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 *	9788	153893	7305,874.53	15491	1210306	38616,863.10	2302	34774	1350,758.39

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	221	606	764,646.77	48	240	101,438.05	8	34	47,316.72
OUTPATIENT	767	11890	413,022.25	964	5820	251,627.43	93	1200	84,150.81
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	11-	685.56-	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	3	31	6,269.15-	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	114	1616	88,231.54	18	51	2,521.80	1	5	462.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1510	6977	397,692.16	3016	4766	346,911.90	139	652	125,330.44
CLINIC SERVICES	132	176	22,923.12	581	767	83,359.82	20	43	5,742.27
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	59	226	3,173.91	142	372	5,836.31	26	75	1,146.19
REHAB SUPPORT SERVICES	34	1003	53,703.18	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	81	86	13,477.02	31	32	4,296.87	2	2	190.64
LOCAL EDUCATION AGENCY	0	0	0.00	9	1197	42,039.84	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	1	12	188.84	0	0	0.00
PRESCRIBED DRUGS	1549	11627	671,920.07	3189	6055	373,983.88	154	658	44,502.97

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	3	3	173.04	54	63	2,964.59	1	1	27.81
IOWA PLAN PROGRAM	0	0	0.00	10678	11593	136,270.80	185	187	14,509.33
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	3	3	1,114.61	619	653	31,415.06	0	0	0.00
HMO SERVICES	0	0	0.00	291	250	27,445.18	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	7781	7809	15,618.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	47	121	4,905.98	0	0	0.00
MEDICAL SUPPLIES	316	17385	45,212.31	92	2757	12,374.86	15	198	1,336.17
OTHER PRACTITIONER	87	306	12,546.30	195	602	24,826.16	10	31	1,194.25
FAMILY CENTERED PROGRAM	0	0	0.00	96	2262	53,195.09	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	433.48	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	8	294	21,657.18	0	0	0.00
DENTAL	146	189	33,243.70	1310	1570	201,016.44	13	21	3,456.21
OPTOMETRIST	90	115	3,424.79	571	672	37,557.92	13	23	1,274.96
CHIROPRACTIC	56	141	2,303.72	268	538	16,252.64	16	54	1,782.73
PODIATRIC	41	74	1,324.51	29	38	3,953.22	2	3	277.99
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	115	318	12,881.96	1	1	113.43	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	12	344.16	0	0	0.00
MR OBRA WAIVER SERVICES	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	1	1,052.00	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	42	56	10,357.69	3	7	1,348.69	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 *	2191	52818	2545,469.94	10412	48564	1803,897.62	178	3187	332,701.49

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	25	100	113,695.85	115	515	299,473.74	0	0	0.00
OUTPATIENT	292	2320	151,280.36	1938	23530	353,375.42	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	54	22,200.52	7	101	39,670.27	0	0	0.00
INTERMEDIATE CARE FACILITY	1	27	2,984.85	4	114	12,190.49	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2151	66316	21086,889.68	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	6	26	2,282.30	701	27216	999,735.68	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	548	1427	106,944.29	4356	13870	364,003.62	0	0	0.00
CLINIC SERVICES	93	159	20,816.54	317	282	35,079.18	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	55	177	3,094.32	206	666	5,837.17	0	0	0.00
REHAB SUPPORT SERVICES	4	83	5,906.83	30	711	28,006.50	0	0	0.00
AMBULANCE SERVICES	20	22	2,782.78	109	125	12,605.27	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	179	60753	540,273.20	0	0	0.00
EARLY ACCESS SERVICES	1	4	51.36	16	145	2,627.75	0	0	0.00
PRESCRIBED DRUGS	802	3757	222,631.92	7507	39217	3301,593.43	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	7	457.37	23	26	1,112.27	0	0	0.00
IOWA PLAN PROGRAM	1178	1255	105,732.67	9145	9210	679,046.66	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	9	9	2,017.29	94	97	3,671.20	0	0	0.00
HMO SERVICES	1	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	11	707.52	466	1005	112,672.29	0	0	0.00
MEDICAL SUPPLIES	103	5299	14,190.14	1699	284819	462,088.77	0	0	0.00
OTHER PRACTITIONER	45	212	7,672.13	548	10062	284,628.14	0	0	0.00
FAMILY CENTERED PROGRAM	7	145	5,060.34	7	78	2,837.95	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	3	33	1,458.87	1	8	342.12	0	0	0.00
GROUP TREATMENT THERAPY	8	249	15,776.28	0	0	0.00	0	0	0.00
DENTAL	88	115	21,537.16	1294	1491	140,399.41	0	0	0.00
OPTOMETRIST	77	100	5,941.97	622	727	29,208.19	0	0	0.00
CHIROPRACTIC	51	162	5,028.66	243	518	8,404.81	0	0	0.00
PODIATRIC	19	23	1,856.42	716	1001	26,571.62	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	3	282	3,488.30	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	116	6461	184,307.85	0	0	0.00
PSYCHIATRIC	1	0	0.00	360	640	19,623.23	0	0	0.00
RESIDENTIAL CARE FACILITY	2	59	819.13	35	1048	7,859.91	0	0	0.00
MR WAIVER SERVICE	1	28	5,112.80	6810	582358	16929,376.50	0	0	0.00
MR OBRA WAIVER SERVICES	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	820.95	1	23	231.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	71	452.51	147	7626	119,312.06	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	2	2	499.00	5992	6945	1551,327.50	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 *	1239	16027	849,813.13	9745	1147986	47647,871.18	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	6529	39079	24801,454.33			
OUTPATIENT	0	0	0.00	52263	490358	14879,906.04			
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	1	3	44.91			
SKILLED NURSING FACILITY	0	0	0.00	428	6655	1518,869.79			
INTERMEDIATE CARE FACILITY	0	0	0.00	13394	420552	33954,332.67			
INTER CARE MENTAL RETARDA	0	0	0.00	2168	66887	20486,567.48			
NURSING FAC FOR MENTAL ILL	0	0	0.00	34	1188	274,258.59			
HOME HEALTH	0	0	0.00	8221	184710	7049,786.62			
LEAD INSPECTION AGENCY	0	0	0.00	8	8	2,845.52			
PHYSICIAN	0	0	0.00	116877	351976	18005,181.35			
CLINIC SERVICES	0	0	0.00	17545	25308	3207,504.84			
MEP CASE MANAGEMENT	0	0	0.00	1	0	1,257.05			
LAB AND RADIOLOGICAL	0	0	0.00	8766	23323	345,403.65			
REHAB SUPPORT SERVICES	0	0	0.00	2529	73796	3476,939.35			
AMBULANCE SERVICES	0	0	0.00	3147	3909	435,676.58			
LOCAL EDUCATION AGENCY	0	0	0.00	459	138593	1212,581.50			
EARLY ACCESS SERVICES	0	0	0.00	250	1856	34,513.14			
PRESCRIBED DRUGS	0	0	0.00	140872	668377	40273,686.32			

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	1800	2205	103,764.80			
IOWA PLAN PROGRAM	0	0	0.00	254163	280401	8085,578.67			
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	1	0	135.00-			
EPSDT SCREENING	0	0	0.00	16091	18214	1371,574.74			
HMO SERVICES	0	0	0.00	5886	5241	870,981.67			
PATIENT MANAGEMENT	0	0	0.00	124378	124725	249,450.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5493	13873	603,767.84			
MEDICAL SUPPLIES	0	0	0.00	18940	1610993	3623,468.38			
OTHER PRACTITIONER	0	0	0.00	7900	38742	1291,847.67			
FAMILY CENTERED PROGRAM	0	0	0.00	2494	43534	1293,136.11			
FAMILY PRESERVATION	0	0	0.00	1	1	2,675.36			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	568	5681	243,985.65			
GROUP TREATMENT THERAPY	0	0	0.00	1117	46315	2968,343.87			
DENTAL	0	0	0.00	25050	30678	3803,091.81			
OPTOMETRIST	0	0	0.00	12997	16047	794,553.00			
CHIROPRACTIC	0	0	0.00	8004	20718	512,672.98			
PODIATRIC	0	0	0.00	4916	7614	244,678.06			
PHYSICAL DISABILITIES SVCS	0	0	0.00	332	11504	152,113.47			

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			RECIP UNITS OF SERVED SERVICE	AMOUNT PAID	RECIP UNITS OF SERVED SERVICE	AMOUNT PAID
	RECIP UNITS OF SERVED SERVICE	AMOUNT PAID	RECIP UNITS OF SERVED SERVICE	AMOUNT PAID	RECIP UNITS OF SERVED SERVICE	AMOUNT PAID				
BRAIN INJ WAIVER SERVICES	0	0	0.00	471	30856	812,557.54				
PSYCHIATRIC	0	0	0.00	3204	6746	217,120.04				
RESIDENTIAL CARE FACILITY	0	0	0.00	2089	67148	537,465.70				
MR WAIVER SERVICE	0	0	0.00	8054	683172	20020,130.80				
MR OBRA WAIVER SERVICES	0	0	0.00	0	0	0.00				
AIDS WAIVER SERVICES	0	0	0.00	34	3516	28,847.41				
ELDERLY WAIVER SERVICES	0	0	0.00	6671	321792	3424,543.62				
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1527	80653	1258,243.55				
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00				
MEP SERVICES	0	0	0.00	7811	9185	2048,483.96				
UNASSIGNED	0	0	0.00	14	0	188,680.15-				
* A L L C A T E G O R I E S *	0	0	0.00	314177	5976132	224935,071.28	0	0	0.00	
* * * E N D O F R E P O R T * * *										