

## 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	2	8	14,848.14	0	0	0.00	338	1270	426,505.96
OUTPATIENT	16	117	2,969.43	0	0	0.00	2360	30902	453,882.82
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	52	558	3,925.51
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	3770	120152	8441,705.06
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	5	455	106,171.05
HOME HEALTH	0	0	0.00	0	0	0.00	1177	20895	767,289.80
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	28	46	4,653.17	0	0	0.00	4498	19738	281,212.02
CLINIC SERVICES	1	2	283.26	0	0	0.00	331	169	30,343.31
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1	4	65.91	0	0	0.00	73	198	2,267.98
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	33	1461	63,611.09
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	135	161	11,572.68
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	105	6,157.04	0	0	0.00	9077	48475	2135,285.53

## 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	1	1	9.77
IOWA PLAN PROGRAM	65	81	2,609.71	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	0	0	0.00	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	4	8	177.11	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	2220	148987	191,052.87
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	187	495	8,143.39
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	2,851.68	0	0	0.00	0	0	0.00
DENTAL	7	7	989.15	0	0	0.00	330	381	59,566.19
OPTOMETRIST	1	1	48.63	0	0	0.00	502	714	17,244.68
CHIROPRACTIC	0	0	0.00	0	0	0.00	308	722	5,515.57
PODIATRIC	0	0	0.00	0	0	0.00	551	815	8,403.96
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		
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1	20	143.80	
PSYCHIATRIC	0	0	0.00	0	0	0.00	121	194	5,075.59	
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	412	14175	107,725.68	
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	88	4020	205,317.34	
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	1822	80328	993,494.95	
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	6	255	1,892.06	
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	98	117	24,073.71	
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 *	81	464	35,753.23	0	0	0.00	12783	495659	14351,475.11	

## 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	1362	8386	6390,251.93	648	2234	2546,478.64
OUTPATIENT	0	0	0.00	11649	145150	4115,690.27	7291	57592	3050,661.33
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	1	61	730.40	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	100	2916	958,252.57	1	10	3,379.70
INTERMEDIATE CARE FACILITY	0	0	0.00	487	15151	1336,826.70	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	20	694	218,713.98	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	2242	47646	1687,297.37	33	211	12,645.70
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	3	82.33	19253	74952	2834,767.61	13073	24639	2047,552.99
CLINIC SERVICES	0	0	0.00	1705	2377	339,754.73	1551	2258	267,596.44
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1117	3851	48,030.78	1464	4264	76,695.17
REHAB SUPPORT SERVICES	0	0	0.00	2166	59980	2902,726.19	12	218	10,351.58
AMBULANCE SERVICES	0	0	0.00	321	378	37,255.63	48	49	8,397.69
LOCAL EDUCATION AGENCY	0	0	0.00	184	57931	352,761.76	5	1243	9,237.70
EARLY ACCESS SERVICES	0	0	0.00	45	235	4,438.81	0	0	0.00
PRESCRIBED DRUGS	1	10	546.94	32319	174469	13663,605.83	17321	44002	2174,195.56

## 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	85	94	3,816.31	542	624	30,037.90
IOWA PLAN PROGRAM	1	1	77.59	43361	44471	3130,776.10	36298	39765	997,334.94
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	213	270	10,981.95	104	114	3,291.39
HMO SERVICES	0	0	0.00	0	0	0.00	1161	1100	257,165.21
PATIENT MANAGEMENT	0	0	0.00	3	3	6.00	23504	23504	47,008.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	689	1733	177,237.14	490	1339	35,003.95
MEDICAL SUPPLIES	0	0	0.00	6264	499365	1039,685.59	681	21339	122,305.89
OTHER PRACTITIONER	0	0	0.00	1096	6527	163,503.93	624	1271	83,031.83
FAMILY CENTERED PROGRAM	0	0	0.00	184	3731	98,721.64	39	770	20,524.93
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	1	28	1,262.32	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	9	323	16,630.83	3	53	3,429.75
DENTAL	0	0	0.00	2608	3133	394,922.78	2360	2959	453,189.73
OPTOMETRIST	0	0	0.00	1769	2213	99,841.96	1241	1515	90,117.09
CHIROPRACTIC	0	0	0.00	1552	3939	64,657.95	1309	3082	100,135.12
PODIATRIC	0	0	0.00	852	1412	53,647.47	154	198	25,314.98
PHYSICAL DISABILITIES SVCS	0	0	0.00	243	9440	118,383.59	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	136	8415	196,567.35	0	0	0.00
PSYCHIATRIC	0	0	0.00	2018	3701	111,230.99	13	18	1,091.90
RESIDENTIAL CARE FACILITY	0	0	0.00	1598	57468	438,396.73	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	983	62264	2738,000.66	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	7	391	3,841.71	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	39	1691	41,918.01	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1261	74536	1191,585.91	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	1227	1470	303,098.03	5	10	2,066.21
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 *	1	14	706.86	46779	1380795	45289,819.51	41759	234381	12478,241.32

## TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD		AMOUNT PAID	CHAP		AMOUNT PAID	OTHER		AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE		RECIPS SERVED	UNITS OF SERVICE		RECIPS SERVED	UNITS OF SERVICE	
INPATIENT	296	1576	1483,593.66	340	7887	1482,461.58	1449	6702	6767,066.01
OUTPATIENT	5678	27229	1267,015.04	1359	9308	362,853.13	8018	55464	2016,372.92
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	5	89	29,042.02
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	5	160	91,148.56-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	742,233.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	130	1103	28,951.98	32	263	11,788.20	180	1681	227,599.78
LEAD INSPECTION AGENCY	2	3	1,067.07	0	0	0.00	2	2	711.38
PHYSICIAN	15073	23486	1496,290.70	2874	4755	340,027.49	20425	35559	2857,785.70
CLINIC SERVICES	1668	2051	254,781.41	404	558	62,881.59	2901	4365	603,394.32
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	2036	3136	43,726.26	345	728	12,036.32	3359	6633	107,943.24
REHAB SUPPORT SERVICES	0	0	0.00	10	179	10,989.20	1	85	6,634.25
AMBULANCE SERVICES	31	28	3,781.36	5	5	1,503.06	48	47	12,123.14
LOCAL EDUCATION AGENCY	73	11129	89,179.17	12	1476	10,139.87	57	10969	41,622.00
EARLY ACCESS SERVICES	38	156	4,002.79	7	70	1,397.80	33	161	3,675.53
PRESCRIBED DRUGS	13195	22274	1205,027.80	3082	7058	463,613.00	16082	27541	1310,098.69

## 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	83	145	4,160.58	99	112	5,425.40	149	175	7,591.31
IOWA PLAN PROGRAM	60552	64950	710,281.30	9927	10836	222,769.85	67367	72817	892,498.20
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	3038	3560	281,908.83	550	632	47,419.20	3906	4389	467,728.18
HMO SERVICES	2061	1950	219,969.16	312	295	41,602.63	1809	1673	220,900.59
PATIENT MANAGEMENT	40619	40619	81,238.00	6143	6143	12,286.00	46241	46241	92,482.00
HEALTH INS PREMIUM PAYMENT	764	2247	46,307.67	42	101	4,462.91	2879	9146	216,237.51
MEDICAL SUPPLIES	504	12842	61,745.90	105	3296	14,166.28	615	17596	74,917.13
OTHER PRACTITIONER	857	1859	80,586.18	191	484	22,517.35	1291	2415	131,000.23
FAMILY CENTERED PROGRAM	605	10213	274,372.63	332	4441	139,514.87	386	6655	188,269.26
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	1	9	411.78	4	41	1,700.07	0	0	0.00
GROUP TREATMENT THERAPY	3	29	1,728.98	21	782	49,805.23	8	138	7,605.11
DENTAL	3279	3763	465,400.56	733	887	121,263.37	4320	4955	543,683.22
OPTOMETRIST	1186	1363	74,304.46	285	343	20,365.31	1410	1604	86,498.81
CHIROPRACTIC	707	1326	40,505.94	148	323	10,249.73	943	1970	56,656.03
PODIATRIC	57	65	6,916.46	17	23	2,371.09	80	101	8,043.55
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	0	0	0.00
PSYCHIATRIC	4	4	294.13	14	25	1,671.44	7	13	1,029.57
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	2	17	990.75
MR WAIVER SERVICE	2	14	282.66	1	30	5,604.60	6	226	90,733.46-
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	2	42	583.44
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	85	850.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	1	220.00	5	7	1,450.70	3	4	860.00
UNASSIGNED	1	0	0.00	0	0	0.00	4	0	149,073.05-
* A L L C A T E G O R I E S *	67637	237130	8228,052.46	11043	61088	3484,337.27	75706	319720	15909,325.80

## 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	47	791	236,614.33	587	2597	729,016.94	53	251	213,000.74
OUTPATIENT	819	5236	157,093.12	3213	38750	602,618.76	433	3989	218,409.64
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	123	33,105.45	200	2263	11,975.90	1	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8379	267097	22686,346.85	5	179	16,749.35
INTER CARE MENTAL RETARDA	3	121	55,043.97	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	27	2744	752,861.70	0	0	0.00
HOME HEALTH	43	1947	50,081.61	2513	47759	1965,082.50	59	608	20,614.05
LEAD INSPECTION AGENCY	1	1	355.69	0	0	0.00	0	0	0.00
PHYSICIAN	2229	3246	185,483.79	6035	25644	326,509.22	798	2181	115,943.78
CLINIC SERVICES	282	392	40,620.92	490	274	41,442.59	104	135	17,891.27
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	259	614	8,608.40	98	324	3,327.57	65	193	3,026.72
REHAB SUPPORT SERVICES	1	86	591.10	18	495	25,706.77	45	1374	90,399.45
AMBULANCE SERVICES	6	6	1,461.74	293	367	26,192.92	13	12	893.62
LOCAL EDUCATION AGENCY	40	16147	107,228.69	1	153	1,009.36	0	0	0.00
EARLY ACCESS SERVICES	16	105	2,341.52	2	8	142.52	0	0	0.00
PRESCRIBED DRUGS	4177	10731	1001,515.99	18182	135990	5974,077.68	1493	7203	392,535.66

## 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	33	39	1,977.28	0	0	0.00	15	15	729.58
IOWA PLAN PROGRAM	9614	10015	827,730.21	1742	1785	98,028.31	1566	1755	51,893.30
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	194	207	10,667.26	4	5	76.80	19	19	589.40
HMO SERVICES	1	1	69.95	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	92	92	184.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	133	311	14,608.25	30	53	9,992.54	8	18	770.69
MEDICAL SUPPLIES	159	19617	39,195.36	3590	329780	424,895.31	136	9305	9,572.50
OTHER PRACTITIONER	231	1438	45,498.55	274	1254	28,995.72	48	108	5,321.29
FAMILY CENTERED PROGRAM	666	11177	327,276.82	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	516	4830	206,812.98	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	926	34652	2146,849.59	0	0	0.00	0	0	0.00
DENTAL	832	942	88,877.67	544	656	100,029.91	152	180	23,016.60
OPTOMETRIST	384	436	22,615.71	559	733	18,696.26	90	121	5,481.45
CHIROPRACTIC	113	199	5,733.68	186	422	3,187.36	87	205	5,438.30
PODIATRIC	27	30	3,254.71	1137	1588	17,742.77	35	60	2,445.30
PHYSICAL DISABILITIES SVCS	0	0	0.00	86	2915	34,717.15	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	18	2038	31,258.35	197	10546	289,545.54	0	0	0.00
PSYCHIATRIC	9	14	1,253.30	208	315	9,087.79	30	36	913.76
RESIDENTIAL CARE FACILITY	1	27	379.89	4	106	1,078.42	0	0	0.00
MR WAIVER SERVICE	148	9996	231,429.09	23	311	15,704.55	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	24	2191	20,146.20	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	4609	192480	2178,193.64	2	93	568.47
ILL & HANDICAPPED WAIVER SVCS	23	1783	27,815.95	25	1476	16,620.45	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	110	157	32,750.94	49	50	10,906.61	6	8	1,693.66
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 *	9828	137547	5946,385.86	15341	1071131	36423,956.61	2213	28048	1197,898.58

## 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	184	838	745,684.86	38	332	114,705.34	7	23	31,598.38
OUTPATIENT	688	9887	369,580.15	709	4189	197,839.78	85	1020	63,590.96
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	50	685.56	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	8	1	2,569.37-	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	102	1420	73,558.54	9	26	1,120.24	2	10	462.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1179	5358	251,107.77	2098	3041	204,093.09	131	460	66,859.81
CLINIC SERVICES	90	100	14,035.60	290	349	39,893.43	12	16	2,278.18
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	34	97	1,665.79	122	320	5,203.47	23	78	1,446.75
REHAB SUPPORT SERVICES	32	1073	71,926.97	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	23	25	2,630.88	2	2	396.42	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	11	1230	9,577.70	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	5	851	545.19	0	0	0.00
PRESCRIBED DRUGS	1185	8968	591,936.03	2456	4230	276,485.42	146	510	31,472.95

## 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	48.82	37	39	2,145.90	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	10438	10967	129,047.26	185	186	14,431.74
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	2	2	496.61	319	343	24,197.55	0	0	0.00
HMO SERVICES	0	0	0.00	265	242	21,878.92	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	7731	7731	15,462.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	42	125	5,537.75	0	0	0.00
MEDICAL SUPPLIES	273	12632	33,839.80	65	3059	9,422.60	11	199	2,423.17
OTHER PRACTITIONER	64	198	8,519.47	157	461	15,757.17	5	16	882.63
FAMILY CENTERED PROGRAM	0	0	0.00	74	1612	37,368.79	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	2	11	477.11	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	7	194	13,273.19	0	0	0.00
DENTAL	104	134	20,821.75	888	994	127,930.08	16	19	2,210.20
OPTOMETRIST	82	110	3,445.88	356	415	22,183.21	11	13	708.50
CHIROPRACTIC	39	109	1,757.36	151	259	7,670.44	13	48	1,565.03
PODIATRIC	45	68	1,331.11	15	19	2,659.09	2	2	100.87
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00

## 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
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	83	220	8,282.57	1	1	179.52	0	0	0.00
RESIDENTIAL CARE FACILITY	1	31	259.17	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1	35	857.28	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	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	14	20	4,162.11	0	0	0.00	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 *	1885	41344	2203,207.43	10312	41077	1285,907.94	181	2600	220,031.17

## 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	17	69	83,997.75	124	551	490,537.84	0	0	0.00
OUTPATIENT	239	1813	139,740.87	1671	16666	350,880.59	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	30	13,950.00	5	187	45,800.99	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6	130	13,170.15	0	0	0.00
INTER CARE MENTAL RETARDA	1	28	13,085.86	2164	100654	36600,972.70	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	6	57	3,718.14	611	20137	732,526.28	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	420	916	67,980.63	3267	11978	232,394.15	0	0	0.00
CLINIC SERVICES	47	68	8,717.80	210	220	23,871.37	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	44	122	2,054.21	154	474	4,433.80	0	0	0.00
REHAB SUPPORT SERVICES	4	159	11,205.95	31	810	40,409.78	0	0	0.00
AMBULANCE SERVICES	3	3	355.07	44	57	4,823.88	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	115	54770	389,238.13	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	17	71	1,325.13	0	0	0.00
PRESCRIBED DRUGS	749	2948	187,133.84	7124	31994	2643,181.81	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	4	130.48	33	33	742.84	0	0	0.00
IOWA PLAN PROGRAM	1149	1211	102,524.12	9065	9117	671,119.44	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	4	4	196.94	56	68	2,021.83	0	0	0.00
HMO SERVICES	1	0	5.29	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	802.77	456	1074	114,677.74	0	0	0.00
MEDICAL SUPPLIES	73	3516	8,247.81	1394	248562	326,597.91	0	0	0.00
OTHER PRACTITIONER	21	55	2,368.15	416	3963	102,893.18	0	0	0.00
FAMILY CENTERED PROGRAM	6	113	3,414.88	11	74	2,879.09	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	3	26	1,144.07	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	7	230	14,544.46	0	0	0.00	0	0	0.00
DENTAL	71	84	11,788.50	885	951	76,726.63	0	0	0.00
OPTOMETRIST	53	66	4,359.10	492	544	24,448.72	0	0	0.00
CHIROPRACTIC	39	106	3,159.80	185	370	5,388.97	0	0	0.00
PODIATRIC	9	12	1,242.86	335	445	12,673.17	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	2	278	3,441.60	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	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	112	6846	178,020.81	0	0	0.00
PSYCHIATRIC	2	2	355.70	315	487	16,298.60	0	0	0.00
RESIDENTIAL CARE FACILITY	2	63	1,019.34	29	1135	8,713.19	0	0	0.00
MR WAIVER SERVICE	1	22	4,017.20	6635	493206	18314,887.77	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	62	611.90	6	123	3,002.63	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	15	567.15	141	9952	170,249.95	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	1	220.00	4679	5531	1164,836.55	0	0	0.00
UNASSIGNED	0	0	0.00	2	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1193	11811	692,662.64	9845	1021458	62773,187.22	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	5459	33515	21756,382.10			
OUTPATIENT	0	0	0.00	43872	407312	13369,198.81			
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	61	730.40			
SKILLED NURSING FACILITY	0	0	0.00	363	6226	1100,117.70			
INTERMEDIATE CARE FACILITY	0	0	0.00	12520	402870	32401,080.18			
INTER CARE MENTAL RETARDA	0	0	0.00	2183	101497	36145,583.51			
NURSING FAC FOR MENTAL ILL	0	0	0.00	32	3199	859,032.75			
HOME HEALTH	0	0	0.00	7072	143763	5582,736.19			
LEAD INSPECTION AGENCY	0	0	0.00	5	6	2,134.14			
PHYSICIAN	0	0	0.00	89912	236002	11312,744.25			
CLINIC SERVICES	0	0	0.00	10023	13334	1747,786.22			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
LAB AND RADIOLOGICAL	0	0	0.00	9147	21036	320,532.37			
REHAB SUPPORT SERVICES	0	0	0.00	2345	65920	3234,552.33			
AMBULANCE SERVICES	0	0	0.00	969	1140	111,388.09			
LOCAL EDUCATION AGENCY	0	0	0.00	484	155048	1009,994.38			
EARLY ACCESS SERVICES	0	0	0.00	160	1657	17,869.29			
PRESCRIBED DRUGS	0	0	0.00	122779	526508	32056,869.77			

## 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	1082	1284	56,816.17			
IOWA PLAN PROGRAM	0	0	0.00	250920	267958	7851,164.81			
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	8370	9613	849,575.94			
HMO SERVICES	0	0	0.00	5517	5261	761,591.75			
PATIENT MANAGEMENT	0	0	0.00	124384	124384	248,768.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5539	16160	625,816.03			
MEDICAL SUPPLIES	0	0	0.00	15786	1330095	2358,068.12			
OTHER PRACTITIONER	0	0	0.00	5420	20544	699,019.07			
FAMILY CENTERED PROGRAM	0	0	0.00	2245	38786	1092,342.91			
FAMILY PRESERVATION	0	0	0.00	0	0	0.00			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	527	4945	211,808.33			
GROUP TREATMENT THERAPY	0	0	0.00	979	36436	2256,718.82			
DENTAL	0	0	0.00	17081	20045	2490,416.34			
OPTOMETRIST	0	0	0.00	8415	10191	490,359.77			
CHIROPRACTIC	0	0	0.00	5741	13080	311,621.28			
PODIATRIC	0	0	0.00	3302	4838	146,147.39			
PHYSICAL DISABILITIES SVCS	0	0	0.00	331	12633	156,542.34			

