

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	226	994	258,684.58
OUTPATIENT	24	234	8,728.02	0	0	0.00	1541	13016	228,980.98
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	21	267	728.90
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	2680	80584	5572,093.22
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	1	30	4,709.70
HOME HEALTH	0	0	0.00	0	0	0.00	507	6864	237,007.46
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	25	43	2,419.64	0	0	0.00	4189	18705	245,531.42
CLINIC SERVICES	0	0	0.00	0	0	0.00	115	113	9,923.60
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	0	0	0.00	52	114	1,642.28
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	14	375	12,794.70
AMBULANCE SERVICES	1	1	113.41	0	0	0.00	133	168	12,391.12
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	16	29	5,413.38	0	0	0.00	7346	37824	1654,151.79

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	55	77	2,330.83	0	0	0.00	3	3	224.44
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	51	51	102.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	2	2	942.20
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	1008	48128	71,799.52
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	93	356	4,889.20
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	38	3,076.51	0	0	0.00	0	0	0.00
DENTAL	7	8	954.82	0	0	0.00	148	162	22,962.76
OPTOMETRIST	0	0	0.00	0	0	0.00	375	515	12,440.12
CHIROPRACTIC	0	0	0.00	0	0	0.00	264	555	3,466.16
PODIATRIC	0	0	0.00	0	0	0.00	437	668	7,317.48
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	1	850.00	
PSYCHIATRIC	0	0	0.00	0	0	0.00	117	164	4,321.15	
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	393	11497	81,867.62	
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	59	2296	126,233.47	
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	1172	48991	558,809.50	
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	3	239	1,940.52	
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	85	91	19,447.08	
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 *	73	481	23,138.61	0	0	0.00	10645	272723	9156,160.74	

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	833	4885	3886,751.72	434	1531	1743,606.99
OUTPATIENT	0	0	0.00	8853	82869	2770,685.46	5873	43853	2075,157.78
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	149	1,784.08	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	74	2302	695,252.11	1	2	1,827.00
INTERMEDIATE CARE FACILITY	0	0	0.00	406	12344	1090,093.77	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	15	384	117,151.00	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	986	10485	374,644.92	15	91	7,929.25
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	1	39.05	16550	64086	1950,124.40	8857	14787	1151,051.08
CLINIC SERVICES	0	0	0.00	983	1274	153,818.23	843	1076	123,238.11
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	729	2350	32,012.90	911	2364	45,636.40
REHAB SUPPORT SERVICES	0	0	0.00	1378	30030	1377,952.26	8	65	2,772.88
AMBULANCE SERVICES	0	0	0.00	298	355	30,877.74	34	32	4,053.59
LOCAL EDUCATION AGENCY	0	0	0.00	121	43649	335,294.80	1	135	1,417.50
EARLY ACCESS SERVICES	0	0	0.00	544	6715	83,481.42	4	44	654.92
PRESCRIBED DRUGS	1	9	461.85	31379	163420	12638,808.39	16482	41252	2070,581.01

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	46	51	2,021.39	312	348	18,426.71
IOWA PLAN PROGRAM	1	1	77.59	43408	44740	3148,531.05	37016	41411	1037,534.44
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	75	77	4,583.56	46	45	2,837.12
HMO SERVICES	0	0	0.00	0	0	0.00	1040	1085	262,708.15
PATIENT MANAGEMENT	0	0	0.00	4	4	8.00	23675	23675	47,350.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	698	1506	175,623.92	485	1124	34,091.21
MEDICAL SUPPLIES	0	0	0.00	3586	199982	372,268.41	295	7088	40,145.73
OTHER PRACTITIONER	0	0	0.00	766	4325	110,029.25	372	668	43,189.61
FAMILY CENTERED PROGRAM	0	0	0.00	205	4206	117,640.10	48	1005	29,559.60
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	1	17	693.95
GROUP TREATMENT THERAPY	0	0	0.00	9	317	16,199.83	2	32	2,089.77
DENTAL	0	0	0.00	1292	1478	202,312.41	1206	1414	214,848.87
OPTOMETRIST	0	0	0.00	1120	1383	59,750.43	676	797	47,958.09
CHIROPRACTIC	0	0	0.00	1188	2563	33,417.00	625	1170	38,077.21
PODIATRIC	0	0	0.00	677	1115	33,842.85	107	125	14,017.55
PHYSICAL DISABILITIES SVCS	0	0	0.00	211	9033	109,108.59	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	99	6431	158,329.90	0	0	0.00
PSYCHIATRIC	0	0	0.00	2020	3653	106,972.65	4	18	986.03
RESIDENTIAL CARE FACILITY	0	0	0.00	1300	37877	278,186.21	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	787	40838	1702,889.84	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	370	4,005.36	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	11	217	7,769.42	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1014	45767	702,048.41	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	1050	1094	229,636.03	4	4	880.34
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 *	1	11	578.49	46030	832324	33113,907.81	40937	185258	9063,320.89

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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

INPATIENT	190	1131	1181,560.18	283	6138	1257,622.30	947	5253	5976,967.17
OUTPATIENT	4418	20095	969,377.49	1082	6908	265,163.42	6297	39669	1554,464.94
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	2	29	19,788.37
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	3	33	2,141.87-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	807,374.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	116	563	16,213.44	22	130	2,935.67	123	491	12,679.70
LEAD INSPECTION AGENCY	0	0	0.00	1	1	355.69	0	0	0.00
PHYSICIAN	10277	15283	987,863.53	1868	3014	231,343.68	12341	20335	1674,726.24
CLINIC SERVICES	1294	1478	195,372.85	240	321	35,986.65	1705	2209	240,091.20
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	422	946	11,375.28	151	372	6,094.67	976	2415	39,596.70
REHAB SUPPORT SERVICES	0	0	0.00	6	115	7,919.25	2	28	826.56
AMBULANCE SERVICES	20	19	2,446.44	7	7	916.83	24	22	2,128.06
LOCAL EDUCATION AGENCY	36	6518	26,951.99	2	46	474.48	26	7035	87,784.66
EARLY ACCESS SERVICES	489	5537	62,852.01	50	383	4,665.64	508	5769	64,997.36
PRESCRIBED DRUGS	12545	20981	1146,123.45	2909	6419	434,009.80	15260	25969	1265,846.57

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	61	66	3,137.65	39	41	1,954.66	110	120	6,021.79
IOWA PLAN PROGRAM	61404	67004	733,847.90	10070	11269	230,234.00	68378	76409	937,824.83
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	1409	1507	154,600.92	196	203	30,513.85	1866	2010	300,746.50
HMO SERVICES	1841	1912	211,226.50	276	283	42,599.87	1620	1682	225,175.18
PATIENT MANAGEMENT	40998	40998	81,996.00	6136	6136	12,272.00	46510	46510	93,020.00
HEALTH INS PREMIUM PAYMENT	759	1818	44,583.39	41	90	3,918.01	2885	7732	196,157.06
MEDICAL SUPPLIES	269	4372	27,023.36	48	856	6,758.74	331	6990	48,992.37
OTHER PRACTITIONER	672	2654	65,717.73	115	375	13,215.92	789	2610	106,022.07
FAMILY CENTERED PROGRAM	729	13919	405,525.75	350	4983	157,634.47	452	9172	257,067.15
FAMILY PRESERVATION	0	0	0.00	1	1	2,360.32	0	0	0.00
TREATMENT FOSTER FAMILY CARE	3	56	2,431.30	5	32	1,331.60	2	11	452.26
GROUP TREATMENT THERAPY	4	34	2,147.24	24	671	37,142.76	7	242	11,710.52
DENTAL	1567	1740	186,918.79	310	351	47,394.35	1800	1975	199,683.66
OPTOMETRIST	543	608	32,881.02	148	169	9,388.08	668	749	42,214.73
CHIROPRACTIC	350	540	16,768.46	87	153	4,981.78	466	871	26,740.98
PODIATRIC	36	48	5,661.39	14	20	2,145.64	43	51	5,241.80
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	1	2	186.17	4	3	52.26	9	16	1,774.83
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	30	0.00
MR WAIVER SERVICE	0	0	0.00	1	3	560.46	3	3	30,092.05-
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	1	170	1,700.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	1	215.00	2	2	417.21	1	1	215.00
UNASSIGNED	0	0	0.00	0	0	0.00	1	0	628,064.58
* A L L C A T E G O R I E S *	66528	209830	6575,005.23	10810	49495	2852,364.06	73803	266611	13189,114.92

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	37	340	93,877.05	356	1736	385,110.42	32	112	139,320.19
OUTPATIENT	646	3869	154,285.78	2153	18687	350,000.74	337	2662	120,158.74
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	98	1235	3,317.06	1	17	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	9029	274487	23192,199.25	3	90	6,818.32
INTER CARE MENTAL RETARDA	2	55	16,492.83	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	17	510	92,196.11	0	0	0.00
HOME HEALTH	20	400	10,744.47	1181	14060	640,090.50	30	316	3,804.58
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1334	1925	126,495.60	5842	26613	320,616.19	658	2244	73,171.13
CLINIC SERVICES	121	137	17,872.44	142	112	9,201.79	52	72	8,746.92
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	124	349	5,210.45	62	191	1,817.49	44	103	1,675.64
REHAB SUPPORT SERVICES	1	258	2,729.64	6	168	7,837.67	27	700	45,478.85
AMBULANCE SERVICES	2	0	177.16-	281	366	26,553.62	12	9	745.73
LOCAL EDUCATION AGENCY	25	5357	34,854.93	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	121	1216	16,189.25	8	90	1,153.75	0	0	0.00
PRESCRIBED DRUGS	4037	9605	835,043.59	17528	125520	5917,323.04	1428	6384	351,378.66

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	13	13	641.62	0	0	0.00	7	7	318.75
IOWA PLAN PROGRAM	9597	10091	837,190.35	1740	1792	97,728.48	1582	1793	53,132.63
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	93	98	5,996.01	1	1	15.36	6	7	219.60
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	99	99	198.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	137	289	14,100.56	32	50	10,882.65	8	12	1,310.25
MEDICAL SUPPLIES	66	3896	15,156.95	1745	108010	157,061.68	83	2147	6,673.47
OTHER PRACTITIONER	213	1072	33,122.29	133	555	8,219.64	21	80	3,985.70
FAMILY CENTERED PROGRAM	775	13255	413,730.72	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	601	6606	279,403.01	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	1016	40358	2470,069.88	0	0	0.00	0	0	0.00
DENTAL	361	387	40,237.80	232	261	41,487.23	80	94	11,499.03
OPTOMETRIST	223	250	13,654.21	418	524	12,517.42	62	74	3,292.07
CHIROPRACTIC	51	94	2,945.01	170	354	2,818.14	53	109	2,626.91
PODIATRIC	12	14	1,488.11	859	1172	12,472.04	26	38	1,473.73
PHYSICAL DISABILITIES SVCS	0	0	0.00	73	3165	34,416.65	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	16	714	16,090.93	184	7977	230,251.09	0	0	0.00
PSYCHIATRIC	3	3	450.01	193	303	8,883.32	32	40	1,138.76
RESIDENTIAL CARE FACILITY	0	0	0.00	5	114	1,393.74	1	20	501.40
MR WAIVER SERVICE	104	5332	129,462.43	4	16	800.96	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	23	2202	20,707.36	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	4013	149682	1634,807.73	3	31	321.98
ILL & HANDICAPPED WAIVER SVCS	19	605	11,482.78	22	1171	13,800.51	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	82	86	18,549.46	50	53	11,485.67	4	4	1,042.50
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 *	9829	106773	5617,589.00	16631	741177	33247,167.30	2197	17165	838,835.54

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	111	589	629,085.86	32	259	150,399.48	7	26	32,916.60
OUTPATIENT	417	6293	234,449.86	582	2949	172,663.51	68	692	68,261.30
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	24	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	3	61	4,660.01	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	60	454	8,218.35	6	16	723.70	1	11	668.80
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	807	3102	132,991.09	1373	1899	124,812.98	99	289	44,412.41
CLINIC SERVICES	37	62	8,082.86	197	240	28,442.69	8	9	1,178.98
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	30	90	1,283.10	69	184	2,577.25	19	48	886.86
REHAB SUPPORT SERVICES	23	467	22,145.28	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	15	10	1,039.29	3	3	348.71	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	8	3267	41,523.61	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	82	881	9,283.10	0	0	0.00
PRESCRIBED DRUGS	943	5729	364,588.38	2200	3752	248,218.56	143	495	32,209.61

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	0	0	0.00	19	22	1,169.41	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	10545	11495	134,836.53	186	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	0	0	0.00	141	147	10,574.40	0	0	0.00
HMO SERVICES	0	0	0.00	225	231	22,122.39	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	7674	7674	15,348.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	49	113	3,412.20	0	0	0.00
MEDICAL SUPPLIES	131	5648	17,188.80	23	936	4,654.18	7	63	1,691.98
OTHER PRACTITIONER	25	55	2,915.65	111	325	9,493.35	2	12	391.29
FAMILY CENTERED PROGRAM	0	0	0.00	91	2136	55,966.45	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	1	1	2,675.36	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	1	7	305.06	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	7	195	13,975.45	0	0	0.00
DENTAL	39	47	11,134.76	434	472	57,433.03	7	8	734.54
OPTOMETRIST	51	72	2,259.38	158	175	9,297.01	6	6	421.93
CHIROPRACTIC	34	70	773.54	88	135	4,245.00	8	20	599.44
PODIATRIC	30	36	747.70	7	8	897.35	2	2	70.55
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	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	54	148	4,260.32	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	1	16	395.52	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	43	172.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	75	294.00	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	15	15	3,266.11	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 *	1452	23090	1449,556.34	10339	37538	1125,794.28	177	1868	198,953.62

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	18	71	91,430.41	64	248	141,671.04	0	0	0.00
OUTPATIENT	214	1657	68,634.17	1252	9379	254,164.58	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	2	37	12,243.89	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	4	79	7,246.82	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1479	43416	11480,564.70	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	2	38	4,156.78	220	3517	120,396.07	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	327	702	50,992.66	2635	6806	176,357.45	0	0	0.00
CLINIC SERVICES	25	28	3,695.03	71	72	8,124.75	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	31	77	1,269.42	93	294	3,020.58	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	17	235	14,002.73	0	0	0.00
AMBULANCE SERVICES	1	0	0.00	32	39	2,990.55	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	126	51932	401,429.28	0	0	0.00
EARLY ACCESS SERVICES	5	57	595.55	363	4948	60,993.65	0	0	0.00
PRESCRIBED DRUGS	722	2730	648,543.87	6922	30417	2511,834.02	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	1	1	24.36	26	26	986.05	0	0	0.00
IOWA PLAN PROGRAM	1167	1250	104,913.85	9059	9149	671,963.42	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	3	4	199.32	22	23	890.43	0	0	0.00
HMO SERVICES	1	1	176.47	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	3	6	430.18	461	943	137,968.65	0	0	0.00
MEDICAL SUPPLIES	38	1148	3,069.31	671	76911	131,279.53	0	0	0.00
OTHER PRACTITIONER	14	52	1,783.36	374	3741	98,483.36	0	0	0.00
FAMILY CENTERED PROGRAM	8	136	5,009.77	10	184	6,328.54	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	3	19	840.15	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	7	183	10,966.61	0	0	0.00	0	0	0.00
DENTAL	37	50	8,431.34	378	398	33,556.16	0	0	0.00
OPTOMETRIST	30	34	2,470.43	250	266	11,193.79	0	0	0.00
CHIROPRACTIC	13	27	644.26	142	307	4,031.15	0	0	0.00
PODIATRIC	11	12	621.11	335	425	11,196.39	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	3	321	4,210.49	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	101	5244	119,998.98	0	0	0.00
PSYCHIATRIC	2	1	21.11	347	530	16,794.83	0	0	0.00
RESIDENTIAL CARE FACILITY	1	30	92.10	16	388	3,120.99	0	0	0.00
MR WAIVER SERVICE	1	29	5,295.40	5591	312835	12079,792.44	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	60	540.00	1	30	695.70	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	12	453.72	116	5930	84,190.98	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	1	215.00	4120	4366	930,945.78	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 *	1205	8416	1015,515.74	9445	573436	29542,667.77	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	3559	23313	15969,003.99			
OUTPATIENT	0	0	0.00	33566	252832	9295,176.77			
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	149	1,784.08			
SKILLED NURSING FACILITY	0	0	0.00	200	3913	733,157.33			
INTERMEDIATE CARE FACILITY	0	0	0.00	12110	367678	29870,969.52			
INTER CARE MENTAL RETARDA	0	0	0.00	1496	43855	10806,834.53			
NURSING FAC FOR MENTAL ILL	0	0	0.00	18	540	96,905.81			
HOME HEALTH	0	0	0.00	3279	37436	1440,213.69			
LEAD INSPECTION AGENCY	0	0	0.00	1	1	355.69			
PHYSICIAN	0	0	0.00	66517	179834	7292,948.55			
CLINIC SERVICES	0	0	0.00	5809	7203	843,776.10			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
LAB AND RADIOLOGICAL	0	0	0.00	3698	9897	154,099.02			
REHAB SUPPORT SERVICES	0	0	0.00	1481	32441	1494,459.82			
AMBULANCE SERVICES	0	0	0.00	860	1031	84,427.93			
LOCAL EDUCATION AGENCY	0	0	0.00	344	117939	929,731.25			
EARLY ACCESS SERVICES	0	0	0.00	2102	25640	304,866.65			
PRESCRIBED DRUGS	0	0	0.00	117519	480535	30124,535.97			

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	632	696	34,712.16			
IOWA PLAN PROGRAM	0	0	0.00	253601	276671	8004,879.67			
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	3840	4122	511,177.07			
HMO SERVICES	0	0	0.00	4999	5194	764,006.56			
PATIENT MANAGEMENT	0	0	0.00	125147	125147	250,294.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5560	13685	623,420.28			
MEDICAL SUPPLIES	0	0	0.00	8230	466175	903,764.03			
OTHER PRACTITIONER	0	0	0.00	3676	16680	501,458.42			
FAMILY CENTERED PROGRAM	0	0	0.00	2593	48996	1448,462.55			
FAMILY PRESERVATION	0	0	0.00	2	2	5,035.68			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	615	6748	285,457.33			
GROUP TREATMENT THERAPY	0	0	0.00	1070	42070	2567,378.57			
DENTAL	0	0	0.00	7886	8845	1079,589.55			
OPTOMETRIST	0	0	0.00	4725	5622	259,738.71			
CHIROPRACTIC	0	0	0.00	3525	6968	142,135.04			
PODIATRIC	0	0	0.00	2588	3734	97,193.69			
PHYSICAL DISABILITIES SVCS	0	0	0.00	287	12519	147,735.73			

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	399	20367	525,520.90				
PSYCHIATRIC	0	0	0.00	2782	4881	145,841.44				
RESIDENTIAL CARE FACILITY	0	0	0.00	1714	49956	365,162.06				
MR WAIVER SERVICE	0	0	0.00	6540	361368	14015,338.47				
MR OBRA WAIVER SERVICES	0	0	0.00	0	0	0.00				
AIDS WAIVER SERVICES	0	0	0.00	30	2572	24,712.72				
ELDERLY WAIVER SERVICES	0	0	0.00	5179	199054	2203,116.33				
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1171	53969	815,910.92				
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00				
MEP SERVICES	0	0	0.00	5409	5718	1216,315.18				
UNASSIGNED	0	0	0.00	2	0	628,064.58				
* A L L C A T E G O R I E S *	0	0	0.00	300102	3326196	147009,670.34	0	0		0.00

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