

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 07/31/08)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
INPATIENT	6,286	6,048	35,232	\$23,630,009.56
OUTPATIENT	54,582	74,613	648,338	\$13,685,701.46
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	0	0	0	\$0.00
SKILLED NURSING FACILITY	624	715	11,591	\$1,829,885.45
INTERMEDIATE CARE FACILITY	12,298	12,828	362,348	\$35,341,167.23
INTER CARE MENTAL RETARDA	2,128	2,136	62,335	\$21,710,009.68
NURSING FAC FOR MENTAL ILL	27	27	810	\$236,595.83
HOME HEALTH	12,433	16,797	327,122	\$7,732,318.92
LEAD INSPECTION AGENCY	5	5	5	\$1,890.52
PHYSICIAN	105,293	205,969	285,721	\$12,121,865.52
CLINIC SERVICES	16,242	23,574	23,275	\$3,084,077.20
MEP CASE MANAGEMENT	0	0	0	\$0.00
LAB AND RADIOLOGICAL	12,859	16,797	24,454	\$380,022.91
HABILITATION SERVICES	2,489	4,145	68,470	\$3,294,035.90
REMEDIAL SERVICES	6,248	8,791	304,480	\$3,987,951.33
REHAB SUPPORT SERVICES	356	2	211-	\$321,898.60
AMBULANCE SERVICES	2,013	2,232	2,199	\$221,306.71
LOCAL EDUCATION AGENCY	1,158	2,173	258,564	\$1,381,456.86
EARLY ACCESS SERVICES	349	1,059	1,809	\$42,369.64
PRESCRIBED DRUGS	102,238	298,924	269,555	\$16,387,835.66
DRUG CAPITATION	1	0	0	\$18.99
INDIAN HEALTH SERVICES	0	0	0	\$0.00
FAMILY PLANNING SERVICES	8,117	9,532	9,574	\$805,010.45
IOWA PLAN PROGRAM	322,191	294,200	294,200	\$10,412,363.33
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00
EPSPD SCREENING	10,838	11,773	11,681	\$930,750.18
HMO SERVICES	4,497	4,662	4,662	\$693,397.60
PATIENT MANAGEMENT	132,041	131,992	131,785	\$263,562.00
HEALTH INS PREMIUM PAYMENT	4,204	12,036	12,036	\$656,794.70
MEDICAL SUPPLIES	21,292	36,322	1,366,682	\$3,327,857.10
OTHER PRACTITIONER	11,937	25,134	57,092	\$1,351,633.99
FAMILY CENTERED PROGRAM	0	0	0	\$0.00
FAMILY PRESERVATION	0	0	0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	0	\$0.00
GROUP TREATMENT THERAPY	0	0	0	\$0.00
DENTAL	20,574	22,970	23,246	\$3,133,338.83
OPTOMETRIST	9,679	9,985	10,572	\$514,160.50
CHIROPRACTIC	7,704	12,717	15,683	\$342,085.76
PODIATRIC	3,769	4,414	5,863	\$165,986.00
PHYSICAL DISABILITIES SVCS	621	941	26,531	\$343,852.95
BRAIN INJ WAIVER SERVICES	1,041	2,193	55,691	\$1,560,318.48
PSYCHIATRIC	2,886	4,409	4,929	\$244,318.86
RESIDENTIAL CARE FACILITY	1,708	1,763	49,989	\$357,894.65
MR WAIVER SERVICE	9,580	17,238	643,041	\$24,200,158.51
CHILDRENS MENTAL HEALTH SVC	450	698	20,754	\$433,978.25
AIDS WAIVER SERVICES	45	83	3,934	\$39,980.06

TITLE XIX REPORT OF EXPENDITURES  
(BY CATEGORY OF SERVICE)  
(FISCAL YTD TOTALS AS OF 07/31/08)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT
ELDERLY WAIVER SERVICES	9,387	29,835	436,424	\$5,816,776.51
ILL & HANDICAPPED WAIVER SVCS	2,024	3,365	110,251	\$1,741,811.02
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	10,314	8,890	9,215	\$2,504,232.64
UNASSIGNED	28	0	0	\$154,235.68
* ALL CATEGORIES *	371,932	1,321,987	5,989,932	\$205,076,406.68

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