

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
INPATIENT	0	0	0.00	0	0	0.00	591	2833	1019,693.75
OUTPATIENT	7	64	4,087.23	0	0	0.00	5187	119232	852,659.24
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	289	3600	68,473.36
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4639	143938	15716,647.43
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	4	93	17,546.55
HOME HEALTH	0	0	0.00	0	0	0.00	3004	55048	2165,586.53
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	24	46	5,493.30	0	0	0.00	7366	48149	491,100.05
CLINIC SERVICES	11	17	2,549.66	0	0	0.00	634	454	46,931.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	7	59	877.00	0	0	0.00	1019	276	3,582.87
HABILITATION SERVICES	0	0	0.00	0	0	0.00	68	2046	127,224.18
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	1	44	455.40
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	329	384	38,601.45
LOCAL EDUCATION AGENCY	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
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	15	34	991.43	0	0	0.00	3803	7513	88,746.67
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	35	35	74.90	0	0	0.00	5465	5480	11,727.20
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 CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	35	59	1,462.34	0	0	0.00	5684	5959	146,726.15
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
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	14	14	28.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	3428	226692	320,414.50
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	463	1563	21,667.39
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	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
DENTAL	7	22	3,989.58	0	0	0.00	593	749	121,267.73
OPTOMETRIST	2	3	214.84	0	0	0.00	817	1344	31,762.10
CHIROPRACTIC	0	0	0.00	0	0	0.00	447	1156	9,346.12
PODIATRIC	0	0	0.00	0	0	0.00	897	1361	15,479.65
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1	132	4,420.66
PSYCHIATRIC	0	0	0.00	0	0	0.00	186	365	10,969.19
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	277	9559	71,471.54
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	77	6532	263,467.49
CHILDRENS MENTAL HEALTH SVC	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	3871	181449	2591,446.70
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	0	0	0.00	0	0	0.00	105	600	15,456.79
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 *	55	353	19,768.28	0	0	0.00	17031	826551	24272,871.69

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	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	2073	12351	8835,300.68	741	2357	3527,196.20
OUTPATIENT	1	4	414.63	19510	529292	7161,629.09	11097	216379	5194,135.76
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	231	6818	2999,845.43	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	600	18067	2244,229.10	1	12	1,510.08
INTER CARE MENTAL RETARDA	0	0	0.00	1	0	15.54	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	4660	115428	3175,383.89	76	848	42,927.58
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	1	0	49.56-
PHYSICIAN	1	5	98.00	29133	144979	4626,465.84	20087	43150	3489,230.58
CLINIC SERVICES	0	0	0.00	4094	5299	764,443.46	3849	5533	808,102.42
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	4453	9805	157,592.85	4921	15170	363,027.46
HABILITATION SERVICES	0	0	0.00	3294	102707	5230,459.70	37	578	52,832.34
REMEDIAL SERVICES	0	0	0.00	937	24538	440,348.27	380	10327	145,218.82
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1106	1355	158,549.66	346	366	50,388.64
LOCAL EDUCATION AGENCY	0	0	0.00	424	91550	1028,835.98	10	1145	8,084.15

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
EARLY ACCESS SERVICES	0	0	0.00	7	28	301.89	0	0	0.00
PRESCRIBED DRUGS	1	1	120.21	27574	132622	9780,596.71	24872	77080	3280,621.76
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	51132	51578	110,376.92	43346	44609	95,463.26
INDIAN HEALTH SERVICES	0	0	0.00	2	3	867.00	1	4	1,156.00
FAMILY PLANNING SERVICES	0	0	0.00	115	122	8,296.70	6470	7526	688,388.96
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	220.46	52915	54323	3859,310.57	43540	48266	1442,847.93
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	119	167	7,822.86	38	41	3,447.03
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	35	35	115,219.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	26858	26826	53,652.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	618	1244	137,732.31	143	296	12,467.11
MEDICAL SUPPLIES	1	2-	28.34-	10643	885448	2056,325.61	1221	27958	206,310.54
OTHER PRACTITIONER	0	0	0.00	3322	34046	642,201.62	2547	6221	289,074.06
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	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	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
DENTAL	0	0	0.00	4895	6695	1116,086.45	3881	5618	1079,028.98
OPTOMETRIST	0	0	0.00	2937	4133	196,913.51	1896	2337	167,579.25
CHIROPRACTIC	0	0	0.00	2698	6809	97,452.49	2102	5010	165,946.89
PODIATRIC	0	0	0.00	1532	3063	93,867.37	257	322	36,288.09
PHYSICAL DISABILITIES SVCS	0	0	0.00	521	20470	263,147.75	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	348	20531	662,725.94	0	0	0.00
PSYCHIATRIC	0	0	0.00	2734	5412	159,445.56	38	55	4,875.31
RESIDENTIAL CARE FACILITY	0	0	0.00	1234	37955	307,607.85	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	971	65096	2852,848.39	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	25	1947	29,073.09	8	765	11,267.12
AIDS WAIVER SERVICES	0	0	0.00	11	777	9,925.72	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	35	1490	36,171.48	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1861	91480	1428,062.25	2	204	2,386.80
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1569	13760	353,705.10	13	99	1,906.21
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 *	3	14	831.38	58265	2501424	61149,185.63	57087	549102	21225,311.77

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			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	358	2213	2254,209.00	386	5573	1632,769.05	2278	13059	18284,570.30
OUTPATIENT	9193	89699	2328,351.43	2685	37723	874,839.86	15577	209525	4624,901.76
CHILD PART HOSP	0	0	0.00	0	0	0.00	1	0	54.64
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	4	2,379.72	0	0	0.00	1	17	438.77
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	29	1445,090.93-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	31	7,140.54
HOME HEALTH	545	2134	60,892.22	98	260	10,129.34	1020	3750	245,099.21
LEAD INSPECTION AGENCY	1	1	362.06	0	0	0.00	2	1	356.81
PHYSICIAN	24927	42905	2544,855.46	5525	11810	731,059.32	39704	81296	5420,659.74
CLINIC SERVICES	5276	6799	964,681.09	1245	1724	245,230.84	8876	12658	1753,819.99
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	2829	6675	90,935.34	791	3075	52,283.12	5248	17420	272,768.87
HABILITATION SERVICES	2	0	116.82	32	551	47,131.54	11	114	1,766.12-
REMEDIAL SERVICES	3336	78060	1387,558.39	907	22181	388,201.19	3021	69411	1221,078.35
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	0	0.00
AMBULANCE SERVICES	204	208	29,031.35	109	110	15,064.57	318	340	50,870.58
LOCAL EDUCATION AGENCY	153	26116	211,061.61	50	4734	47,794.96	158	24811	218,109.46

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			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	10	56	578.79	1	4	41.16	7	52	589.32
PRESCRIBED DRUGS	23013	43223	2296,898.31	5793	14523	781,949.68	34040	65473	3100,876.90
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	73323	74308	159,019.12	16129	16522	35,357.08	108813	110793	237,097.02
INDIAN HEALTH SERVICES	5	6	1,734.00	5	9	2,601.00	38	49	14,161.00
FAMILY PLANNING SERVICES	784	905	81,256.16	276	310	30,476.44	530	608	69,912.58
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	73530	79240	758,404.20	16192	17727	346,950.05	108902	121671	1851,120.62
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	1685	1808	315,897.30	274	302	66,083.50	2831	2962	829,748.67
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	48515	48515	97,030.00	9915	9847	19,694.00	75533	75518	151,036.00
HEALTH INS PREMIUM PAYMENT	194	439	12,651.07	53	113	4,348.42	1537	3928	93,858.28
MEDICAL SUPPLIES	1123	15290	140,537.66	228	6829	39,689.35	1437	25752	224,384.30
OTHER PRACTITIONER	3439	11834	366,453.79	823	3019	92,481.60	5298	21471	573,469.62
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	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			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DENTAL	6028	7349	977,080.04	1376	1800	291,064.05	9451	11549	1592,241.36
OPTOMETRIST	2027	2347	155,319.29	544	684	45,457.10	3297	3816	242,949.96
CHIROPRACTIC	1116	2173	65,878.80	319	711	23,390.44	2113	4714	137,067.08
PODIATRIC	79	90	10,479.91	43	50	7,822.32	158	185	16,443.04
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	4	166	3,826.45-
PSYCHIATRIC	23	29	2,194.49	12	19	1,381.13	44	89	5,116.25
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	833.00
ID WAIVER SERVICE	1	1	15.90	1	1	940.26	4	69	111,108.33-
CHILDRENS MENTAL HEALTH SVC	36	2274	36,135.03	82	4439	73,756.72	47	3481	50,564.66
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	2	68.26
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	1	464.59	3	38	16,756.72-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	57	536	17.83	153	1151	1,870.69	113	795	2,924.12
UNASSIGNED	1	0	0.00	0	0	0.00	4	0	252,860.61-
* A L L C A T E G O R I E S *	81308	545237	15352,016.18	17746	165802	5910,323.37	118086	885643	39462,921.90

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		
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	66	599	222,859.62	744	3541	945,175.59	44	195	261,223.61
OUTPATIENT	1036	14212	287,081.86	5831	156909	859,152.03	552	12083	283,177.49
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	124	58,927.60	494	8061	43,422.63	2	31	1,504.31
INTERMEDIATE CARE FACILITY	0	0	0.00	6345	196030	24611,907.61	0	0	0.00
INTER CARE MENTAL RETARDA	11	325	103,465.77	2	0	366.26-	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	20	592	124,019.15	0	0	0.00
HOME HEALTH	96	3744	105,402.08	3925	75308	2969,428.74	53	699	19,539.41
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2735	4566	247,077.30	7719	43229	558,328.13	932	2782	169,767.97
CLINIC SERVICES	561	719	95,370.44	474	320	36,046.63	161	218	30,039.19
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	324	1017	16,677.48	1251	452	5,679.20	169	393	8,634.25
HABILITATION SERVICES	28	655	64,087.31	51	1067	85,072.65	23	577	36,890.81
REMEDIAL SERVICES	2227	141775	1603,145.90	8	152	2,644.71	12	142	2,331.32
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	27	36	3,538.48	470	589	57,295.64	22	26	4,589.69
LOCAL EDUCATION AGENCY	112	23955	272,672.61	14	1186	28,279.24	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
EARLY ACCESS SERVICES	5	21	218.15	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5270	15595	1316,286.96	10023	24614	445,012.77	1102	4064	170,652.90
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10115	10234	21,900.76	21873	21922	46,913.08	1884	1971	4,217.94
INDIAN HEALTH SERVICES	4	4	1,156.00	0	0	0.00	2	7	2,023.00
FAMILY PLANNING SERVICES	37	39	3,637.32	0	0	0.00	34	38	3,523.26
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10129	10450	1038,056.00	21890	22252	644,280.83	1899	2085	66,893.46
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	74	74	6,948.99	1	1	3.15	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	50	50	139,338.00	0	0	0.00
PATIENT MANAGEMENT	75	75	150.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	155	298	14,581.79	26	46	8,229.98	5	13	179.92
MEDICAL SUPPLIES	267	34416	79,459.73	5005	443179	619,293.87	147	7448	20,623.51
OTHER PRACTITIONER	576	8570	125,385.59	656	2437	62,568.58	112	273	13,586.32
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	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

	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
DENTAL	1027	1253	158,695.91	998	1261	189,440.16	185	251	36,752.67
OPTOMETRIST	513	601	37,422.67	826	1263	32,699.48	105	135	8,297.34
CHIROPRACTIC	171	318	9,391.07	293	824	6,776.75	114	284	8,345.17
PODIATRIC	36	42	1,884.73	1408	1979	24,634.52	36	51	2,998.35
PHYSICAL DISABILITIES SVCS	0	0	0.00	217	8508	103,542.19	0	0	0.00
BRAIN INJ WAIVER SERVICES	35	2028	54,084.77	439	21648	716,419.21	0	0	0.00
PSYCHIATRIC	26	61	3,775.05	254	586	17,955.58	26	44	1,897.63
RESIDENTIAL CARE FACILITY	1	60	514.54	4	102	1,332.60	0	0	0.00
ID WAIVER SERVICE	215	8185	290,544.06	8	130	10,162.58	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	113	1,672.67	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	33	2479	25,784.93	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	6149	302665	3813,658.70	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	37	3103	46,631.47	5	148	9,457.56	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	269	2475	65,954.86	173	1770	48,893.96	2	0	4.06
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 *	10171	289742	6358,659.54	14229	1345300	37292,484.17	2006	33810	1157,693.58

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
INPATIENT	208	1018	1315,740.74	42	355	230,892.21	5	32	40,857.13
OUTPATIENT	695	25713	531,981.27	1367	18105	412,266.49	131	3532	142,843.93
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	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	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	24	316	27,740.54	65	228	194.69	3	26	2,415.35
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	917	3785	286,929.02	4028	6386	391,076.78	201	766	159,609.89
CLINIC SERVICES	85	158	26,393.38	947	1219	166,992.02	22	25	4,692.67
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	68	220	3,734.21	328	989	15,209.22	43	140	6,618.09
HABILITATION SERVICES	14	859	46,871.13	1	34	920.72	0	0	0.00
REMEDIAL SERVICES	2	0	26.40	601	12757	238,048.81	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	61	64	10,672.07	22	22	3,336.49	3	3	331.60
LOCAL EDUCATION AGENCY	0	0	0.00	37	6213	42,020.51	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
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	323	1634	72,936.85	4640	9436	686,489.66	210	1053	69,310.30
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	244	244	522.16	14697	14849	31,776.86	8	8	17.12
INDIAN HEALTH SERVICES	0	0	0.00	4	5	1,445.00	0	0	0.00
FAMILY PLANNING SERVICES	6	7	389.86	92	98	8,994.34	3	3	234.68
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	14795	16306	171,263.59	262	268	26,940.40
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	87	92	8,600.17	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	10445	10445	20,890.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	12	29	1,906.99	0	0	0.00
MEDICAL SUPPLIES	80	4218	35,701.31	162	4073	30,488.40	32	974	4,884.43
OTHER PRACTITIONER	104	326	10,484.91	588	2280	55,146.56	24	46	3,066.15
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	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
DENTAL	66	96	25,916.32	1854	2268	348,122.60	24	43	11,748.96
OPTOMETRIST	27	38	2,087.14	628	736	46,881.89	15	16	1,090.55
CHIROPRACTIC	31	69	1,589.93	367	837	26,449.76	16	37	1,145.15
PODIATRIC	14	20	2,344.93	47	57	6,080.82	6	6	233.43
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	3	164	2,928.15	0	0	0.00
PSYCHIATRIC	46	133	6,571.15	12	15	1,139.50	1	1	24.98
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	2	38	701.89	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	7	521	8,567.33	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	3	38	3,752.46	20	156	4,305.92	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 *	1184	38956	2412,385.78	14682	108713	2963,137.37	267	6979	476,064.81

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	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	3	6	11,613.98	0	0	0.00	0	0	0.00
OUTPATIENT	7	222	9,456.84	0	0	0.00	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	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	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	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	8	6	1,069.77	0	0	0.00	0	0	0.00
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
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	0	0	0.00
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	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	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	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 CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	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	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
PACE SERVICES	0	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	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	1	2	122.84	0	0	0.00	0	0	0.00
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	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	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
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	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	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	0	0	0.00	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 *	1	236	22,263.43	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	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	14	278	51,653.33	0	0	0.00	12	39	44,364.11
OUTPATIENT	48	775	7,054.37	0	0	0.00	106	3221	38,098.51
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	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	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	5	18	594.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	125	207	9,187.29	0	0	0.00	178	443	33,444.86
CLINIC SERVICES	17	20	2,290.09	0	0	0.00	22	33	4,551.73
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	17	90	1,397.69	0	0	0.00	39	125	2,862.62
HABILITATION SERVICES	4	46	2,202.87	1	0	185.00	12	116	10,078.54
REMEDIAL SERVICES	247	6050	117,181.67	0	0	0.00	26	463	9,063.26
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	119.77	0	0	0.00	7	8	1,143.47
LOCAL EDUCATION AGENCY	23	7161	61,043.98	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	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	387	1563	131,188.96	0	0	0.00	179	460	22,526.62
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	434	439	939.46	0	0	0.00	401	416	890.24
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	2	2	78.97	0	0	0.00	12	13	791.45
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	434	442	52,211.32	0	0	0.00	404	443	62,844.96
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	1	3	202.86	0	0	0.00	3	4	85.76
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	2	2	4.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	53	98	9,736.08	0	0	0.00	1	2	59.24
MEDICAL SUPPLIES	19	1908	1,611.50	0	0	0.00	10	520	1,324.29
OTHER PRACTITIONER	43	2568	21,387.31	0	0	0.00	29	73	1,729.53
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	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

OTHER ICARE PMIC MHI 300%

OTHER ICARE MHI 300%

STATE ONLY

RECIPS UNITS OF
 SERVED SERVICE

AMOUNT
 PAID

RECIPS UNITS OF
 SERVED SERVICE

AMOUNT
 PAID

RECIPS UNITS OF
 SERVED SERVICE

AMOUNT
 PAID

DENTAL	46	52	3,986.15	0	0	0.00	23	28	5,141.17
OPTOMETRIST	34	40	2,127.82	0	0	0.00	18	23	1,608.43
CHIROPRACTIC	12	21	463.97	0	0	0.00	10	24	771.52
PODIATRIC	5	5	621.23	0	0	0.00	3	5	600.34
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	2	2	334.73	0	0	0.00	1	2	35.86
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	366	19580	346,256.20	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	1	18	263.34	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	593	5289	11,867.88	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 *	426	46678	836,006.84	0	0	185.00	404	6461	242,016.51

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	104	147,429.39	168	749	446,949.80	0	0	0.00
OUTPATIENT	371	9056	195,046.60	3433	85470	596,564.83	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	8	213	26.04	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	5	144	18,199.59	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1634	51718	16670,262.21	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	18	199	11,762.05	1430	58785	2010,093.14	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	657	1698	133,889.30	5401	19313	419,238.72	0	0	0.00
CLINIC SERVICES	157	253	38,898.30	431	743	107,933.73	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	91	296	5,269.89	634	935	12,207.38	0	0	0.00
HABILITATION SERVICES	5	148	6,377.76	74	1558	68,404.86	0	0	0.00
REMEDIAL SERVICES	50	1379	20,006.88	115	2234	58,378.62	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	18	22	2,562.81	112	138	14,914.34	0	0	0.00
LOCAL EDUCATION AGENCY	4	784	21,024.71	439	100595	1456,240.35	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
EARLY ACCESS SERVICES	0	0	0.00	2	5	53.49	0	0	0.00
PRESCRIBED DRUGS	961	4679	247,198.41	6706	25623	1837,807.99	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	1526	1537	3,289.18	12167	12171	26,045.94	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	7	8	640.99	11	16	1,312.06	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1527	1596	153,372.70	11654	11700	741,959.31	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	3	255.60	21	21	1,294.47	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	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	9	13	986.24	621	1257	146,751.34	0	0	0.00
MEDICAL SUPPLIES	124	5846	20,667.68	2807	426568	743,090.72	0	0	0.00
OTHER PRACTITIONER	71	185	9,186.59	933	24687	466,913.39	0	0	0.00
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	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	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
DENTAL	112	153	31,347.58	1560	1795	180,817.88	0	0	0.00
OPTOMETRIST	75	87	6,014.76	697	914	38,181.65	0	0	0.00
CHIROPRACTIC	73	138	4,380.67	362	801	11,258.43	0	0	0.00
PODIATRIC	28	29	3,644.03	757	1083	20,227.94	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	276	15878	503,092.67	0	0	0.00
PSYCHIATRIC	3	17	1,218.10	500	938	31,104.83	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	13	408	4,420.29	0	0	0.00
ID WAIVER SERVICE	4	77	2,124.70	9069	599018	24584,344.85	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	2	175.50	1	68	1,674.64	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	6	317	4,564.51	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	66	958.48	151	8108	158,910.55	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	7	27	209.62-	9275	93389	2366,607.89	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 *	1563	28719	1072,083.79	11894	1547043	53745,283.94	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

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	1	0	0.00	0	0	0.00	7690	45302	39272,498.49
OUTPATIENT	0	0	0.00	10	64	758.84	76216	1531280	24404,502.06
CHILD PART HOSP	0	0	0.00	0	0	0.00	1	0	54.64
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	1020	18868	3175,017.86
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11561	358191	42592,493.81
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1647	52072	15328,286.33
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	24	716	148,706.24
HOME HEALTH	0	0	0.00	0	0	0.00	14925	316791	10847,188.77
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	4	2	669.31
PHYSICIAN	0	0	0.00	28	37	2,041.48	147316	455558	19720,622.80
CLINIC SERVICES	0	0	0.00	16	36	5,024.78	26713	36228	5103,991.42
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	6	6	94.07	22040	57143	1019,451.61
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3569	111056	5777,090.11
REMEDIAL SERVICES	0	0	0.00	1	84	1,315.68	11152	369597	5635,003.67
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	3143	3672	441,010.61
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	1401	288250	3395,167.56

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

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	32	166	1,782.80
PRESCRIBED DRUGS	0	0	0.00	22	40	749.97	146997	429230	24330,963.06
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	144	145	310.30	361543	367264	785,944.96
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	61	87	25,143.00
FAMILY PLANNING SERVICES	0	0	0.00	2	2	217.99	8357	9697	898,151.76
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	145	158	2,020.97	363055	392948	11366,885.86
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	1	1	157.86	5130	5479	1240,548.22
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	85	85	254,557.00
PATIENT MANAGEMENT	0	0	0.00	81	81	162.00	171438	171324	342,648.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3427	7776	443,488.77
MEDICAL SUPPLIES	0	0	0.00	1	377	589.64	26264	2117494	4545,368.70
OTHER PRACTITIONER	0	0	0.00	4	7	646.83	18903	119608	2755,572.68
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	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 MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
DENTAL	0	0	0.00	17	22	4,778.05	32002	41004	6177,505.64
OPTOMETRIST	0	0	0.00	5	8	352.48	14438	18525	1016,960.26
CHIROPRACTIC	0	0	0.00	0	0	0.00	10165	23926	569,654.24
PODIATRIC	0	0	0.00	0	0	0.00	5282	8348	243,650.70
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	733	28978	366,689.94
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1056	60547	1939,844.95
PSYCHIATRIC	0	0	0.00	0	0	0.00	3891	7768	248,039.34
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1525	48084	386,179.82
ID WAIVER SERVICE	0	0	0.00	1	5	81.25	10308	679152	27894,123.04
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	572	33190	559,142.96
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	43	3256	35,710.65
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9714	485923	6445,909.65
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2059	103166	1630,378.32
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	11853	120085	2877,058.15
UNASSIGNED	0	0	0.00	0	0	0.00	8	0	252,860.61-
* A L L C A T E G O R I E S *	0	0	0.00	150	1073	19,302.19	406558	8927836	273990,797.15

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