

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	521	1892	508,702.91
OUTPATIENT	10	101	2,201.84	0	0	0.00	4361	102279	669,514.97
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	254	3462	26,987.16
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4544	139713	15416,034.18
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	7	142	38,512.82
HOME HEALTH	0	0	0.00	0	0	0.00	2760	52985	1945,403.81
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	24	45	3,119.65	0	0	0.00	7172	125840	571,607.65
CLINIC SERVICES	12	18	2,699.64	0	0	0.00	502	1104	36,785.04
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	12	86	911.54	0	0	0.00	1023	722	4,865.02
HABILITATION SERVICES	0	0	0.00	0	0	0.00	54	2035	107,577.58
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	1	16	165.60
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	368	430	40,647.48
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	12	33	698.83	0	0	0.00	3849	7532	84,513.62
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	34	34	72.76	0	0	0.00	5683	5705	12,208.70
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	80	54	1,506.90	0	0	0.00	15502	39148	1010,119.88
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	1	1	2,578.00
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	3561	348594	392,696.87
OTHER PRACTITIONER	5	17	1,242.22	0	0	0.00	496	4382	30,101.22
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	15	1,869.90	0	0	0.00	443	549	93,271.26
OPTOMETRIST	4	5	314.09	0	0	0.00	638	3013	30,138.91
CHIROPRACTIC	0	0	0.00	0	0	0.00	432	4265	13,280.34
PODIATRIC	0	0	0.00	0	0	0.00	850	4198	18,466.49
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	131	4,476.17
PSYCHIATRIC	0	0	0.00	0	0	0.00	199	1438	12,208.61
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	290	9598	74,672.13
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	80	8045	271,342.56
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	3763	182957	2639,789.59
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	67	453	13,897.59
UNASSIGNED	0	0	0.00	0	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	94	422	14,665.37	0	0	0.00	17996	1050629	24070,566.16

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	1862	11360	8674,014.39	748	2170	3285,112.88
OUTPATIENT	1	4	17.16	17473	498260	6412,200.35	10595	233119	4716,013.17
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	5352	2623,911.68	1	44	62,854.00
INTERMEDIATE CARE FACILITY	0	0	0.00	584	17626	2230,515.56	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	3	31	10,252.30	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	4432	94129	3117,751.97	92	644	48,632.63
LEAD INSPECTION AGENCY	0	0	0.00	1	1	362.06	0	0	0.00
PHYSICIAN	2	17	54.77	28104	396369	5131,197.67	19155	42517	3462,157.65
CLINIC SERVICES	0	0	0.00	3459	6395	672,077.12	3683	5364	765,771.79
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	4011	8098	119,053.00	3617	10467	260,165.96
HABILITATION SERVICES	0	0	0.00	3081	104419	5100,761.56	25	518	26,712.22
REMEDIAL SERVICES	0	0	0.00	1140	24888	385,324.63	425	9751	150,898.75
REHAB SUPPORT SERVICES	0	0	0.00	3	77-	6,206.97-	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1140	1360	156,170.97	294	303	38,098.00
LOCAL EDUCATION AGENCY	0	0	0.00	501	112371	1184,567.30	10	2629	18,293.83

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	33	79	879.88	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	27501	132931	9961,933.11	24897	76220	3258,474.98
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	53308	54198	115,983.72	44104	47277	101,172.78
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	1	3	867.00
FAMILY PLANNING SERVICES	0	0	0.00	142	171	14,292.06	6767	7871	735,319.44
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	246.72	57681	57138	4829,515.42	55995	49519	1504,455.22
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	131	192	8,865.74	28	31	4,207.93
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	36	36	119,195.17	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	2	0	0.00	27486	27458	54,916.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	628	1341	158,774.29	136	303	13,327.74
MEDICAL SUPPLIES	0	0	0.00	10955	1188560	2389,637.28	1165	28892	268,532.84
OTHER PRACTITIONER	0	0	0.00	3355	32862	773,313.68	2525	5279	279,030.41
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	4223	5523	934,299.53	3603	5150	970,594.79
OPTOMETRIST	1	1	67.96	2631	8028	186,415.38	1849	2244	163,421.93
CHIROPRACTIC	0	0	0.00	2651	23206	125,544.77	1973	4595	152,859.93
PODIATRIC	0	0	0.00	1465	8590	92,608.64	241	339	43,625.49
PHYSICAL DISABILITIES SVCS	0	0	0.00	511	21322	268,864.37	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	343	18551	600,860.35	0	0	0.00
PSYCHIATRIC	0	0	0.00	3049	25582	215,927.44	44	114	6,440.79
RESIDENTIAL CARE FACILITY	0	0	0.00	1285	37974	320,541.36	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	946	73755	2785,641.13	1	3	945.72
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	23	1595	26,108.66	7	574	8,115.47
AIDS WAIVER SERVICES	0	0	0.00	13	1131	14,362.74	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	44	1574	29,811.71	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1830	93243	1553,040.29	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	904	7407	250,508.49	10	71	2,830.90
UNASSIGNED	0	0	0.00	4	0	0.00	2	0	0.00
* A L L C A T E G O R I E S *	3	28	393.03	60192	3075571	61588,878.80	64612	563469	20403,850.24

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	340	1772	2224,264.74	341	6276	1721,043.58	2176	13417	15873,599.96
OUTPATIENT	8859	89411	2252,032.26	2489	40508	771,124.32	15284	226227	3788,954.94
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	1	23	10,809.54	3	34	15.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	2	106	119,167.84-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	2942,593.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	31	6,997.32
HOME HEALTH	745	2140	59,229.30	121	314	15,284.42	1413	5158	1203,350.51-
LEAD INSPECTION AGENCY	2	1	19.06-	0	0	0.00	1	1	350.00
PHYSICIAN	22705	38593	2387,284.16	5023	9531	682,858.00	37565	77821	5491,502.50
CLINIC SERVICES	4701	6171	873,976.12	1186	1659	229,855.69	8516	12311	1657,848.30
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1983	4398	65,001.58	587	1921	33,467.44	4078	12315	200,705.22
HABILITATION SERVICES	0	0	0.00	30	504	32,203.42	6	138	115,086.54-
REMEDIAL SERVICES	3917	73024	1261,862.03	1336	20762	322,436.29	3924	70105	1142,915.48
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	151	146	19,871.32	83	85	9,159.24	244	242	36,239.05
LOCAL EDUCATION AGENCY	158	33599	217,097.37	43	10188	75,380.07	188	43140	309,579.37

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	69	165	2,041.30	14	46	482.37	62	167	1,886.49
PRESCRIBED DRUGS	22964	41802	2336,170.30	5808	13913	705,301.50	35215	63535	3006,125.48
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	73976	77636	166,141.04	16138	16902	36,170.28	109577	114955	246,003.70
INDIAN HEALTH SERVICES	2	3	867.00	7	7	2,023.00	27	35	10,115.00
FAMILY PLANNING SERVICES	820	965	89,223.12	303	335	33,102.56	553	617	69,637.18
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	91220	79609	887,544.32	21428	17559	370,740.67	139802	122116	1594,675.68
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	2427	2759	346,449.82	305	369	50,600.41	3975	4424	850,367.79
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	49328	49328	98,656.00	10108	10063	20,126.00	77331	77301	154,602.00
HEALTH INS PREMIUM PAYMENT	200	461	12,743.00	64	168	6,224.29	1533	4204	109,513.30
MEDICAL SUPPLIES	1088	14273	119,336.15	244	6485	35,971.17	1442	31808	205,449.89
OTHER PRACTITIONER	3460	9405	482,407.03	781	1967	124,589.37	5483	14659	890,662.11
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	5285	6341	808,396.56	1278	1663	260,060.40	8801	10477	1425,287.96
OPTOMETRIST	1914	2151	135,675.61	573	672	44,364.35	2866	3176	192,880.78
CHIROPRACTIC	1087	1854	55,663.48	305	619	21,012.40	2030	3978	111,728.37
PODIATRIC	92	104	12,286.53	34	35	1,967.02	147	161	11,101.29
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	2	75	1,079.26
PSYCHIATRIC	25	41	4,062.26	16	32	2,190.62	57	119	6,281.31
RESIDENTIAL CARE FACILITY	0	0	0.00	1	11	309.54	1	0	1,070.00-
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	6	23-	69,048.07-
CHILDRENS MENTAL HEALTH SVC	36	2229	33,433.51	83	4163	68,038.85	46	3258	44,620.01
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	31	336.36
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	36	924.80
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	41	329	12,544.98	77	686	25,169.27	48	386	763,142.28
UNASSIGNED	1	0	0.00	0	0	0.00	5	0	2042,254.37
* A L L C A T E G O R I E S *	92838	538710	14964,241.83	19784	167466	5712,066.08	125614	916541	35797,066.59

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	68	689	256,729.92	563	2535	773,267.54	44	368	342,969.04
OUTPATIENT	1010	22293	299,205.96	4956	142624	771,949.22	506	12330	224,558.95
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	239	125,165.78	483	6647	87,653.68	5	55	141.42
INTERMEDIATE CARE FACILITY	0	0	0.00	6134	188804	23988,412.03	0	0	0.00
INTER CARE MENTAL RETARDA	10	231	74,510.16	2	43	12,772.91	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	30	1302	425,903.43	0	0	0.00
HOME HEALTH	162	5446	157,942.46	3805	74065	3062,391.45	44	737	13,629.71
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2699	4270	222,308.76	8007	139667	684,174.57	920	5941	161,391.92
CLINIC SERVICES	535	726	94,006.89	394	1008	36,035.38	161	228	31,380.81
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	286	800	12,268.15	1196	549	4,597.55	161	335	7,279.04
HABILITATION SERVICES	13	250	26,531.66	48	1124	49,788.83	15	464	32,058.64
REMEDIAL SERVICES	3327	137520	1228,912.10	9	195	2,248.66	9	125	3,786.48
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	32	35	5,967.79	493	634	66,140.57	18	19	2,146.61
LOCAL EDUCATION AGENCY	121	39127	304,910.37	22	3413	98,725.09	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	24	74	876.73	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5390	15014	1170,144.05	9712	23982	429,367.12	1117	4155	177,971.84
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10081	10210	21,849.40	21601	21389	45,772.46	1947	2074	4,438.36
INDIAN HEALTH SERVICES	1	1	289.00	0	0	0.00	2	3	867.00
FAMILY PLANNING SERVICES	57	69	11,957.41	2	2	25.81	33	42	4,844.27
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	11494	11181	949,569.92	24794	13680-	266,734.99-	2593	2031	68,655.97
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	138	155	7,742.72	1	1	15.23	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	54	54	148,716.00	0	0	0.00
PATIENT MANAGEMENT	79	79	158.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	157	308	13,931.10	28	53	10,046.14	4	11	338.25
MEDICAL SUPPLIES	285	36544	97,944.67	5415	576257	688,566.35	164	9655	19,210.53
OTHER PRACTITIONER	646	4172	189,321.53	650	6316	90,284.12	111	364	13,374.12
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	1023	1202	151,103.23	725	887	133,188.74	164	237	41,360.39
OPTOMETRIST	492	542	33,603.09	740	2958	35,046.65	91	170	7,698.85
CHIROPRACTIC	179	326	9,051.14	314	2814	11,344.99	86	421	6,794.92
PODIATRIC	34	44	3,566.83	1543	9141	40,630.93	25	101	1,910.26
PHYSICAL DISABILITIES SVCS	0	0	0.00	218	8815	106,286.90	0	0	0.00
BRAIN INJ WAIVER SERVICES	40	2008	53,268.45	446	22623	795,160.50	0	0	0.00
PSYCHIATRIC	27	45	2,796.22	302	3091	23,104.79	29	198	1,835.84
RESIDENTIAL CARE FACILITY	4	266	3,287.34	6	183	920.56	0	0	0.00
ID WAIVER SERVICE	212	7595	274,763.95	6	181	11,874.60	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	52	1,272.60	1	102	1,293.36	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	27	2180	24,690.69	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	6010	312150	4120,562.67	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	36	3143	51,019.89	6	142	2,096.65	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	156	1276	43,869.90	82	852	28,102.28	0	0	0.00
UNASSIGNED	2	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	10247	305932	5899,847.17	14420	1543103	36544,423.46	2120	40064	1168,643.22

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	162	824	1435,451.13	55	778	473,134.15	3	10	17,841.43
OUTPATIENT	498	19962	492,715.93	1304	16470	405,557.77	131	3181	84,362.52
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	33	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	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	22	931	744.82-	95	158	1,633.20	3	55	7,292.06
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	847	3539	294,900.09	3554	5562	326,305.78	202	821	220,317.08
CLINIC SERVICES	82	146	17,468.90	869	1097	153,558.02	15	19	3,547.67
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	55	155	3,203.63	257	716	11,534.63	45	137	6,541.54
HABILITATION SERVICES	5	63	3,958.10	1	26	704.08	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	741	12938	208,400.72	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	57	55	8,792.52	16	15	2,012.34	1	1	113.29
LOCAL EDUCATION AGENCY	0	0	0.00	32	6384	57,762.40	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	266	1223	69,906.89	4621	8978	605,336.41	222	1071	61,358.41
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	211	211	451.54	14737	15239	32,611.46	267	267	571.38
INDIAN HEALTH SERVICES	0	0	0.00	4	4	1,156.00	0	0	0.00
FAMILY PLANNING SERVICES	7	6	734.44	98	111	10,891.95	1	1	105.80
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	19947	15942	192,964.09	287	278	37,303.86
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	108	107	6,668.63	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	11022	11022	22,044.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	4	10	318.74	0	0	0.00
MEDICAL SUPPLIES	82	2206	26,665.71	146	4032	14,359.47	34	1837	19,585.94
OTHER PRACTITIONER	105	168	14,697.83	549	1278	67,898.37	26	29	2,999.14
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	45	57	10,609.02	1807	2208	320,919.69	27	34	6,052.45
OPTOMETRIST	22	28	2,512.12	584	659	41,978.32	17	21	1,561.05
CHIROPRACTIC	17	38	1,212.24	377	672	21,482.63	16	49	1,376.90
PODIATRIC	6	21	2,055.10	42	51	7,114.93	3	4	256.14
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	1	19	252.37	0	0	0.00
PSYCHIATRIC	42	140	6,549.35	14	24	2,182.89	1	10	55.41
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	2	14	366.08	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	7	701	10,700.32	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	6	28	1,157.37	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 *	949	29806	2391,139.72	14137	105243	3001,006.81	287	7825	471,242.07

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	7	7	15,337.58	0	0	0.00	0	0	0.00
OUTPATIENT	5	5	1,901.58	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	4	12	1,048.13	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	73	78	7,523.34	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	1	1	316.62	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	2	3	1,203.15	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	2	12	643.06	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	1	147-	1,360.95-	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 *	79	29-	26,612.51	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	10	200	33,693.30	0	0	0.00	11	24	36,325.31
OUTPATIENT	55	880	13,421.13	0	0	0.00	121	2031	44,987.34
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	4	18	560.61	0	0	0.00	1	1	5.13
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	133	201	8,489.74	0	0	0.00	160	338	32,931.06
CLINIC SERVICES	25	37	4,216.91	0	0	0.00	41	54	7,657.86
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	14	52	650.62	0	0	0.00	27	76	3,264.03
HABILITATION SERVICES	3	122	4,199.13	0	0	0.00	9	297	10,948.92
REMEDIAL SERVICES	288	6736	93,037.13	0	0	0.00	27	626	10,650.49
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	2	3	294.29	0	0	0.00	4	5	533.83
LOCAL EDUCATION AGENCY	31	10702	68,796.06	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	431	1687	119,631.85	0	0	0.00	176	446	24,445.82
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	462	471	1,007.94	0	0	0.00	391	421	900.94
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	19	19	1,975.02
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	522	492	52,502.12	0	0	0.00	519	430	48,533.14
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	5	5	850.79	0	0	0.00	4	9	329.77
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	4	4	8.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	60	116	10,136.49	0	0	0.00	1	2	59.24
MEDICAL SUPPLIES	23	1422	2,311.46	0	0	0.00	7	404	261.21
OTHER PRACTITIONER	32	411	20,478.84	0	0	0.00	25	28	2,219.48
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	34	42	7,176.79	0	0	0.00	24	25	2,808.11
OPTOMETRIST	27	31	1,535.85	0	0	0.00	18	22	1,310.73
CHIROPRACTIC	10	15	480.62	0	0	0.00	9	28	894.98
PODIATRIC	2	3	538.19	0	0	0.00	1	1	828.96
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	3	3	524.01	0	0	0.00	3	8	336.91
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	357	18500	316,430.73	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	9	131.67	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	389	3651	139,346.39	0	0	0.00	1	2	70.00
UNASSIGNED	1	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	379	45813	900,450.66	0	0	0.00	362	5297	232,278.28

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	23	103	134,830.10	163	734	444,011.94	0	0	0.00
OUTPATIENT	360	8732	169,021.38	2995	83817	564,923.27	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	0	4,889.94	16	330	111,498.13	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	4	82	12,115.14	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1751	52164	18909,039.81	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	17	187	7,958.19	1331	45458	1687,904.28	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	1	1	362.06	0	0	0.00
PHYSICIAN	583	1558	106,167.02	5049	49740	478,760.61	0	0	0.00
CLINIC SERVICES	132	237	43,357.29	402	567	69,999.18	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	83	250	4,569.03	617	835	9,694.81	0	0	0.00
HABILITATION SERVICES	5	156	6,598.85	62	2325	104,315.61	0	0	0.00
REMEDIAL SERVICES	73	1835	21,781.45	118	2175	24,315.60	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	10	10	1,048.41	122	155	17,327.75	0	0	0.00
LOCAL EDUCATION AGENCY	4	1154	17,145.17	507	133132	1567,656.63	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	7	13	122.27	0	0	0.00
PRESCRIBED DRUGS	966	4614	246,676.13	6779	25808	1821,840.75	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	1559	1590	3,402.60	12226	12300	26,322.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	6	7	483.11	15	15	1,042.78	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1771	1655	205,581.63	12047	11772	853,726.09	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	2	2	37.33	26	48	15,809.34	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	17	2,136.30	654	1375	179,903.55	0	0	0.00
MEDICAL SUPPLIES	140	8547	22,585.57	2916	476004	731,111.71	0	0	0.00
OTHER PRACTITIONER	71	357	9,814.63	922	12554	392,980.31	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	105	147	29,405.30	1368	1594	154,525.74	0	0	0.00
OPTOMETRIST	76	99	7,110.58	625	1425	36,110.38	0	0	0.00
CHIROPRACTIC	54	138	3,684.03	369	2996	16,053.37	0	0	0.00
PODIATRIC	23	24	2,045.82	755	3693	21,878.33	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	41	1,246.79	281	14543	486,514.79	0	0	0.00
PSYCHIATRIC	6	18	780.96	557	4044	38,143.54	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	12	327	2,743.64	0	0	0.00
ID WAIVER SERVICE	2	185	4,318.78	9103	619479	25606,965.05	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	1	71	1,726.78	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	5	245	4,303.26	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	55	1,251.78	144	7533	161,340.06	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	3	18	621.96	6158	49306	1592,731.94	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 *	1610	31981	1062,853.39	12035	1616415	56143,517.24	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	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	0	0	0.00	1	1	2,704.99	7054	43160	36253,034.89
OUTPATIENT	0	0	0.00	11	45	1,161.73	70455	1502279	21685,825.79
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	990	16219	3053,926.33
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11228	346331	41527,909.07
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1762	52469	16063,982.18
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	36	1475	471,413.57
HOME HEALTH	0	0	0.00	0	0	0.00	14969	282426	8921,523.89
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	5	4	1,055.06
PHYSICIAN	0	0	0.00	24	60	3,149.53	139367	902442	20269,726.34
CLINIC SERVICES	0	0	0.00	18	28	3,518.50	24528	37169	4703,761.11
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	3	5	216.44	17961	41917	747,989.23
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3334	112441	5391,272.06
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	13617	360696	4856,735.41
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	3	77-	6,206.97-
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	3023	3498	404,563.46
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	1590	395839	3919,913.66

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	204	544	6,289.04
PRESCRIBED DRUGS	0	0	0.00	35	56	5,828.99	147917	423078	24093,249.42
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	149	160	342.40	365829	381042	815,429.88
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	44	56	16,184.00
FAMILY PLANNING SERVICES	0	0	0.00	4	4	171.30	8794	10235	973,806.25
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	177	165	2,110.27	416686	395412	12343,016.91
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	3	3	194.02	7123	8105	1292,139.52
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	91	91	270,489.17
PATIENT MANAGEMENT	0	0	0.00	96	96	192.00	175467	175365	350,730.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3478	8369	517,452.43
MEDICAL SUPPLIES	0	0	0.00	4	324	407.68	27066	2735845	5034,951.12
OTHER PRACTITIONER	0	0	0.00	2	7	407.60	19087	94258	3387,025.16
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	16	24	3,228.60	28861	36175	5354,158.46
OPTOMETRIST	0	0	0.00	4	5	355.34	13139	25250	922,101.97
CHIROPRACTIC	0	0	0.00	0	0	0.00	9822	46014	552,465.11
PODIATRIC	0	0	0.00	0	0	0.00	5240	26510	260,880.95
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	722	30137	375,151.27
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1076	57991	1942,858.68
PSYCHIATRIC	0	0	0.00	0	0	0.00	4339	34919	324,064.01
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1595	48212	400,043.62
ID WAIVER SERVICE	0	0	0.00	1	38	617.50	10327	709272	28887,787.30
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	560	31245	511,740.29
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	40	3311	39,053.43
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9495	496957	6794,803.59
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2017	104161	1769,805.14
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1	16	560.00	7910	64481	2874,553.35
UNASSIGNED	0	0	0.00	0	0	0.00	16	0	2042,254.37
* A L L C A T E G O R I E S *	0	0	0.00	170	1037	25,166.89	437928	45323	270418,909.52

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