

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	1	0	2,592.66-	0	0	0.00	437	1788	64,748.08
OUTPATIENT	16	221	3,452.65	0	0	0.00	4627	102321	653,088.01
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	258	2269	74,296.26
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4923	149902	17743,330.32
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	12	326	95,747.70
HOME HEALTH	0	0	0.00	0	0	0.00	2648	48148	1715,511.10
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	30	33	4,267.93	0	0	0.00	6862	44419	409,934.73
CLINIC SERVICES	11	16	2,286.92	0	0	0.00	517	412	40,850.03
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	7	21	350.08	0	0	0.00	919	124	1,770.28
HABILITATION SERVICES	0	0	0.00	0	0	0.00	64	1711	101,288.56
REMEDIAL SERVICES	52	68	101.61	0	0	0.00	5893	6197	67.80
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	365	449	43,393.34

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
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	12	20	443.43	0	0	0.00	2965	4818	41,040.06
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	49	50	107.00	0	0	0.00	5695	5713	12,225.82
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	52	68	1,780.77	0	0	0.00	5893	6195	23,871.71
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	32	32	64.00	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	3395	178151	232,226.03
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	399	1359	18,627.31
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	3	6	585.95	0	0	0.00	443	533	85,974.70
OPTOMETRIST	1	1	55.01	0	0	0.00	643	1002	22,125.76
CHIROPRACTIC	0	0	0.00	0	0	0.00	448	1007	5,865.43
PODIATRIC	0	0	0.00	0	0	0.00	802	1271	12,275.28
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	139	6,351.09
PSYCHIATRIC	0	0	0.00	0	0	0.00	236	463	12,129.87
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	255	9165	68,058.56
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	80	5308	263,811.97
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	3437	154213	2275,113.74
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	68	310	14,456.24
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 *	72	536	10,902.69	0	0	0.00	17022	727713	24038,179.78

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	1687	11143	10170,833.03	591	1937	3200,846.79
OUTPATIENT	2	19	111.75	17524	438275	5827,695.28	9257	149609	4062,217.99
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	199	3888	1609,404.70	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	670	20613	2656,078.16	1	1-	150.12-
INTER CARE MENTAL RETARDA	0	0	0.00	6	270	145,244.46	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	1	5	18.80	4016	96878	2919,396.07	76	477	40,883.59
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	5	51.80	27252	124410	3732,422.21	16586	31225	2499,140.31
CLINIC SERVICES	0	0	0.00	3506	4729	640,864.11	3160	4196	627,354.87
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	3752	6637	109,977.39	3034	8270	207,216.03
HABILITATION SERVICES	1	4	119.04	3203	105989	4944,283.18	30	583	22,965.29
REMEDIAL SERVICES	3	3	4.85	54635	55980	464,419.37	45784	50541	191,299.96
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1053	2512	177,013.61	252	308	29,625.26

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		
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	0	0	0.00	331	65782	806,104.04	3	753	4,265.05
EARLY ACCESS SERVICES	0	0	0.00	63	216	2,230.00	1	14	176.22
PRESCRIBED DRUGS	2	3	259.40	26549	110318	9088,989.14	23026	62224	2675,418.19
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	54522	55658	119,044.90	45597	48533	103,860.62
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	80	85	7,862.28	3781	4094	416,360.96
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	227.34	54551	56445	4123,813.72	45684	50637	1545,188.60
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	118	133	6,281.27	15	20	902.19
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	38	38	124,336.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	27445	27437	54,874.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	593	1496	168,419.19	140	300	12,045.69
MEDICAL SUPPLIES	0	0	0.00	10543	740506	1669,948.34	1161	23076	182,708.28
OTHER PRACTITIONER	0	0	0.00	3260	17894	596,761.00	2167	3670	222,095.08
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	1	1	68.76	4131	5267	891,914.35	3102	4196	737,578.88
OPTOMETRIST	0	0	0.00	2535	3367	153,959.50	1531	1865	135,673.32
CHIROPRACTIC	0	0	0.00	2495	6138	80,990.92	1844	3956	132,309.40
PODIATRIC	0	0	0.00	1385	2437	68,744.80	223	295	31,759.93
PHYSICAL DISABILITIES SVCS	0	0	0.00	492	19637	255,644.77	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	352	18084	720,939.61	0	0	0.00
PSYCHIATRIC	1	3	102.76	3102	5658	156,252.42	30	57	3,409.96
RESIDENTIAL CARE FACILITY	0	0	0.00	1164	40027	315,906.39	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	889	55424	2640,262.46	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	18	1336	21,421.59	7	516	8,878.30
AIDS WAIVER SERVICES	0	0	0.00	10	1069	12,584.50	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	28	1445	25,737.34	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1836	136426	1486,041.66	2	322	3,864.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1014	8263	365,916.81	9	192	8,761.30
UNASSIGNED	0	0	0.00	3	0	0.00	2	0	0.00
* A L L C A T E G O R I E S *	3	49	970.92	59999	2224473	57307,738.57	56087	479302	17161,529.94

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	291	2315	2919,799.07	309	5640	1900,263.94	1881	13637	19766,093.57
OUTPATIENT	7845	74369	1923,109.83	2101	28720	594,610.36	12975	166132	3336,452.74
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	0	0	0.00	3	19	4,623.24
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	1	9	131.73
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1468,544.80-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	19	7,627.74
HOME HEALTH	599	2903	89,141.64	112	332	9,845.90	1175	5714	227,547.03
LEAD INSPECTION AGENCY	1	1	350.00	0	0	0.00	1	1	362.06
PHYSICIAN	20512	31717	1924,277.63	4484	7659	546,034.88	33446	60043	4305,798.50
CLINIC SERVICES	4139	5019	743,429.00	974	1251	181,683.08	7259	9433	1524,864.74
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	1	0	1206,167.00
LAB AND RADIOLOGICAL	1658	3241	50,641.82	449	1251	26,180.69	3516	8867	158,111.64
HABILITATION SERVICES	3	41	1,312.63	17	652	28,552.55	16	595	2,097.27
REMEDIAL SERVICES	76565	82397	1122,406.81	16658	18170	212,198.85	115109	127182	1455,356.95
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	164	166	26,793.79	72	74	10,221.08	220	214	37,793.25

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
LOCAL EDUCATION AGENCY	69	17098	117,538.99	21	6527	43,449.96	87	21042	157,186.17
EARLY ACCESS SERVICES	100	315	3,511.63	26	94	1,014.64	137	391	4,700.19
PRESCRIBED DRUGS	20349	35281	1820,795.83	5128	11293	625,386.05	30460	53879	2590,660.38
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	75751	79289	169,678.46	16357	17118	36,632.52	114465	120414	257,685.96
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	399	419	46,338.57	152	172	17,930.04	349	364	41,101.97
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	75809	81830	810,731.99	16377	18012	355,221.87	114247	127413	1519,681.57
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	1870	2019	265,085.30	260	296	57,159.31	2834	2917	662,313.70
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	49075	49075	98,150.00	9838	9830	19,660.00	79211	79199	158,398.00
HEALTH INS PREMIUM PAYMENT	173	451	12,234.60	60	163	6,575.29	1444	4261	118,043.01
MEDICAL SUPPLIES	990	13277	105,226.34	203	3624	22,403.70	1402	20213	138,528.35
OTHER PRACTITIONER	3122	7242	347,689.31	705	1600	76,955.06	4640	11616	537,200.88
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	1	0	5.32-

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	4795	5631	701,235.74	1057	1366	224,947.92	7937	9296	1113,092.83
OPTOMETRIST	1694	1958	130,089.79	460	544	35,897.99	2531	2884	179,156.58
CHIROPRACTIC	998	1738	54,944.13	278	584	18,888.06	1673	3126	94,272.85
PODIATRIC	96	119	12,765.03	34	36	2,877.57	121	135	12,763.04
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	67	1,278.36-
PSYCHIATRIC	14	15	1,181.84	17	27	1,718.84	43	69	3,920.62
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	11,346.59
ID WAIVER SERVICE	1	13	191.10	0	0	0.00	7	52	11,435.25-
CHILDRENS MENTAL HEALTH SVC	25	2029	32,968.39	68	3565	63,150.87	42	3103	43,915.76
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	8	277.48
ILL & HANDICAPPED WAIVER SVCS	1	1	27.95	0	0	0.00	2	5	1,508.76-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	29	504	21,761.60	61	1008	45,650.45	48	866	39,881.38
UNASSIGNED	1	0	0.00	0	0	0.00	3	0	135,574.64
* A L L C A T E G O R I E S *	83290	500473	13553,408.81	17815	139608	5165,111.47	123174	853185	38369,956.92

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
INPATIENT	26	117	90,228.72	536	2639	670,858.06	44	301	448,966.50
OUTPATIENT	857	11527	234,311.10	4969	130660	816,352.22	474	11958	195,534.74
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	1	31	16,746.82	525	5882	52,473.78	4	49	661.58
INTERMEDIATE CARE FACILITY	1	31	4,668.91	6400	192797	25527,840.36	3	0	2,150.60
INTER CARE MENTAL RETARDA	12	358	140,737.53	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	30	920	265,708.91	0	0	0.00
HOME HEALTH	70	8887	141,067.10	3520	67292	2497,058.58	41	602	14,764.37
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2312	3354	165,526.81	6626	34896	447,095.39	796	2187	124,578.79
CLINIC SERVICES	444	568	79,133.22	326	405	36,988.30	136	163	22,072.54
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	235	620	9,518.14	1090	289	3,461.30	135	312	6,273.73
HABILITATION SERVICES	20	389	49,071.99	49	1195	31,259.47	21	573	35,824.14
REMEDIAL SERVICES	10794	12918	1362,997.31	21346	21830	8,667.75	1847	1974	2,077.57
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	19	18	3,023.08	488	628	59,971.80	12	12	1,743.01

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
LOCAL EDUCATION AGENCY	68	12465	135,950.17	16	3074	82,623.84	0	0	0.00
EARLY ACCESS SERVICES	46	196	1,884.78	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4876	12503	1075,618.56	9027	19166	342,919.84	1006	3408	158,882.64
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10239	10346	22,140.44	21307	21454	45,911.56	1834	1933	4,136.62
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	48	65	4,701.99	0	0	0.00	24	29	2,828.77
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10237	10593	994,501.83	21345	21832	200,449.03	1842	2014	59,709.00
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	106	112	10,425.88	2	2	53.25	1	1	25.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	67	68	176,939.11	0	0	0.00
PATIENT MANAGEMENT	92	92	184.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	161	391	19,205.68	29	63	16,181.56	2	2	478.19
MEDICAL SUPPLIES	223	25129	43,941.73	5132	371135	464,121.94	160	8594	12,445.31
OTHER PRACTITIONER	579	2964	105,295.24	537	1901	23,464.45	123	228	9,143.50
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	845	964	129,136.16	829	978	145,468.44	152	188	26,939.53
OPTOMETRIST	430	484	29,450.03	708	986	24,976.51	69	87	5,572.91
CHIROPRACTIC	159	265	7,806.64	283	596	4,143.19	55	157	4,509.82
PODIATRIC	28	32	2,393.17	1223	1759	18,705.50	31	53	1,892.94
PHYSICAL DISABILITIES SVCS	0	0	0.00	217	9514	107,393.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	39	2513	48,616.31	474	23728	757,929.67	0	0	0.00
PSYCHIATRIC	30	61	4,758.86	323	679	18,354.22	27	38	1,134.07
RESIDENTIAL CARE FACILITY	1	31	264.68	10	144	1,412.82	0	0	0.00
ID WAIVER SERVICE	222	7363	284,463.50	15	232	14,943.71	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	47	706.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	22	1792	17,821.57	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5385	254358	3329,380.25	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	35	2946	48,736.51	8	404	4,867.80	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	199	1846	85,983.26	136	1290	56,648.44	1	9	228.69
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 *	10386	130226	5353,196.15	13586	1194588	36272,445.62	1923	34872	1142,574.56

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	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	147	864	1222,724.26	51	613	408,122.71	2	6	12,472.06
OUTPATIENT	403	18188	377,231.20	1193	13500	321,055.29	115	2233	126,141.61
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	14	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	28	397	27,060.29	93	185	2,968.58	2	34	4,232.29
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	639	2107	197,693.50	3260	4727	283,606.50	180	417	69,433.10
CLINIC SERVICES	58	136	11,477.10	742	896	128,971.40	17	21	3,213.05
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	29	63	1,420.10	196	601	10,087.79	28	75	1,423.73
HABILITATION SERVICES	5	281	12,568.11	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	15622	16820	227,649.31	251	254	639.11
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	26	28	5,312.14	22	22	4,320.03	1	1	117.77

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	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
LOCAL EDUCATION AGENCY	0	0	0.00	13	3388	22,413.08	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	2	7	87.58	0	0	0.00
PRESCRIBED DRUGS	218	927	45,659.70	4090	7456	530,270.80	205	866	39,919.16
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	230	230	492.20	15355	16052	34,351.28	250	250	535.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	3	4	242.77	38	51	4,183.52	1	1	55.88
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	15420	16852	183,140.90	251	254	28,000.44
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	70	74	4,482.08	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	1	1	271.41	0	0	0.00
MEDICAL SUPPLIES	61	845	17,565.92	154	3053	22,017.86	27	630	3,775.27
OTHER PRACTITIONER	67	403	8,540.09	484	1046	56,577.27	18	31	1,520.30
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	43	51	7,219.91	1564	1841	247,890.27	20	27	5,734.35
OPTOMETRIST	13	14	674.26	530	596	38,596.60	12	11	540.30
CHIROPRACTIC	12	42	1,424.89	364	615	19,475.26	16	33	1,074.23
PODIATRIC	8	9	414.78	38	40	5,309.97	7	11	1,238.00
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	41	71	3,244.31	3	3	267.41	1	1	24.94
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	2	57	968.99	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	4	204	3,244.50	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	4	67	3,037.97	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 *	871	24674	1940,965.53	15483	99789	2585,412.36	266	5156	300,090.59

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	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	1	3	4,678.15	0	0	0.00	0	0	0.00
OUTPATIENT	6	70	2,707.06	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	6	508.73	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
EHR INCENTIVE PAYMENTS	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

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
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	91	96	9,224.02	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	0	0	0.00	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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
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 *	94	175	17,117.96	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	13	387	80,986.78	0	0	0.00	5	7	17,088.34
OUTPATIENT	44	399	8,738.74	0	0	0.00	71	1148	21,032.11
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	28	1,286.83	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	135	213	8,809.63	0	0	0.00	117	204	15,626.25
CLINIC SERVICES	16	17	1,874.23	0	0	0.00	26	30	3,944.94
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	12	51	740.52	0	0	0.00	23	70	1,785.53
HABILITATION SERVICES	4	56	1,808.93	0	0	0.00	10	394	13,002.32
REMEDIAL SERVICES	520	496	81,383.72	0	0	0.00	380	400	71,596.36
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	6	7	692.57

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	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
LOCAL EDUCATION AGENCY	15	4947	22,034.50	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	407	1452	129,236.66	0	0	0.00	140	312	18,342.44
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	465	466	997.24	0	0	0.00	371	392	838.88
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	9	7	360.23
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	465	467	55,222.77	0	0	0.00	371	400	54,290.40
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	5	5	131.66	0	0	0.00	1	3	68.60
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	5	5	10.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	49	134	9,634.15	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	14	942	763.58	0	0	0.00	7	298	970.68
OTHER PRACTITIONER	46	414	20,253.63	0	0	0.00	13	16	869.82
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	49	68	6,269.51	0	0	0.00	15	18	4,624.03
OPTOMETRIST	14	15	816.75	0	0	0.00	8	8	596.76
CHIROPRACTIC	19	34	1,073.76	0	0	0.00	6	23	647.65
PODIATRIC	2	2	126.10	0	0	0.00	1	1	57.25
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	60.91	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	2	4	132.45	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	394	20314	361,376.95	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	12	180.00	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	391	7479	329,689.05	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 *	432	38409	1123,639.05	0	0	0.00	351	3738	226,435.16

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	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	17	92	159,646.61	156	910	460,955.59	0	0	0.00
OUTPATIENT	284	5952	159,175.56	2970	72805	547,465.59	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	2	860.22	5	60	1,239.50	0	0	0.00
INTERMEDIATE CARE FACILITY	1	31	3,688.86	5	157	18,085.12	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2023	61462	25342,954.79	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	11	57	2,209.29	1236	52038	1772,847.01	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	501	1084	86,304.21	4793	17753	336,055.68	0	0	0.00
CLINIC SERVICES	118	160	23,926.51	341	356	49,778.53	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	74	272	6,090.39	556	563	5,943.20	0	0	0.00
HABILITATION SERVICES	9	264	7,632.73	96	3718	133,555.96	0	0	0.00
REMEDIAL SERVICES	1508	1412	44,896.23	11986	12014	129,556.14	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	15	15	2,505.85	121	172	19,266.41	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
LOCAL EDUCATION AGENCY	1	72	2,305.25	389	93364	1155,721.48	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	16	37	395.09	0	0	0.00
PRESCRIBED DRUGS	889	3717	230,333.21	6476	20466	1449,041.79	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	1495	1521	3,254.94	12452	12537	26,829.18	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	7	8	1,135.21	6	6	577.91	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1494	1564	158,963.33	11978	12076	766,980.46	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	4	4	102.51	16	23	1,671.48	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	7	25	1,200.01	684	1745	203,544.07	0	0	0.00
MEDICAL SUPPLIES	133	5616	23,506.86	2714	306357	488,262.48	0	0	0.00
OTHER PRACTITIONER	48	96	5,723.37	987	11420	388,391.43	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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	104	145	26,257.75	1337	1537	159,691.81	0	0	0.00
OPTOMETRIST	58	71	6,352.71	607	727	28,184.90	0	0	0.00
CHIROPRACTIC	57	119	3,875.98	330	648	9,824.43	0	0	0.00
PODIATRIC	11	13	1,332.53	690	986	20,046.79	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	42	1,456.54	266	15055	475,954.08	0	0	0.00
PSYCHIATRIC	3	3	47.70	516	769	22,711.79	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	9	318	2,101.83	0	0	0.00
ID WAIVER SERVICE	1	117	3,066.94	9318	669605	26322,963.07	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	103	2,372.53	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	2	77	1,113.42	3	274	7,251.19	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	134	2,351.93	148	7966	166,730.16	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	2	9	414.54	8225	64778	2844,437.86	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 *	1509	22694	969,731.19	12296	1442805	63361,389.33	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	0	0	0.00	0	0	0.00	6170	42399	41596,719.60
OUTPATIENT	0	0	0.00	23	644	6,496.07	65324	1228750	19216,979.90
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	977	12214	1760,306.10
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11920	363539	45955,823.94
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2041	62090	24160,391.98
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	43	1265	369,084.35
HOME HEALTH	0	0	0.00	3	8	56.40	13544	283985	9465,894.87
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	2	2	712.06
PHYSICIAN	0	0	0.00	34	53	3,862.61	126848	366512	15161,029.19
CLINIC SERVICES	0	0	0.00	17	20	3,091.83	21700	27828	4125,804.40
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	1	0	1206,167.00
LAB AND RADIOLOGICAL	0	0	0.00	2	5	62.00	15657	31332	601,054.36
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3527	116445	5385,342.17
REMEDIAL SERVICES	0	0	0.00	231	264	3,815.46	376166	408920	5379,135.16
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	2830	4626	421,792.99

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
LOCAL EDUCATION AGENCY	0	0	0.00	1	15	2,260.05	1006	228527	2551,852.58
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	386	1270	14,000.13
PRESCRIBED DRUGS	0	0	0.00	25	42	1,026.42	134724	348247	20873,467.72
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	230	237	507.18	376135	392196	839,236.22
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	1	1	55.88	4885	5306	543,735.98
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	231	264	3,366.64	375263	406919	10885,142.37
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	4	5	199.60	5297	5614	1008,901.83
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	105	106	301,275.11
PATIENT MANAGEMENT	0	0	0.00	111	111	222.00	176831	176803	353,606.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5	21	219.78	3348	9053	568,052.63
MEDICAL SUPPLIES	0	0	0.00	4	566	837.77	25870	1702012	3429,250.44
OTHER PRACTITIONER	0	0	0.00	9	33	958.76	17067	61933	2420,066.50
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	1	0	5.32-

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	22	23	2,308.02	26371	32136	4516,938.91
OPTOMETRIST	0	0	0.00	7	7	398.74	11829	14627	793,118.42
CHIROPRACTIC	0	0	0.00	0	0	0.00	8969	19081	441,126.64
PODIATRIC	0	0	0.00	1	1	407.25	4687	7200	193,109.93
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	707	29151	363,037.77
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1088	59628	2009,968.94
PSYCHIATRIC	0	0	0.00	0	0	0.00	4372	7919	229,320.52
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1434	49685	399,090.87
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	10450	738175	29519,368.94
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	558	31217	538,034.89
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	32	2861	30,406.07
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	8665	410375	5638,873.42
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	46	828.46	2028	148262	1712,119.71
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	10180	86621	3816,867.59
UNASSIGNED	0	0	0.00	0	0	0.00	9	0	135,574.64
* A L L C A T E G O R I E S *	0	0	0.00	236	2366	30,980.92	414895	7924831	268931,777.52

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