

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	418	1683	475,143.69
OUTPATIENT	11	120	1,949.36	0	0	0.00	3707	78227	501,448.14
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	187	1823	61,501.09
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4731	138851	13554,529.18
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	10	236	66,400.86
HOME HEALTH	0	0	0.00	0	0	0.00	2433	45266	1868,454.94
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	15	22	1,087.02	0	0	0.00	5478	128672	290,279.63
CLINIC SERVICES	8	13	1,886.23	0	0	0.00	421	243	36,335.03
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	3	6	127.69	0	0	0.00	624	181	2,576.33
HABILITATION SERVICES	0	0	0.00	0	0	0.00	63	1965	127,445.96
BEHAVIORAL HLTH INTERVENTN SVC	48	57	89.09	0	0	0.00	5863	6165	71.29
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	256	294	27,736.91

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	16	35	646.93	0	0	0.00	2893	4591	40,627.20
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	48	48	102.72	0	0	0.00	5677	5708	12,215.12
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	48	57	1,495.58	0	0	0.00	5863	6165	23,098.24
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	3173	191145	291,299.59
OTHER PRACTITIONER	1	1	26.14	0	0	0.00	405	1432	28,365.87
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	4	4	392.32	0	0	0.00	496	606	94,164.60
OPTOMETRIST	1	1	55.01	0	0	0.00	492	727	17,765.85
CHIROPRACTIC	0	0	0.00	0	0	0.00	322	642	4,208.96
PODIATRIC	0	0	0.00	0	0	0.00	518	968	9,915.59
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	95	4,090.60
PSYCHIATRIC	0	0	0.00	0	0	0.00	153	325	9,426.65
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	284	8975	76,627.42
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	74	5639	237,174.19
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	3569	165397	2505,990.83
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	71	435	20,058.95
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 *	66	396	7,922.09	0	0	0.00	16539	796456	20386,952.71

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	1502	9244	8214,820.54	548	1874	3059,921.74
OUTPATIENT	1	2	5.30	15881	397153	5712,527.49	9433	168377	3887,566.25
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	127	2928	1571,037.53	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	665	19279	2494,604.14	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	5	123	66,708.21	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	3932	96750	3209,109.32	98	451	30,138.65
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	3	33.18	23749	95879	3488,607.09	16160	31662	2653,145.95
CLINIC SERVICES	0	0	0.00	3314	4244	617,935.79	3246	4400	673,227.03
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	0	0	0.00	2864	6115	103,942.63	2881	7316	196,124.07
HABILITATION SERVICES	1	6	178.56	3301	108954	5640,902.04	35	638	26,455.28
BEHAVIORAL HLTH INTERVENTN SVC	3	3	4.85	54826	56484	452,565.13	45254	49898	184,324.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1086	1322	166,011.57	364	444	54,716.74

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
LOCAL EDUCATION AGENCY	0	0	0.00	555	106162	1508,310.20	5	969	5,998.34
EARLY ACCESS SERVICES	0	0	0.00	59	209	2,401.01	1	6	62.52
PRESCRIBED DRUGS	2	3	51.25	27069	115493	8937,281.01	23268	64521	2773,143.95
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	54738	55744	119,292.16	45141	47924	102,557.36
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	115	136	13,101.45	5575	7062	628,952.24
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	227.34	54792	56559	4125,997.86	45204	49858	1521,843.29
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	148	182	6,662.19	32	41	3,424.39
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	41	41	130,967.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	27878	27907	55,814.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	593	1268	153,280.86	128	263	10,170.09
MEDICAL SUPPLIES	0	0	0.00	9388	694095	1977,138.85	1068	21592	197,258.00
OTHER PRACTITIONER	0	0	0.00	3052	16825	636,163.85	2225	3450	225,206.07
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	0	0	0.00	4228	5518	913,200.87	3430	4810	921,768.50
OPTOMETRIST	0	0	0.00	2306	3072	155,211.88	1584	1888	136,818.11
CHIROPRACTIC	0	0	0.00	2140	4414	76,510.70	1902	4262	141,036.01
PODIATRIC	0	0	0.00	1002	1767	72,846.31	220	279	35,178.59
PHYSICAL DISABILITIES SVCS	0	0	0.00	510	20478	274,961.10	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	347	17960	756,536.79	0	0	0.00
PSYCHIATRIC	0	0	0.00	2132	3827	113,904.75	32	53	3,830.91
RESIDENTIAL CARE FACILITY	0	0	0.00	1193	36421	299,237.70	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	875	55823	2505,449.34	3	43	9,844.45
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	19	1265	20,881.30	8	662	10,548.87
AIDS WAIVER SERVICES	0	0	0.00	9	790	9,391.39	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	28	1596	22,287.11	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1760	144821	1550,436.91	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	1063	8222	367,988.24	9	195	8,874.26
UNASSIGNED	0	0	0.00	4	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	3	23	506.90	59730	2151164	56488,214.31	57286	500845	17557,949.66

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	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	279	1617	1747,622.79	295	5160	1356,468.39	1810	12355	15921,106.01
OUTPATIENT	7907	80659	1954,467.34	2201	35107	628,789.99	13431	173785	3310,339.09
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	21	15,426.81	1	21	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	5	85	67,970.65
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1465,536.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	30	12,043.80
HOME HEALTH	909	2875	66,503.10	141	341	12,025.27	1674	5470	76,465.36
LEAD INSPECTION AGENCY	4	4	1,424.12	0	0	0.00	0	0	0.00
PHYSICIAN	19341	30520	1795,859.20	4317	8192	513,499.48	32615	61186	4325,414.23
CLINIC SERVICES	4172	5132	780,768.42	1008	1272	185,485.78	7831	10439	1509,480.39
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	2886,281.00
LAB AND RADIOLOGICAL	1420	2630	40,448.03	461	1666	32,408.35	3333	8082	133,448.18
HABILITATION SERVICES	4	48	4,519.64	21	839	42,867.29	13	847	1,880.62
BEHAVIORAL HLTH INTERVENTN SVC	75678	81291	1005,702.19	16612	17790	177,716.42	114283	126017	1859,438.13
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	199	201	29,385.73	93	93	11,928.93	318	319	52,528.00

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
LOCAL EDUCATION AGENCY	128	32161	213,020.44	27	7619	54,468.75	143	36058	254,193.74
EARLY ACCESS SERVICES	98	396	4,373.81	22	97	1,012.27	122	585	6,005.25
PRESCRIBED DRUGS	20275	35572	2163,812.11	5180	11505	727,571.56	31332	54063	2506,939.46
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	75299	78698	168,413.72	16427	17165	36,733.10	114131	119703	256,164.42
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	685	871	77,589.41	223	263	26,482.23	434	510	51,513.32
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	75367	80894	801,802.23	16462	17995	354,096.63	113911	125512	1491,437.77
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	2609	2943	324,219.98	332	390	60,020.79	4147	4573	787,528.98
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	49761	49820	99,640.00	10004	10009	20,018.00	80643	80739	161,482.00
HEALTH INS PREMIUM PAYMENT	174	412	10,941.41	61	140	5,706.15	1390	3512	98,573.79
MEDICAL SUPPLIES	951	6984	130,455.48	174	1861	19,431.89	1435	17983	179,921.32
OTHER PRACTITIONER	3028	6876	350,845.09	715	2212	86,580.92	4727	9937	567,149.37
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	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	5040	5910	784,759.21	1180	1482	239,904.91	8543	10082	1371,422.60
OPTOMETRIST	1941	2182	143,206.77	432	498	33,096.11	2743	3081	193,218.74
CHIROPRACTIC	945	1642	47,883.44	309	659	20,811.94	1790	3679	106,703.22
PODIATRIC	75	91	9,041.98	34	37	3,875.81	140	166	15,678.33
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	53	542.27
PSYCHIATRIC	4	5	469.51	16	25	1,592.58	32	38	3,003.13
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	3	51	951.22	1	1	16.75	4	2	15,171.63-
CHILDRENS MENTAL HEALTH SVC	24	2129	31,640.75	70	4193	69,857.84	46	4042	55,630.00
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	2	52	5,058.25-
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	4	177.30
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	30	417	18,377.12	69	866	40,968.66	49	643	30,482.31
UNASSIGNED	2	0	0.00	0	0	0.00	2	0	598,777.94-
* A L L C A T E G O R I E S *	82858	513031	12808,144.24	17867	147498	4778,863.60	124293	873653	36209,618.96

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	29	343	144,828.17	453	1938	658,599.35	25	118	167,657.06
OUTPATIENT	876	14652	234,353.99	4125	100683	545,256.52	454	11661	245,475.26
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	30	16,206.60	311	3268	19,916.05	1	21	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6204	180995	21309,576.46	3	0	2,109.06-
INTER CARE MENTAL RETARDA	11	301	128,508.82	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	31	910	267,527.78	0	0	0.00
HOME HEALTH	152	7924	218,883.57	3238	60618	2960,630.17	34	459	18,503.42
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2339	3444	186,795.60	5312	26161	333,554.91	742	2200	167,040.69
CLINIC SERVICES	498	604	84,791.64	317	405	39,323.84	125	175	26,710.63
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	306	666	7,807.69	720	339	3,738.79	119	255	6,012.43
HABILITATION SERVICES	21	410	48,171.76	51	2391	106,788.75	22	990	59,399.28
BEHAVIORAL HLTH INTERVENTN SVC	10605	11291	1322,699.55	21176	21759	8,765.50	1837	2011	2,210.37
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	29	28	3,043.19	347	406	40,785.54	30	30	3,970.63

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	105	37812	317,320.48	33	4979	111,685.05	0	0	0.00
EARLY ACCESS SERVICES	23	96	1,069.75	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4945	12834	1097,422.90	9595	20577	374,485.69	980	3478	165,622.42
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10325	10434	22,328.76	21147	21372	45,736.08	1826	1925	4,119.50
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	44	52	4,348.88	1	1	9.36	36	48	3,748.86
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10318	10655	999,723.60	21176	21759	198,677.63	1835	2010	59,235.67
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	130	144	9,469.61	6	6	284.92	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	66	65	166,588.91	0	0	0.00
PATIENT MANAGEMENT	107	107	214.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	161	303	16,947.64	30	52	11,463.76	2	2	478.19
MEDICAL SUPPLIES	232	24190	48,365.75	5183	357682	547,904.61	132	2822	26,359.63
OTHER PRACTITIONER	542	3198	130,555.05	575	2495	68,046.38	107	264	19,811.45
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	924	1034	136,362.68	872	1017	152,252.83	168	225	38,128.34
OPTOMETRIST	405	442	25,827.12	594	820	22,446.91	62	73	4,227.33
CHIROPRACTIC	200	396	11,255.43	222	379	3,016.72	74	163	5,354.86
PODIATRIC	28	38	3,367.81	622	936	10,204.48	25	35	1,773.91
PHYSICAL DISABILITIES SVCS	0	0	0.00	227	9601	114,268.41	0	0	0.00
BRAIN INJ WAIVER SERVICES	38	1798	47,439.01	437	21335	811,742.88	0	0	0.00
PSYCHIATRIC	23	46	3,376.37	196	371	10,550.62	18	23	904.36
RESIDENTIAL CARE FACILITY	1	30	211.60	8	142-	2,474.50-	0	0	0.00
ID WAIVER SERVICE	211	6861	290,793.33	9	264	22,145.52	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	23	1989	19,636.70	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5517	271796	3816,931.16	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	31	2252	39,386.50	6	305	3,919.86	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	202	1649	73,930.35	118	1130	55,939.64	1	36	914.76
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 *	10433	154064	5675,807.20	13613	1138662	32859,927.28	1938	29024	1025,549.99

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	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	922	1447,341.68	35	408	272,903.10	3	8	17,399.97
OUTPATIENT	435	14770	398,921.39	1177	15591	303,117.88	118	5013	148,637.37
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	6	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	22	282	21,702.06	153	240	1,734.51	1	2	27.80
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	713	3121	241,970.57	3218	4668	287,355.74	171	473	111,734.08
CLINIC SERVICES	74	137	20,071.00	743	885	136,564.64	18	20	4,844.25
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	61	1,333.23	178	505	7,565.14	21	47	1,523.78
HABILITATION SERVICES	1	0	125.65	1	24	948.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	15460	16647	212,293.51	250	251	631.55
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	44	48	9,550.57	29	27	3,044.08	2	3	312.16

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	MEDICALLY NEEDY			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	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	30	7174	55,743.93	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	4	12	120.13	0	0	0.00
PRESCRIBED DRUGS	258	1148	44,246.70	4205	7728	588,944.96	199	871	32,544.08
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	226	224	479.36	15284	15857	33,933.98	251	251	537.14
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	4	5	323.47	92	117	15,296.94	1	1	102.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	15359	16585	180,478.20	250	251	27,669.09
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	152	173	12,191.15	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	11251	11262	22,524.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	3	3	1,248.23	0	0	0.00
MEDICAL SUPPLIES	53	1501	6,480.92	114	1325	19,126.82	19	1894	12,076.50
OTHER PRACTITIONER	82	168	15,166.54	527	2377	81,888.30	21	34	1,814.85
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	38	52	10,649.30	1637	1902	282,612.45	17	19	3,974.56
OPTOMETRIST	12	15	934.24	614	694	43,249.40	17	22	1,209.95
CHIROPRACTIC	12	37	1,248.84	381	718	22,230.82	16	37	1,198.45
PODIATRIC	10	13	571.86	34	40	5,163.64	8	10	875.19
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	29	97	5,402.85	5	5	530.98	2	2	126.51
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	1	4	91.26	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	227	5,448.11	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	39	1,800.94	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 *	930	22607	2226,520.23	15476	105237	2598,150.84	264	9209	367,239.28

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	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	2	1	9,440.89	0	0	0.00	0	0	0.00
OUTPATIENT	5	41	3,061.20	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	10	5,852.36-	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	1	11	139.14	0	0	0.00	0	0	0.00
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	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	165	231	9,170.25	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT 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	2	2	9.58	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 *	164	296	15,968.70	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	17	370	69,223.09	0	0	0.00	2	5	5,481.30
OUTPATIENT	44	778	16,056.49	0	0	0.00	69	1137	20,871.95
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	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	14	33	1,161.92	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	117	187	9,852.69	0	0	0.00	124	197	13,415.55
CLINIC SERVICES	17	22	2,638.31	0	0	0.00	27	39	5,126.19
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	9	25	243.28	0	0	0.00	15	40	909.01
HABILITATION SERVICES	7	123	4,220.97	0	0	0.00	7	480	23,027.17
BEHAVIORAL HLTH INTERVENTN SVC	522	568	76,402.15	0	0	0.00	373	431	73,060.67
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	2	2	267.51	0	0	0.00	6	7	779.85

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	30	9682	62,174.31	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	429	1604	141,018.76	0	0	0.00	157	374	23,651.81
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	502	510	1,091.40	0	0	0.00	374	404	864.56
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	3	4	262.30	0	0	0.00	11	12	556.92
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	497	512	59,765.71	0	0	0.00	373	412	55,820.48
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	5	360.44	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	3	3	6.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	60	124	13,330.98	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	12	528	1,125.67	0	0	0.00	4	82	92.42
OTHER PRACTITIONER	36	294	10,698.24	0	0	0.00	21	48	1,935.21
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	46	48	8,961.14	0	0	0.00	17	24	4,321.56
OPTOMETRIST	21	28	1,717.65	0	0	0.00	6	6	376.24
CHIROPRACTIC	13	34	877.73	0	0	0.00	17	41	1,311.45
PODIATRIC	5	6	926.75	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	1	1	136.89	0	0	0.00	1	1	22.23
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	1	57	922.25	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	383	22068	390,533.67	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	430	6717	303,493.62	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 *	450	44333	1177,469.92	0	0	0.00	360	3740	231,624.57

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	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	20	67	136,404.47	121	564	388,453.67	0	0	0.00
OUTPATIENT	287	5354	144,946.96	2548	60470	468,060.42	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	7	109	8,919.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	30	3,529.60	5	130	17,368.58	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2006	58828	24336,931.96	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	12	79	982.52	1232	52827	1874,172.80	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	506	1134	101,664.26	4086	10406	289,822.42	0	0	0.00
CLINIC SERVICES	116	154	23,139.03	360	368	51,193.45	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	51	237	4,511.41	428	512	6,855.17	0	0	0.00
HABILITATION SERVICES	9	269	12,565.08	93	3695	143,665.89	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	1518	1669	47,442.64	12015	12085	127,422.11	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	17	19	1,979.81	105	121	12,547.76	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		
	RECIPIS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPIS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPIS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	6	2239	18,980.98	576	165451	2176,359.67	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	18	66	732.57	0	0	0.00
PRESCRIBED DRUGS	920	3955	240,277.39	6572	21561	1643,566.69	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	1512	1545	3,306.30	12484	12567	26,893.38	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	7	9	514.21	13	17	2,803.96	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1509	1603	162,131.50	12009	12108	769,360.88	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	1	1	46.64	22	23	803.43	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	1	1	2.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	6	16	801.04	685	1457	182,201.15	0	0	0.00
MEDICAL SUPPLIES	109	3211	20,049.13	2463	328671	542,050.17	0	0	0.00
OTHER PRACTITIONER	72	145	8,992.97	884	12181	455,984.69	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	125	160	28,901.95	1481	1723	169,693.11	0	0	0.00
OPTOMETRIST	79	92	7,430.06	568	667	30,138.87	0	0	0.00
CHIROPRACTIC	51	103	3,333.10	295	526	8,811.77	0	0	0.00
PODIATRIC	14	15	2,184.63	441	552	13,491.18	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	39	1,466.67	269	12081	468,911.27	0	0	0.00
PSYCHIATRIC	1	2	69.47	348	495	15,291.98	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	10	204	1,833.54	0	0	0.00
ID WAIVER SERVICE	2	146	3,856.87	9184	555140	25577,052.86	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	100	2,251.84	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	3	214	3,072.30	2	43	1,837.53	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	139	6147	145,621.56	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	18	711.00	8424	60534	2645,174.46	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 *	1531	22525	983,291.99	12241	1392430	62606,281.79	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	0	0	0.00	5680	36677	34092,815.91
OUTPATIENT	0	0	0.00	15	70	1,220.09	62314	1163650	18527,072.48
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	632	8227	1693,007.08
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11547	339370	37445,469.55
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2018	59252	23066,612.99
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	41	1176	345,972.44
HOME HEALTH	0	0	0.00	2	4	20.25	13995	273621	10360,515.66
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	4	4	1,424.12
PHYSICIAN	0	0	0.00	42	48	2,357.29	117588	408185	14807,637.22
CLINIC SERVICES	0	0	0.00	37	46	7,163.73	22225	28598	4206,685.38
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	2886,281.00
LAB AND RADIOLOGICAL	0	0	0.00	10	17	240.68	13398	28711	549,955.03
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3627	121679	6243,161.94
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	231	252	3,822.89	374741	404669	5554,662.04
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1	1	117.61	2916	3365	418,706.59

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

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	0	0	0.00	1615	410306	4778,255.89
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	335	1467	15,777.31
PRESCRIBED DRUGS	0	0	0.00	44	62	1,030.21	136741	360206	21512,055.33
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	230	234	500.76	375138	390316	835,276.24
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	5	5	374.13	7212	9113	825,979.68
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	231	252	3,307.06	374299	403190	10836,168.76
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	7565	8481	1205,012.52
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	106	106	297,555.91
PATIENT MANAGEMENT	0	0	0.00	125	125	250.00	179799	180006	360,016.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5	16	163.00	3298	7568	505,306.29
MEDICAL SUPPLIES	0	0	0.00	5	336	1,559.08	24019	1655904	4020,705.41
OTHER PRACTITIONER	0	0	0.00	7	18	572.80	16907	61955	2689,803.79
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

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	26	39	10,403.87	28154	34655	5171,874.80
OPTOMETRIST	0	0	0.00	4	4	308.57	11863	14312	817,238.81
CHIROPRACTIC	0	0	0.00	0	0	0.00	8640	17732	455,793.44
PODIATRIC	0	0	0.00	0	0	0.00	3172	4953	185,096.06
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	736	30079	389,229.51
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1066	53361	2090,729.49
PSYCHIATRIC	0	0	0.00	0	0	0.00	2988	5316	168,639.79
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1490	45488	375,435.76
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	10316	624031	28633,126.41
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	549	34686	586,792.38
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	32	2779	29,028.09
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	8895	439098	6345,060.68
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	26	468.26	1937	153555	1740,010.39
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	10451	80901	3568,714.31
UNASSIGNED	0	0	0.00	0	0	0.00	10	0	598,777.94-
* A L L C A T E G O R I E S *	0	0	0.00	243	1555	33,880.28	416285	7906748	258039,884.54

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