

## 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	0.00	0	0	0.00	521	2385	487,906.12
OUTPATIENT	19	114	5,999.40	0	0	0.00	4257	84259	791,652.72
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	275	3334	213,120.62
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4777	153305	16571,144.21
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	154	46,716.58
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	12	306	70,547.14
HOME HEALTH	0	0	0.00	0	0	0.00	2320	42767	1662,912.65
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	29	47	5,365.33	0	0	0.00	5893	48377	559,326.06
CLINIC SERVICES	13	18	2,693.62	0	0	0.00	528	331	37,279.62
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	10	63	981.22	0	0	0.00	709	180	3,660.52
HABILITATION SERVICES	0	0	0.00	0	0	0.00	76	2335	160,146.03
BEHAVIORAL HLTH INTERVENTN SVC	67	83	129.52	0	0	0.00	5930	6192	69.05
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	374	465	51,008.43

## 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	19	28	2,096.94	0	0	0.00	3029	4825	44,214.24
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	66	66	141.24	0	0	0.00	5768	5781	12,371.34
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	1	1	26.32	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	67	83	2,140.20	0	0	0.00	5931	6191	23,077.49
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	2	2	4,573.75
PATIENT MANAGEMENT	29	29	58.00	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	3197	198301	338,921.16
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	2	4	401.02	0	0	0.00	430	4357	28,426.12
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

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
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
DENTAL	6	8	545.50	0	0	0.00	397	495	79,972.98
OPTOMETRIST	4	7	585.32	0	0	0.00	541	849	32,783.90
CHIROPRACTIC	0	0	0.00	0	0	0.00	332	680	11,928.14
PODIATRIC	0	0	0.00	0	0	0.00	693	1092	24,875.72
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	115	5,347.36
PSYCHIATRIC	0	0	0.00	0	0	0.00	154	360	12,296.50
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	238	8605	69,836.01
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	73	5477	264,674.59
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	3563	160465	2395,488.15
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	305	14,778.44
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 *	86	551	21,163.63	0	0	0.00	16820	742290	24019,055.64

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	1767	10090	8871,289.81	614	1686	2910,152.43
OUTPATIENT	1	24	33.94	18042	446227	6946,416.50	10233	169786	4330,742.95
CHILD PART HOSP	0	0	0.00	1	0	36.38-	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	173	4131	1965,641.56	1	8	5,876.88
INTERMEDIATE CARE FACILITY	0	0	0.00	676	22060	2872,342.55	3	51	6,537.17
INTER CARE MENTAL RETARDA	0	0	0.00	5	132	47,966.94	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	3690	87419	2883,925.32	55	565	25,553.55
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	25967	272870	4378,531.13	16884	35292	2770,065.90
CLINIC SERVICES	0	0	0.00	3180	4594	616,668.75	3073	4259	623,527.96
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	3343	92487	131,558.51	3883	10462	267,184.54
HABILITATION SERVICES	1	2	59.52	3436	113205	5575,590.65	38	613	28,294.38
BEHAVIORAL HLTH INTERVENTN SVC	3	3	4.85	55531	57170	459,710.64	45362	50154	190,778.40
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1093	1351	159,452.48	297	314	45,975.51

## T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	576	126414	1809,300.52	9	1517	10,195.40
EARLY ACCESS SERVICES	0	0	0.00	62	882	8,825.01	1	8	106.68
PRESCRIBED DRUGS	2	2	8.27	26972	112436	8756,000.44	23893	65388	2911,627.73
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	3	3	6.42	55458	56493	120,895.02	45285	48198	103,143.72
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	103	113	9,133.79	4878	5678	513,666.61
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	227.34	55517	57183	4164,513.56	45352	49953	1525,509.13
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	189	206	8,881.31	48	55	5,464.74
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	45	42	133,957.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	3	3	6.00	27718	27704	55,408.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	581	1276	138,413.42	125	253	9,348.61
MEDICAL SUPPLIES	0	0	0.00	10070	894328	1950,529.73	1191	27054	174,543.66
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	3344	29521	840,815.98	2187	3494	226,110.31
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

## 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
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
DENTAL	0	0	0.00	3927	4985	843,042.46	3201	4364	786,606.54
OPTOMETRIST	0	0	0.00	2498	3344	180,739.51	1808	2216	153,363.77
CHIROPRACTIC	0	0	0.00	2232	4924	106,419.65	1880	4107	138,491.64
PODIATRIC	0	0	0.00	1132	1865	77,368.19	178	244	25,713.66
PHYSICAL DISABILITIES SVCS	0	0	0.00	495	18092	247,678.82	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	341	17649	703,363.86	1	2	678.32
PSYCHIATRIC	0	0	0.00	2134	3660	145,261.41	48	77	6,765.84
RESIDENTIAL CARE FACILITY	0	0	0.00	1114	37226	303,249.32	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	904	60577	2833,881.50	2	2	1,132.81
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	19	1147	17,741.44	6	429	7,002.96
AIDS WAIVER SERVICES	0	0	0.00	12	930	10,975.97	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	24	1050	19,984.04	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1721	76992	1381,188.04	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	1080	7482	353,810.95	8	115	5,545.97
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	37	340.34	60433	2630556	60075,035.40	57625	514048	17865,115.77

## T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	364	1736	1836,714.34	271	4527	1368,650.86	1961	11014	13718,571.55
OUTPATIENT	8770	86853	2154,885.52	2385	30783	799,212.34	14940	190510	4285,142.85
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	122.14-	1	30	22,038.30	6	133	15,987.03
INTERMEDIATE CARE FACILITY	0	0	0.00	1	30	4,797.00	6	99	35,251.46
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1468,363.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	2	7	1,467.78-
HOME HEALTH	497	1734	61,970.83	99	291	10,269.54	948	3348	463,722.08
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	1	1	362.06
PHYSICIAN	20639	35659	2242,328.09	4184	7979	536,662.92	33716	79989	4913,638.97
CLINIC SERVICES	3891	4941	750,120.66	962	1292	189,621.28	7169	9637	1374,723.72
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	5411,669.00
LAB AND RADIOLOGICAL	1767	3642	55,741.54	473	1487	29,405.10	3397	8930	165,331.83
HABILITATION SERVICES	0	0	0.00	20	817	40,004.07	15	202	8,709.81-
BEHAVIORAL HLTH INTERVENTN SVC	75553	80994	1070,065.19	16405	17691	201,884.60	114630	126310	1517,015.80
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	135	135	21,890.57	75	78	10,653.17	214	212	31,531.96

## 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	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	104	32246	223,755.87	36	9210	58,158.27	126	33325	223,148.71
EARLY ACCESS SERVICES	66	449	4,543.36	12	116	1,383.29	97	920	10,151.16
PRESCRIBED DRUGS	21925	37522	2124,386.50	5427	11286	638,256.75	34264	58198	2945,088.56
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	75404	78785	168,599.90	16309	17026	36,435.64	114668	120225	257,281.50
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	553	644	60,960.93	196	224	22,821.02	379	422	40,231.86
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	75439	80712	800,098.32	16333	17701	350,915.74	114499	126034	1501,247.20
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	2932	3220	382,354.92	395	451	72,755.94	4538	4918	918,006.48
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	49768	49768	99,536.00	9967	9963	19,926.00	80933	80930	161,860.00
HEALTH INS PREMIUM PAYMENT	161	359	10,399.97	54	123	4,850.33	1312	3363	92,626.73
MEDICAL SUPPLIES	1045	17689	121,576.50	234	4355	29,459.63	1618	30427	154,883.92
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	3196	8029	420,599.56	647	1810	105,723.34	4915	11990	655,767.93
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



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
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
DENTAL	4732	5592	708,048.77	1123	1371	207,311.96	7758	9091	1122,248.23
OPTOMETRIST	1905	2244	143,552.69	523	610	41,299.81	2812	3261	207,458.84
CHIROPRACTIC	919	1622	50,662.58	248	526	17,418.01	1676	3219	95,345.31
PODIATRIC	47	51	5,155.36	21	26	1,888.37	100	101	8,396.24
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	5	4,135.15-
PSYCHIATRIC	16	25	1,934.51	24	37	3,163.88	45	97	7,171.93
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	291.34
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	4	66	18,082.53-
CHILDRENS MENTAL HEALTH SVC	27	1945	30,619.97	74	4582	78,486.64	45	3414	23,754.79
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
SICK & HANDICAPPED WAIVER SVCS	1	42	1,512.00	0	0	0.00	4	68	1,227.78-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	28	480	20,683.15	89	918	61,667.57	63	684	40,551.70
UNASSIGNED	4	0	0.00	0	0	0.00	3	0	942,894.49-
* A L L C A T E G O R I E S *	83249	537118	13572,575.46	17885	145340	4965,121.37	124881	921150	37953,580.20

## 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	30	303	164,708.65	584	2754	556,703.88	46	177	339,931.09
OUTPATIENT	907	13092	242,874.83	4551	111364	797,895.94	518	17720	261,814.86
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	2	62	38,580.74	442	6780	51,261.04	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6062	195169	24648,543.01	0	0	0.00
INTER CARE MENTAL RETARDA	14	641	262,423.43	1	49	13,205.45	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	34	1099	325,540.10	0	0	0.00
HOME HEALTH	70	5758	157,134.91	3107	64377	2337,426.36	37	576	26,912.14
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2202	3668	195,473.16	6275	45631	609,173.56	803	2646	169,777.98
CLINIC SERVICES	445	554	79,901.79	355	392	32,076.46	107	132	20,286.63
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	275	772	13,190.62	896	275	3,634.99	111	371	8,215.04
HABILITATION SERVICES	23	783	50,608.91	59	1745	76,986.35	25	615	38,337.73
BEHAVIORAL HLTH INTERVENTN SVC	10506	11833	1313,688.16	21273	21573	8,833.02	1871	2016	2,689.10
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	20	20	2,038.23	469	628	69,934.17	19	23	3,548.58

## T I T L E    X I X    M O N T H L Y    R E P O R T    O F    E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	116	38671	332,549.99	27	3219	98,146.60	0	0	0.00
EARLY ACCESS SERVICES	47	417	4,214.99	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5202	13173	963,542.26	9164	19694	356,773.37	1042	3503	149,220.52
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10287	10366	22,183.24	21210	21243	45,460.02	1869	1958	4,190.12
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	40	46	2,022.41	0	0	0.00	17	20	1,275.54
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10294	10660	1002,173.48	21273	21573	201,031.20	1871	2016	58,160.97
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	148	160	9,447.82	3	3	296.73	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	76	75	196,981.44	0	0	0.00
PATIENT MANAGEMENT	78	78	156.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	162	310	16,442.99	31	53	11,889.12	2	2	478.19
MEDICAL SUPPLIES	273	29302	73,837.77	5113	374738	509,831.72	158	10156	16,013.44
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	627	4063	199,530.65	605	104793	59,807.99	105	374	16,880.62
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00

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
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
DENTAL	817	930	115,863.88	733	892	146,231.23	138	182	31,210.93
OPTOMETRIST	457	536	33,437.12	560	785	31,792.06	74	94	6,547.19
CHIROPRACTIC	152	266	7,747.76	216	424	6,567.47	77	175	5,640.82
PODIATRIC	15	12	1,183.24	1069	1649	37,841.83	16	20	1,277.65
PHYSICAL DISABILITIES SVCS	0	0	0.00	219	9410	112,724.46	0	0	0.00
BRAIN INJ WAIVER SERVICES	36	1588	42,312.50	447	20483	819,660.76	0	0	0.00
PSYCHIATRIC	39	74	5,371.56	228	611	20,662.87	15	17	1,017.67
RESIDENTIAL CARE FACILITY	2	98	798.70	6	9	836.02	0	0	0.00
ID WAIVER SERVICE	208	6320	316,672.23	10	123	10,602.40	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	25	1910	19,328.46	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5507	265150	3712,673.17	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	27	1834	33,572.17	7	307	3,105.72	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	170	1089	52,068.84	122	887	39,750.28	0	0	0.00
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 *	10432	157479	5755,753.03	13527	1299769	35946,798.35	1975	42793	1163,426.81

## T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	155	683	1090,167.56	29	284	95,548.97	4	24	40,381.09
OUTPATIENT	456	14686	420,731.78	1418	17367	431,618.87	117	4462	137,981.11
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	1	273	162,980.18	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	44	3,070.30	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	13	281	24,405.18	88	136	1,919.84	3	12	953.72
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	726	3206	237,137.67	3275	5104	296,824.24	171	572	109,188.66
CLINIC SERVICES	55	96	11,904.81	762	923	139,897.10	13	14	3,723.73
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	36	138	3,048.35	203	521	9,553.94	31	99	4,774.35
HABILITATION SERVICES	8	630	23,016.24	1	3	118.50	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	15318	16544	220,856.42	242	246	613.93
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	42	44	9,299.15	20	19	2,176.88	2	2	153.23

## 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	1	886	0.00	31	10392	68,366.81	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	1	2	10.66	0	0	0.00
PRESCRIBED DRUGS	258	1138	49,405.22	4497	7881	519,352.85	201	834	31,934.05
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	181	179	383.06	15227	15807	33,826.98	241	242	517.88
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	3	3	280.54	73	85	7,517.04	1	1	108.32
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	15281	16437	179,667.29	242	246	26,922.94
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	211	224	20,038.10	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	11257	11257	22,514.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5	13	508.72	0	0	0.00
MEDICAL SUPPLIES	61	1822	15,625.13	128	3577	12,979.03	19	1412	1,870.99
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	83	111	8,911.93	569	1550	95,402.88	19	36	1,930.15
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00

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
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
DENTAL	40	48	8,019.02	1612	1903	232,322.22	19	21	1,319.14
OPTOMETRIST	19	164	2,547.26	537	614	39,100.66	13	14	817.94
CHIROPRACTIC	12	21	825.38	342	654	20,515.75	18	31	1,004.02
PODIATRIC	12	20	669.99	24	35	3,396.85	6	6	365.39
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	68	131.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	53	187	11,173.88	10	17	1,851.54	1	1	14.93
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	1	3	54.03	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	129	2,722.97	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	1	0	4.83	7	56	6,433.41	0	0	0.00
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 *	920	24728	2083,738.46	15554	111537	2465,096.55	254	8275	364,575.57

## 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 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	4	52	37,236.16	0	0	0.00	0	0	0.00
OUTPATIENT	145	516	27,418.51	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	4	23	1,963.44	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	170	221	9,971.32	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	119	288	5,299.71	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	1	1	285.23	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	4273	26260	298,171.84	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	1	2	10.66	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	130	3418	24,255.34	0	0	0.00	0	0	0.00
HEALTH HOME PROVIDER	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

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
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
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	4	131.36	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	1	145	1,429.56	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 *	4647	30930	406,173.13	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	20	566	107,345.65	0	0	0.00	8	14	26,392.57
OUTPATIENT	50	1141	12,481.88	0	0	0.00	89	1020	26,079.90
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	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	1	1	871.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	127	209	9,409.18	0	0	0.00	132	267	22,801.27
CLINIC SERVICES	16	17	1,861.53	0	0	0.00	23	36	4,896.81
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	13	33	503.57	0	0	0.00	22	50	1,288.67
HABILITATION SERVICES	7	114	3,675.61	0	0	0.00	8	291	24,081.29
BEHAVIORAL HLTH INTERVENTN SVC	571	567	87,087.96	0	0	0.00	353	369	65,087.28
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	4	6	1,113.57	0	0	0.00	2	2	213.50

## 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	39	16946	112,132.01	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	504	1805	150,156.57	0	0	0.00	163	348	19,087.93
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	558	564	1,206.96	0	0	0.00	353	364	778.96
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	2	2	84.11	0	0	0.00	5	5	320.53
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	558	567	64,703.99	0	0	0.00	353	369	49,894.98
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	42.48	0	0	0.00	2	2	72.59
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	64	135	12,473.74	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	21	1545	2,410.70	0	0	0.00	3	3	42.79
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	56	813	52,691.58	0	0	0.00	21	35	1,790.20
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

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
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
DENTAL	38	42	3,089.75	0	0	0.00	25	30	2,687.37
OPTOMETRIST	27	31	1,506.04	0	0	0.00	14	19	1,267.59
CHIROPRACTIC	13	29	910.30	0	0	0.00	12	15	575.76
PODIATRIC	1	1	33.57	0	0	0.00	1	1	254.97
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	76.71	0	0	0.00	1	1	25.19
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	2	24	2,078.81	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	376	19798	360,687.19	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	0	1.11	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	480	6940	316,016.71	0	0	0.00	1	3	351.75
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 *	490	51904	1304,662.28	0	0	0.00	365	3244	247,991.90

T I T L E   X I X   M O N T H L Y   R E P O R T   O F   E X P E N D I T U R E S

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	26	185	225,692.58	160	1016	688,727.76	0	0	0.00
OUTPATIENT	336	7204	141,420.35	3030	77812	689,820.08	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	7	0.00	7	90	140.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	30	4,028.50	5	62	9,009.20	0	0	0.00
INTER CARE MENTAL RETARDA	1	31	10,567.59	1838	67921	27830,399.07	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	15	151	10,448.21	1185	51998	1799,788.80	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	545	1544	102,377.22	4575	25156	457,959.21	0	0	0.00
CLINIC SERVICES	122	159	22,376.09	322	351	45,838.03	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	70	344	6,643.15	501	810	9,397.87	0	0	0.00
HABILITATION SERVICES	7	248	7,442.21	108	3229	130,321.65	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	1504	1559	48,189.93	12148	12256	131,081.36	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	9	9	1,417.83	125	157	16,778.47	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	7	1570	13,533.15	586	156882	2285,763.71	0	0	0.00
EARLY ACCESS SERVICES	1	5	26.65	9	147	1,654.33	0	0	0.00
PRESCRIBED DRUGS	930	3830	215,155.62	6660	21383	1510,905.53	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	1507	1531	3,276.34	12613	12696	27,169.44	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	3	3	279.10	10	10	2,616.26	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1501	1558	158,388.65	12148	12256	777,581.74	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	123.52	35	45	2,721.96	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	10	30	2,114.50	681	1470	173,236.53	0	0	0.00
MEDICAL SUPPLIES	140	9580	19,691.58	2671	359045	568,505.59	0	0	0.00
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	71	170	12,983.28	996	14255	503,434.24	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

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
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
DENTAL	88	109	20,875.09	1289	1524	145,244.62	0	0	0.00
OPTOMETRIST	69	83	5,482.09	576	693	35,723.29	0	0	0.00
CHIROPRACTIC	43	83	2,702.24	309	566	12,701.54	0	0	0.00
PODIATRIC	11	13	1,454.11	542	725	24,831.27	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	28	979.44	275	13042	510,790.41	0	0	0.00
PSYCHIATRIC	2	2	377.08	359	496	23,011.43	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	11	379	2,982.43	0	0	0.00
ID WAIVER SERVICE	1	99	2,658.33	9287	681670	28095,573.11	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	2	37	753.58	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	2	139	1,929.14	3	32	817.06	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	3	56.98	146	6351	156,496.49	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	2	4	2,103.22	7965	52817	2443,019.38	0	0	0.00
UNASSIGNED	0	0	0.00	2	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1557	30313	1044,793.77	12401	1577379	69114,795.44	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	6537	37496	32566,121.07
OUTPATIENT	0	0	0.00	18	271	3,891.70	69726	1275211	22508,116.03
CHILD PART HOSP	0	0	0.00	0	0	0.00	1	0	36.38-
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	902	14848	2475,504.21
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11489	370850	44154,723.40
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1856	68830	26716,505.16
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	46	1412	394,619.46
HOME HEALTH	0	0	0.00	3	7	15.03	12041	259444	9470,192.60
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	1	1	362.06
PHYSICIAN	0	0	0.00	44	73	4,952.78	124532	568510	17630,964.65
CLINIC SERVICES	0	0	0.00	24	34	5,291.26	20932	27780	3962,689.85
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	5411,669.00
LAB AND RADIOLOGICAL	0	0	0.00	4	5	204.57	15789	120957	719,618.09
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3792	124832	6149,973.33
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	248	277	4,570.88	376137	405837	5322,356.09
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	2890	3466	427,470.96

## 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	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	1640	431278	5235,051.04
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	277	2946	30,916.13
PRESCRIBED DRUGS	0	0	0.00	45	67	2,247.84	146589	389601	21687,633.03
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	248	257	549.98	376656	391784	838,417.76
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	3	4	249.48	6255	7261	661,593.86
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	248	277	3,874.87	375944	403819	10890,129.09
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	9	10	1,520.74	8498	9298	1421,727.33
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	122	119	335,512.19
PATIENT MANAGEMENT	0	0	0.00	128	128	256.00	179886	179865	359,730.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	3	12	98.88	3192	7401	472,892.39
MEDICAL SUPPLIES	0	0	0.00	3	415	1,452.20	25531	1967167	4016,430.88
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	10	26	601.08	17745	185431	3231,808.86
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

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
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
DENTAL	0	0	0.00	25	35	10,975.48	25865	31622	4465,615.17
OPTOMETRIST	0	0	0.00	14	14	960.19	12436	15578	918,965.27
CHIROPRACTIC	0	0	0.00	0	0	0.00	8436	17342	479,456.37
PODIATRIC	0	0	0.00	1	2	171.53	3853	5863	214,877.94
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	713	27502	360,403.28
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1066	52980	2079,128.50
PSYCHIATRIC	0	0	0.00	0	0	0.00	3116	5667	240,308.29
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1367	46462	379,423.38
ID WAIVER SERVICE	0	0	0.00	1	5	174.90	10424	754366	31509,420.18
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	548	31481	521,769.54
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	36	2840	30,304.43
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	8917	426836	6130,891.56
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	65	1,170.65	1900	85662	1575,875.38
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	10041	71780	3356,786.20
UNASSIGNED	0	0	0.00	0	0	0.00	17	0	942,894.49-
* A L L C A T E G O R I E S *	0	0	0.00	266	1984	43,230.04	423370	8831425	278413,023.14

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