# 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 | 444 | 1969 | 455,399.80 |
| OUTPATIENT | 13 | 109 | 7,757.93 | 0 | 0 | 0.00 | 3967 | 81792 | 572,879.33 |
| 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 | 197 | 2429 | 12,193.56 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 4759 | 146654 | 16573,381.25 |
| 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 | 289 | 59,691.13 |
| HOME HEALTH | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2625 | 45999 | 1839,288.13 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 26 | 31 | 2,319.27 | 0 | 0 | 0.00 | 6183 | 46859 | 415,070.45 |
| CLINIC SERVICES | 30 | 40 | 5,887.02 | 0 | 0 | 0.00 | 436 | 290 | 33,081.49 |
| 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 | 23 | 59 | 2,683.83 | 0 | 0 | 0.00 | 662 | 171 | 2,168.13 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 89 | 2784 | 195,850.83 |
| BEHAVIORAL HLTH INTERVENTN SVC | 124 | 161 | 279.08 | 0 | 0 | 0.00 | 6057 | 6334 | 69.73 |
| 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 | 295 | 352 | 37,320.25 |

# 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 | 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 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 28 | 50 | 2,654.32 | 0 | 0 | 0.00 | 2277 | 3614 | 44,134.42 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 124 | 124 | 265.36 | 0 | 0 | 0.00 | 5897 | 5905 | 12,636.70 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 124 | 161 | 4,244.47 | 0 | 0 | 0.00 | 6057 | 6334 | 21,443.50 |
| 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 | 25 | 25 | 6,376.80 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 1 | 3,218.00 |
| PATIENT MANAGEMENT | 53 | 53 | 106.00 | 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 | 5 | 5 | 41.69 | 0 | 0 | 0.00 | 3133 | 169344 | 239,129.24 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 121 | 127 | 2,944.17 |
| OTHER PRACTITIONER | 2 | 3 | 150.86 | 0 | 0 | 0.00 | 379 | 2972 | 19,977.67 |
| FAMILY CENTERED PROGRAM | 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 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 13 | 22 | 4,437.79 | 0 | 0 | 0.00 | 314 | 389 | 71,469.27 |
| OPTOMETRIST | 5 | 8 | 506.64 | 0 | 0 | 0.00 | 504 | 791 | 22,621.83 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 361 | 894 | 10,283.92 |
| PODIATRIC | 1 | 1 | 56.25 | 0 | 0 | 0.00 | 671 | 1013 | 16,999.61 |
| 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 | 120 | 4,053.90 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 193 | 367 | 9,303.66 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 200 | 6338 | 49,699.77 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 71 | 5286 | 231,380.77 |
| 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 | 3754 | 180080 | 2638,703.17 |
| 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 | 77 | 296 | 14,790.95 |
| 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 * | 149 | 852 | 37,767.31 | 0 | 0 | 0.00 | 17133 | 719793 | 23609,184.63 |

# 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 | 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 | 1550 | 8257 | 7949,452.65 | 521 | 1382 | 2799,886.93 |
| OUTPATIENT | 0 | 0 | 0.00 | 16901 | 425601 | 5904,099.35 | 9160 | 173312 | 4297,746.88 |
| 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 | 170 | 3774 | 1709,845.17 | 0 | 0 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 676 | 20129 | 2701,455.38 | 1 | 23 | 4,038.57 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 5 | 125 | 41,058.86 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 1 | 0 | 72.34 | 0 | 0 | 0.00 |
| HOME HEALTH | 0 | 0 | 0.00 | 3959 | 84514 | 2603,262.13 | 71 | 520 | 34,893.81 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 1 | 1 | 12.04 | 25639 | 156119 | 3870,505.37 | 15674 | 32359 | 2525,902.33 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 3335 | 4193 | 621,386.48 | 3286 | 4465 | 687,185.84 |
| 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 | 2891 | 6509 | 101,294.01 | 2785 | 8529 | 234,790.09 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 3923 | 103651 | 5449,014.58 | 53 | 505 | 24,242.81 |
| BEHAVIORAL HLTH INTERVENTN SVC | 1 | 1 | 2.44 | 56383 | 58048 | 411,371.20 | 46452 | 51371 | 174,262.48 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 783 | 906 | 106,184.90 | 134 | 142 | 18,607.14 |

# 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 | 721 | 157228 | 2155,605.53 | 11 | 3813 | 22,401.47 |
| INFANT TODDLER | 0 | 0 | 0.00 | 99 | 426 | 4,952.10 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 1 | 1 | 7.20 | 23465 | 107689 | 7835,922.95 | 23860 | 65946 | 2626,946.07 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 8202 | 8335 | 34,868.79 | 845 | 889 | 133,159.37 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 1 | 1 | 2.14 | 56326 | 57257 | 122,529.98 | 46380 | 49439 | 105,799.46 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 83 | 91 | 9,461.78 | 4836 | 5467 | 457,266.39 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 1 | 1 | 110.45 | 56364 | 58077 | 4237,623.17 | 46448 | 51366 | 1566,622.20 |
| 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 | 0 | 0 | 0.00 | 147 | 183 | 6,851.00 | 22 | 30 | 2,559.42 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2609 | 2699 | 836,146.59 |
| PACE SERVICES | 0 | 0 | 0.00 | 42 | 42 | 160,175.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 1 | 1 | 2.00 | 28905 | 29058 | 58,120.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 574 | 1431 | 184,911.07 | 91 | 205 | 10,570.48 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 10184 | 769964 | 1916,515.31 | 1142 | 24415 | 181,604.54 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 753 | 845 | 21,364.68 | 245 | 287 | 5,798.58 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 3584 | 24727 | 937,518.88 | 2607 | 4414 | 285,556.68 |
| FAMILY CENTERED PROGRAM | 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 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 0 | 0 | 0.00 | 3413 | 4341 | 719,781.78 | 2823 | 3840 | 685,434.57 |
| OPTOMETRIST | 0 | 0 | 0.00 | 2214 | 2971 | 156,801.26 | 1351 | 1655 | 121,073.29 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 2228 | 5109 | 94,066.10 | 1475 | 3119 | 104,547.66 |
| PODIATRIC | 0 | 0 | 0.00 | 1176 | 1945 | 78,070.65 | 192 | 241 | 26,451.28 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 498 | 18903 | 243,108.16 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 396 | 17737 | 758,876.94 | 1 | 1 | 2,674.28 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 2557 | 4692 | 141,027.12 | 47 | 101- | 7,374.72- |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 909 | 28890 | 241,267.59 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 846 | 49736 | 2642,537.14 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 21 | 1543 | 25,966.12 | 3 | 251 | 4,109.60 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 8 | 706 | 7,345.28 | 1 | 54 | 779.34 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 33 | 843 | 12,957.00 | 1 | 2 | 60.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 1834 | 77942 | 1414,729.26 | 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 | 1255 | 7407 | 396,503.80 | 7 | 117 | 4,176.21 |
| 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 * | 2 | 5 | 134.27 | 61694 | 2280887 | 56030,342.86 | 58267 | 519815 | 18036,039.64 |

# 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 | 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 | 359 | 1640 | 2321,110.51 | 127 | 518 | 571,551.94 | 1712 | 6663 | 15277,947.06 |
| OUTPATIENT | 8493 | 84235 | 2213,984.79 | 2167 | 28903 | 708,725.82 | 14514 | 195408 | 4082,408.96 |
| 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 | 24 | 0.00 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 9 | 206 | 28,795.11 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 1 | 0 | 2,607.00 | 3 | 25 | 1521,835.35- |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2 | 42 | 11,184.18 |
| HOME HEALTH | 558 | 2511 | 70,938.68 | 90 | 322 | 15,215.76 | 1003 | 3443 | 9,314.77 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 1 | 362.06 |
| PHYSICIAN | 19857 | 32005 | 2057,748.71 | 4235 | 9499 | 527,781.31 | 33449 | 63176 | 4446,536.92 |
| CLINIC SERVICES | 4237 | 5513 | 855,284.44 | 1003 | 1311 | 193,828.56 | 7869 | 10785 | 1412,415.64 |
| 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 | 2805,324.00 |
| LAB AND RADIOLOGICAL | 1347 | 2876 | 47,074.09 | 340 | 1287 | 23,313.33 | 3047 | 9699 | 162,392.85 |
| HABILITATION SERVICES | 1 | 0 | 115.87- | 50 | 1103 | 60,200.56 | 28 | 169 | 10,868.50- |
| BEHAVIORAL HLTH INTERVENTN SVC | 77609 | 83137 | 1029,336.64 | 17194 | 18517 | 184,344.39 | 118910 | 130642 | 1588,496.50 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 84 | 79 | 11,606.88 | 37 | 37 | 4,262.47 | 131 | 135 | 22,893.52 |

# 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 | 179 | 47639 | 361,576.32 | 40 | 2704 | 52,847.10 | 216 | 46952 | 379,605.00 |
| INFANT TODDLER | 115 | 439 | 4,814.44 | 20 | 61 | 686.95 | 172 | 785 | 8,566.57 |
| PRESCRIBED DRUGS | 22216 | 38297 | 2050,257.55 | 5581 | 11448 | 602,428.11 | 35896 | 58475 | 2612,019.34 |
| IOWA-PLAN-PMIC | 76451 | 81983 | 40,394.41 | 9750 | 10388 | 76,306.98 | 107826 | 117399 | 144,831.77 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 77273 | 80935 | 173,200.90 | 17095 | 17787 | 38,064.18 | 118234 | 124636 | 266,721.04 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 476 | 535 | 51,444.30 | 184 | 205 | 21,922.99 | 306 | 333 | 38,225.87 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 77570 | 83159 | 892,223.87 | 17181 | 18517 | 369,431.33 | 118854 | 130642 | 1678,701.14 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 1941 | 2134 | 423,304.20 | 240 | 289 | 65,143.13 | 3144 | 3362 | 1185,503.14 |
| HMO SERVICES | 3840 | 3980 | 459,607.66 | 876 | 889 | 127,196.01 | 4991 | 5185 | 846,998.71 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 52310 | 52596 | 105,192.00 | 10741 | 10748 | 21,502.00 | 86087 | 86493 | 203,798.00 |
| HEALTH INS PREMIUM PAYMENT | 118 | 315 | 8,555.56 | 59 | 163 | 7,209.30 | 1335 | 3804 | 114,042.90 |
| MEDICAL SUPPLIES | 1134 | 14227 | 134,431.66 | 251 | 6662 | 25,781.03 | 1811 | 29657 | 221,238.91 |
| HEALTH HOME PROVIDER | 47 | 48 | 755.20 | 20 | 21 | 281.60 | 82 | 83 | 1,254.40 |
| OTHER PRACTITIONER | 3952 | 10259 | 532,156.74 | 831 | 1959 | 124,450.20 | 6207 | 13189 | 772,633.67 |
| FAMILY CENTERED PROGRAM | 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 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 4302 | 5101 | 570,045.49 | 989 | 1217 | 157,809.75 | 7051 | 8297 | 968,448.54 |
| OPTOMETRIST | 1533 | 1728 | 114,341.22 | 494 | 573 | 38,326.21 | 2515 | 2802 | 180,868.89 |
| CHIROPRACTIC | 798 | 1278 | 39,540.03 | 229 | 389 | 12,578.76 | 1572 | 2893 | 84,165.22 |
| PODIATRIC | 69 | 77 | 7,485.66 | 25 | 26 | 2,770.80 | 140 | 161 | 16,781.99 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 2 | 10 | 746.63 | 0 | 0 | 0.00 | 2 | 64 | 2,174.11 |
| PSYCHIATRIC | 22 | 3 | 1,038.83 | 15 | 10- | 987.53- | 44 | 19 | 1,466.48 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2 | 26 | 616.99- |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 7 | 84 | 14,461.15- |
| CHILDRENS MENTAL HEALTH SVC | 23 | 1579 | 26,860.01 | 76 | 4456 | 75,088.08 | 40 | 3257 | 50,090.81 |
| 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 | 1 | 63.38- |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 1 | 1,155.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 26 | 373 | 16,282.26 | 102 | 708 | 35,518.78 | 73 | 559 | 26,575.12 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 0 | 1131,713.40- |
| * A L L  C A T E G O R I E S * | 85312 | 638691 | 14621,223.81 | 18602 | 150697 | 4146,186.90 | 129430 | 1059577 | 36974,379.42 |

# 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 | 29 | 171 | 194,387.67 | 525 | 2517 | 811,660.29 | 41 | 274 | 237,006.00 |
| OUTPATIENT | 804 | 13241 | 234,940.37 | 4375 | 99760 | 690,779.85 | 390 | 9474 | 201,320.30 |
| 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 | 23,502.96 | 356 | 5337 | 204,364.67 | 1 | 5 | 337.85 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 5982 | 185728 | 24574,386.95 | 0 | 0 | 0.00 |
| INTER CARE MENTAL RETARDA | 14 | 391 | 137,974.65 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 49 | 1469 | 348,850.89 | 0 | 0 | 0.00 |
| HOME HEALTH | 97 | 4773 | 111,090.89 | 3358 | 62410 | 2696,604.10 | 33 | 313 | 16,410.98 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 2277 | 3514 | 190,113.92 | 6802 | 37990 | 567,365.02 | 654 | 1938 | 127,339.98 |
| CLINIC SERVICES | 421 | 522 | 75,358.69 | 342 | 427 | 45,077.11 | 114 | 178 | 26,879.58 |
| 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 | 1279 | 19,929.09 | 789 | 346 | 4,227.36 | 82 | 180 | 3,939.36 |
| HABILITATION SERVICES | 47 | 628 | 59,207.06 | 87 | 1724 | 89,722.78 | 44 | 1465 | 98,611.95 |
| BEHAVIORAL HLTH INTERVENTN SVC | 10648 | 10500 | 1260,083.35 | 21439 | 21920 | 8,963.31 | 1677 | 1807 | 2,383.78 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 13 | 13 | 1,421.34 | 436 | 546 | 57,219.57 | 5 | 4 | 17.88 |

# 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 | 128 | 34729 | 315,162.64 | 40 | 8378 | 155,050.03 | 0 | 0 | 0.00 |
| INFANT TODDLER | 59 | 185 | 1,981.29 | 4 | 28 | 345.15 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 5082 | 12654 | 848,220.94 | 7951 | 16946 | 335,040.03 | 855 | 2952 | 109,311.33 |
| IOWA-PLAN-PMIC | 10460 | 10560 | 1868,106.15 | 145 | 146 | 246.95 | 8 | 8 | 3.10 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 10388 | 10464 | 22,392.96 | 21385 | 21482 | 45,971.48 | 1668 | 1736 | 3,715.04 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 29 | 31 | 2,149.38 | 0 | 0 | 0.00 | 26 | 27 | 3,095.96 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 10576 | 10449 | 993,309.03 | 21439 | 21920 | 214,064.73 | 1677 | 1807 | 54,787.13 |
| 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 | 105 | 112 | 12,737.30 | 2 | 3 | 125.50 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 128 | 126 | 382,079.50 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 95 | 95 | 190.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 159 | 359 | 16,714.99 | 43 | 97 | 15,361.59 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 234 | 20289 | 41,084.70 | 5087 | 337074 | 509,915.56 | 107 | 2878 | 11,441.65 |
| HEALTH HOME PROVIDER | 8 | 8 | 102.40 | 79 | 83 | 2,137.74 | 15 | 17 | 409.61 |
| OTHER PRACTITIONER | 699 | 3572 | 169,112.09 | 602 | 3016 | 67,072.35 | 108 | 447 | 14,051.51 |
| FAMILY CENTERED PROGRAM | 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 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 769 | 895 | 103,589.22 | 678 | 790 | 107,374.81 | 96 | 131 | 20,079.58 |
| OPTOMETRIST | 364 | 412 | 26,388.62 | 582 | 815 | 29,794.67 | 52 | 66 | 4,339.78 |
| CHIROPRACTIC | 151 | 238 | 6,691.20 | 234 | 449 | 7,349.62 | 49 | 105 | 3,400.79 |
| PODIATRIC | 22 | 23 | 3,222.53 | 1183 | 1707 | 37,315.72 | 24 | 32 | 3,489.99 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 249 | 9484 | 119,537.65 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 41 | 1927 | 47,075.18 | 538 | 23403 | 993,820.85 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 18 | 20 | 1,224.73 | 238 | 548 | 19,785.37 | 20 | 30 | 830.25 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 4 | 48 | 199.36 | 1 | 153 | 164.76 |
| ID WAIVER SERVICE | 201 | 5455 | 265,123.54 | 6 | 124 | 5,958.27 | 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 | 22 | 1729 | 18,191.06 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 5423 | 271104 | 3800,799.93 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 29 | 841 | 33,376.64 | 1 | 49 | 513.59 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 237 | 1169 | 68,949.02 | 162 | 1047 | 53,603.50 | 2 | 8 | 328.72 |
| 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 * | 10612 | 149550 | 7154,914.54 | 13443 | 1140770 | 37020,876.91 | 1769 | 26035 | 943,696.86 |

# 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 | 122 | 849 | 1187,786.85 | 29 | 153 | 153,073.75 | 4 | 11 | 19,520.85 |
| OUTPATIENT | 353 | 9234 | 225,133.03 | 1147 | 14379 | 372,056.77 | 81 | 1992 | 121,443.99 |
| 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 | 1 | 5 | 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 | 1 | 0 | 576.64 | 0 | 0 | 0.00 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HOME HEALTH | 16 | 170 | 12,989.25 | 69 | 131 | 1,279.46 | 2 | 29 | 1,992.93 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 530 | 2238 | 172,636.46 | 2969 | 4357 | 272,106.11 | 146 | 507 | 133,961.30 |
| CLINIC SERVICES | 42 | 101 | 13,825.62 | 757 | 964 | 143,176.54 | 14 | 23 | 3,882.52 |
| 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 | 157 | 3,121.20 | 174 | 490 | 8,068.64 | 23 | 57 | 959.16 |
| HABILITATION SERVICES | 6 | 71- | 1,116.95- | 3 | 84 | 3,737.95 | 0 | 0 | 0.00 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 15619 | 16703 | 208,107.19 | 230 | 231 | 561.21 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 17 | 18 | 2,016.49 | 11 | 9 | 795.51 | 0 | 0 | 0.00 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | MEDICALLY NEEDY WI SPEND DN | | | OTHER TXXI | | | OTHER BREAST CERVICAL CANCER | | |
|---|---|---|---|---|---|---|---|---|---|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| LOCAL EDUCATION AGENCY | 0 | 0 | 0.00 | 43 | 13050 | 98,561.25 | 0 | 0 | 0.00 |
| INFANT TODDLER | 0 | 0 | 0.00 | 1 | 2 | 26.72 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 154 | 769 | 25,723.05 | 4298 | 7609 | 509,641.24 | 194 | 769 | 52,805.13 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 14786 | 15848 | 21,495.85 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 171 | 171 | 365.94 | 15512 | 16139 | 34,537.46 | 228 | 224 | 479.36 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 3 | 4 | 232.49 | 35 | 37 | 4,250.65 | 1 | 1 | 105.16 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 15597 | 16703 | 196,571.57 | 230 | 231 | 25,405.37 |
| 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 | 135 | 155 | 11,947.33 | 0 | 0 | 0.00 |
| HMO SERVICES | 0 | 0 | 0.00 | 637 | 656 | 54,117.21 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 11572 | 11619 | 23,238.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 5 | 8 | 482.92 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 44 | 7732 | 9,652.02 | 136 | 2885 | 20,302.91 | 17 | 96 | 1,825.32 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 23 | 27 | 448.00 | 1 | 1 | 12.80 |
| OTHER PRACTITIONER | 90 | 186 | 13,857.26 | 568 | 1464 | 77,681.08 | 28 | 39 | 3,064.72 |
| FAMILY CENTERED PROGRAM | 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 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 24 | 33 | 4,144.90 | 1410 | 1614 | 169,939.55 | 13 | 17 | 2,549.30 |
| OPTOMETRIST | 16 | 21 | 1,541.51 | 479 | 550 | 36,760.19 | 13 | 21 | 1,221.20 |
| CHIROPRACTIC | 10 | 30 | 954.11 | 276 | 410 | 12,604.96 | 16 | 32 | 992.12 |
| PODIATRIC | 8 | 7 | 1,629.39 | 24 | 28 | 2,825.17 | 1 | 1 | 56.25 |
| 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 | 15 | 46 | 2,946.89 | 4 | 4 | 322.70 | 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 | 2 | 62 | 1,543.83 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 2 | 136 | 2,479.56 | 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 | 8 | 49 | 2,482.66 | 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 * | 740 | 21700 | 1677,439.51 | 15639 | 126325 | 2445,239.37 | 240 | 4282 | 370,838.69 |

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

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | 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 | 0 | 11,766.30 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OUTPATIENT | 2 | 0 | 411.61 | 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 | 3 | 4- | 251.62- | 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 |
| 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 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 177 | 196 | 17,301.88 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 | 1 | 1 | 3.33 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 1 | 0 | 4.00 | 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 |

# 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 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 * | 178 | 193 | 29,235.50 | 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 | 4 | 7 | 7,646.74 | 0 | 0 | 0.00 | 6 | 14 | 24,682.47 |
| OUTPATIENT | 85 | 1082 | 11,458.09 | 0 | 0 | 0.00 | 62 | 1258 | 14,023.66 |
| 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 | 186 | 273 | 10,342.61 | 0 | 0 | 0.00 | 100 | 166 | 13,815.12 |
| CLINIC SERVICES | 22 | 28 | 3,570.12 | 0 | 0 | 0.00 | 24 | 33 | 4,779.53 |
| 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 | 22 | 102 | 1,271.98 | 0 | 0 | 0.00 | 9 | 33 | 698.99 |
| HABILITATION SERVICES | 16 | 123 | 2,476.71 | 0 | 0 | 0.00 | 15 | 481 | 30,307.94 |
| BEHAVIORAL HLTH INTERVENTN SVC | 773 | 780 | 122,920.01 | 0 | 0 | 0.00 | 321 | 336 | 57,900.53 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 1 | 1 | 72.14 | 0 | 0 | 0.00 | 1 | 1 | 253.58 |

# 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 | 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 | 70 | 29821 | 210,615.11 | 0 | 0 | 0.00 | 1 | 250 | 1,627.50 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 675 | 2504 | 180,814.17 | 0 | 0 | 0.00 | 133 | 267 | 10,511.52 |
| IOWA-PLAN-PMIC | 772 | 780 | 169,010.04 | 0 | 0 | 0.00 | 321 | 337 | 88,306.33 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 771 | 778 | 1,664.92 | 0 | 0 | 0.00 | 321 | 330 | 706.20 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 6 | 5 | 26.02 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 772 | 780 | 89,879.63 | 0 | 0 | 0.00 | 321 | 336 | 45,632.16 |
| 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 | 10 | 14 | 434.71 | 0 | 0 | 0.00 | 1 | 1 | 42.74 |
| HMO SERVICES | 1 | 1 | 58.19 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PATIENT MANAGEMENT | 6 | 6 | 12.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 71 | 165 | 15,685.24 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEDICAL SUPPLIES | 24 | 1210 | 2,975.22 | 0 | 0 | 0.00 | 5 | 93 | 56.92 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 3 | 4 | 89.60 |
| OTHER PRACTITIONER | 88 | 951 | 61,295.86 | 0 | 0 | 0.00 | 23 | 48 | 3,668.48 |
| FAMILY CENTERED PROGRAM | 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 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 54 | 63 | 6,280.96 | 0 | 0 | 0.00 | 16 | 26 | 4,897.02 |
| OPTOMETRIST | 32 | 37 | 1,831.45 | 0 | 0 | 0.00 | 6 | 5 | 301.71 |
| CHIROPRACTIC | 21 | 38 | 1,237.11 | 0 | 0 | 0.00 | 9 | 14 | 437.19 |
| PODIATRIC | 2 | 2 | 98.67 | 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 | 3 | 8 | 416.05 | 0 | 0 | 0.00 | 1 | 3 | 259.96 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 1 | 18 | 314.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 611 | 33750 | 608,890.01 | 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 | 659 | 8441 | 364,457.96 | 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 * | 704 | 81763 | 1875,729.70 | 0 | 0 | 0.00 | 314 | 4041 | 303,025.17 |

# 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 BLE-ICARE-FAMP | | | OTHER BLE-ICARE-PME PREGW | | | OTHER BLE-ICARE-OBNB PME PREGW | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 | 0 | 0 | 0.00 |
| OUTPATIENT | 0 | 0 | 0.00 | 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 | 0 | 0 | 0.00 | 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 |
| 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 BLE-ICARE-FAMP | | | OTHER BLE-ICARE-PME PREGW | | | OTHER BLE-ICARE-OBNB PME PREGW | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 201 | 209 | 12,010.43 | 3 | 7 | 100.52 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 | 0 | 0 | 0.00 | 1 | 1 | 3.74 | 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 |

# 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 BLE-ICARE-FAMP | | | OTHER BLE-ICARE-PME PREGW | | | OTHER BLE-ICARE-OBNB PME PREGW | | |
|---|---|---|---|---|---|---|---|---|---|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 * | 159 | 209 | 12,010.43 | 0 | 8 | 104.26 | 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 BLE-FAMP-PME PREGW | | | OTHER BLE-ICARE-PME BCCT | | | OTHER BLE-ICARE-OBNB PME-BCCT | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 | 0 | 0 | 0.00 |
| OUTPATIENT | 0 | 0 | 0.00 | 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 | 0 | 0 | 0.00 | 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 |
| 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 BLE-FAMP-PME PREGW | | | OTHER BLE-ICARE-PME BCCT | | | OTHER BLE-ICARE-OBNB PME-BCCT | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 6 | 11 | 115.64 | 4 | 13 | 166.32 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 | 0 | 0 | 0.00 | 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 |

# 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 BLE-FAMP-PME PREGW | | | OTHER BLE-ICARE-PME BCCT | | | OTHER BLE-ICARE-OBNB PME-BCCT | | |
|---|---|---|---|---|---|---|---|---|---|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| OPTOMETRIST | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PODIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| UNASSIGNED | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| * A L L  C A T E G O R I E S * | 1 | 11 | 115.64 | 0 | 13 | 166.32 | 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 BLE-FAMP-PME BCCT | | | STATE ONLY | | | FED CNTY - FED CNTY STATE | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 | 9 | 51 | 39,488.09 | 138 | 809 | 470,703.80 |
| OUTPATIENT | 0 | 0 | 0.00 | 313 | 5258 | 150,018.46 | 2820 | 65347 | 701,517.04 |
| 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 | 12 | 236 | 90,647.05 |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 1 | 31 | 4,029.51 | 9 | 295 | 39,368.35 |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 2 | 30 | 10,748.87 | 1992 | 50745 | 19444,483.70 |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 31 | 2,870.99 |
| HOME HEALTH | 0 | 0 | 0.00 | 17 | 111 | 9,371.02 | 1252 | 42061 | 1624,186.92 |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PHYSICIAN | 0 | 0 | 0.00 | 520 | 1099 | 93,620.83 | 4635 | 21353 | 409,558.95 |
| CLINIC SERVICES | 0 | 0 | 0.00 | 123 | 153 | 22,755.60 | 356 | 507 | 55,360.50 |
| 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 | 59 | 306 | 8,442.17 | 433 | 662 | 8,413.15 |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 8 | 160 | 7,800.79 | 169 | 3494 | 183,096.64 |
| BEHAVIORAL HLTH INTERVENTN SVC | 0 | 0 | 0.00 | 1626 | 1708 | 47,869.19 | 12675 | 12771 | 120,882.61 |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 16 | 15 | 1,800.00 | 104 | 150 | 15,374.73 |

# TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

| CATEGORY OF SERVICE | OTHER BLE-FAMP-PME BCCT | | | STATE ONLY | | | FED CNTY - FED CNTY STATE | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 | 7 | 2213 | 16,881.62 | 709 | 161463 | 2414,114.45 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 25 | 189 | 2,080.87 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 965 | 3983 | 219,108.45 | 6344 | 20548 | 1343,971.28 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 357 | 358 | 61,431.57 | 2789 | 2819 | 4,884.23 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| NEMT SERVICES | 0 | 0 | 0.00 | 1625 | 1653 | 3,537.42 | 13119 | 13191 | 28,228.74 |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| FAMILY PLANNING SERVICES | 0 | 0 | 0.00 | 10 | 12 | 831.84 | 14 | 14 | 842.01 |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA PLAN PROGRAM | 0 | 0 | 0.00 | 1624 | 1708 | 173,549.96 | 12669 | 12769 | 811,791.58 |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| EPSDT SCREENING | 0 | 0 | 0.00 | 1 | 1 | 86.94 | 29 | 115 | 6,340.07 |
| HMO SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PACE SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 1 | 2,858.00 |
| PATIENT MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| HEALTH INS PREMIUM PAYMENT | 0 | 0 | 0.00 | 8 | 24 | 692.30 | 743 | 1821 | 258,730.93 |
| MEDICAL SUPPLIES | 0 | 0 | 0.00 | 127 | 6631 | 17,683.98 | 2533 | 315884 | 523,968.00 |
| HEALTH HOME PROVIDER | 0 | 0 | 0.00 | 21 | 24 | 601.64 | 32 | 33 | 563.21 |
| OTHER PRACTITIONER | 0 | 0 | 0.00 | 85 | 227 | 15,648.96 | 1049 | 9689 | 355,585.00 |
| FAMILY CENTERED PROGRAM | 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 BLE-FAMP-PME BCCT | | | STATE ONLY | | | FED CNTY - FED CNTY STATE | | |
|---|---|---|---|---|---|---|---|---|---|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DENTAL | 0 | 0 | 0.00 | 83 | 117 | 21,406.57 | 1191 | 1357 | 132,355.32 |
| OPTOMETRIST | 0 | 0 | 0.00 | 67 | 82 | 6,324.38 | 534 | 664 | 27,855.85 |
| CHIROPRACTIC | 0 | 0 | 0.00 | 43 | 84 | 2,874.97 | 313 | 596 | 11,246.23 |
| PODIATRIC | 0 | 0 | 0.00 | 10 | 13 | 1,337.19 | 631 | 891 | 28,184.55 |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 1 | 1 | 30.00 |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 2 | 52 | 5,576.78 | 297 | 12262 | 539,343.75 |
| PSYCHIATRIC | 0 | 0 | 0.00 | 1 | 1- | 87.28- | 466 | 683 | 22,185.65 |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 1 | 31 | 45.52 | 9 | 266 | 2,033.96 |
| ID WAIVER SERVICE | 0 | 0 | 0.00 | 1 | 14 | 301.14 | 9721 | 511873 | 28355,831.17 |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 2 | 168 | 3,670.50 | 1 | 150 | 3,500.88 |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 4 | 247 | 3,169.63 | 3 | 103 | 1,805.46 |
| ILL & HANDICAPPED WAIVER SVCS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 159 | 5840 | 166,444.78 |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| MEP SERVICES | 0 | 0 | 0.00 | 6 | 39 | 1,557.85 | 9559 | 58027 | 3076,017.01 |
| 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 * | 0 | 0 | 0.00 | 1647 | 26602 | 952,176.46 | 12820 | 1329710 | 61287,257.41 |

# 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 AGED | | | FEDERAL MEDICAID ONLY BLIND | | | OTHER BLE-ICARE-FAMP-PME PRGW | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 | 0 | 0 | 0.00 |
| OUTPATIENT | 0 | 0 | 0.00 | 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 | 0 | 0 | 0.00 | 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 |
| 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 | FEDERAL MEDICAID ONLY AGED | | | FEDERAL MEDICAID ONLY BLIND | | | OTHER BLE-ICARE-FAMP-PME PRGW | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 2 | 3 | 23.80 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 | 0 | 0 | 0.00 | 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 |

# 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 AGED | | | FEDERAL MEDICAID ONLY BLIND | | | OTHER BLE-ICARE-FAMP-PME PRGW | | |
|---|---|---|---|---|---|---|---|---|---|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 * | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 3 | 23.80 |

# 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 BLE-ICARE-FAMP-PME BCCT | | | OTHER BLE-DSH PME PREGW | | | OTHER BLE-DSH PME BCCT | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 | 0 | 0 | 0.00 |
| OUTPATIENT | 0 | 0 | 0.00 | 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 | 0 | 0 | 0.00 | 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 |
| 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 BLE-ICARE-FAMP-PME BCCT | | | OTHER BLE-DSH PME PREGW | | | OTHER BLE-DSH PME BCCT | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 | 0 | 0 | 0.00 | 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 |

# 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 BLE-ICARE-FAMP-PME BCCT | | | OTHER BLE-DSH PME PREGW | | | OTHER BLE-DSH PME BCCT | | |
|---|---|---|---|---|---|---|---|---|---|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 * | 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 BLE-DSH FP | | | OTHER BLE-DSH FP PME-PREGW | | | OTHER BLE-DSH FP PME-BCCT | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 | 0 | 0 | 0.00 |
| OUTPATIENT | 0 | 0 | 0.00 | 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 | 0 | 0 | 0.00 | 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 |
| 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 BLE-DSH FP | | | OTHER BLE-DSH FP PME-PREGW | | | OTHER BLE-DSH FP PME-BCCT | | |
|---|---|---|---|---|---|---|---|---|---|
| | 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 |
| INFANT TODDLER | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| PRESCRIBED DRUGS | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| IOWA-PLAN-PMIC | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 | 0 | 0 | 0.00 | 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 |

# 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 BLE-DSH FP | | | OTHER BLE-DSH FP PME-PREGW | | | OTHER BLE-DSH FP PME-BCCT | | |
|---|---|---|---|---|---|---|---|---|---|
| | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID | RECIPS SERVED | UNITS OF SERVICE | AMOUNT PAID |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | 0 | 0 | 0.00 |
| 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 * | 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 | 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 | 5607 | 25285 | 32533,071.70 | | | |
| OUTPATIENT | 19 | 364 | 5,845.78 | 65150 | 1210749 | 20516,552.01 | | | |
| CHILD PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| CHILD DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| ADULT PART HOSP | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| ADULT DAY TREATMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| SKILLED NURSING FACILITY | 0 | 0 | 0.00 | 738 | 11841 | 2040,891.26 | | | |
| INTERMEDIATE CARE FACILITY | 0 | 0 | 0.00 | 11403 | 353066 | 43925,455.12 | | | |
| INTER CARE MENTAL RETARDA | 0 | 0 | 0.00 | 2014 | 51316 | 18115,614.37 | | | |
| NURSING FAC FOR MENTAL ILL | 0 | 0 | 0.00 | 63 | 1831 | 422,669.53 | | | |
| HOME HEALTH | 1 | 1 | 5.13 | 13086 | 247308 | 9046,843.96 | | | |
| LEAD INSPECTION AGENCY | 0 | 0 | 0.00 | 1 | 1 | 362.06 | | | |
| PHYSICIAN | 41 | 55 | 3,973.50 | 121939 | 413535 | 15840,458.58 | | | |
| CLINIC SERVICES | 27 | 34 | 4,796.54 | 22260 | 29567 | 4208,531.82 | | | |
| MEP CASE MANAGEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| EHR INCENTIVE PAYMENTS | 0 | 0 | 0.00 | 1 | 0 | 2805,324.00 | | | |
| LAB AND RADIOLOGICAL | 2 | 3 | 110.73 | 12869 | 32745 | 632,898.16 | | | |
| HABILITATION SERVICES | 0 | 0 | 0.00 | 4410 | 116300 | 6192,169.28 | | | |
| BEHAVIORAL HLTH INTERVENTN SVC | 299 | 329 | 4,434.82 | 386884 | 415296 | 5222,268.46 | | | |
| REHAB SUPPORT SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| AMBULANCE SERVICES | 0 | 0 | 0.00 | 2060 | 2408 | 279,846.40 | | | |

# 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 | 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 | 1 | 88 | 3,500.71 | 2133 | 508328 | 6187,548.73 | | | |
| INFANT TODDLER | 0 | 0 | 0.00 | 478 | 2115 | 23,454.09 | | | |
| PRESCRIBED DRUGS | 49 | 74 | 3,082.38 | 138444 | 355034 | 19442,318.07 | | | |
| IOWA-PLAN-PMIC | 260 | 288 | 1,149.36 | 232401 | 250138 | 2644,194.90 | | | |
| DRUG CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| NEMT SERVICES | 293 | 301 | 644.14 | 386244 | 402553 | 861,463.42 | | | |
| INDIAN HEALTH SERVICES | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| FAMILY PLANNING SERVICES | 1 | 1 | 77.28 | 5999 | 6763 | 589,932.12 | | | |
| IOWA CARE MED HOME CAPITATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| IOWA PLAN PROGRAM | 299 | 329 | 4,691.37 | 386815 | 415289 | 11380,082.66 | | | |
| MANAGED SUBSTANCE ABUSE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| MENTAL HEALTH ACCESS PLAN | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| EPSDT SCREENING | 8 | 6 | 144.37 | 5768 | 6405 | 1715,219.85 | | | |
| HMO SERVICES | 20 | 20 | 1,821.45 | 12996 | 13455 | 2332,322.62 | | | |
| PACE SERVICES | 0 | 0 | 0.00 | 171 | 170 | 548,330.50 | | | |
| PATIENT MANAGEMENT | 182 | 182 | 364.00 | 189874 | 190851 | 412,524.00 | | | |
| HEALTH INS PREMIUM PAYMENT | 3 | 15 | 149.00 | 3210 | 8408 | 633,109.61 | | | |
| MEDICAL SUPPLIES | 2 | 366 | 287.04 | 25435 | 1709413 | 3857,943.44 | | | |
| HEALTH HOME PROVIDER | 1 | 1 | 12.80 | 1450 | 1609 | 36,776.43 | | | |
| OTHER PRACTITIONER | 7 | 13 | 385.05 | 20727 | 77175 | 3453,867.06 | | | |
| FAMILY CENTERED PROGRAM | 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 | 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 |
| FAMILY PRESERVATION | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| TREATMENT FOSTER FAMILY CARE | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| GROUP TREATMENT THERAPY | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| DENTAL | 25 | 28 | 1,658.60 | 23202 | 28278 | 3751,703.02 | | | |
| OPTOMETRIST | 4 | 5 | 382.95 | 10741 | 13206 | 771,281.65 | | | |
| CHIROPRACTIC | 0 | 0 | 0.00 | 7735 | 15678 | 392,969.99 | | | |
| PODIATRIC | 0 | 0 | 0.00 | 4158 | 6168 | 226,775.70 | | | |
| PHYSICAL DISABILITIES SVCS | 0 | 0 | 0.00 | 746 | 28388 | 362,675.81 | | | |
| BRAIN INJ WAIVER SERVICES | 0 | 0 | 0.00 | 1249 | 55576 | 2354,342.42 | | | |
| PSYCHIATRIC | 0 | 0 | 0.00 | 3604 | 6311 | 192,358.16 | | | |
| RESIDENTIAL CARE FACILITY | 0 | 0 | 0.00 | 1122 | 35752 | 292,793.97 | | | |
| ID WAIVER SERVICE | 2 | 9 | 865.20 | 10828 | 572661 | 31489,393.91 | | | |
| CHILDRENS MENTAL HEALTH SVC | 0 | 0 | 0.00 | 779 | 45290 | 800,655.57 | | | |
| AIDS WAIVER SERVICES | 0 | 0 | 0.00 | 31 | 2489 | 26,315.68 | | | |
| ELDERLY WAIVER SERVICES | 0 | 0 | 0.00 | 9024 | 452380 | 6457,431.81 | | | |
| ILL & HANDICAPPED WAIVER SVCS | 1 | 1 | 2,380.00 | 2022 | 84674 | 1618,599.27 | | | |
| COUNTY OFFICE REIMBURSEMENT | 0 | 0 | 0.00 | 0 | 0 | 0.00 | | | |
| MEP SERVICES | 2 | 32 | 1,580.58 | 11945 | 78272 | 4062,824.42 | | | |
| UNASSIGNED | 0 | 0 | 0.00 | 1 | 0 | 1131,713.40- | | | |
| * A L L  C A T E G O R I E S * | 314 | 2545 | 42,342.78 | 429169 | 8284077 | 267570,452.19 | 0 | 0 | 0.00 |

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