

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

CATEGORY OF SERVICE	FEDERAL 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	1	3,729.63	0	0	0.00	425	1394	427,303.86
OUTPATIENT	18	109	2,563.91	0	0	0.00	3200	43550	370,292.83
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	137	1050	205,107.20
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4136	124594	11070,711.28
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	5	153	54,653.47
HOME HEALTH	0	0	0.00	0	0	0.00	1960	35375	1470,563.09
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	40	61	5,174.01	0	0	0.00	5428	33173	321,239.43
CLINIC SERVICES	0	0	0.00	0	0	0.00	401	189	28,725.44
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	15	103	2,229.19	0	0	0.00	344	173	1,787.10
HABILITATION SERVICES	0	0	0.00	0	0	0.00	40	971	55,468.13
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	145.07	0	0	0.00	226	275	21,573.94
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	28	57	699.48	0	0	0.00	2583	4491	56,879.04
DRUG CAPITATION	0	0	0.00	0	0	0.00	1	0	19.51-
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	1	1	6.00
IOWA PLAN PROGRAM	186	124	3,269.53	0	0	0.00	14	2	164.30
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
PATIENT MANAGEMENT	84	84	168.00	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	2227	142289	256,686.85
OTHER PRACTITIONER	4	4	274.83	0	0	0.00	200	791	11,758.76
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	16	22	2,470.61	0	0	0.00	316	392	60,290.10
OPTOMETRIST	3	3	220.02	0	0	0.00	493	730	16,925.74
CHIROPRACTIC	0	0	0.00	0	0	0.00	308	746	5,919.20

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

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
PODIATRIC	0	0	0.00	0	0	0.00	534	814	9,597.88
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	63	2,976.54
PSYCHIATRIC	0	0	0.00	0	0	0.00	107	166	5,272.68
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	327	10453	79,909.57
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	81	5202	220,447.82
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	2950	128721	1755,380.09
SICK & 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	98	118	28,732.53
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 *	210	569	20,944.28	0	0	0.00	13133	535876	16538,353.36

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	1358	7861	5806,468.46	642	2424	2844,216.95
OUTPATIENT	0	0	0.00	12866	184474	4029,462.53	7661	81543	2758,721.80
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	164	3758	1812,671.62	2	0	3,237.87
INTERMEDIATE CARE FACILITY	0	0	0.00	515	15287	1650,274.86	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	11	271	100,945.38	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	1	31	6,643.61	0	0	0.00
HOME HEALTH	0	0	0.00	3155	55459	2072,521.14	81	528	58,970.19
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	21616	97239	3393,704.99	14040	27689	2545,652.24
CLINIC SERVICES	0	0	0.00	2475	3307	451,624.76	2069	3036	388,223.77
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1731	4312	61,696.66	1864	4715	105,270.92
HABILITATION SERVICES	0	0	0.00	2107	52937	2505,605.02	20	240	8,972.55
REMEDIAL SERVICES	0	0	0.00	415	14861	202,294.14	89	1932	27,788.50
REHAB SUPPORT SERVICES	0	0	0.00	15	683	22,001.37	1	0	0.00
AMBULANCE SERVICES	0	0	0.00	714	902	106,576.91	172	238	24,721.89
LOCAL EDUCATION AGENCY	0	0	0.00	445	108116	698,778.48	8	2233	10,787.14

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
EARLY ACCESS SERVICES	0	0	0.00	85	784	13,546.25	1	2	100.00
PRESCRIBED DRUGS	0	0	0.00	23252	98954	7624,443.70	18918	52892	2711,108.62
DRUG CAPITATION	0	0	0.00	1	0	10.20-	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	85	97	6,090.45	3892	4306	312,066.06
IOWA PLAN PROGRAM	0	0	0.00	55465	50235	3549,713.51	59389	39383	1555,318.81
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	318	359	15,070.30	186	206	6,681.27
HMO SERVICES	0	0	0.00	0	0	0.00	887	932	221,428.13
PATIENT MANAGEMENT	0	0	0.00	2	2	4.00	22063	22056	44,112.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	657	1663	194,901.45	251	698	22,914.36
MEDICAL SUPPLIES	0	0	0.00	8019	655771	1549,730.44	969	44177	204,725.82
OTHER PRACTITIONER	0	0	0.00	2104	15038	307,146.31	1078	2198	129,863.37
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	3070	3832	530,203.49	2498	3284	505,092.71
OPTOMETRIST	0	0	0.00	1839	2379	116,211.59	1150	1359	99,171.52
CHIROPRACTIC	0	0	0.00	1850	4518	77,288.94	1476	3609	126,306.04

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
PODIATRIC	0	0	0.00	922	1591	56,941.21	175	234	27,330.68
PHYSICAL DISABILITIES SVCS	0	0	0.00	425	17671	229,003.94	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	310	17679	447,550.08	1	10	180.00
PSYCHIATRIC	0	0	0.00	2017	3887	125,921.45	18	38	3,021.61
RESIDENTIAL CARE FACILITY	0	0	0.00	1340	41191	330,098.80	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	980	58564	2519,792.10	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	34	1228	30,009.25	4	48	1,708.13
AIDS WAIVER SERVICES	0	0	0.00	11	770	9,595.21	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	25	993	18,079.77	0	0	0.00
SICK & HANDICAPPED WAIVER SVCS	0	0	0.00	1777	87016	1314,019.12	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	1239	1554	385,361.50	4	6	2,109.35
UNASSIGNED	0	0	0.00	5	0	0.00	5	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	56771	1615274	42371,982.59	64841	300016	14749,802.30

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	370	1860	1999,500.65	332	6864	1791,024.29	1815	8907	5099,876.26
OUTPATIENT	6219	35073	1284,953.39	1676	15420	435,807.54	10534	84342	2973,154.81
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	4	39	32,882.92
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	2	31	2,183.80
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	4,023.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	383	2270	85,824.40	80	275	16,098.83	599	1671	268,442.22-
LEAD INSPECTION AGENCY	3	3	1,104.70	2	2	700.00	0	0	0.00
PHYSICIAN	17191	30591	2069,687.62	3622	6601	558,556.78	25229	48545	4211,940.09
CLINIC SERVICES	2750	3641	477,963.54	632	938	112,742.07	5116	7555	840,452.71
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	974	2207	29,504.00	311	860	15,629.90	1977	5145	90,150.19
HABILITATION SERVICES	0	0	0.00	18	344	16,134.57	1	8	495.68
REMEDIAL SERVICES	1094	29986	484,608.94	408	12984	196,381.26	870	23784	397,014.94
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	0	24,082.07-
AMBULANCE SERVICES	109	256	18,441.65	49	52	7,184.25	167	175	24,855.40
LOCAL EDUCATION AGENCY	86	17133	88,401.56	20	5408	29,074.07	89	13900	77,101.81

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

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	89	410	9,703.96	20	62	1,560.19	97	486	9,392.05
PRESCRIBED DRUGS	16995	30369	1856,248.34	4017	9481	654,534.11	23216	42042	2474,347.19
DRUG CAPITATION	1	0	1.14-	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	654	741	54,625.28	128	141	10,749.01	237	256	23,221.46
IOWA PLAN PROGRAM	94995	63020	488,717.58	22156	12603	265,217.70	139163	84445	983,169.01
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	4149	4633	351,555.40	842	941	62,733.65	6173	6852	672,746.03
HMO SERVICES	1517	1602	190,807.68	294	305	48,517.64	1513	1600	255,449.59
PATIENT MANAGEMENT	38282	38279	76,558.00	6881	6881	13,762.00	51280	51284	102,568.00
HEALTH INS PREMIUM PAYMENT	348	980	26,769.18	34	88	3,080.30	2319	7184	175,475.44
MEDICAL SUPPLIES	971	15617	141,509.16	196	6483	26,853.77	1135	33119	163,061.19
OTHER PRACTITIONER	1727	5997	156,692.10	380	1183	45,898.72	2575	9017	272,130.76
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	3241	3811	507,411.56	766	985	147,077.40	4701	5619	738,311.13
OPTOMETRIST	1197	1368	90,807.17	283	334	22,360.75	1591	1816	119,176.83
CHIROPRACTIC	655	1185	38,637.78	191	431	14,872.03	1147	2477	76,936.91

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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
PODIATRIC	48	57	9,452.04	20	33	4,146.35	76	101	11,522.56
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	0	15,775.51-
PSYCHIATRIC	6	8	1,255.84	7	21	1,725.27	18	28	1,774.64
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	938.69
MR WAIVER SERVICE	2	55	858.01	0	0	0.00	3	20	274,050.52-
CHILDRENS MENTAL HEALTH SVC	32	1327	29,752.93	55	2638	48,237.80	55	2271	46,331.93
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	4	2	14,801.00-
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	0	7,465.59-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	38	40	16,896.95	58	69	27,621.70	69	77	32,084.99
UNASSIGNED	1	0	0.00	1	0	0.00	7	0	1533,583.62-
* A L L C A T E G O R I E S *	96154	292519	10588,248.27	17628	92427	4578,281.95	107207	442798	17766,523.48

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	46	487	283,354.50	626	2469	693,373.27	49	118	113,967.49
OUTPATIENT	795	6037	164,021.01	4428	70898	490,031.34	403	5903	183,149.40
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	38	12,855.09	333	2699	41,565.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	7185	214676	22220,062.05	1	24	2,912.97
INTER CARE MENTAL RETARDA	9	223	87,606.04	1	42	10,898.58	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	33	1195	398,639.10	0	0	0.00
HOME HEALTH	95	2151	49,859.59	3398	59879	2788,440.32	51	439	11,968.29
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2115	3421	208,038.42	6951	35657	484,794.69	687	1809	118,496.94
CLINIC SERVICES	411	580	77,237.09	411	188	29,435.75	84	141	16,348.03
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	205	565	8,446.25	506	363	3,250.54	71	164	3,399.56
HABILITATION SERVICES	8	86	6,368.21	15	229	10,083.85	38	1358	82,437.28
REMEDIAL SERVICES	1916	195065	2022,848.70	4	44	891.90	3	60	480.72
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	17	17	2,504.10	460	570	50,901.46	14	42	2,355.28
LOCAL EDUCATION AGENCY	90	27419	143,812.31	13	3412	19,492.24	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	23	54	1,687.16	4	37	638.79	0	0	0.00
PRESCRIBED DRUGS	4769	12433	1235,291.48	10338	22648	388,404.61	859	3045	168,124.15
DRUG CAPITATION	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	27	28	2,923.58	2	3	109.59	23	24	2,101.48
IOWA PLAN PROGRAM	14208	11563	854,140.23	2812	362	39,821.58	2994	1355	62,601.13
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	232	270	16,370.07	8	8	246.58	8	8	281.96
HMO SERVICES	1	1	88.65	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	63	63	126.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	165	463	17,659.75	39	95	11,975.28	4	6	419.88
MEDICAL SUPPLIES	231	19557	56,807.70	4222	354365	532,534.44	126	8741	18,689.44
OTHER PRACTITIONER	407	1933	40,059.62	366	2073	49,563.95	52	615	8,216.87
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	844	999	127,563.45	637	753	104,498.88	114	148	18,147.85
OPTOMETRIST	328	365	22,585.26	630	862	22,202.05	50	63	3,676.78
CHIROPRACTIC	105	184	5,841.65	235	504	5,721.60	65	156	4,668.05

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
PODIATRIC	23	25	1,708.67	1142	1890	28,487.29	29	36	1,689.64
PHYSICAL DISABILITIES SVCS	0	0	0.00	183	7748	96,028.56	0	0	0.00
BRAIN INJ WAIVER SERVICES	38	1356	34,134.67	394	18558	574,596.18	0	0	0.00
PSYCHIATRIC	22	43	5,622.56	207	350	10,793.28	25	37	1,186.79
RESIDENTIAL CARE FACILITY	3	51	631.00	4	75	1,072.73	0	0	0.00
MR WAIVER SERVICE	177	5856	164,415.81	8	436	15,993.80	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	33	2364	24,716.67	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	6304	291287	3474,871.53	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	30	1821	34,758.20	6	93	1,177.34	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	196	271	66,662.18	122	155	38,538.05	1	1	240.00
UNASSIGNED	5	0	0.00	2	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	10622	293425	5756,029.00	15314	1096987	32663,852.87	1967	24293	825,559.98

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

CATEGORY OF SERVICE	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	129	722	821,719.13	48	361	240,235.25	7	20	30,465.41
OUTPATIENT	375	8209	224,877.43	929	7056	214,775.48	92	1342	65,389.69
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	1	19-	533.75-	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	29	1317	49,416.81	51	112	4,410.20	3	10	939.60
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	619	2141	204,615.65	2707	4345	296,971.16	137	502	142,211.31
CLINIC SERVICES	48	78	9,044.48	518	692	82,766.21	16	20	2,830.13
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	30	94	1,649.68	128	398	5,941.49	21	78	1,087.52
HABILITATION SERVICES	4	143	10,426.38	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	1	24	216.48	201	6534	98,551.68	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	27	28	3,023.78	12	13	1,767.10	1	1	156.57
LOCAL EDUCATION AGENCY	0	0	0.00	22	6537	30,121.47	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	MEDICALLY NEEDY WI SPEND DN			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	1	1	50.00	0	0	0.00
PRESCRIBED DRUGS	228	1079	80,051.08	3252	5846	415,375.65	170	660	43,197.58
DRUG CAPITATION	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	5	6	275.24	50	54	4,043.78	2	2	137.28
IOWA PLAN PROGRAM	0	0	0.00	26002	12645	108,739.48	290	218	19,252.58
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	1	1	11.19	491	531	33,440.77	0	0	0.00
HMO SERVICES	0	0	0.00	260	272	33,758.83	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8490	8488	16,976.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	73	241	7,666.16	0	0	0.00
MEDICAL SUPPLIES	54	2325	14,634.31	110	5365	21,499.33	21	591	3,944.15
OTHER PRACTITIONER	38	92	5,255.06	297	1143	25,401.80	6	8	639.34
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	41	53	14,161.70	1048	1239	188,953.14	18	20	4,204.54
OPTOMETRIST	9	9	687.66	328	368	23,864.51	3	3	208.39
CHIROPRACTIC	18	36	1,303.38	219	388	13,015.52	12	32	964.95

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
PODIATRIC	8	10	2,068.70	15	23	3,812.90	6	8	1,266.29
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	30	117	5,723.30	1	1	260.69	1	1	44.46
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1	12	277.16	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	78	1,566.10	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	4	6	1,336.81	6	11	3,235.88	0	0	0.00
UNASSIGNED	1	0	0.00	1	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	601	16471	1449,964.50	11297	62754	1877,477.74	262	3516	316,939.79

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

CATEGORY OF SERVICE	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	0	0	0.00	1	2	1,933.20	0	0	0.00
OUTPATIENT	0	0	0.00	2	25	704.58	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	1	0	129.88	1	1	11.77	0	0	0.00
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1	1	37.01	0	0	0.00
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	1	0	122.29	0	0	0.00	0	0	0.00
DRUG CAPITATION	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 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
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
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

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
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
MR 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	252.17	4	29	2,686.56	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

CATEGORY OF SERVICE	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	6	125	20,025.61	0	0	0.00	7	13	25,136.38
OUTPATIENT	33	324	8,419.48	9	47	545.09	47	325	12,380.06
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	1	0	43.62-	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	2	22	1,909.30	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	71	112	7,169.44	8	42	449.15	71	160	12,744.57
CLINIC SERVICES	11	12	1,414.60	1	2	48.00	11	11	2,016.96
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	7	40	830.20	1	0	0.00	9	33	718.79
HABILITATION SERVICES	0	0	0.00	1	14	372.40	8	121	4,914.94
REMEDIAL SERVICES	61	1831	28,699.41	0	0	0.00	7	148	3,021.25
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	3	5	769.31	2	2	287.89
LOCAL EDUCATION AGENCY	10	2712	12,792.75	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 PHIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	238	869	82,990.93	2	9	1,334.06	81	201	15,476.90
DRUG CAPITATION	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	8	8	635.80
IOWA PLAN PROGRAM	326	312	26,906.83	48	41	2,463.68	330	229	28,464.05
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	9	10	294.54	0	0	0.00	5	5	246.38
HMO 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	29	73	7,365.25	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	12	1711	3,628.21	1	2	114.16	1	1	37.00
OTHER PRACTITIONER	16	56	973.47	0	0	0.00	7	14	1,033.89
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	23	26	2,097.35	2	2	61.75	9	12	1,101.16
OPTOMETRIST	11	13	632.31	1	1	89.29	6	8	660.26
CHIROPRACTIC	6	8	197.04	1	2	9.18	6	27	1,032.89

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 PHIC 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
PODIATRIC	2	3	1,303.72	1	2	18.22	1	1	218.62
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	324.18	2	2	34.51	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	2	87	192.50	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	187	8511	168,441.19	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
SICK & HANDICAPPED WAIVER SVCS	1	49	847.70	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	256	261	121,917.91	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 *	119	17087	499,149.80	4	258	6,501.30	91	1319	110,127.79

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

CATEGORY OF SERVICE	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	25	88	108,510.64	132	607	415,324.94	0	0	0.00
OUTPATIENT	275	2633	94,298.28	2122	25436	428,341.36	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	5	56	21,740.06	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	5	104	9,808.77	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2099	62918	23360,688.36	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	2	53	22,402.57	0	0	0.00
HOME HEALTH	12	114	7,943.20	906	28329	971,788.97	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	521	1117	108,084.04	3879	13616	335,528.86	0	0	0.00
CLINIC SERVICES	110	147	19,373.18	295	206	45,117.18	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	40	156	2,539.91	248	453	5,422.79	0	0	0.00
HABILITATION SERVICES	6	199	4,973.38	6	119	5,108.68	0	0	0.00
REMEDIAL SERVICES	50	3202	42,130.86	84	1952	34,056.17	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	16	17	2,269.81	77	85	8,840.91	0	0	0.00
LOCAL EDUCATION AGENCY	2	500	1,741.17	419	128759	766,635.51	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

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	1	3	115.00	24	267	4,585.29	0	0	0.00
PRESCRIBED DRUGS	842	3867	226,212.74	5794	18943	1571,335.37	0	0	0.00
DRUG CAPITATION	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	4	5	292.76	14	17	791.61	0	0	0.00
IOWA PLAN PROGRAM	2720	1534	141,292.26	11275	10391	677,309.69	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	6	6	292.13	82	92	3,182.67	0	0	0.00
HMO 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	2	5	677.86	575	1501	203,726.97	0	0	0.00
MEDICAL SUPPLIES	130	7775	22,815.59	1894	298451	467,106.58	0	0	0.00
OTHER PRACTITIONER	55	417	8,948.72	832	11435	198,356.68	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	84	99	17,257.58	1072	1226	114,123.23	0	0	0.00
OPTOMETRIST	48	58	4,407.39	466	549	23,959.43	0	0	0.00
CHIROPRACTIC	48	100	3,643.34	229	458	6,561.54	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
PODIATRIC	12	17	808.27	394	561	14,060.92	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	252	12004	357,588.19	0	0	0.00
PSYCHIATRIC	4	6	249.96	414	648	21,055.28	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	21	316	309.88	0	0	0.00
MR WAIVER SERVICE	3	79	1,973.57	8127	504550	19825,578.87	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	3	56	1,008.70	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	4	298	2,932.89	1	150	1,350.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	28	979.50	150	7339	126,314.08	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	6	6	2,138.00	7572	10019	2467,853.07	0	0	0.00
UNASSIGNED	0	0	0.00	10	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1623	22532	827,910.73	10471	1141610	52515,954.48	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

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	5999	34323	20726,165.92			
OUTPATIENT	0	0	0.00	51206	572746	13741,890.01			
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	639	7640	2130,059.76			
INTERMEDIATE CARE FACILITY	0	0	0.00	11800	354697	34955,419.98			
INTER CARE MENTAL RETARDA	0	0	0.00	2118	63454	23556,071.74			
NURSING FAC FOR MENTAL ILL	0	0	0.00	41	1432	482,338.75			
HOME HEALTH	0	0	0.00	10730	187951	7322,211.71			
LEAD INSPECTION AGENCY	0	0	0.00	5	5	1,804.70			
PHYSICIAN	0	0	0.00	102948	306822	15025,201.04			
CLINIC SERVICES	0	0	0.00	15204	20743	2585,363.90			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
LAB AND RADIOLOGICAL	0	0	0.00	8429	19860	339,591.70			
HABILITATION SERVICES	0	0	0.00	2268	56769	2711,361.07			
REMEDIAL SERVICES	0	0	0.00	5059	292407	3538,984.95			
REHAB SUPPORT SERVICES	0	0	0.00	17	683	2,080.70-			
AMBULANCE SERVICES	0	0	0.00	2057	2679	276,375.32			
LOCAL EDUCATION AGENCY	0	0	0.00	1187	316129	1878,738.51			

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	FEDERAL MEDICAID ONLY BLIND			TOTAL					
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	328	2106	41,378.69			
PRESCRIBED DRUGS	0	0	0.00	114376	307886	19606,177.32			
DRUG CAPITATION	0	0	0.00	3	0	30.85-			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	0	0	0.00	5126	5689	418,069.38			
IOWA PLAN PROGRAM	0	0	0.00	368106	288462	8806,561.95			
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	0	0	0.00	12463	13922	1163,152.94			
HMO SERVICES	0	0	0.00	4466	4712	750,050.52			
PATIENT MANAGEMENT	0	0	0.00	127148	127143	254,286.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	4496	12997	672,631.88			
MEDICAL SUPPLIES	0	0	0.00	19907	1596340	3484,378.14			
OTHER PRACTITIONER	0	0	0.00	10016	52014	1262,214.25			
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00			
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	0	0	0.00	18436	22522	3083,027.63			
OPTOMETRIST	0	0	0.00	8420	10288	567,846.95			
CHIROPRACTIC	0	0	0.00	6522	14861	382,920.04			

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

TOTAL

	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
PODIATRIC	0	0	0.00	3392	5406	174,433.96			
PHYSICAL DISABILITIES SVCS	0	0	0.00	606	25419	325,032.50			
BRAIN INJ WAIVER SERVICES	0	0	0.00	980	49670	1401,250.15			
PSYCHIATRIC	0	0	0.00	2874	5354	184,266.50			
RESIDENTIAL CARE FACILITY	0	0	0.00	1688	52173	413,153.17			
MR WAIVER SERVICE	0	0	0.00	9346	574774	22475,286.62			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	370	16157	327,056.03			
AIDS WAIVER SERVICES	0	0	0.00	43	3134	34,311.88			
ELDERLY WAIVER SERVICES	0	0	0.00	9054	421451	5237,813.28			
SICK & HANDICAPPED WAIVER SVCS	0	0	0.00	1961	96346	1470,630.35			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	0	0	0.00	9615	12594	3194,728.92			
UNASSIGNED	0	0	0.00	39	0	1533,583.62-			
* A L L C A T E G O R I E S *	0	0	0.00	408319	5959760	203466,542.94	0	0	0.00

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