

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	0	0	0.00	0	0	0.00	479	2029	319,043.43
OUTPATIENT	22	558	3,909.55	0	0	0.00	3191	47635	383,882.08
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	138	1637	4,685.23
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4423	135048	10796,156.71
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	4	163	44,125.07
HOME HEALTH	0	0	0.00	0	0	0.00	1841	34844	1348,069.29
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	42	76	11,442.88	0	0	0.00	5958	39366	372,368.04
CLINIC SERVICES	0	0	0.00	0	0	0.00	364	283	29,023.59
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	13	116	2,403.94	0	0	0.00	380	258	2,985.51
HABILITATION SERVICES	0	0	0.00	0	0	0.00	16	300	13,571.57
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	12	258	9,403.54
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	269	302	25,989.60
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	62	2,080.00	0	0	0.00	2892	5280	17,619.41
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	1	2	12.00
IOWA PLAN PROGRAM	70	93	2,219.61	0	0	0.00	1	1	57.45
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	4	4	141.40	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	48	48	96.00	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	1	17	8,446.71	0	0	0.00	2313	164400	254,893.61
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	242	901	12,307.94
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	12	14	1,691.79	0	0	0.00	392	484	76,967.32
OPTOMETRIST	1	2	105.34	0	0	0.00	678	1002	23,124.89
CHIROPRACTIC	0	0	0.00	0	0	0.00	353	1034	6,893.60

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 UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAID

PODIATRIC	1	1	17.68	0	0	0.00	620	1100	10,146.47
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	15	150.00
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	143	245	7,021.14
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	342	13079	100,259.99
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	88	4675	248,355.56
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	2887	124816	1765,820.94
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	87	106	24,501.37
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 *	93	991	32,554.90	0	0	0.00	13511	579263	15897,435.35

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	1736	10501	7060,163.47	610	2100	2389,579.74
OUTPATIENT	0	0	0.00	13465	214393	4207,639.16	7056	78950	2856,545.76
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	166	4619	1895,848.71	2	35	22,585.57
INTERMEDIATE CARE FACILITY	0	0	0.00	573	17491	1785,389.59	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	13	783	247,815.48	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	2878	54390	2146,569.21	41	264	24,424.67
LEAD INSPECTION AGENCY	0	0	0.00	2	0	235.93	0	0	0.00
PHYSICIAN	0	0	0.00	22070	110790	3513,568.85	12816	25078	2373,537.61
CLINIC SERVICES	0	0	0.00	2118	2091	414,142.07	1887	2777	330,390.98
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1760	4569	65,387.98	2083	5736	121,985.00
HABILITATION SERVICES	0	0	0.00	890	25966	1116,116.86	7	223	9,925.19
REMEDIAL SERVICES	0	0	0.00	254	11188	149,977.39	58	2292	31,392.93
REHAB SUPPORT SERVICES	0	0	0.00	636	8224	493,664.38	3	8-	18.12
AMBULANCE SERVICES	0	0	0.00	742	865	94,832.45	166	176	25,402.33
LOCAL EDUCATION AGENCY	0	0	0.00	157	48243	243,009.16	2	260	519.29

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	27	145	3,259.05	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	23057	97871	6166,936.81	18537	50614	2362,442.07
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	115	164	9,193.52	5382	6889	501,740.89
IOWA PLAN PROGRAM	0	0	0.00	46032	47502	3259,939.42	33377	37367	1009,961.22
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	328	360	13,192.62	177	183	8,157.23
HMO SERVICES	0	0	0.00	0	0	0.00	874	920	216,071.98
PATIENT MANAGEMENT	0	0	0.00	6	6	12.00	20569	20569	41,138.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	621	1434	156,223.82	244	563	18,010.55
MEDICAL SUPPLIES	0	0	0.00	7331	629792	1557,346.34	629	24038	130,983.55
OTHER PRACTITIONER	0	0	0.00	1381	7513	212,567.89	898	1849	117,273.92
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	1	8	403.44
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	1	0	4.41-	0	0	0.00
DENTAL	0	0	0.00	3169	3899	596,637.39	2573	3471	616,461.98
OPTOMETRIST	0	0	0.00	2153	2830	142,657.37	1229	1518	111,568.74
CHIROPRACTIC	0	0	0.00	1945	4959	71,981.01	1338	3071	109,212.02

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	1155	2297	72,451.47	166	232	28,521.05
PHYSICAL DISABILITIES SVCS	0	0	0.00	366	15112	197,273.93	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	257	15629	395,550.22	0	0	0.00
PSYCHIATRIC	0	0	0.00	2171	4064	113,953.76	13	28	2,173.24
RESIDENTIAL CARE FACILITY	0	0	0.00	1357	49256	405,926.60	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1013	59855	2598,609.71	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	32	1084	24,903.40	4	157	4,408.80
AIDS WAIVER SERVICES	0	0	0.00	8	627	6,885.27	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	25	1358	19,049.99	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1702	99374	1477,166.37	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	996	1179	280,212.85	4	4	1,676.39
UNASSIGNED	0	0	0.00	7	0	27.39	4	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	50366	1560423	41216,314.48	44737	269364	13466,512.26

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

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	287	1597	1593,811.81	395	7498	1674,382.87	1625	8398	11409,457.89
OUTPATIENT	5206	28976	1141,664.78	1518	14200	411,283.97	9326	72429	2499,933.14
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	4	59	22,604.93
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	7	38	112,527.03-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1412,073.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	205	770	40,784.87	31	117	8,380.50	298	1517	1183,630.63
LEAD INSPECTION AGENCY	7	7	2,641.45	3	3	1,132.05	7	8	2,991.45
PHYSICIAN	14313	24257	1778,687.82	3249	5895	478,310.74	23258	42547	4052,823.85
CLINIC SERVICES	2223	2883	343,952.84	496	803	89,565.30	4542	6787	916,383.70
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1381	2562	36,517.57	412	1157	21,948.34	2999	7897	142,842.24
HABILITATION SERVICES	0	0	0.00	4	61	2,574.67	1	21	724.08
REMEDIAL SERVICES	664	23391	332,900.27	266	10942	158,654.50	563	22000	299,949.71
REHAB SUPPORT SERVICES	0	0	0.00	5	57	3,642.72	3	0	2,649.95-
AMBULANCE SERVICES	94	93	11,843.25	39	40	6,433.40	134	137	21,661.45
LOCAL EDUCATION AGENCY	62	4847	25,274.94	9	320	2,578.13	53	9335	58,960.14

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

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	20	86	2,232.39	4	15	565.66	44	259	6,478.77
PRESCRIBED DRUGS	14172	23278	1104,159.66	3929	8873	379,987.86	22002	34159	1165,942.92
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	925	1224	88,092.85	153	192	14,398.46	233	264	21,625.63
IOWA PLAN PROGRAM	55330	60825	580,926.98	10999	12289	235,920.54	76910	86583	981,051.30
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	4157	4617	368,646.67	895	984	62,639.93	6462	7186	750,974.42
HMO SERVICES	1497	1558	179,541.50	290	296	39,484.27	1548	1619	245,866.95
PATIENT MANAGEMENT	35687	35687	71,374.00	6714	6714	13,428.00	51586	51586	103,172.00
HEALTH INS PREMIUM PAYMENT	365	897	22,562.28	42	91	3,344.83	2491	6997	178,523.80
MEDICAL SUPPLIES	440	8825	75,744.71	103	2208	25,362.93	635	16896	115,684.08
OTHER PRACTITIONER	1060	2195	98,692.06	273	543	26,906.89	1726	3353	225,934.80
FAMILY CENTERED PROGRAM	8	55	2,264.32	1	4	171.04	2	5	209.12
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	4011	4664	618,277.73	941	1136	169,312.72	6055	7106	961,054.64
OPTOMETRIST	1261	1463	93,496.03	381	458	30,242.70	1951	2263	146,621.30
CHIROPRACTIC	728	1306	42,814.30	178	371	12,675.15	1075	2204	68,152.49

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 UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAID

PODIATRIC	55	64	8,192.78	14	21	4,359.88	70	88	7,691.35
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	2	48	725.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1	1	17.83
PSYCHIATRIC	2	4	208.09	6	33	2,042.10	8	14	712.16
RESIDENTIAL CARE FACILITY	0	0	0.00	2	50	428.30	0	0	0.00
MR WAIVER SERVICE	4	38	639.27	1	60	1,058.40	6	117	3,848.80
CHILDRENS MENTAL HEALTH SVC	22	783	19,563.46	29	1583	29,666.90	44	1957	42,372.38
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	7	9	610.79
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	26	27	12,051.39	30	31	14,781.78	46	50	22,367.97
UNASSIGNED	3	1	15.75	0	0	0.00	9	0	20,019.76-
* A L L C A T E G O R I E S *	63368	236980	8697,575.82	12524	77045	3925,665.53	86715	393937	24114,331.97

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	57	237	217,207.66	640	2947	688,855.44	52	274	298,817.53
OUTPATIENT	795	6428	174,759.20	4216	66373	503,260.28	432	6321	229,011.07
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	61	18,207.57	277	2939	18,856.77	1	10	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	7847	241039	22440,224.90	3	80	3,750.54
INTER CARE MENTAL RETARDA	6	185	49,382.22	2	53	13,791.50	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	31	1479	415,113.01	0	0	0.00
HOME HEALTH	67	3561	72,248.68	3234	61297	2565,718.98	50	910	22,595.27
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2122	3351	218,294.97	7019	39698	413,555.37	784	2312	137,358.19
CLINIC SERVICES	380	534	61,689.56	363	50	23,857.54	102	126	15,544.08
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	262	675	9,796.88	452	328	3,191.54	84	239	5,256.70
HABILITATION SERVICES	1	36	1,225.08	4	116	3,292.34	20	553	36,508.53
REMEDIAL SERVICES	1470	137708	1349,407.86	4	65	1,194.45	0	0	0.00
REHAB SUPPORT SERVICES	1	0	30.72	9	39	2,581.62	12	144	7,319.73
AMBULANCE SERVICES	15	16	2,067.27	438	586	49,820.49	19	24	3,329.97
LOCAL EDUCATION AGENCY	16	2511	15,890.73	2	856	3,994.68	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
EARLY ACCESS SERVICES	6	34	762.19	1	6	106.10	0	0	0.00
PRESCRIBED DRUGS	4961	11842	603,278.37	10056	21547	271,297.29	975	3227	155,923.23
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	29	36	2,946.76	1	1	8.98	32	38	2,454.11
IOWA PLAN PROGRAM	9636	10072	951,025.21	1951	2008	123,371.04	1411	1581	51,550.20
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	279	289	15,895.29	5	5	111.01	23	23	1,518.15
HMO SERVICES	4	4	547.06	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	72	72	144.00	1	1	2.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	146	339	14,132.73	32	67	9,869.64	3	6	599.68
MEDICAL SUPPLIES	166	19394	36,532.71	4002	370474	507,288.69	122	7525	17,483.94
OTHER PRACTITIONER	390	1750	51,666.27	325	1504	32,356.26	57	133	7,977.69
FAMILY CENTERED PROGRAM	8	109	3,548.99	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	1	8	181.24	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	5	80	4,037.58	0	0	0.00	0	0	0.00
DENTAL	1077	1259	172,661.87	617	734	128,756.96	154	203	31,409.80
OPTOMETRIST	426	479	32,709.33	757	987	25,559.28	86	113	5,790.77
CHIROPRACTIC	108	183	5,959.27	267	650	4,274.83	66	152	4,711.90

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

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	30	41	5,655.09	1135	1859	19,448.65	29	41	1,684.25
PHYSICAL DISABILITIES SVCS	0	0	0.00	151	7018	82,267.33	0	0	0.00
BRAIN INJ WAIVER SERVICES	29	1837	39,650.71	338	17385	492,636.67	0	0	0.00
PSYCHIATRIC	7	23	719.97	290	597	19,004.83	41	74	1,676.07
RESIDENTIAL CARE FACILITY	2	57	1,108.00	10	170	1,303.07	0	0	0.00
MR WAIVER SERVICE	183	12322	218,270.79	7	199	7,044.39	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	2	193	2,250.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	1	9	157.50	29	2639	25,638.03	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	6045	266867	3295,515.89	1	1	70.00
ILL & HANDICAPPED WAIVER SVCS	30	2049	30,851.71	7	176	6,088.57	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	131	161	38,004.69	80	90	21,395.90	4	4	1,103.85
UNASSIGNED	0	0	0.00	2	0	10.20-	0	0	0.00
* A L L C A T E G O R I E S *	9898	217945	4422,905.73	15377	1112849	32220,644.12	1738	24114	1043,445.25

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	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	151	787	987,512.52	39	173	174,875.80	6	18	49,473.21
OUTPATIENT	368	8633	268,912.03	777	5192	216,005.48	74	2247	119,213.21
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	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	26	343	16,265.29	29	67	2,762.06	5	40	3,422.68
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	645	2586	257,638.54	2504	3754	268,440.04	144	466	129,202.19
CLINIC SERVICES	55	101	14,880.96	439	554	61,150.43	13	16	2,313.79
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	24	79	1,138.84	148	475	6,690.26	25	74	1,298.88
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	119	4480	63,907.41	0	0	0.00
REHAB SUPPORT SERVICES	6	94	7,506.02	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	35	38	5,716.02	17	17	2,815.73	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	11	1685	7,782.82	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	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	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	838	2078	35,650.07	3160	5194	294,563.21	161	596	42,891.11
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	3	3	229.24	47	62	5,186.95	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	10885	11736	121,049.74	205	209	21,064.67
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	2	2	745.00	597	622	35,955.00	0	0	0.00
HMO SERVICES	0	0	0.00	230	234	28,518.55	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	7904	7904	15,808.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	34	96	6,047.18	0	0	0.00
MEDICAL SUPPLIES	64	2608	20,611.18	94	2477	17,383.90	19	277	3,919.71
OTHER PRACTITIONER	42	74	4,651.41	218	471	20,759.19	8	8	1,018.26
FAMILY CENTERED PROGRAM	0	0	0.00	1	18	147.24	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	66	80	16,469.23	1175	1372	188,156.27	17	23	3,886.82
OPTOMETRIST	26	37	1,514.93	423	502	32,746.16	10	12	762.29
CHIROPRACTIC	13	30	849.66	177	278	8,945.66	8	26	794.45

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	10	19	1,175.40	31	36	3,273.24	2	2	167.38
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	114	6,168.41	3	3	287.29	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	2	133	3,247.20	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	4	62	3,822.32	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	3	4	1,156.48	5	5	1,848.17	0	0	0.00
UNASSIGNED	0	0	0.00	1	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1069	17710	1648,791.23	10781	47602	1592,175.30	205	4014	379,428.65

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	1	1,859.24	0	0	0.00
OUTPATIENT	0	0	0.00	5	31	863.81	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	1	0	265.50-	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	1	51.97	3	4	1,889.20	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	3	15	324.46	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 UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAID

EARLY ACCESS SERVICES

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

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

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0 0

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IOWA PLAN PROGRAM

0 0

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MANAGED SUBSTANCE ABUSE

0 0

0.00

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MENTAL HEALTH ACCESS PLAN

0 0

0.00

0 0

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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

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0 0

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FAMILY CENTERED PROGRAM

0 0

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0 0

0.00

FAMILY PRESERVATION

0 0

0.00

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0 0

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TREATMENT FOSTER FAMILY CARE

0 0

0.00

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0.00

GROUP TREATMENT THERAPY

0 0

0.00

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DENTAL

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OPTOMETRIST

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CHIROPRACTIC

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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	2	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	4	1	213.53-	7	51	4,936.71	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	6	16	5,743.29	4	55	12,440.00	2	10	12,230.45
OUTPATIENT	17	63	2,744.24	7	119	1,373.88	39	380	5,495.10
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	1	31	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	27	6,103.45	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	2	3	43.40	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	34	52	3,515.31	12	33	708.83	56	114	10,445.91
CLINIC SERVICES	2	2	108.33	1	0	18.38	8	15	1,727.62
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	3	11	113.74	1	0	0.00	6	21	554.56
HABILITATION SERVICES	0	0	0.00	0	0	0.00	1	22	389.05
REMEDIAL SERVICES	27	1529	18,118.20	0	0	0.00	4	420	4,251.32
REHAB SUPPORT SERVICES	0	0	0.00	1	0	300.48	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	1	1	115.68
LOCAL EDUCATION AGENCY	3	46	3,772.40	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
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	154	471	39,848.29	6	7	61.20	63	170	12,585.53
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	6	6	424.50
IOWA PLAN PROGRAM	147	157	15,081.38	11	13	761.30	182	230	31,569.29
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	16	16	681.46	0	0	0.00	3	3	108.33
HMO SERVICES	2	2	153.38	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	4	4	8.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	12	25	2,109.60	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	9	1200	1,053.87	1	1	3.22	0	0	0.00
OTHER PRACTITIONER	8	37	1,845.47	2	2	34.63	5	5	272.70
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	24	25	4,374.11	0	0	0.00	9	11	2,250.61
OPTOMETRIST	13	14	908.01	0	0	0.00	6	7	432.93
CHIROPRACTIC	2	5	145.21	0	0	0.00	2	11	523.74

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	1	1	148.72	1	3	40.90	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	2	3	89.35	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	3	45	239.50	0	0	0.00
MR WAIVER SERVICE	1	3	94.68	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	90	4288	83,379.68	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	28	484.40	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	111	114	53,954.87	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 *	123	8017	230,841.84	8	342	22,218.52	155	1426	83,377.32

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

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	34	301	192,822.23	125	712	280,461.20	0	0	0.00
OUTPATIENT	290	2922	99,677.75	2140	27472	388,002.36	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	8	158	27,365.50	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	5	117	12,713.26	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1895	58015	19203,735.07	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	10	230	10,374.71	865	34655	988,657.19	0	0	0.00
LEAD INSPECTION AGENCY	1	1	377.35	1	1	377.35	0	0	0.00
PHYSICIAN	500	1172	96,317.17	4007	14744	317,969.82	1	0	0.00
CLINIC SERVICES	105	155	19,601.48	261	322	51,467.58	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	51	160	2,895.86	279	539	7,628.97	0	0	0.00
HABILITATION SERVICES	2	12	481.76	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	52	5129	54,124.52	33	1320	21,705.75	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	13	239	10,537.52	0	0	0.00
AMBULANCE SERVICES	7	10	1,024.28	92	107	10,626.46	0	0	0.00
LOCAL EDUCATION AGENCY	1	404	1,313.05	158	71499	373,293.42	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
EARLY ACCESS SERVICES	1	1	11.35	14	73	1,301.78	0	0	0.00
PRESCRIBED DRUGS	940	3707	208,792.56	5590	17637	836,927.62	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	8	9	809.69	42	44	1,984.31	0	0	0.00
IOWA PLAN PROGRAM	1529	1588	151,066.10	10215	10318	634,800.17	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	7	329.56	85	95	3,480.49	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	3	6	544.86	520	1199	139,503.86	0	0	0.00
MEDICAL SUPPLIES	105	4941	21,110.55	1835	296145	459,387.32	0	0	0.00
OTHER PRACTITIONER	32	155	5,003.02	498	7728	173,991.27	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	94	112	19,450.68	1123	1266	114,813.76	0	0	0.00
OPTOMETRIST	75	87	7,205.36	543	650	27,959.95	0	0	0.00
CHIROPRACTIC	39	71	2,409.39	252	545	7,609.21	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	17	32	4,028.24	519	770	16,736.93	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	220	12111	312,272.62	0	0	0.00
PSYCHIATRIC	6	9	617.31	402	634	18,029.97	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	26	806	8,104.80	0	0	0.00
MR WAIVER SERVICE	3	153	4,144.21	7868	533559	19645,053.52	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	3	31	1,322.17	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	5	328	4,205.45	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	112	1,370.88	160	9505	165,333.01	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	8	7	2,527.14	5562	6658	1560,523.08	0	0	0.00
UNASSIGNED	0	0	0.00	2	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1555	21852	913,958.68	10842	1109643	45822,355.12	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	6196	37654	27368,737.78			
OUTPATIENT	0	0	0.00	48541	583322	13514,176.85			
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	595	9549	2010,154.28			
INTERMEDIATE CARE FACILITY	0	0	0.00	12815	393813	34925,442.47			
INTER CARE MENTAL RETARDA	0	0	0.00	1917	59063	18108,754.72			
NURSING FAC FOR MENTAL ILL	0	0	0.00	35	1642	459,238.08			
HOME HEALTH	0	0	0.00	9516	193008	8433,947.43			
LEAD INSPECTION AGENCY	0	0	0.00	21	20	7,755.58			
PHYSICIAN	0	0	0.00	97923	316296	14436,127.30			
CLINIC SERVICES	0	0	0.00	13221	17499	2375,818.23			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
LAB AND RADIOLOGICAL	0	0	0.00	10309	24911	432,961.27			
HABILITATION SERVICES	0	0	0.00	946	27310	1184,809.13			
REMEDIAL SERVICES	0	0	0.00	3443	220464	2485,584.31			
REHAB SUPPORT SERVICES	0	0	0.00	685	9047	532,354.90			
AMBULANCE SERVICES	0	0	0.00	2058	2412	261,678.38			
LOCAL EDUCATION AGENCY	0	0	0.00	469	139914	728,843.96			

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			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	116	619	14,717.29			
PRESCRIBED DRUGS	0	0	0.00	109016	286613	13700,987.21			
DRUG CAPITATION	0	0	0.00	0	0	0.00			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	0	0	0.00	6937	8934	649,107.89			
IOWA PLAN PROGRAM	0	0	0.00	258173	282572	8171,415.62			
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	12998	14396	1262,576.56			
HMO SERVICES	0	0	0.00	4441	4633	710,183.69			
PATIENT MANAGEMENT	0	0	0.00	122591	122591	245,182.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	4513	11720	551,472.83			
MEDICAL SUPPLIES	0	0	0.00	17544	1551218	3253,237.02			
OTHER PRACTITIONER	0	0	0.00	7110	28221	993,259.67			
FAMILY CENTERED PROGRAM	0	0	0.00	21	199	6,744.15			
FAMILY PRESERVATION	0	0	0.00	0	0	0.00			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	1	8	181.24			
GROUP TREATMENT THERAPY	0	0	0.00	6	80	4,033.17			
DENTAL	0	0	0.00	21440	25859	3722,633.68			
OPTOMETRIST	0	0	0.00	10007	12424	683,405.38			
CHIROPRACTIC	0	0	0.00	6499	14896	347,951.89			

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

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	3844	6607	183,739.48			
PHYSICAL DISABILITIES SVCS	0	0	0.00	519	22193	280,416.26			
BRAIN INJ WAIVER SERVICES	0	0	0.00	831	46963	1240,128.05			
PSYCHIATRIC	0	0	0.00	3112	5845	172,703.69			
RESIDENTIAL CARE FACILITY	0	0	0.00	1730	63463	517,370.26			
MR WAIVER SERVICE	0	0	0.00	9126	611114	22730,366.53			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	227	10138	211,689.11			
AIDS WAIVER SERVICES	0	0	0.00	38	3275	32,680.80			
ELDERLY WAIVER SERVICES	0	0	0.00	8750	393379	5085,273.06			
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1899	111244	1681,294.94			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	0	0	0.00	7081	8440	2036,105.93			
UNASSIGNED	0	0	0.00	30	1	19,986.82-			
* A L L C A T E G O R I E S *	0	0	0.00	323076	5683569	195735,255.25	0	0	0.00

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