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	875	3276	631,649.70
OUTPATIENT	17	470	3,838.98	0	0	0.00	5249	115280	669,016.39
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	188	2306	24,390.56
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4428	135539	10858,894.66
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	80	28,194.06
HOME HEALTH	0	0	0.00	0	0	0.00	2425	56495	1381,296.58
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	35	57	3,740.10	0	0	0.00	7957	51940	559,764.30
CLINIC SERVICES	1	1	111.07	0	0	0.00	573	419	44,837.95
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	13	100	2,086.90	0	0	0.00	493	273	3,023.01
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	35	1238	70,837.77
AMBULANCE SERVICES	1	1	120.32	0	0	0.00	372	328	32,822.30
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	22	63	1,120.06	0	0	0.00	3756	7439	32,812.77
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	37	49	1,120.21	0	0	0.00	5	5	352.72
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	36	36	72.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	2	3	115.98	0	0	0.00	2816	218186	298,903.15
OTHER PRACTITIONER	1	1	41.85	0	0	0.00	349	1133	21,339.75
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	13	19	3,209.94	0	0	0.00	536	680	96,836.06
OPTOMETRIST	2	2	93.95	0	0	0.00	829	1024	30,486.81
CHIROPRACTIC	0	0	0.00	0	0	0.00	503	1254	11,447.12

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	1	1-	24.78-	0	0	0.00	1107	945	17,484.58
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	4	73.96
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	182	262	7,549.39
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	368	11854	87,558.80
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	86	6702	229,830.40
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	2721	121982	1653,881.91
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	121	125	31,462.41
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 *	64	801	15,646.58	0	0	0.00	14781	738769	16824,747.11

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	2347	14452	9936,075.41	793	2838	3340,846.21
OUTPATIENT	0	0	0.00	18395	362264	6433,195.16	10023	127956	4126,762.56
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	200	4967	2208,091.84	2	12	3,981.09
INTERMEDIATE CARE FACILITY	0	0	0.00	570	16657	1705,947.86	3	69	7,832.79
INTER CARE MENTAL RETARDA	0	0	0.00	24	559	193,085.59	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	3644	105938	3178,276.78	51	815	29,294.88
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	25498	158483	4669,566.26	16006	34705	3300,941.04
CLINIC SERVICES	0	0	0.00	2854	4848	520,933.13	2432	3973	453,328.05
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	2345	5410	77,823.59	2453	6158	132,258.65
HABILITATION SERVICES	0	0	0.00	3	3	102.09	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	174	7737	105,254.51	15	804	9,465.41
REHAB SUPPORT SERVICES	0	0	0.00	2190	51296	2828,862.01	20	266	11,323.19
AMBULANCE SERVICES	0	0	0.00	938	1057	131,102.79	226	228	31,316.52
LOCAL EDUCATION AGENCY	0	0	0.00	517	161970	849,653.21	5	849	3,093.27

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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	112	558	11,164.25	1	1	50.00
PRESCRIBED DRUGS	0	0	0.00	24323	116331	9693,529.19	20018	62720	3473,458.59
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	129	162	8,807.96	6118	7460	556,509.90
IOWA PLAN PROGRAM	0	0	0.00	45524	47055	3239,763.06	34181	38322	1031,151.39
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	385	502	18,085.71	188	211	7,998.68
HMO SERVICES	0	0	0.00	0	0	0.00	901	953	239,125.85
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	21274	21267	42,534.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	660	1435	177,616.63	350	781	25,101.96
MEDICAL SUPPLIES	0	0	0.00	8779	820730	1765,717.99	974	33644	197,468.60
OTHER PRACTITIONER	0	0	0.00	2710	27771	437,309.13	1425	3016	188,260.59
FAMILY CENTERED PROGRAM	0	0	0.00	5	55	1,947.21	1	8	287.44
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	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	4269	5660	764,815.36	3384	4758	753,607.54
OPTOMETRIST	0	0	0.00	2701	3569	183,904.03	1712	2103	151,162.81
CHIROPRACTIC	0	0	0.00	2308	6383	110,969.86	1972	4913	172,067.65

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	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	1322	2053	75,082.64	225	321	38,611.97
PHYSICAL DISABILITIES SVCS	0	0	0.00	404	16583	195,896.08	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	258	17271	432,457.53	0	0	0.00
PSYCHIATRIC	0	0	0.00	2667	5423	164,515.95	38	63	6,038.75
RESIDENTIAL CARE FACILITY	0	0	0.00	1507	50958	436,667.96	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1048	69400	2868,725.66	2	330	5,386.92
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	34	940	23,249.98	3	98	2,557.52
AIDS WAIVER SERVICES	0	0	0.00	13	893	11,162.29	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	36	1371	25,784.65	1	0	257.89-
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1803	88924	1380,447.23	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	1	0	26.46-	0	0	0.00
MEP SERVICES	0	0	0.00	1763	1915	482,777.41	10	5	2,411.74
UNASSIGNED	0	0	0.00	15	0	0.00	7	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	50440	2181584	55348,343.53	46007	359647	18343,977.67

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	444	1939	1873,398.67	505	10127	2360,838.23	2405	10930	12353,313.94
OUTPATIENT	8094	49855	2010,986.78	2220	20783	637,505.52	13655	125555	870,296.06-
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	1	0	7,000.00	0	0	0.00	3	5	2,297.34-
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4	48	23,450.95-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1674,480.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	544	2552	78,978.25	67	944	14,624.34	739	4197	32,298.51-
LEAD INSPECTION AGENCY	3	3	1,132.05	0	0	0.00	5	5	1,875.76
PHYSICIAN	19781	35954	2443,406.16	4198	8122	652,774.08	29765	59260	5379,040.49
CLINIC SERVICES	3567	5015	603,298.71	843	1216	131,245.06	6109	9761	1245,674.60
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1330	2875	37,837.65	405	1254	23,700.41	2734	7195	122,914.59
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	439	14330	213,266.54	198	6801	103,870.01	362	13475	199,578.07
REHAB SUPPORT SERVICES	2	10	269.48	10	101	7,327.41	5	45	1,481.41
AMBULANCE SERVICES	139	140	23,415.67	58	58	7,674.00	210	207	34,941.57
LOCAL EDUCATION AGENCY	156	24819	105,380.20	46	9160	51,155.98	158	29645	154,917.74

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	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	77	327	6,899.15	12	36	1,060.64	96	356	8,509.44
PRESCRIBED DRUGS	18156	34463	2187,370.42	4449	11394	795,190.24	25273	48193	2745,423.44
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	1035	1350	93,034.15	149	186	14,183.23	318	386	31,451.23
IOWA PLAN PROGRAM	56563	62034	596,109.18	11233	12566	238,165.43	75523	85560	987,388.45
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	5132	6145	455,839.93	992	1211	92,279.32	8318	9892	912,923.91
HMO SERVICES	1587	1693	187,614.10	309	315	37,789.26	1537	1595	211,422.69
PATIENT MANAGEMENT	36977	36966	73,932.00	6557	6557	13,114.00	49304	49296	98,592.00
HEALTH INS PREMIUM PAYMENT	560	1282	30,018.20	43	112	4,594.97	2512	7274	192,264.74
MEDICAL SUPPLIES	969	11213	122,664.12	172	3666	19,995.78	1177	24200	301,343.91
OTHER PRACTITIONER	2319	7149	191,635.03	462	1324	48,968.21	3303	14218	374,965.07
FAMILY CENTERED PROGRAM	20	161	5,803.89	10	53	2,001.46	12	132	4,255.12
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	1	11	490.93	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	1	9	281.88	0	0	0.00
DENTAL	4663	5632	720,849.38	1090	1440	199,782.32	6572	8079	1106,743.81
OPTOMETRIST	1628	1882	122,721.50	412	511	33,906.18	2252	2601	189,710.06
CHIROPRACTIC	1008	2012	66,685.70	249	501	17,123.19	1582	3210	106,166.05

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	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	78	99	11,010.39	31	46	5,067.03	97	129	22,785.45
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	1,588.93-
PSYCHIATRIC	6	17	1,065.97	11	33	2,219.93	25	72	3,428.84
RESIDENTIAL CARE FACILITY	0	0	0.00	1	72	2,048.00	1	0	879.24-
MR WAIVER SERVICE	6	120	2,717.15	2	30	367.65	3	6	48,969.87-
CHILDRENS MENTAL HEALTH SVC	21	915	22,989.60	24	1393	27,797.20	39	1155	37,448.35
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	61	823.43
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	22	431.42
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	30	45	19,016.97	44	52	22,626.87	52	63	29,190.70
UNASSIGNED	4	0	0.00	2	0	0.00	11	0	54,416.78-
* A L L C A T E G O R I E S *	64251	310997	12316,346.99	12444	100084	5569,768.76	84554	516828	24150,328.60

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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	82	448	263,179.60	1057	4759	1161,082.18	76	378	507,593.25
OUTPATIENT	1177	11407	299,739.69	6408	140728	881,752.66	667	10797	303,233.28
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	90	25,693.30	406	5156	42,504.35	2	38	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8147	244684	23071,943.47	0	0	0.00
INTER CARE MENTAL RETARDA	8	179	58,116.16	2	33	10,598.94	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	30	933	237,367.07	0	0	0.00
HOME HEALTH	84	2318	80,020.26	3939	90436	2948,912.74	65	917	17,481.33
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2713	4478	282,553.45	8827	54212	609,590.39	949	3582	193,654.64
CLINIC SERVICES	531	756	81,071.21	582	1232	63,055.29	129	186	23,145.43
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	240	625	8,744.12	655	421	5,409.12	103	289	4,620.27
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	1184	107765	1135,009.75	0	0	0.00	1	4	71.44
REHAB SUPPORT SERVICES	1	0	0.00	29	730	31,873.82	49	1248	90,720.36
AMBULANCE SERVICES	15	15	1,859.85	559	580	51,355.48	19	17	3,025.03
LOCAL EDUCATION AGENCY	108	27928	157,507.52	17	8760	49,380.99	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	33	80	2,311.49	7	28	637.58	0	0	0.00
PRESCRIBED DRUGS	5040	14584	1436,620.86	10508	25874	355,610.91	1044	3841	221,771.19
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	44	47	3,359.79	1	1	8.98	39	43	3,582.96
IOWA PLAN PROGRAM	9525	9978	938,005.63	1921	1985	122,566.56	1419	1592	51,728.59
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	320	354	17,136.79	9	11	246.42	13	15	1,448.11
HMO SERVICES	1	1	205.06	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	83	83	166.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	150	326	14,424.11	32	65	11,992.30	7	18	698.45
MEDICAL SUPPLIES	229	24472	51,491.57	4496	429511	604,300.58	161	12107	28,593.71
OTHER PRACTITIONER	572	5301	82,145.15	467	3471	62,259.60	81	161	9,737.30
FAMILY CENTERED PROGRAM	14	120	4,237.32	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	16	105	4,709.51	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	11	175	12,371.83	0	0	0.00	0	0	0.00
DENTAL	1092	1311	142,371.67	836	1031	154,181.49	179	253	31,860.87
OPTOMETRIST	483	576	35,555.41	927	1136	33,923.11	136	143	10,444.82
CHIROPRACTIC	163	358	11,052.29	304	543	4,815.30	115	251	7,484.44

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	27	37	4,107.33	1709	1836	32,408.60	48	53	3,844.92
PHYSICAL DISABILITIES SVCS	0	0	0.00	156	6668	71,314.78	0	0	0.00
BRAIN INJ WAIVER SERVICES	28	1767	35,187.79	321	15711	465,818.41	0	0	0.00
PSYCHIATRIC	10	27	2,253.74	276	429	14,398.30	54	113	4,515.46
RESIDENTIAL CARE FACILITY	1	45	591.70	12	273	2,831.75	1	242	1,471.00
MR WAIVER SERVICE	163	6616	168,045.28	4	132	12,177.36	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	2	104	1,628.24	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	27	2798	26,327.23	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5862	271228	3244,200.94	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	34	2224	36,354.45	6	258	2,866.10	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	203	231	59,974.42	109	112	28,059.82	6	7	1,995.25
UNASSIGNED	2	0	0.00	1	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	9730	224931	5457,802.34	15600	1315765	34415,772.62	1827	36295	1522,722.10

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	272	1268	1290,555.53	67	386	414,450.92	14	24	72,927.61
OUTPATIENT	633	13997	518,686.52	1244	8976	353,925.06	125	3491	207,505.32
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	4	25	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	12	1,343.40	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	48	2160	34,893.79	71	556	9,406.37	4	38	1,510.81
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	961	4830	284,692.15	3292	5348	355,678.77	156	687	152,890.10
CLINIC SERVICES	78	130	16,688.16	665	925	104,162.35	17	21	2,366.27
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	47	145	2,789.22	170	549	7,020.52	27	84	1,465.26
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	74	3565	54,314.82	0	0	0.00
REHAB SUPPORT SERVICES	25	149	13,460.08	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	56	59	7,998.97	20	18	2,625.49	3	3	1,481.11
LOCAL EDUCATION AGENCY	0	0	0.00	48	9611	39,836.93	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	3	13	261.72	0	0	0.00
PRESCRIBED DRUGS	305	1414	68,151.92	3675	6992	540,497.14	167	724	43,877.30
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	4	199.23	67	73	5,514.15	1	1	57.13
IOWA PLAN PROGRAM	0	0	0.00	11154	12049	124,603.97	198	200	20,103.92
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	684.24	672	742	39,450.29	0	0	0.00
HMO SERVICES	0	0	0.00	220	225	26,651.98	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8797	8795	17,590.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	44	105	6,051.48	0	0	0.00
MEDICAL SUPPLIES	103	3732	12,240.90	138	4940	39,977.02	21	335	2,243.12
OTHER PRACTITIONER	60	201	9,802.13	451	1520	38,439.63	24	45	3,242.71
FAMILY CENTERED PROGRAM	0	0	0.00	2	25	868.56	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	48	65	2,167.91	1405	1717	235,688.75	23	35	4,829.18
OPTOMETRIST	53	55	3,727.83	473	555	34,760.74	12	15	1,094.10
CHIROPRACTIC	37	69	2,150.66	329	642	20,884.71	9	24	809.75

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	23	26	3,750.63	34	48	4,952.37	2	2	91.41
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	54	173	10,317.52	0	0	0.00	1	1	23.90
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	1	0	76.00	1	21	566.37	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	7	386	9,308.86	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	1	344	2,858.00	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	15	10	3,376.48	9	12	4,766.07	0	0	0.00
UNASSIGNED	2	0	0.00	1	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1030	28869	2290,611.27	10966	68794	2492,255.04	201	5730	516,519.00

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
INPATIENT	0	0	0.00	1	2	2,496.89	0	0	0.00
OUTPATIENT	8	36	358.11	3	14	604.25	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	9	16	458.37	2	6	563.93	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	0	0	0.00	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	9.66	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 *	11	52	826.14	6	22	3,665.07	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	7	3,207.79	4	17	2,668.00	1	0	1,968.53-
OUTPATIENT	18	143	3,726.30	7	24	1,009.41	38	408	8,903.34
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	1	2	15.80	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	34	57	3,887.31	15	103	1,075.77	40	75	6,691.37
CLINIC SERVICES	5	6	508.55	0	0	0.00	9	12	1,215.73
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	3	12	68.25	3	0	0.00	6	14	236.58
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	7	676	7,866.01	0	0	0.00	2	122	1,454.22
REHAB SUPPORT SERVICES	0	0	0.00	1	4	129.36	3	20	1,719.70
AMBULANCE SERVICES	0	0	0.00	1	1	60.26	0	0	0.00
LOCAL EDUCATION AGENCY	7	2529	12,346.90	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	89	376	30,278.31	7	26	1,105.19	48	125	8,577.78
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	216.85
IOWA PLAN PROGRAM	90	92	9,413.03	19	21	1,217.40	117	124	16,652.72
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	3	3	51.65	0	0	0.00	2	4	98.97
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	1	1	2.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	8	20	1,645.56	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	5	442	371.41	5	7	51.16	1	102	84.60
OTHER PRACTITIONER	13	27	1,401.35	0	0	0.00	6	13	826.44
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	13	20	1,971.23	2	2	97.77	9	12	1,968.44
OPTOMETRIST	4	4	232.50	1	1	102.47	7	7	417.97
CHIROPRACTIC	1	1	6.72	0	0	0.00	3	5	200.19

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
PODIATRIC	0	0	0.00	2	5	105.42	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	2	35.35	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	3	20-	316.90-	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	86	2753	78,686.26	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	87	126	63,006.42	2	1	244.84	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 *	78	7295	218,677.55	4	196	7,601.30	112	1049	47,296.37

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	39	374	200,726.52	209	926	499,218.40	0	0	0.00
OUTPATIENT	429	4450	147,756.79	3147	50574	644,367.39	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	12	4,039.20	13	168	30,702.04	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	9	194	19,723.67	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2169	75964	28743,752.38	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	16	365	16,414.14	1044	46928	1551,585.52	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	691	2239	127,065.88	4817	19488	444,967.02	0	0	0.00
CLINIC SERVICES	149	208	28,879.81	323	488	40,784.80	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	83	226	3,489.87	376	808	9,949.61	0	0	0.00
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	98	10515	112,349.81	12	292	5,953.94	0	0	0.00
REHAB SUPPORT SERVICES	6	64	3,296.50	40	483	22,267.05	0	0	0.00
AMBULANCE SERVICES	11	8	1,050.29	124	156	16,149.95	0	0	0.00
LOCAL EDUCATION AGENCY	2	1123	6,493.55	484	179862	1044,730.30	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	3	18	403.04	35	134	3,084.48	0	0	0.00
PRESCRIBED DRUGS	1077	4811	322,421.74	5840	21999	1804,475.80	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	7	7	636.95	25	25	1,394.08	0	0	0.00
IOWA PLAN PROGRAM	1762	1853	175,369.34	10057	10168	624,790.14	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	15	16	720.80	99	163	6,693.43	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	6	8	643.43	521	1109	135,316.25	0	0	0.00
MEDICAL SUPPLIES	147	8702	28,577.53	2057	322369	474,481.59	0	0	0.00
OTHER PRACTITIONER	72	247	10,679.81	1221	26980	364,731.70	0	0	0.00
FAMILY CENTERED PROGRAM	3	39	1,447.75	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	1	31	1,323.70	1	2	78.30	0	0	0.00
DENTAL	168	208	26,028.75	1473	1734	164,363.21	0	0	0.00
OPTOMETRIST	118	139	11,168.08	687	839	38,650.80	0	0	0.00
CHIROPRACTIC	71	202	6,637.61	298	747	13,065.25	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	42	55	7,833.95	609	863	21,628.61	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	197	11348	261,807.96	0	0	0.00
PSYCHIATRIC	4	4	434.99	465	743	26,860.71	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	27	889	6,990.62	0	0	0.00
MR WAIVER SERVICE	4	213	5,264.45	7858	544316	19755,775.56	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	3	29	1,200.50	1	26	327.86	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	6	395	4,812.87	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	96	1,175.04	162	7632	130,988.48	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	11	8	3,273.44	7975	9504	2410,404.67	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 *	1796	36665	1261,616.13	10551	1337921	59320,061.57	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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	9117	52151	34912,260.32			
OUTPATIENT	0	0	0.00	70689	1047208	16382,577.45			
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	815	12779	2344,105.04			
INTERMEDIATE CARE FACILITY	0	0	0.00	13078	397203	35642,234.90			
INTER CARE MENTAL RETARDA	0	0	0.00	2191	76735	27331,073.07			
NURSING FAC FOR MENTAL ILL	0	0	0.00	34	1013	265,561.13			
HOME HEALTH	0	0	0.00	12623	314661	9310,413.08			
LEAD INSPECTION AGENCY	0	0	0.00	8	8	3,007.81			
PHYSICIAN	1	0	0.00	123211	443642	19473,001.58			
CLINIC SERVICES	0	0	0.00	18655	29197	3361,306.17			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
LAB AND RADIOLOGICAL	0	0	0.00	11430	26438	443,437.62			
HABILITATION SERVICES	0	0	0.00	3	3	102.09			
REMEDIAL SERVICES	0	0	0.00	2527	166086	1948,454.53			
REHAB SUPPORT SERVICES	0	0	0.00	2364	55654	3083,568.14			
AMBULANCE SERVICES	0	0	0.00	2743	2876	346,999.60			
LOCAL EDUCATION AGENCY	0	0	0.00	1514	456256	2474,496.59			

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	373	1551	34,381.79			
PRESCRIBED DRUGS	0	0	0.00	121934	361369	23762,302.51			
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	7929	9751	718,956.59			
IOWA PLAN PROGRAM	0	0	0.00	258471	283653	8178,501.74			
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	16033	19270	1553,658.25			
HMO SERVICES	0	0	0.00	4552	4782	702,808.94			
PATIENT MANAGEMENT	0	0	0.00	123029	123002	246,004.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	4893	12535	600,368.08			
MEDICAL SUPPLIES	0	0	0.00	21814	1918361	3948,622.72			
OTHER PRACTITIONER	0	0	0.00	13432	92578	1845,785.45			
FAMILY CENTERED PROGRAM	0	0	0.00	65	593	20,848.75			
FAMILY PRESERVATION	0	0	0.00	0	0	0.00			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	17	116	5,200.44			
GROUP TREATMENT THERAPY	0	0	0.00	14	217	14,055.71			
DENTAL	0	0	0.00	25671	32656	4411,373.68			
OPTOMETRIST	0	0	0.00	12410	15162	882,063.17			
CHIROPRACTIC	0	0	0.00	8855	21115	551,566.49			

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	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	5335	6517	248,740.52			
PHYSICAL DISABILITIES SVCS	0	0	0.00	555	23255	267,284.82			
BRAIN INJ WAIVER SERVICES	0	0	0.00	781	46097	1193,682.76			
PSYCHIATRIC	0	0	0.00	3779	7362	243,658.80			
RESIDENTIAL CARE FACILITY	0	0	0.00	1907	64313	536,963.69			
MR WAIVER SERVICE	0	0	0.00	9129	627886	22999,962.93			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	214	7799	205,194.37			
AIDS WAIVER SERVICES	0	0	0.00	40	3691	37,489.52			
ELDERLY WAIVER SERVICES	0	0	0.00	8409	395381	4932,103.91			
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	2003	99156	1552,262.72			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	1	0	26.46-			
MEP SERVICES	0	0	0.00	10126	12216	3162,587.51			
UNASSIGNED	0	0	0.00	49	0	54,416.78-			
* A L L C A T E G O R I E S *	0	0	0.00	324453	7272294	240124,585.74	0	0	0.00

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