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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	1	9-	7,911.21-	0	0	0.00	571	2199	559,479.04
OUTPATIENT	11	20	615.08	0	0	0.00	4615	103700	697,100.75
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	264	4048	24,754.16
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4713	149468	15485,899.79
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	41,254.32
HOME HEALTH	0	0	0.00	0	0	0.00	2901	75616	2112,997.75
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	32	46	2,908.60	0	0	0.00	7029	44419	485,899.02
CLINIC SERVICES	10	11	1,649.78	0	0	0.00	528	327	36,101.09
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	4	28	642.33	0	0	0.00	919	260	3,516.81
HABILITATION SERVICES	0	0	0.00	0	0	0.00	58	2154	123,413.04
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	1	32	302.08
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	359	412	36,851.98
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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	8	11	1,242.98	0	0	0.00	3403	6684	92,756.69
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	1	1	26.32	0	0	0.00	1	1	89.05
IOWA PLAN PROGRAM	39	49	1,271.09	0	0	0.00	5730	5777	142,741.45
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	1	2	102.40	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	29	29	58.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	3	3	96.63	0	0	0.00	3298	228787	378,225.36
OTHER PRACTITIONER	3	2	301.33-	0	0	0.00	435	1367	32,583.81
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	9	18	3,467.41	0	0	0.00	464	596	105,616.52
OPTOMETRIST	1	1	40.81	0	0	0.00	734	1228	30,480.20

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
CHIROPRACTIC	0	0	0.00	0	0	0.00	440	1136	8,636.70
PODIATRIC	0	0	0.00	0	0	0.00	811	1352	15,051.22
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	92	4,239.83
PSYCHIATRIC	0	0	0.00	0	0	0.00	174	338	9,279.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	259	8168	61,803.20
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	79	5743	285,677.00
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	3921	173622	2485,804.11
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	74	325	12,163.19
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 *	83	212	3,908.89	0	0	0.00	16895	818004	23272,717.16

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
INPATIENT	0	0	0.00	2013	10968	7912,570.62	751	2113	3567,741.98
OUTPATIENT	1	18	409.30	18652	508151	6711,242.42	11124	212548	5109,350.66
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	234	5626	2530,705.23	1	1	1,708.90
INTERMEDIATE CARE FACILITY	0	0	0.00	621	19585	1765,259.43	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	3	25	7,671.00	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	4381	112662	3512,129.95	71	452	45,866.82
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	3	39.80	27472	139402	4408,602.16	18686	41094	3327,888.11
CLINIC SERVICES	0	0	0.00	3437	4846	664,592.53	3321	5011	692,707.29
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	4011	7968	132,545.89	4472	14048	352,537.17
HABILITATION SERVICES	0	0	0.00	3007	92407	4417,019.44	30	375	18,762.50
REMEDIAL SERVICES	0	0	0.00	866	26785	469,869.68	349	9570	154,089.36
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1292	1603	193,948.41	400	444	61,931.43
LOCAL EDUCATION AGENCY	0	0	0.00	373	85798	1075,152.29	12	1109	23,645.64

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	19	81	942.39	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	27013	131220	9405,846.37	24409	75875	3244,837.02
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	3	4	1,072.00	1	2	536.00
FAMILY PLANNING SERVICES	0	0	0.00	164	186	14,788.42	6800	8017	721,183.15
IOWA PLAN PROGRAM	2	2	118.93	52444	53993	3840,845.89	42968	47424	1423,903.38
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	158	189	11,217.33	35	39	2,851.37
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	32	32	105,586.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	2	2	4.00	26246	26246	52,492.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	614	1460	143,463.42	139	337	12,510.92
MEDICAL SUPPLIES	1	1	14.17	10522	880756	2403,206.37	1160	32672	218,075.34
OTHER PRACTITIONER	0	0	0.00	3153	44317	772,165.38	2189	4736	255,525.93
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
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	4545	6079	1008,250.00	3797	5524	1077,322.18
OPTOMETRIST	0	0	0.00	2801	3963	188,704.00	1813	2264	158,687.02

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
CHIROPRACTIC	0	0	0.00	2655	7232	105,316.83	1984	4677	155,519.35
PODIATRIC	0	0	0.00	1464	2458	80,274.28	273	349	39,617.67
PHYSICAL DISABILITIES SVCS	0	0	0.00	532	20572	260,459.91	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	322	17220	586,824.99	0	0	0.00
PSYCHIATRIC	0	0	0.00	2950	5946	191,996.81	41	65	5,553.45
RESIDENTIAL CARE FACILITY	0	0	0.00	1244	39399	322,211.71	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	992	64072	2829,211.12	1	0	268.71-
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	29	1928	29,515.01	10	646	10,393.95
AIDS WAIVER SERVICES	0	0	0.00	13	1077	12,427.98	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	41	1764	31,302.54	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1951	105419	1642,185.90	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	1206	6906	282,064.88	13	76	3,819.68
UNASSIGNED	0	0	0.00	3	0	0.00	3	0	0.00
* A L L C A T E G O R I E S *	2	24	582.20	57325	2412101	58071,192.58	56032	495714	20738,789.56

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	340	1796	1926,463.56	352	6397	2313,160.95	2143	11692	15395,888.84
OUTPATIENT	8617	88709	2252,455.11	2695	38353	894,404.53	14955	199377	4141,737.91
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	18,600.00	1	2	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	3	23	10,889.54
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	21	1470,823.71-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	460	2119	68,936.88	70	223	8,687.95	869	4670	1637,403.09
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	6	4	130,735.91
PHYSICIAN	21280	35184	2330,020.96	5068	11181	735,885.83	36178	76737	5352,239.51
CLINIC SERVICES	3546	4528	636,017.10	1126	1656	222,176.69	7569	10813	2014,857.96
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1962	3735	62,492.75	689	2215	47,581.49	4470	13673	251,610.40
HABILITATION SERVICES	0	0	0.00	25	583	27,451.59	6	57	7,794.49-
REMEDIAL SERVICES	2691	77356	1428,563.68	831	26448	441,563.80	2600	76918	1343,388.43
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	0	14,741.54-
AMBULANCE SERVICES	216	220	30,887.33	110	116	15,007.30	314	325	49,028.13
LOCAL EDUCATION AGENCY	171	14901	120,491.55	48	3024	22,252.57	153	20897	187,246.94

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	34	91	1,385.16	15	47	596.60	42	128	1,428.23
PRESCRIBED DRUGS	18906	34751	1951,365.34	5482	13512	736,952.97	28782	54994	2756,752.56
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	3	4	1,072.00	9	13	3,484.00	26	36	9,648.00
FAMILY PLANNING SERVICES	958	1224	111,052.87	312	347	38,165.53	588	755	62,318.85
IOWA PLAN PROGRAM	72360	77135	736,665.18	16217	17581	346,322.16	106961	117007	1367,634.59
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	2661	2928	369,256.17	385	445	68,296.25	3962	4205	831,274.34
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	47283	47283	94,566.00	10084	10082	20,164.00	76026	76023	152,048.00
HEALTH INS PREMIUM PAYMENT	214	548	13,616.83	58	152	5,916.67	1581	4757	108,405.16
MEDICAL SUPPLIES	965	17195	117,054.71	210	6828	43,428.84	1404	28365	226,246.83
OTHER PRACTITIONER	2812	19103	406,822.61	716	3947	86,096.21	4975	24203	543,112.59
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	6480	7851	935,589.25	1455	1866	295,167.61	10491	12748	1574,123.70
OPTOMETRIST	2507	2914	188,720.07	679	780	53,059.09	3712	4220	265,951.64

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
CHIROPRACTIC	1081	1905	57,641.97	340	693	23,057.58	1814	3630	108,009.02
PODIATRIC	87	107	13,149.99	28	33	3,123.02	182	222	19,992.09
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	3	169	2,445.47
PSYCHIATRIC	18	24	2,275.48	12	24	1,852.45	49	78	6,475.23
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	1,360.95
ID WAIVER SERVICE	0	0	0.00	1	7	238.77	7	110	73,752.23-
CHILDRENS MENTAL HEALTH SVC	37	2342	34,186.58	90	5899	93,955.66	53	4452	64,343.02
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	3	13,485.44-
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	34	2,333.42
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	39	304	13,843.08	88	768	37,291.15	54	367	18,172.19
UNASSIGNED	0	0	0.00	0	0	0.00	6	0	1785,864.23
* A L L C A T E G O R I E S *	79741	444257	13904,592.21	17791	153251	6603,941.26	116745	751715	38842,369.36

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	42	358	190,351.58	702	3395	978,432.36	41	207	258,652.64
OUTPATIENT	1019	16199	336,349.37	5411	150907	908,890.19	503	17668	268,634.99
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	3	64	32,262.39	466	7457	92,678.11	5	56	20,157.94
INTERMEDIATE CARE FACILITY	0	0	0.00	6598	206119	25481,108.25	0	0	0.00
INTER CARE MENTAL RETARDA	10	297	111,886.59	1	31	7,836.27	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	30	919	267,514.95	0	0	0.00
HOME HEALTH	79	7235	190,597.00	3912	94654	3377,337.21	45	975	21,963.65
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2798	4333	249,854.81	7583	48497	597,545.23	883	2879	169,420.32
CLINIC SERVICES	447	588	73,095.10	447	449	49,772.78	141	205	26,562.95
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	291	932	17,046.21	1181	562	6,107.85	157	377	8,106.33
HABILITATION SERVICES	19	707	46,042.90	48	1054	46,160.07	17	446	32,461.16
REMEDIAL SERVICES	2141	151980	1734,552.87	6	78	1,086.76	9	183	2,482.78
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	22	23	4,254.25	571	730	73,013.75	26	27	3,978.45
LOCAL EDUCATION AGENCY	101	18061	173,941.65	12	1217	37,362.74	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	10	33	325.51	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5022	15223	1296,918.40	10214	25050	458,342.44	1071	3836	154,005.85
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	3	4	1,072.00	1	1	268.00	1	1	268.00
FAMILY PLANNING SERVICES	68	74	7,026.16	1	1	3.00	36	122	4,795.61
IOWA PLAN PROGRAM	10079	10364	1025,025.04	22309	22456	651,341.02	1875	2039	64,390.15
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	146	157	12,442.03	6	6	456.17	3	3	64.60
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	39	38	103,894.00	0	0	0.00
PATIENT MANAGEMENT	63	63	126.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	147	346	16,401.77	23	41	7,086.81	9	20	717.51
MEDICAL SUPPLIES	270	34058	93,054.48	5130	431087	669,290.08	158	11309	21,326.35
OTHER PRACTITIONER	601	11215	164,186.92	604	2951	72,786.08	102	250	12,355.84
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	1325	1589	182,895.96	923	1132	168,169.47	163	245	41,132.23
OPTOMETRIST	633	712	43,244.55	752	1202	32,300.25	71	96	5,833.68

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
CHIROPRACTIC	185	345	10,255.89	306	772	5,696.55	90	255	7,691.31
PODIATRIC	33	41	3,218.04	1372	2254	25,155.51	27	34	3,134.06
PHYSICAL DISABILITIES SVCS	0	0	0.00	215	6939	87,816.79	0	0	0.00
BRAIN INJ WAIVER SERVICES	34	2138	37,464.38	422	19423	592,098.82	0	0	0.00
PSYCHIATRIC	23	47	2,613.69	282	517	15,846.55	33	62	2,249.60
RESIDENTIAL CARE FACILITY	2	43	685.30	4	91	898.06	0	0	0.00
ID WAIVER SERVICE	222	13306	345,254.02	7	277	13,234.71	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	30	2515	23,702.52	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	6232	287637	3495,459.17	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	45	3621	51,503.82	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	230	1360	54,567.90	98	640	25,450.09	1	1	265.18
UNASSIGNED	0	0	0.00	1	0	26.35-	0	0	0.00
* A L L C A T E G O R I E S *	10185	295516	6508,516.58	14552	1321099	38374,116.26	2003	41296	1130,651.18

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	208	1018	1314,548.80	53	361	351,337.10	6	23	30,598.60
OUTPATIENT	577	41295	529,283.04	1235	15475	383,238.37	121	3540	117,703.57
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	5	267	121,619.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	12	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	32	317	31,146.88	36	79	869.92	3	30	2,911.95
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1007	3516	261,803.19	3458	5531	351,062.22	189	736	152,491.19
CLINIC SERVICES	95	146	19,960.49	745	924	125,462.73	18	29	5,375.91
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	49	200	4,286.63	234	704	13,490.35	29	94	5,093.72
HABILITATION SERVICES	8	348	21,488.93	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	1	0	253.50	457	13510	231,748.32	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	58	72	12,911.20	26	25	2,740.39	3	3	517.36
LOCAL EDUCATION AGENCY	1	126	941.60	38	5231	35,764.74	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	11.67	0	0	0.00
PRESCRIBED DRUGS	347	1566	96,500.78	4059	8032	577,622.38	219	1042	80,613.69
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	1	2	536.00	4	5	1,340.00	0	0	0.00
FAMILY PLANNING SERVICES	4	4	234.61	101	112	11,281.51	2	2	431.33
IOWA PLAN PROGRAM	0	0	0.00	14235	15248	161,331.69	262	265	26,648.92
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	0	0	0.00	129	128	16,619.09	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	10356	10356	20,712.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	19	49	1,849.27	0	0	0.00
MEDICAL SUPPLIES	99	5583	27,520.67	122	5124	17,979.72	24	857	5,410.48
OTHER PRACTITIONER	86	185	11,737.93	497	3296	64,863.92	13	24	2,176.89
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	59	78	18,796.20	2055	2543	366,902.58	31	43	6,909.57
OPTOMETRIST	28	35	2,443.29	744	847	53,857.95	21	28	1,911.58

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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
CHIROPRACTIC	26	62	2,002.19	329	576	18,053.37	15	34	1,162.83
PODIATRIC	20	33	1,671.77	41	50	4,543.61	2	2	214.92
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	2	118	1,450.21	0	0	0.00
PSYCHIATRIC	59	154	8,077.88	6	10	719.58	1	1	109.51
RESIDENTIAL CARE FACILITY	1	3	84.42	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	2	46	1,220.11	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	6	567	7,982.89	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	0	5.30-	8	35	2,839.34	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 *	1063	55022	2487,843.70	14341	88983	2826,895.03	263	6753	440,282.02

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	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	7	28	45,039.01	0	0	0.00	0	0	0.00
OUTPATIENT	24	831	12,281.40	0	0	0.00	1	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	1	0	102.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	30	107	11,451.10	0	0	0.00	0	0	0.00
CLINIC SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
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	1	0	2.25	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	70	97	7,415.27	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
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	2	3	123.42	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	1	0	44.61	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
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	2	13	836.32	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	74	1079	77,295.38	0	0	0.00	1	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	8	98	18,891.26	0	0	0.00	10	25	36,511.49
OUTPATIENT	45	524	5,494.03	0	0	0.00	98	1733	34,152.99
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	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	2	13	648.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	123	219	6,381.87	0	0	0.00	166	352	25,850.77
CLINIC SERVICES	13	21	2,589.85	0	0	0.00	34	51	6,282.68
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	9	31	65.68	0	0	0.00	28	94	2,174.60
HABILITATION SERVICES	6	227	4,472.13	2	0	11.73-	9	301	16,789.97
REMEDIAL SERVICES	202	7163	133,540.30	0	0	0.00	22	864	16,257.50
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	124.09	0	0	0.00	3	3	311.68
LOCAL EDUCATION AGENCY	23	5847	57,171.55	0	0	0.00	1	2	19.96

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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	365	1456	119,003.78	0	0	0.00	167	449	24,361.38
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	17	18	2,678.13
IOWA PLAN PROGRAM	427	429	50,105.50	0	0	0.00	380	424	60,124.34
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	243.07	0	0	0.00	6	7	205.76
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	51	113	9,677.44	0	0	0.00	1	2	59.24
MEDICAL SUPPLIES	14	1359	1,317.94	0	0	0.00	3	1002	1,059.93
OTHER PRACTITIONER	41	3676	31,468.12	0	0	0.00	29	46	3,155.41
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	50	62	5,868.61	0	0	0.00	27	37	5,498.79
OPTOMETRIST	19	24	1,100.86	0	0	0.00	20	25	1,492.68

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
CHIROPRACTIC	5	7	224.85	0	0	0.00	15	35	1,094.43
PODIATRIC	3	4	53.54	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	2	2	146.76	0	0	0.00	1	3	53.79
RESIDENTIAL CARE FACILITY	0	0	0.00	1	0	20.00-	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	1	15	182.10
CHILDRENS MENTAL HEALTH SVC	358	21789	362,479.07	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	32	468.16	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	368	3385	153,618.33	1	0	35.84	1	1	237.32
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 *	413	46484	965,154.79	1	0	4.11	383	5489	238,554.94

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	26	126	211,201.21	170	842	485,463.42	0	0	0.00
OUTPATIENT	378	8290	215,493.72	3229	80809	659,278.72	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	31	18,915.89	15	290	41,220.66	0	0	0.00
INTERMEDIATE CARE FACILITY	1	26	3,480.36	5	162	16,273.46	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1864	55475	20450,963.41	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	17	237	8,343.92	1247	58943	2257,395.47	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	602	1489	119,884.20	4987	22116	408,392.81	0	0	0.00
CLINIC SERVICES	121	176	25,076.83	385	476	58,656.76	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	81	256	4,821.64	584	783	10,015.82	0	0	0.00
HABILITATION SERVICES	3	39	1,695.25	56	2364	88,732.38	0	0	0.00
REMEDIAL SERVICES	38	1997	28,041.03	122	3032	58,737.60	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	21	26	3,419.42	131	177	16,075.78	0	0	0.00
LOCAL EDUCATION AGENCY	1	1	10.60	331	96718	1305,805.01	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	0	0	0.00	8	35	425.22	0	0	0.00
PRESCRIBED DRUGS	932	4442	228,459.97	6648	25333	1833,242.73	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	1	5	1,340.00	0	0	0.00
FAMILY PLANNING SERVICES	9	12	795.94	15	17	850.31	0	0	0.00
IOWA PLAN PROGRAM	1501	1577	150,993.93	11583	11665	737,435.50	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	5	5	330.77	34	41	2,226.23	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	7	11	803.67	595	1381	147,925.92	0	0	0.00
MEDICAL SUPPLIES	136	6557	31,582.12	2595	390302	706,256.52	0	0	0.00
OTHER PRACTITIONER	62	153	7,999.15	905	39275	629,076.69	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	134	175	44,417.85	1658	1943	178,808.66	0	0	0.00
OPTOMETRIST	75	91	6,528.07	684	870	38,063.27	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
CHIROPRACTIC	55	125	3,693.41	361	805	11,357.84	0	0	0.00
PODIATRIC	26	32	2,833.80	689	912	19,701.65	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	262	13767	445,834.54	0	0	0.00
PSYCHIATRIC	5	72	4,930.74	514	848	27,707.39	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	11	327	3,487.24	0	0	0.00
ID WAIVER SERVICE	3	65	1,972.92	9022	621976	24468,468.62	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	36	965.40	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	6	376	4,844.05	1	34	656.27	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	181	3,393.33	148	9063	160,936.80	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	3	12	810.86	8509	49477	2094,952.17	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 *	1519	26616	1135,740.05	11911	1490263	57365,764.87	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	0	0	0.00	7403	41637	35588,421.25
OUTPATIENT	0	0	0.00	8	50	813.85	72648	1488197	23278,930.00
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	985	17873	2902,622.28
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11900	375395	42762,910.83
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1877	55849	19107,533.56
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	35	1072	308,769.27
HOME HEALTH	0	0	0.00	0	0	0.00	14018	358225	13277,338.44
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	6	4	130,735.91
PHYSICIAN	0	0	0.00	25	29	2,157.77	135324	437870	18999,779.47
CLINIC SERVICES	0	0	0.00	18	27	3,711.79	21837	30284	4664,650.31
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	5	8	173.06	19032	45968	922,308.73
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3267	101062	4836,683.14
REMEDIAL SERVICES	0	0	0.00	4	512	7,857.50	10014	396428	6052,335.19
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	0	14,741.54-
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	3537	4207	505,003.20
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	1248	252932	3039,806.84

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	125	416	5,114.78
PRESCRIBED DRUGS	0	0	0.00	17	30	4,285.89	135253	403603	23070,526.49
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	53	77	20,636.00
FAMILY PLANNING SERVICES	0	0	0.00	3	3	221.21	9051	10896	975,942.00
IOWA PLAN PROGRAM	0	0	0.00	136	149	1,893.94	358594	383584	10788,792.70
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	4	4	238.36	7520	8161	1315,823.94
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	71	70	209,480.00
PATIENT MANAGEMENT	0	0	0.00	86	86	172.00	170175	170170	340,342.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3458	9217	468,434.63
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	25582	2081845	4961,146.54
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	17110	158749	3095,935.57
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	13	14	855.69	33577	42543	6019,792.28
OPTOMETRIST	0	0	0.00	1	1	180.00	15258	19301	1072,643.62

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
CHIROPRACTIC	0	0	0.00	0	0	0.00	9615	22289	519,414.12
PODIATRIC	0	0	0.00	0	0	0.00	5039	7883	231,735.17
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	741	27511	348,276.70
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1013	52927	1670,358.24
PSYCHIATRIC	0	0	0.00	0	0	0.00	4152	8204	280,724.23
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1518	48031	390,510.88
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	10292	705617	27871,438.43
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	582	37659	603,821.58
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	43	3592	36,130.50
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9885	463436	6004,580.70
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2148	118350	1860,821.43
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	10566	63657	2700,125.90
UNASSIGNED	0	0	0.00	0	0	0.00	15	0	1785,837.88
* A L L C A T E G O R I E S *	0	0	0.00	148	913	22,561.06	401471	8454791	273011,473.19

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