

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	3	5,095.72	0	0	0.00	583	2367	721,689.00
OUTPATIENT	16	173	2,370.31	0	0	0.00	4328	122111	608,420.92
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	263	2354	32,277.94
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4486	141012	15416,890.52
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	6	93	16,980.29
HOME HEALTH	0	0	0.00	0	0	0.00	2769	57605	2010,056.86
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	22	53	3,627.68	0	0	0.00	6242	115704	593,688.21
CLINIC SERVICES	18	25	3,782.06	0	0	0.00	481	1100	48,471.94
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	9	30	389.97	0	0	0.00	822	469	3,639.73
HABILITATION SERVICES	0	0	0.00	0	0	0.00	54	1929	110,131.06
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	1	16	165.60
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	324	410	42,343.93
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	18	33	511.40	0	0	0.00	3227	5592	64,622.17
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	51	51	109.14	0	0	0.00	5697	5714	12,227.96
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	51	82	1,995.04	0	0	0.00	5826	6078	153,677.32
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	19	19	38.00	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	2	14.26	0	0	0.00	3247	305376	359,555.01
OTHER PRACTITIONER	3	8	437.64	0	0	0.00	408	4025	28,109.82
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

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
DENTAL	10	15	1,416.68	0	0	0.00	431	520	79,682.84
OPTOMETRIST	4	5	394.13	0	0	0.00	548	2474	33,227.20
CHIROPRACTIC	0	0	0.00	0	0	0.00	336	2977	12,350.75
PODIATRIC	0	0	0.00	0	0	0.00	738	4559	27,971.88
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1	94	4,277.85
PSYCHIATRIC	0	0	0.00	0	0	0.00	187	1171	13,704.64
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	271	8233	63,031.25
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	77	6059	241,175.83
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	3640	170295	2485,765.88
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	69	385	12,346.67
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 *	68	499	20,182.03	0	0	0.00	16511	968722	23196,483.07

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	1995	9725	7117,293.22	755	1983	3184,876.23
OUTPATIENT	1	4	0.00	18006	548109	5966,470.86	11262	232112	4409,884.49
CHILD PART HOSP	0	0	0.00	1	0	25.00-	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	261	5909	3057,398.04	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	596	18805	2405,266.66	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2	47	15,740.66	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	4468	108383	3190,100.60	100	668	51,122.91
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	25425	288449	4314,797.32	17330	34742	3032,321.99
CLINIC SERVICES	0	0	0.00	3287	5704	612,593.84	3393	4789	686,976.40
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	3536	8652	133,000.54	3355	11774	265,783.32
HABILITATION SERVICES	0	0	0.00	3124	103169	5005,159.22	29	629	37,747.07
REMEDIAL SERVICES	0	0	0.00	839	23160	395,979.48	306	8419	124,598.56
REHAB SUPPORT SERVICES	0	0	0.00	1	23-	1,854.03-	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1132	1378	167,062.29	319	328	41,616.16
LOCAL EDUCATION AGENCY	0	0	0.00	578	148523	1693,200.98	18	1249	8,032.85

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	98	476	5,598.18	4	11	184.82
PRESCRIBED DRUGS	1	1	7.28	26254	110956	8679,215.05	23387	65191	2845,356.70
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	53388	54193	115,973.02	44335	47293	101,207.02
INDIAN HEALTH SERVICES	0	0	0.00	1	1	289.00	4	10	2,890.00
FAMILY PLANNING SERVICES	0	0	0.00	118	153	11,865.57	5564	6322	600,111.53
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	229.28	53428	54830	4057,030.34	44398	49139	1480,652.84
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	113	137	6,676.04	30	31	2,351.95
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	35	35	118,106.17	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	6	6	12.00	27434	27434	54,868.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	605	1327	144,722.45	141	317	13,103.98
MEDICAL SUPPLIES	0	0	0.00	9808	952499	1908,383.13	1139	26983	197,192.61
OTHER PRACTITIONER	0	0	0.00	3113	31452	786,809.90	2333	4240	247,849.78
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

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
DENTAL	1	1	85.17	3987	5244	876,648.53	3409	4790	881,703.64
OPTOMETRIST	1	10	108.73	2463	5896	183,696.28	1777	2136	156,168.20
CHIROPRACTIC	0	0	0.00	2302	15999	109,976.65	1956	4318	142,642.75
PODIATRIC	0	0	0.00	1285	6543	96,219.51	231	286	36,125.13
PHYSICAL DISABILITIES SVCS	0	0	0.00	516	19982	258,758.72	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	338	18709	596,209.90	0	0	0.00
PSYCHIATRIC	0	0	0.00	2705	16099	200,445.66	29	93	4,201.92
RESIDENTIAL CARE FACILITY	0	0	0.00	1188	36671	301,219.44	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	942	62621	2756,894.59	2	37	661.53
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	24	1608	26,465.41	7	581	8,124.25
AIDS WAIVER SERVICES	0	0	0.00	11	693	7,943.29	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	33	1921	28,402.26	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1815	86154	1435,362.70	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	1073	9292	304,416.05	10	284	14,752.20
UNASSIGNED	0	0	0.00	8	0	0.00	2	0	0.00
* A L L C A T E G O R I E S *	3	22	436.88	57961	2763487	57089,524.52	56166	536189	18633,108.83

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	427	2101	2461,937.73	339	5833	2269,448.02	2182	10927	12840,393.35
OUTPATIENT	10089	112934	2188,999.17	2693	47380	732,849.79	16459	251812	3940,966.86
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	28	31,621.72
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	3	59	2,700.97-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	74	53,749.86
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	0	2,116.00-
HOME HEALTH	790	2288	65,812.06	127	349	9,017.96	1441	4694	1476,167.82
LEAD INSPECTION AGENCY	2	2	712.06	2	2	724.12	4	4	1,448.24
PHYSICIAN	21668	35776	2284,236.43	4567	8284	644,748.55	34722	68290	4977,968.92
CLINIC SERVICES	4590	5954	861,206.76	1114	1530	209,659.65	8481	11789	1872,038.33
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1920	3883	59,212.78	556	2429	40,833.37	3811	11634	185,281.57
HABILITATION SERVICES	0	0	0.00	31	841	68,459.73	6	146	34,945.14-
REMEDIAL SERVICES	2695	64515	1132,366.12	763	19112	321,257.71	2528	62259	1059,255.58
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	172	169	22,477.30	92	93	12,303.29	289	281	38,944.89
LOCAL EDUCATION AGENCY	197	29826	219,667.24	65	10035	68,174.69	207	47032	340,237.79

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	175	613	7,612.24	38	133	1,676.83	162	677	7,898.57
PRESCRIBED DRUGS	22993	40523	2206,286.91	5415	12180	663,430.98	34277	60853	2758,950.83
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	74402	78002	166,924.28	16090	16865	36,091.10	110071	115532	247,238.48
INDIAN HEALTH SERVICES	0	0	0.00	3	3	867.00	18	19	5,491.00
FAMILY PLANNING SERVICES	663	847	72,044.75	227	333	29,399.87	448	484	66,032.16
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	74448	80039	794,653.78	16120	17536	345,334.13	109968	121792	1450,395.29
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	2369	2497	279,589.23	265	296	59,299.91	3781	3880	703,140.40
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	49220	49200	98,400.00	10032	10025	20,050.00	77191	77118	154,236.00
HEALTH INS PREMIUM PAYMENT	192	465	10,828.17	66	161	7,034.37	1483	3890	93,243.11
MEDICAL SUPPLIES	1019	12678	118,479.86	237	3724	26,958.48	1502	26535	187,732.88
OTHER PRACTITIONER	3163	8460	412,285.52	716	2792	99,929.86	5102	11661	1025,493.14
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

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
DENTAL	4675	5582	765,477.30	1063	1385	223,826.21	7536	9016	1145,287.76
OPTOMETRIST	1777	2069	134,132.14	497	593	39,457.58	2616	3032	194,153.92
CHIROPRACTIC	928	1630	49,605.65	283	560	18,377.20	1790	3605	106,898.01
PODIATRIC	76	87	9,803.78	35	34	4,339.52	133	139	14,182.35
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	2	42	616.71-
PSYCHIATRIC	19	27	2,716.14	13	80	2,900.29	35	79	4,648.89
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	2	5	36,666.44-
CHILDRENS MENTAL HEALTH SVC	28	2092	32,186.67	82	3789	65,436.30	50	3716	52,831.16
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	2	28	288.06
ILL & HANDICAPPED WAIVER SVCS	1	4	46.80	1	4	50.68	1	7	1,288.98
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	45	1143	59,933.18	108	2227	115,239.30	72	1045	60,024.55
UNASSIGNED	0	0	0.00	0	0	0.00	5	0	2027,311.64-
* A L L C A T E G O R I E S *	81482	543406	14517,634.05	17503	168608	6137,176.49	119387	912184	32993,173.57

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	46	293	191,131.02	693	3346	840,997.89	48	270	264,203.03
OUTPATIENT	1036	19621	281,243.37	5077	143815	753,826.88	555	16409	229,178.90
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	109	62,170.54	491	5958	42,740.81	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6124	192766	24350,526.21	0	0	0.00
INTER CARE MENTAL RETARDA	12	455	162,221.06	2	59	19,084.48	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	32	631	144,115.16	0	0	0.00
HOME HEALTH	105	5415	150,498.93	3890	77715	2975,738.21	44	626	18,800.33
LEAD INSPECTION AGENCY	1	1	362.06	0	0	0.00	0	0	0.00
PHYSICIAN	2421	4057	232,073.22	6708	122433	670,391.69	830	4960	142,457.75
CLINIC SERVICES	495	668	86,773.48	415	728	32,065.32	145	246	35,541.70
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	272	823	12,662.13	980	634	4,848.33	144	414	8,510.46
HABILITATION SERVICES	22	739	71,872.41	49	1505	75,103.95	14	495	34,514.05
REMEDIAL SERVICES	1787	124912	1450,212.38	6	146	2,926.86	7	143	2,464.16
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	42	40	5,058.17	469	655	68,575.24	24	32	4,892.53
LOCAL EDUCATION AGENCY	137	41562	395,624.96	28	4891	129,155.79	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	55	244	3,168.81	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5131	13225	1169,503.40	8940	19443	350,607.15	1048	3401	145,358.69
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	10124	10197	21,821.58	21363	20914	44,755.96	1869	1948	4,168.72
INDIAN HEALTH SERVICES	2	2	578.00	0	0	0.00	3	4	1,156.00
FAMILY PLANNING SERVICES	48	54	6,692.36	0	0	0.00	19	23	2,286.04
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10157	10399	1004,033.14	21384	21245	632,726.36	1874	2037	65,067.46
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	113	133	8,360.57	1	1	27.25	1	1	48.61
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	57	57	156,450.00	0	0	0.00
PATIENT MANAGEMENT	78	78	156.00	3	1	45.29-	0	0	0.00
HEALTH INS PREMIUM PAYMENT	153	324	14,311.64	28	49	8,799.42	2	5	273.61
MEDICAL SUPPLIES	250	24588	68,735.39	5345	464705	586,072.43	158	8418	27,700.63
OTHER PRACTITIONER	605	4717	209,618.44	539	5518	78,980.70	86	180	11,999.33
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

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
DENTAL	880	1056	139,897.66	705	857	119,657.10	150	203	36,261.85
OPTOMETRIST	385	435	26,901.12	545	2033	31,951.78	74	111	5,474.72
CHIROPRACTIC	171	295	8,091.90	251	1783	8,560.31	86	240	6,455.31
PODIATRIC	31	37	3,543.05	1185	6773	46,470.38	35	85	3,151.46
PHYSICAL DISABILITIES SVCS	0	0	0.00	227	8699	103,869.67	0	0	0.00
BRAIN INJ WAIVER SERVICES	39	1962	45,596.92	449	20975	734,473.20	0	0	0.00
PSYCHIATRIC	26	108	4,994.33	274	1633	19,716.84	31	134	3,241.09
RESIDENTIAL CARE FACILITY	2	61	562.68	6	194	1,448.98	0	0	0.00
ID WAIVER SERVICE	204	7891	285,377.91	5	122	8,016.70	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	1	102	1,293.36	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	28	2412	30,068.96	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5797	289520	3801,468.34	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	38	2732	41,684.99	9	559	7,429.58	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	191	1717	52,891.40	122	1147	37,966.09	1	31	1,448.63
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 *	10233	278950	6218,425.02	13949	1424024	36920,862.09	1949	40416	1054,655.06

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	146	605	752,369.00	49	516	262,790.98	8	18	77,911.17
OUTPATIENT	497	18052	411,955.18	1423	21081	336,630.85	139	7275	155,055.60
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	2	39	14,725.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1	81	27,171.17	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	29	558	30,146.90	86	163	1,760.82	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	714	5083	248,776.88	3410	5222	310,981.80	201	829	156,271.44
CLINIC SERVICES	80	105	13,409.04	905	1103	151,960.54	22	27	4,054.21
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	39	198	4,160.25	216	594	9,769.13	34	102	5,007.32
HABILITATION SERVICES	7	262	14,846.49	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	451	11788	211,352.79	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	44	47	7,313.50	20	20	3,046.11	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	41	11331	68,169.33	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	26	390.00	0	0	0.00
PRESCRIBED DRUGS	251	1196	55,527.18	4638	8362	538,164.72	222	970	53,550.52
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	191	191	408.74	14739	15305	32,752.70	274	274	586.36
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	8	9	792.88	78	89	10,942.43	2	2	192.12
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	14812	15981	173,114.82	273	279	30,492.39
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	101	97	6,859.20	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	10797	10792	21,584.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	4	12	395.20	0	0	0.00
MEDICAL SUPPLIES	58	1769	14,730.16	119	3413	14,472.46	22	925	5,843.03
OTHER PRACTITIONER	88	168	11,349.62	534	1265	61,277.29	24	27	2,745.49
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

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
DENTAL	42	68	12,185.98	1567	1834	288,396.31	21	27	2,256.36
OPTOMETRIST	23	24	1,879.22	546	642	41,305.68	6	9	389.91
CHIROPRACTIC	14	33	931.40	357	647	20,568.90	14	26	767.70
PODIATRIC	13	25	1,724.57	36	42	3,579.98	3	4	360.20
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	50	174	6,822.65	7	20	1,139.01	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	7	706	11,802.02	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	2	16	450.28	12	178	8,345.69	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 *	952	28622	1604,504.92	14856	111310	2618,723.93	278	10794	495,483.82

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	1	9	11,997.82	0	0	0.00	0	0	0.00
OUTPATIENT	7	264	16,783.27	0	0	0.00	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	19	53	6,771.75	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	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	98	108	9,742.19	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	11	0	33.00	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	1	1	41.14	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

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
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	2	18	570.70	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 *	120	453	45,939.87	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	8	152	25,269.26	0	0	0.00	10	11	10,680.60
OUTPATIENT	69	1343	13,637.71	0	0	0.00	111	2353	43,007.20
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	9	243.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	137	221	10,694.72	0	0	0.00	151	295	23,655.26
CLINIC SERVICES	18	19	2,207.45	0	0	0.00	37	50	6,599.04
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	11	34	465.05	0	0	0.00	21	67	1,603.05
HABILITATION SERVICES	3	74	2,340.35	0	0	0.00	7	319	14,575.52
REMEDIAL SERVICES	185	5241	88,725.38	0	0	0.00	16	319	6,134.52
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	80.78	0	0	0.00	7	7	812.24
LOCAL EDUCATION AGENCY	31	16604	109,305.07	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	417	1454	120,757.94	0	0	0.00	170	410	21,146.25
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	483	487	1,042.18	0	0	0.00	401	427	913.78
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	2	4	20.06	0	0	0.00	10	10	362.62
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	484	489	56,460.62	0	0	0.00	401	439	59,873.32
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	939.59	0	0	0.00	4	6	236.19
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	5	5	10.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	59	124	10,831.79	0	0	0.00	1	2	59.24
MEDICAL SUPPLIES	23	1791	2,458.55	0	0	0.00	7	207	744.52
OTHER PRACTITIONER	52	675	36,598.19	0	0	0.00	23	47	2,211.24
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

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
DENTAL	48	55	16,678.81	0	0	0.00	31	40	6,654.47
OPTOMETRIST	20	23	1,196.16	0	0	0.00	17	21	1,228.18
CHIROPRACTIC	17	25	785.84	0	0	0.00	8	23	766.53
PODIATRIC	1	4	0.00	0	0	0.00	1	1	22.69
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	1	1	28.30	0	0	0.00	2	5	75.56
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	2	19	3,484.92	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	382	21498	367,938.49	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	490	11852	638,215.25	0	0	0.00	1	1	35.00
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 *	451	62208	1510,415.46	0	0	0.00	398	5060	201,397.02

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	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	19	74	110,509.52	189	757	797,917.65	0	0	0.00
OUTPATIENT	364	10731	154,928.40	3057	88577	649,705.68	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	10	104	29,324.36	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6	253	33,044.17	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2042	62165	25036,070.61	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	12	130	9,190.85	1354	54754	1907,123.66	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	532	1216	92,805.91	4607	35072	475,539.83	0	0	0.00
CLINIC SERVICES	150	209	31,356.32	386	512	62,178.19	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	89	379	6,687.00	550	1130	11,246.87	0	0	0.00
HABILITATION SERVICES	6	123	5,507.22	67	2467	103,200.97	0	0	0.00
REMEDIAL SERVICES	46	3042	37,157.88	59	1683	33,356.73	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	14	15	1,738.65	145	190	21,358.57	0	0	0.00
LOCAL EDUCATION AGENCY	7	1207	24,663.32	559	197708	2398,427.47	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	18	81	823.47	0	0	0.00
PRESCRIBED DRUGS	939	4019	227,995.17	6487	21196	1559,858.91	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	1548	1582	3,385.48	12238	12307	26,336.98	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	1	1	289.00	0	0	0.00
FAMILY PLANNING SERVICES	6	7	571.49	13	96	1,517.42	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1548	1624	163,655.88	11725	11809	771,752.50	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	2	2	140.46	24	31	11,416.58	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	1	0	10.65-	0	0	0.00
HEALTH INS PREMIUM PAYMENT	8	15	1,377.39	633	1395	161,498.09	0	0	0.00
MEDICAL SUPPLIES	134	8238	17,509.30	2625	392033	649,480.18	0	0	0.00
OTHER PRACTITIONER	70	301	11,939.37	872	14870	458,473.14	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

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
DENTAL	86	111	21,681.47	1327	1531	159,537.78	0	0	0.00
OPTOMETRIST	71	95	6,936.40	546	1334	35,742.37	0	0	0.00
CHIROPRACTIC	57	100	3,093.69	337	2141	13,729.48	0	0	0.00
PODIATRIC	32	49	5,478.93	575	2383	25,401.18	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	32	978.32	282	13914	484,463.31	0	0	0.00
PSYCHIATRIC	2	6	542.27	494	2910	35,844.35	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	7	213	1,743.38	0	0	0.00
ID WAIVER SERVICE	2	138	3,464.95	9035	558067	25130,446.59	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	3	263.25	1	71	1,726.78	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	4	264	3,448.93	1	17	895.05	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	65	1,895.15	149	7779	172,933.02	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	3	49	2,189.68	7769	60887	1878,665.39	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 *	1591	33826	951,092.65	12157	1550438	63141,059.06	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	1	0	0.00	7463	38990	31946,511.21
OUTPATIENT	0	0	0.00	15	230	3,704.53	74559	1644386	20899,619.97
CHILD PART HOSP	0	0	0.00	0	0	0.00	1	0	25.00-
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	1001	14501	3270,258.41
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11165	352895	42203,026.59
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2058	62881	25314,037.84
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	37	724	158,979.45
HOME HEALTH	0	0	0.00	0	0	0.00	15104	313357	11895,780.91
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	9	9	3,246.48
PHYSICIAN	0	0	0.00	20	32	2,175.15	128006	730771	18223,984.50
CLINIC SERVICES	0	0	0.00	12	16	2,048.43	23860	34574	4722,922.70
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	1	2	93.84	16302	43248	753,194.71
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3402	112698	5508,512.90
REMEDIAL SERVICES	0	0	0.00	2	60	880.44	9489	324815	4866,834.19
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	23-	1,854.03-
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	3086	3666	437,623.65
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	1847	509968	5454,659.49

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			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	532	2261	27,352.92
PRESCRIBED DRUGS	0	0	0.00	25	38	4,331.91	142631	369151	21474,925.35
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	153	153	327.42	366898	381438	816,277.32
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	32	40	11,560.00
FAMILY PLANNING SERVICES	0	0	0.00	6	9	786.76	7197	8442	803,618.06
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	11	0	33.00
IOWA PLAN PROGRAM	0	0	0.00	153	184	2,301.60	366148	393985	11243,446.11
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	2	2	86.78	6804	7118	1079,172.76
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	92	92	274,556.17
PATIENT MANAGEMENT	0	0	0.00	89	89	178.00	174874	174767	349,476.06
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3375	8086	466,478.46
MEDICAL SUPPLIES	0	0	0.00	3	303	313.84	25233	2234187	4186,376.72
OTHER PRACTITIONER	0	0	0.00	3	3	230.14	17617	90410	3486,379.75
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

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 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
DENTAL	0	0	0.00	13	14	2,433.45	25912	32349	4779,769.37
OPTOMETRIST	0	0	0.00	2	3	165.18	11901	20945	894,508.90
CHIROPRACTIC	0	0	0.00	0	0	0.00	8845	34402	503,602.07
PODIATRIC	0	0	0.00	0	0	0.00	4385	21051	278,374.61
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	733	28681	362,628.39
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1079	55728	1865,382.79
PSYCHIATRIC	0	0	0.00	0	0	0.00	3857	22558	301,592.64
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1473	45372	368,005.73
ID WAIVER SERVICE	0	0	0.00	1	17	353.90	10244	634976	28393,210.48
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	580	34166	568,067.69
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	39	3105	38,012.25
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9207	462045	6320,268.52
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2014	97304	1660,691.90
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1	4	140.00	9891	90258	3187,059.36
UNASSIGNED	0	0	0.00	0	0	0.00	16	0	2027,311.64-
* A L L C A T E G O R I E S *	0	0	0.00	170	1159	20,551.37	406185	9440377	267370,829.71

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