

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	539	2468	614,153.81
OUTPATIENT	11	122	1,796.70	0	0	0.00	4037	83961	590,755.44
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	245	2671	68,717.91
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4469	127622	13365,061.57
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	84	15,031.03
HOME HEALTH	0	0	0.00	0	0	0.00	2722	49405	2113,515.05
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	1	0	10.65-
PHYSICIAN	20	38	3,543.57	0	0	0.00	6240	34945	499,979.31
CLINIC SERVICES	17	34	5,003.31	0	0	0.00	456	367	37,038.05
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	4	21	391.48	0	0	0.00	816	211	2,628.22
HABILITATION SERVICES	0	0	0.00	0	0	0.00	62	2221	126,252.01
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	1	14	144.90
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	130.73	0	0	0.00	285	339	36,543.22
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	31	211.63	0	0	0.00	2622	4085	45,687.59
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	52	52	111.28	0	0	0.00	5709	5715	12,230.10
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	52	68	1,710.81	0	0	0.00	5833	6082	153,972.33
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	25	25	50.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	1	1	4.60	0	0	0.00	3153	176087	287,754.54
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	442	1592	27,428.22
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	17	24	3,920.35	0	0	0.00	366	468	75,674.29
OPTOMETRIST	4	5	392.40	0	0	0.00	572	990	31,682.17
CHIROPRACTIC	0	0	0.00	0	0	0.00	361	713	9,106.31
PODIATRIC	0	0	0.00	0	0	0.00	686	1107	22,740.68
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	102	4,546.11
PSYCHIATRIC	0	0	0.00	0	0	0.00	197	329	10,559.30
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	284	8526	47,834.78
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	80	5427	240,128.69
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	3653	165186	2361,908.35
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	82	802	26,786.83
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 *	67	422	17,266.86	0	0	0.00	16438	681519	20827,850.16

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	1745	10681	8492,646.49	594	1827	3109,846.45
OUTPATIENT	0	0	0.00	17043	445250	6207,151.38	9994	196999	4307,495.49
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	214	5057	2455,621.13	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	606	17897	2251,692.62	2	37	4,448.13
INTER CARE MENTAL RETARDA	0	0	0.00	1	58	21,217.62	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	4305	86728	3003,170.85	84	604	44,226.23
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	1	10.48	26373	122559	4100,545.78	17601	33659	2981,860.03
CLINIC SERVICES	0	0	0.00	3525	4852	686,755.03	3729	5193	755,722.80
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	3603	6685	112,027.15	2851	7885	202,970.54
HABILITATION SERVICES	0	0	0.00	3186	102247	4954,059.31	31	656	38,827.32
REMEDIAL SERVICES	0	0	0.00	878	22035	397,818.00	331	7942	120,727.14
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1019	1216	147,132.79	304	319	42,373.44
LOCAL EDUCATION AGENCY	0	0	0.00	513	137729	1629,450.45	6	1015	6,349.61

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	93	565	4,694.02	2	2	27.90
PRESCRIBED DRUGS	0	0	0.00	26419	111232	8475,843.82	23438	65607	2869,035.78
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	53474	54328	116,261.92	44406	47282	101,183.48
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	134	151	11,684.31	5507	6439	607,325.12
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	229.28	53525	54984	4057,391.86	44475	49193	1477,927.63
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	182	210	7,754.06	48	50	2,344.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	35	36	119,195.17	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8	8	16.00	27584	27569	55,138.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	612	1562	177,285.69	138	362	15,346.69
MEDICAL SUPPLIES	0	0	0.00	9982	744551	1909,459.50	1160	31655	206,876.83
OTHER PRACTITIONER	0	0	0.00	3135	19364	694,049.29	2364	4121	256,779.15
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	68.76	4078	5260	840,398.73	3461	4761	848,711.07
OPTOMETRIST	0	0	0.00	2398	3330	171,487.56	1774	2110	152,787.61
CHIROPRACTIC	0	0	0.00	2371	5361	99,012.48	2048	4540	153,895.14
PODIATRIC	0	0	0.00	1311	2533	84,897.80	228	283	26,461.79
PHYSICAL DISABILITIES SVCS	0	0	0.00	518	19530	271,110.45	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	328	16104	562,657.96	0	0	0.00
PSYCHIATRIC	0	0	0.00	2789	4676	166,090.53	25	35	3,044.35
RESIDENTIAL CARE FACILITY	0	0	0.00	1273	38114	254,874.54	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	928	57411	2512,069.50	1	7	83.51
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	22	1454	22,995.91	7	575	8,593.02
AIDS WAIVER SERVICES	0	0	0.00	9	741	8,910.67	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	37	1698	32,107.62	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1719	79073	1336,243.18	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	1235	15533	473,502.33	8	57	2,205.04
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 *	3	8	314.94	58130	2200803	56869,283.50	56066	500784	18402,613.29

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	435	1816	1904,365.92	319	5981	2163,537.01	2022	12020	21532,629.82
OUTPATIENT	9513	97460	2442,611.30	2428	37905	740,812.19	15378	216323	5376,219.23
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	122.14	0	0	0.00	4	57	4,197.35-
INTERMEDIATE CARE FACILITY	0	0	0.00	1	28	3,584.84	4	210	9,465.67
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	5-	1672,100.25-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	0	2,039.14-
HOME HEALTH	619	2030	55,430.02	72	189	9,775.51	991	4689	512,309.81
LEAD INSPECTION AGENCY	1	1	362.06	0	0	0.00	2	2	724.12
PHYSICIAN	22621	37045	2317,909.49	4717	9935	654,369.47	36085	68845	5165,995.60
CLINIC SERVICES	5041	6301	925,644.61	1235	1651	243,636.58	8709	12115	2251,053.16
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1727	3672	59,806.34	467	1544	29,103.39	3583	9753	182,790.47
HABILITATION SERVICES	1	3	110.82	31	611	42,025.72	9	109	46,651.99-
REMEDIAL SERVICES	2697	61467	1160,969.70	729	16814	306,273.01	2565	59682	1047,161.77
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	0	0.00
AMBULANCE SERVICES	179	182	25,234.25	85	90	11,716.48	258	265	38,876.02
LOCAL EDUCATION AGENCY	155	40801	274,595.80	37	9982	73,808.43	161	44796	312,690.55

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	154	575	5,030.25	29	114	910.55	131	629	5,562.13
PRESCRIBED DRUGS	22525	39813	2299,468.74	5398	12150	673,000.96	34123	60803	3152,753.32
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	74167	77541	165,937.74	16151	16898	36,161.72	110280	115597	247,377.58
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	674	846	69,349.25	224	251	24,287.55	419	458	53,031.23
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	74206	79517	789,592.26	16175	17685	347,672.18	110238	122459	1462,573.23
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	3059	3466	326,351.70	398	457	54,815.99	4509	5095	750,891.06
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	49167	49157	98,314.00	9933	9904	19,808.00	77062	77067	154,134.00
HEALTH INS PREMIUM PAYMENT	204	586	14,458.35	67	180	8,194.13	1409	4216	103,657.87
MEDICAL SUPPLIES	1094	13868	142,134.84	222	2709	18,776.47	1656	24808	201,426.52
OTHER PRACTITIONER	3566	8695	441,033.07	755	1932	112,277.81	5414	10799	1331,897.02
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	4986	5901	739,252.67	1103	1367	201,831.67	7836	9384	1159,991.21
OPTOMETRIST	1746	1993	133,883.04	509	577	39,150.80	2571	2926	192,092.74
CHIROPRACTIC	1020	1900	58,660.41	290	659	21,808.11	1805	3410	104,516.72
PODIATRIC	79	94	10,807.12	28	41	4,317.76	124	151	15,267.62
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	2	65	694.69
PSYCHIATRIC	26	38	3,738.45	20	34	2,472.79	49	76	4,464.40
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	2	28	5.92
ID WAIVER SERVICE	0	0	0.00	2	106	5,202.60	4	124	23,406.23-
CHILDRENS MENTAL HEALTH SVC	32	2225	33,698.70	82	3978	71,195.17	43	3232	44,373.91
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	3	2	1,146.53
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	58	848.54	3	4	1,758.30
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	31	391	15,497.93	60	575	24,551.81	45	409	15,705.12
UNASSIGNED	1	0	0.00	2	0	0.00	11	0	2,244.39-
* A L L C A T E G O R I E S *	81407	537384	14514,370.97	17563	154405	5945,927.24	119511	870603	43682,597.99

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		
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	53	402	196,925.49	636	3107	869,361.46	54	365	406,731.94
OUTPATIENT	928	15317	426,016.54	4723	108725	723,972.60	510	13196	250,611.79
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	30	13,136.40	477	6163	59,934.33	4	49	5,170.00-
INTERMEDIATE CARE FACILITY	0	0	0.00	6285	186961	23012,199.13	0	0	0.00
INTER CARE MENTAL RETARDA	12	377	143,112.13	2	130	43,112.46	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	21	504	107,525.42	0	0	0.00
HOME HEALTH	90	5528	139,956.10	3864	72944	3357,071.14	39	705	14,457.48
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2475	3831	226,199.46	7052	40266	581,887.02	847	2296	152,084.00
CLINIC SERVICES	497	662	92,726.38	432	359	47,090.47	149	263	36,975.69
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	276	877	13,468.14	1060	358	4,394.52	127	230	5,343.15
HABILITATION SERVICES	21	622	48,439.53	58	1770	106,270.74	18	650	44,410.96
REMEDIAL SERVICES	1905	133281	1466,600.20	7	176	3,393.63	13	232	4,845.61
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	16	18	1,982.80	494	613	62,057.54	18	26	2,820.16
LOCAL EDUCATION AGENCY	113	31016	281,088.74	25	3560	136,154.18	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	41	203	2,009.49	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5175	13401	1191,560.89	9368	20267	365,132.91	1037	3442	152,236.33
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10166	10250	21,935.00	21063	21203	45,374.42	1870	1976	4,228.64
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	50	55	5,589.50	1	2	95.88	18	19	1,394.59
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10182	10504	1012,536.20	21073	21690	648,485.65	1877	2070	67,392.19
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	169	170	6,892.94	5	5	208.21	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	58	58	160,722.00	0	0	0.00
PATIENT MANAGEMENT	91	91	182.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	159	388	19,572.63	28	60	10,071.99	2	5	290.81
MEDICAL SUPPLIES	271	31151	91,056.14	5680	402406	537,517.19	209	6514	16,591.33
OTHER PRACTITIONER	633	3387	156,467.27	590	3021	66,299.51	104	181	11,595.50
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	936	1123	144,873.89	750	888	131,327.92	133	182	33,552.50
OPTOMETRIST	370	416	26,896.12	682	1046	36,438.39	75	87	6,572.13
CHIROPRACTIC	167	291	8,416.65	261	537	6,341.11	101	222	7,218.94
PODIATRIC	28	37	3,350.33	1210	1882	39,639.95	24	40	3,032.63
PHYSICAL DISABILITIES SVCS	0	0	0.00	224	8255	100,831.02	0	0	0.00
BRAIN INJ WAIVER SERVICES	37	1419	35,460.82	435	21064	742,965.83	0	0	0.00
PSYCHIATRIC	24	33	2,621.12	229	456	14,200.38	21	41	1,836.88
RESIDENTIAL CARE FACILITY	2	34	168.96-	9	230	2,130.95	0	0	0.00
ID WAIVER SERVICE	202	6933	268,201.69	5	255	15,060.15	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	100	1,738.00	1	99	1,255.32	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	26	2300	25,938.84	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5769	279333	3616,494.30	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	33	2282	36,014.40	6	161	5,506.68	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	229	3284	100,291.73	131	1754	51,617.96	1	2	93.46
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 *	10246	277513	6185,149.76	13902	1212608	35738,081.20	1946	32793	1219,146.71

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	175	824	957,835.35	46	479	137,809.36	6	19	38,931.71
OUTPATIENT	514	26321	513,198.81	1354	17881	387,982.97	133	9861	156,752.14
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	2	44	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	1	24	7,841.20	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	20	258	16,895.77	56	120	1,430.65	3	54	7,485.45
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	758	3238	296,037.96	3501	5259	333,939.50	210	640	163,028.63
CLINIC SERVICES	84	178	27,084.54	1000	1182	165,217.16	23	27	4,813.85
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	53	243	3,828.18	205	642	10,639.51	23	39	6,820.87
HABILITATION SERVICES	5	281	14,705.69	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	470	11568	209,117.30	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	59	60	9,803.42	22	19	3,196.56	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	38	9933	74,151.09	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	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	306	1262	75,121.71	4524	8275	550,558.31	220	906	45,679.54
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	211	211	451.54	14833	15461	33,086.54	276	276	590.64
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	3	3	346.52	88	98	11,253.03	1	1	9.36
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	14902	16208	176,676.82	276	281	30,628.22
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	1	1	965.84	176	185	14,117.02	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	10825	10825	21,650.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	3	10	285.67	0	0	0.00
MEDICAL SUPPLIES	58	1863	20,759.86	129	2344	18,199.23	25	967	4,578.60
OTHER PRACTITIONER	87	124	11,483.79	550	1454	81,097.85	24	88	4,491.43
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	52	82	19,492.78	1636	1940	276,673.43	20	32	7,583.04
OPTOMETRIST	18	18	1,276.24	556	653	42,714.94	11	12	1,149.78
CHIROPRACTIC	17	30	855.06	385	645	20,857.28	19	52	1,571.78
PODIATRIC	9	13	796.77	45	65	5,212.24	5	6	381.76
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	38	78	5,017.24	11	15	1,217.44	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	2	27	708.92	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	8	643	10,328.75	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	6	34	1,586.36	0	0	0.00
UNASSIGNED	1	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1008	35132	1975,957.07	15012	105989	2597,549.13	282	13261	474,496.80

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	2	0	6,234.46	0	0	0.00	0	0	0.00
OUTPATIENT	8	79	10,202.75	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	13	8	3,205.31	0	0	0.00	0	0	0.00
CLINIC SERVICES	1	3	258.78	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	105	117	11,203.01	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	5	0	18.00	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	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

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	1	5	322.69	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 *	112	212	31,445.00	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
INPATIENT	18	143	25,587.22	0	0	0.00	7	20	29,796.89
OUTPATIENT	60	897	12,124.40	0	0	0.00	90	1607	35,338.42
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	1	91.35	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	140	213	9,114.64	0	0	0.00	142	931	24,153.30
CLINIC SERVICES	23	30	3,333.65	0	0	0.00	26	33	4,244.67
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	10	32	393.83	0	0	0.00	24	79	1,864.56
HABILITATION SERVICES	2	18	578.14	0	0	0.00	8	235	9,825.33
REMEDIAL SERVICES	215	4391	73,047.35	0	0	0.00	19	662	8,392.09
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	72.14	0	0	0.00	6	6	571.30
LOCAL EDUCATION AGENCY	26	10835	76,089.51	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	418	1490	131,962.95	0	0	0.00	171	351	17,221.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	481	482	1,031.48	0	0	0.00	404	432	924.48
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	1	1	0.00	0	0	0.00	10	10	618.37
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	481	484	55,471.93	0	0	0.00	405	446	60,627.56
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	7	8	1,183.20	0	0	0.00	4	5	256.81
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	57	140	12,270.95	0	0	0.00	1	1	29.62
MEDICAL SUPPLIES	19	1110	1,334.50	0	0	0.00	6	305	692.28
OTHER PRACTITIONER	46	510	17,694.12	0	0	0.00	22	35	2,781.64
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	50	61	6,967.30	0	0	0.00	19	21	3,285.32
OPTOMETRIST	26	32	2,172.92	0	0	0.00	18	23	1,355.68
CHIROPRACTIC	18	20	515.55	0	0	0.00	8	16	478.28
PODIATRIC	0	0	0.00	0	0	0.00	5	7	1,265.64
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	3	224.56	0	0	0.00	3	5	240.36
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	1	1	1,606.12	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	396	20961	358,611.37	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	36	526.68	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	353	2838	123,676.13	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 *	455	44743	915,691.99	0	0	0.00	409	5230	203,963.60

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	13	40	76,219.01	174	991	471,938.81	0	0	0.00
OUTPATIENT	334	5878	166,888.23	2893	77272	563,597.91	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	12	153	112.07	0	0	0.00
INTERMEDIATE CARE FACILITY	1	28	3,305.72	10	251	31,878.69	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2037	66046	29955,413.63	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	14	108	6,511.23	1310	43175	1759,287.77	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	528	1154	87,717.75	4829	15201	443,693.06	0	0	0.00
CLINIC SERVICES	130	188	28,309.75	353	394	50,814.60	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	49	192	3,656.38	545	674	8,447.74	0	0	0.00
HABILITATION SERVICES	5	147	6,181.51	76	2607	110,865.39	0	0	0.00
REMEDIAL SERVICES	48	2364	30,116.29	75	1832	36,066.15	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	19	20	2,298.34	104	123	15,875.90	0	0	0.00
LOCAL EDUCATION AGENCY	4	719	14,215.04	585	158708	2160,213.03	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	22	106	1,124.18	0	0	0.00
PRESCRIBED DRUGS	943	4067	226,138.44	6484	20881	1602,886.16	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	1543	1567	3,353.38	12266	12335	26,396.90	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	9	10	800.27	14	16	1,759.54	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1542	1608	163,252.70	11755	11838	773,346.79	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	73.09	38	45	3,561.50	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	1	2.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	8	18	1,600.94	644	1624	200,097.32	0	0	0.00
MEDICAL SUPPLIES	123	4968	17,661.90	2694	358471	567,602.07	0	0	0.00
OTHER PRACTITIONER	59	207	12,084.56	912	14034	483,693.00	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	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	95	117	23,276.50	1387	1594	150,803.55	0	0	0.00
OPTOMETRIST	60	74	5,956.74	607	769	37,275.17	0	0	0.00
CHIROPRACTIC	57	142	4,616.53	313	580	10,952.06	0	0	0.00
PODIATRIC	26	40	3,113.53	580	798	23,485.16	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	40	1,312.00	276	14147	481,713.58	0	0	0.00
PSYCHIATRIC	4	9	515.67	508	696	28,999.67	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	16	466	3,187.07	0	0	0.00
ID WAIVER SERVICE	2	137	3,460.98	9043	522856	23603,517.94	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	2	175.50	1	70	1,697.08	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	4	279	3,493.28	2	34	848.90	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	3	117	2,193.84	140	6323	145,091.15	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	3	8	283.86	8911	105746	3139,295.07	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 *	1558	24250	898,782.96	12192	1440857	66895,540.61	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	3	4,394.45	6777	41186	41038,945.65
OUTPATIENT	0	0	0.00	12	65	3,879.80	69392	1355119	22917,408.09
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	947	14224	2588,276.63
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11306	333034	38681,636.37
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2054	66630	28498,596.79
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	25	588	120,517.31
HOME HEALTH	0	0	0.00	2	2	10.26	14101	266540	11041,624.67
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	4	3	1,075.53
PHYSICIAN	0	0	0.00	25	46	4,019.98	132135	380110	18049,294.34
CLINIC SERVICES	0	0	0.00	14	19	2,586.76	25274	33851	5368,309.84
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	15349	33137	648,574.47
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3489	112177	5455,900.48
REMEDIAL SERVICES	0	0	0.00	1	28	533.32	9755	322488	4865,206.46
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	0	0.00
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	2860	3298	400,685.09
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	1634	449094	5038,806.43

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	470	2194	19,358.52
PRESCRIBED DRUGS	0	0	0.00	29	39	7,686.71	142080	368219	21893,389.80
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	167	176	376.64	366970	381785	817,019.90
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	3	3	879.98	7139	8363	788,424.50
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	5	0	18.00
IOWA PLAN PROGRAM	0	0	0.00	167	193	2,285.07	366246	395313	11281,772.71
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	48.94	8555	9701	1169,464.36
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	93	94	279,917.17
PATIENT MANAGEMENT	0	0	0.00	90	90	180.00	174791	174742	349,484.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3332	9152	563,162.66
MEDICAL SUPPLIES	0	0	0.00	1	174	137.28	25926	1803952	4042,563.68
OTHER PRACTITIONER	0	0	0.00	4	6	776.51	18592	69550	3711,929.74
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	18	26	3,500.54	26863	33232	4671,185.52
OPTOMETRIST	0	0	0.00	0	0	0.00	11979	15061	883,284.43
CHIROPRACTIC	0	0	0.00	1	1	32.55	9168	19119	508,854.96
PODIATRIC	0	0	0.00	0	0	0.00	4373	7097	244,770.78
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	738	27785	371,941.47
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1052	52941	1829,350.99
PSYCHIATRIC	0	0	0.00	0	0	0.00	3928	6529	245,565.83
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1577	47398	307,864.30
ID WAIVER SERVICE	0	0	0.00	1	19	339.81	10248	593303	26626,973.68
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	593	33339	554,662.73
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	35	3041	34,849.51
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9176	446532	6015,998.98
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1904	88054	1528,182.77
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1	2	70.00	11042	131435	3975,163.63
UNASSIGNED	0	0	0.00	0	0	0.00	26	0	2,244.39-
* A L L C A T E G O R I E S *	0	0	0.00	170	894	31,738.60	406477	8139410	277427,768.38

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