

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	453	1844	426,416.32
OUTPATIENT	14	132	2,272.27	0	0	0.00	4216	84634	635,217.95
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	225	3209	27,878.15
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4501	141608	15435,097.78
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	3	93	16,953.29
HOME HEALTH	0	0	0.00	0	0	0.00	2365	45151	2000,346.83
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	24	34	3,329.10	0	0	0.00	6611	38621	515,135.84
CLINIC SERVICES	20	33	4,340.77	0	0	0.00	541	440	47,850.72
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	15	74	816.23	0	0	0.00	877	207	2,844.65
HABILITATION SERVICES	0	0	0.00	0	0	0.00	71	2424	100,925.84
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	1	18	186.30
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	363	436	44,581.17

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
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	23	48	1,070.15	0	0	0.00	2997	4758	47,922.27
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	62	67	143.38	0	0	0.00	5694	5717	12,234.38
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	68	90	2,171.20	0	0	0.00	5919	6347	160,258.79
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	40	40	80.00	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	3205	187872	255,707.46
OTHER PRACTITIONER	1	2	171.93	0	0	0.00	437	1889	28,982.79
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	7	14	1,873.27	0	0	0.00	447	546	83,608.05
OPTOMETRIST	4	4	205.80	0	0	0.00	586	953	28,862.04
CHIROPRACTIC	0	0	0.00	0	0	0.00	417	933	8,992.26
PODIATRIC	0	0	0.00	0	0	0.00	759	1193	19,043.30
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	97	4,389.21
PSYCHIATRIC	0	0	0.00	0	0	0.00	191	334	10,369.25
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	256	7966	59,904.39
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	79	6278	249,482.31
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	3593	166983	2383,800.52
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	76	521	17,046.20
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 *	83	538	16,474.10	0	0	0.00	16491	711072	22624,038.06

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	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	1638	10318	8434,718.00	612	1769	2818,392.26
OUTPATIENT	1	24	324.55	16879	442073	6009,393.03	10006	181216	4246,841.17
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	1	8	264.08	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	195	4625	2221,816.94	1	6	6,722.28
INTERMEDIATE CARE FACILITY	0	0	0.00	617	19994	2572,984.69	3	112	14,955.70
INTER CARE MENTAL RETARDA	0	0	0.00	3	207	69,136.41	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	3636	83200	2640,490.20	81	518	35,001.53
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	4	59.96	26822	125622	4127,992.20	17901	35839	2950,953.10
CLINIC SERVICES	0	0	0.00	3725	5015	695,273.79	3605	5097	749,525.22
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	3624	6554	104,544.55	2956	7997	184,706.44
HABILITATION SERVICES	0	0	0.00	3221	109703	5060,150.05	28	539	34,432.20
REMEDIAL SERVICES	0	0	0.00	906	23474	413,655.34	356	8745	131,899.31
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1071	1248	160,995.92	326	335	42,243.42

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
LOCAL EDUCATION AGENCY	0	0	0.00	534	150141	1682,529.44	5	1919	13,363.21
EARLY ACCESS SERVICES	0	0	0.00	84	219	2,633.64	4	14	174.60
PRESCRIBED DRUGS	0	0	0.00	26296	110229	8445,614.46	23562	65512	2907,902.34
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	2	2	4.28	53729	55096	117,905.44	45207	48439	103,659.46
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	124	139	13,037.31	5635	6416	608,424.38
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	2	2	167.04	53757	55860	4123,764.40	45283	50497	1515,675.92
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	155	168	8,344.50	25	24	1,353.51
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	36	49	153,050.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	5	5	10.00	27581	27768	55,536.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	600	1249	151,556.77	136	291	10,907.51
MEDICAL SUPPLIES	0	0	0.00	10118	750072	1846,405.72	1233	22623	220,642.24
OTHER PRACTITIONER	0	0	0.00	3347	20480	770,544.21	2503	3943	246,059.67
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	4353	5571	944,511.50	3604	4907	912,552.55
OPTOMETRIST	0	0	0.00	2588	3561	178,568.94	1805	2223	158,394.87
CHIROPRACTIC	0	0	0.00	2485	5679	91,340.09	2136	4855	162,139.78
PODIATRIC	0	0	0.00	1321	2537	77,947.77	229	289	33,640.71
PHYSICAL DISABILITIES SVCS	0	0	0.00	513	19768	250,500.55	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	333	18066	597,643.54	0	0	0.00
PSYCHIATRIC	0	0	0.00	2809	5085	166,499.46	37	34	3,726.54
RESIDENTIAL CARE FACILITY	0	0	0.00	1142	35295	289,570.07	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	922	67728	2801,828.71	1	16	390.50
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	24	1867	30,670.49	6	439	6,721.78
AIDS WAIVER SERVICES	0	0	0.00	12	953	11,705.76	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	37	1430	27,483.96	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1819	88902	1475,181.29	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	1120	12102	387,759.65	9	239	9,716.27
UNASSIGNED	0	0	0.00	4	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	2	32	555.83	58495	2244292	57158,022.87	57029	482621	18186,654.47

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	377	1574	1736,177.13	305	5359	1492,598.56	1955	11196	14622,361.56
OUTPATIENT	8635	85594	2194,367.16	2313	32377	754,783.00	14904	200839	3223,706.26
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	2	0	17,748.16
INTERMEDIATE CARE FACILITY	0	0	0.00	1	51	6,529.53	2	0	57,621.65
INTER CARE MENTAL RETARDA	0	0	0.00	1	31	10,324.55	2	0	1270,342.40
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	623	1677	46,461.38	117	220	7,605.56	1130	4873	317,790.16
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	1	1	362.06
PHYSICIAN	21041	33988	2161,438.19	4685	8668	624,555.91	34977	67451	4878,033.38
CLINIC SERVICES	4657	6102	900,362.87	1187	1639	241,295.37	8161	11518	2173,089.23
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	1	0	343,039.00
LAB AND RADIOLOGICAL	1094	3100	41,715.18	390	1266	22,495.49	2818	9572	157,418.40
HABILITATION SERVICES	3	87	3,295.12	27	570	28,455.17	6	28	22,935.07
REMEDIAL SERVICES	2915	68913	1315,588.31	863	18526	351,712.78	2777	65442	1171,296.79
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	191	196	27,206.47	83	84	12,859.27	317	323	50,977.99

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	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
LOCAL EDUCATION AGENCY	150	34056	228,930.13	39	8213	55,116.71	163	45169	321,903.22
EARLY ACCESS SERVICES	174	529	6,787.17	29	114	1,504.21	159	488	6,208.56
PRESCRIBED DRUGS	20613	36194	2020,096.16	5264	12137	660,526.20	31022	55621	2768,988.71
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	75240	79113	169,301.82	16452	17266	36,949.24	112479	118514	253,619.96
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	683	770	76,657.08	225	243	24,252.26	415	464	44,820.05
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	75293	81471	808,894.09	16481	18051	356,936.41	112463	125647	1506,191.65
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	2566	2795	279,259.75	306	341	53,356.07	4037	4344	740,195.19
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	49348	49631	99,262.00	9959	10005	20,010.00	77569	77835	155,670.00
HEALTH INS PREMIUM PAYMENT	197	436	11,367.54	63	137	6,128.06	1385	3505	87,735.78
MEDICAL SUPPLIES	1146	11419	129,296.67	231	4823	36,243.52	1669	25272	209,145.92
OTHER PRACTITIONER	3409	8669	446,799.90	777	2001	97,988.90	5567	11585	1411,197.18
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	5555	6617	869,226.86	1229	1543	239,739.13	8726	10335	1373,743.87
OPTOMETRIST	1982	2292	148,219.50	507	617	40,372.14	2910	3367	218,259.58
CHIROPRACTIC	1104	2041	62,607.81	279	601	20,044.13	1969	3957	119,041.76
PODIATRIC	82	97	12,898.61	33	36	3,995.49	123	140	15,089.40
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	50	10,524.84-
PSYCHIATRIC	28	34	3,407.56	15	19	1,499.99	38	61	16,093.43
RESIDENTIAL CARE FACILITY	0	0	0.00	2	34	956.76	1	0	0.00
ID WAIVER SERVICE	0	0	0.00	3	69	1,161.81	2	44	274,225.80-
CHILDRENS MENTAL HEALTH SVC	34	2205	35,844.48	89	4473	77,282.55	42	3334	10,320.11
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	1	331.70
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	3	28	8,489.49-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	40	981	43,169.20	99	1541	63,158.20	55	943	41,692.71
UNASSIGNED	1	0	0.00	1	0	0.00	5	0	278,110.83
* A L L C A T E G O R I E S *	82165	520581	13878,638.14	17639	151055	5350,436.97	120255	861947	34369,706.33

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	40	159	98,558.65	525	2634	725,986.56	40	320	376,062.44
OUTPATIENT	939	15470	454,933.54	4617	111376	734,463.57	496	11021	269,949.39
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	3	112	42,689.42	362	5144	13,570.16	2	22	15,685.32
INTERMEDIATE CARE FACILITY	0	0	0.00	6278	203550	25505,147.52	0	0	0.00
INTER CARE MENTAL RETARDA	12	355	114,690.54	1	0	1,311.00-	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	18	544	112,297.26	0	0	0.00
HOME HEALTH	98	2585	71,349.27	3218	63893	2840,675.45	35	277	12,236.34
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2493	3947	213,518.38	6800	39843	551,742.77	868	2586	178,229.71
CLINIC SERVICES	482	625	83,681.02	464	356	41,654.84	148	205	29,998.96
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	258	928	13,182.24	984	281	3,685.67	151	323	9,490.11
HABILITATION SERVICES	24	674	43,903.48	57	1397	73,824.18	22	607	35,769.55
REMEDIAL SERVICES	1935	139342	1526,373.11	10	237	4,625.37	12	242	4,078.17
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	26	29	4,812.85	481	583	57,647.03	24	24	3,685.22

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
LOCAL EDUCATION AGENCY	120	38254	356,983.19	22	1847	55,779.77	0	0	0.00
EARLY ACCESS SERVICES	55	139	1,643.76	1	5	69.75	0	0	0.00
PRESCRIBED DRUGS	4974	12704	1115,205.79	9005	19822	349,261.77	1070	3531	151,652.06
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10227	10331	22,108.34	21191	21399	45,793.86	1878	1973	4,222.22
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	38	48	6,935.49	1	2	54.94	24	26	1,732.74
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10236	10562	1019,966.78	21213	22004	658,718.58	1882	2052	66,090.36
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	171	185	11,798.02	4	4	188.95	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	60	75	207,241.00	0	0	0.00
PATIENT MANAGEMENT	124	124	248.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	150	293	14,721.06	29	47	8,311.54	2	2	251.89
MEDICAL SUPPLIES	277	25756	68,445.62	5358	373911	530,822.51	160	7066	10,476.88
OTHER PRACTITIONER	612	4152	224,196.38	600	2703	50,858.33	110	220	10,378.20
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	951	1114	136,673.89	880	1054	145,120.23	185	247	44,867.91
OPTOMETRIST	359	414	24,969.60	637	899	28,552.33	86	102	6,507.31
CHIROPRACTIC	161	257	6,726.43	265	585	6,212.01	101	234	6,863.05
PODIATRIC	26	29	2,354.60	1132	1917	30,992.47	28	43	3,460.22
PHYSICAL DISABILITIES SVCS	0	0	0.00	213	8462	99,991.73	0	0	0.00
BRAIN INJ WAIVER SERVICES	40	1896	43,849.68	463	22563	759,871.57	0	0	0.00
PSYCHIATRIC	29	51	3,500.00	284	660	20,008.03	29	49	1,993.27
RESIDENTIAL CARE FACILITY	2	61	562.68	8	159	807.74	0	0	0.00
ID WAIVER SERVICE	211	7228	287,354.15	9	577	19,234.35	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	2	175.50	1	102	1,293.36	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	25	2063	24,663.29	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5706	280510	3660,556.45	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	42	2918	47,074.31	8	344	4,606.49	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	200	2290	71,047.66	140	1683	52,972.56	1	8	430.04
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 *	10288	283034	6134,233.43	13878	1193235	37425,992.99	1966	31180	1244,111.36

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	188	840	1375,229.76	37	414	105,016.25	6	14	35,048.90
OUTPATIENT	497	15083	384,572.19	1329	17160	397,719.37	133	5884	169,391.17
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	34	4,609.26	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	3	117	12,966.50	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1	0	1,080.48	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	18	161	9,887.98	68	110	1,818.09	5	62	7,156.70
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	818	3451	247,741.87	3389	5043	324,591.11	209	706	186,654.59
CLINIC SERVICES	70	123	19,077.59	867	1080	154,265.68	18	22	4,184.39
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	50	154	3,212.01	194	630	9,394.61	38	82	5,115.63
HABILITATION SERVICES	4	96	1,856.07	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	495	13773	242,912.82	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	45	43	6,978.05	25	26	4,141.39	3	5	533.62

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	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
LOCAL EDUCATION AGENCY	0	0	0.00	38	6576	46,342.57	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	1	1	11.43	0	0	0.00
PRESCRIBED DRUGS	293	1338	67,196.26	4316	8021	533,384.08	225	925	54,319.29
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	295	295	631.30	15249	15971	34,177.94	286	286	612.04
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	7	8	1,251.70	84	92	7,868.27	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	15308	16851	182,285.59	284	291	31,571.14
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	134	136	17,030.25	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	10950	10988	21,976.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	4	10	156.68	0	0	0.00
MEDICAL SUPPLIES	58	1519	11,309.41	132	2125	34,088.50	26	889	7,629.89
OTHER PRACTITIONER	100	117	8,744.07	530	1165	71,542.83	25	41	10,294.48
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	53	90	19,627.38	1710	2066	314,976.46	23	26	3,333.84
OPTOMETRIST	29	62	3,141.54	630	739	45,531.62	14	16	1,092.42
CHIROPRACTIC	24	69	1,814.08	402	701	22,309.59	23	55	1,783.29
PODIATRIC	15	20	906.46	36	44	5,376.10	4	8	1,484.86
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	1	1	22.28	0	0	0.00
PSYCHIATRIC	35	92	4,550.65	8	17	1,303.49	1	1	24.94
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	2	45	752.38	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	8	723	10,261.19	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	1	1	34.13	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	17	493.21	8	197	7,456.29	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 *	1040	23730	2185,831.47	15181	104705	2597,793.34	286	9313	520,231.19

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	0	0	0.00	0	0	0.00
OUTPATIENT	9	110	5,483.33	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	15	59	4,976.03	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
EHR INCENTIVE PAYMENTS	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

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
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	101	124	9,926.95	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	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	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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
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	2	125.43	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 *	105	295	20,511.74	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	6	183	33,059.56	0	0	0.00	7	7	13,470.72
OUTPATIENT	45	635	6,501.73	0	0	0.00	96	1437	27,499.62
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	3	32	676.55	0	0	0.00	1	61	1,537.20
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	135	212	7,076.96	0	0	0.00	150	297	25,497.58
CLINIC SERVICES	15	19	1,859.96	0	0	0.00	31	52	6,987.96
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	16	52	589.95	0	0	0.00	21	94	1,974.02
HABILITATION SERVICES	4	202	7,430.06	0	0	0.00	10	314	20,495.39
REMEDIAL SERVICES	218	5685	104,161.34	0	0	0.00	22	976	11,639.99
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	2	2	230.83	0	0	0.00	8	7	595.16

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	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
LOCAL EDUCATION AGENCY	28	10093	75,633.30	0	0	0.00	1	124	819.64
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	403	1425	125,655.42	0	0	0.00	167	405	23,569.40
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	481	483	1,033.62	0	0	0.00	402	421	900.94
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	13	16	1,476.18
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	481	483	56,193.87	0	0	0.00	402	431	58,744.46
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	2	2	153.53	0	0	0.00	2	2	121.90
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	6	6	12.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	58	114	10,647.72	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	25	2735	2,928.50	0	0	0.00	6	445	1,728.58
OTHER PRACTITIONER	40	431	21,959.84	0	0	0.00	25	36	1,674.94
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	41	45	6,082.63	0	0	0.00	26	32	8,795.82
OPTOMETRIST	21	22	1,470.33	0	0	0.00	13	14	1,023.33
CHIROPRACTIC	14	16	517.64	0	0	0.00	11	28	882.89
PODIATRIC	5	5	264.44	0	0	0.00	2	2	312.22
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	0	0	0.00
PSYCHIATRIC	2	2	0.00	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	1	1	1,606.12	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	406	21275	377,326.93	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	69	1,009.47	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	446	8437	370,544.92	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 *	456	52666	1214,627.22	0	0	0.00	395	5206	209,823.50

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	21	60	104,870.82	174	937	531,312.55	0	0	0.00
OUTPATIENT	293	5617	153,041.37	3009	78220	608,664.72	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	0	0	0.00	8	171	81.42	0	0	0.00
INTERMEDIATE CARE FACILITY	1	31	3,793.64	25	380	50,270.16	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1721	52034	18617,998.28	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	10	128	6,378.76	1166	41219	1599,568.10	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	533	1173	91,164.16	4758	16899	397,135.41	1	0	0.00
CLINIC SERVICES	137	188	27,172.76	365	433	56,299.86	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	60	204	3,766.29	590	821	10,288.61	0	0	0.00
HABILITATION SERVICES	5	187	7,263.65	79	3381	134,862.69	0	0	0.00
REMEDIAL SERVICES	47	3084	35,463.50	82	2064	36,101.60	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	16	16	1,211.88	130	153	16,210.38	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
LOCAL EDUCATION AGENCY	3	672	21,826.74	575	182680	2141,524.13	0	0	0.00
EARLY ACCESS SERVICES	1	1	13.95	17	39	434.43	0	0	0.00
PRESCRIBED DRUGS	928	4051	230,726.88	6489	21117	1645,881.48	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	1539	1567	3,353.38	12312	12383	26,499.62	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	8	7	559.11	11	15	1,362.06	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1537	1609	163,554.78	11806	11904	776,744.51	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	31.23	41	51	4,057.90	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	8	20	1,159.14	632	1315	182,609.79	0	0	0.00
MEDICAL SUPPLIES	144	5124	14,497.19	2647	345206	600,505.48	0	0	0.00
OTHER PRACTITIONER	74	215	7,445.88	953	15002	567,837.32	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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	96	112	18,742.49	1484	1703	174,892.13	0	0	0.00
OPTOMETRIST	67	82	5,836.99	589	727	33,137.98	0	0	0.00
CHIROPRACTIC	68	125	4,039.65	337	718	11,161.12	0	0	0.00
PODIATRIC	26	32	2,967.73	561	804	19,803.81	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	97	2,709.37	268	14195	465,621.91	0	0	0.00
PSYCHIATRIC	5	7	470.60	474	746	29,426.40	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	11	305	2,119.37	0	0	0.00
ID WAIVER SERVICE	2	169	4,166.62	9106	582264	25616,669.18	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	1	87.75	2	78	1,963.10	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	4	270	3,151.70	1	1	5.36	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	4	200	3,640.13	153	7912	165,114.23	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	3	64	2,613.10	8224	80306	2462,101.23	0	0	0.00
UNASSIGNED	0	0	0.00	5	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1562	25115	925,721.24	12196	1476183	56988,266.32	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

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	6359	37628	32929,280.04
OUTPATIENT	0	0	0.00	15	197	3,487.15	67993	1289099	20282,612.54
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	1	8	264.08
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	797	13323	2350,801.11
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11368	365843	43659,367.17
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1735	52627	17541,576.86
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	21	637	129,250.55
HOME HEALTH	0	0	0.00	0	0	0.00	12509	244167	8963,399.78
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	1	1	362.06
PHYSICIAN	0	0	0.00	28	50	3,730.09	130363	384493	17493,556.34
CLINIC SERVICES	0	0	0.00	13	18	2,740.22	24313	32965	5239,661.21
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	1	0	343,039.00
LAB AND RADIOLOGICAL	0	0	0.00	1	1	70.06	14076	32340	575,310.14
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3528	120209	5529,728.38
REMEDIAL SERVICES	0	0	0.00	1	16	304.24	10153	350537	5349,998.97
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	3100	3510	434,910.65

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	1668	479744	5000,752.05
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	517	1549	19,481.50
PRESCRIBED DRUGS	0	0	0.00	22	36	1,066.60	136315	357998	21159,966.27
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	164	169	361.66	372237	389492	833,512.88
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	6	6	565.88	7247	8252	788,997.45
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	165	187	2,342.78	371405	404339	11490,272.35
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	6	7	260.95	7434	8061	1116,151.75
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	95	124	360,291.00
PATIENT MANAGEMENT	0	0	0.00	101	101	202.00	175664	176503	353,006.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3264	7419	485,553.48
MEDICAL SUPPLIES	0	0	0.00	2	236	2,165.24	25957	1767093	3982,039.33
OTHER PRACTITIONER	0	0	0.00	4	3	99.99	18962	72654	3976,776.84
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	11	18	2,036.94	29279	36040	5300,404.95
OPTOMETRIST	0	0	0.00	5	6	468.61	12810	16100	924,614.93
CHIROPRACTIC	0	0	0.00	0	0	0.00	9716	20854	526,475.58
PODIATRIC	0	0	0.00	0	0	0.00	4370	7196	230,538.19
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	723	28230	350,492.28
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1080	56965	1863,582.72
PSYCHIATRIC	0	0	0.00	0	0	0.00	3970	7199	263,074.60
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1419	43820	353,921.01
ID WAIVER SERVICE	0	0	0.00	1	10	178.21	10313	664429	28708,598.54
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	611	34499	551,947.24
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	37	3016	36,369.05
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9076	449196	6075,363.82
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2027	100373	1688,136.43
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1	7	245.00	10367	109336	3530,446.24
UNASSIGNED	0	0	0.00	0	0	0.00	18	0	278,110.83
* A L L C A T E G O R I E S *	0	0	0.00	178	1068	20,325.62	409691	8177868	261071,996.19

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