

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	3	16	39,012.14	0	0	0.00	542	2293	499,993.61
OUTPATIENT	19	234	6,484.22	0	0	0.00	4844	111018	693,533.72
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	269	3335	36,166.17
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4654	144384	15272,626.45
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	181	48,905.17
HOME HEALTH	0	0	0.00	0	0	0.00	2929	64331	2116,158.48
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	30	62	6,011.69	0	0	0.00	7390	47785	569,293.37
CLINIC SERVICES	18	39	4,372.52	0	0	0.00	600	492	54,355.19
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	11	61	800.77	0	0	0.00	1047	278	3,827.37
HABILITATION SERVICES	0	0	0.00	0	0	0.00	67	2262	128,844.47
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	407	421	43,386.35

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	25	41	126.93	0	0	0.00	3716	7015	63,481.77
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	51	51	109.14	0	0	0.00	5617	5626	12,039.64
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	53	60	1,506.80	0	0	0.00	5873	6261	157,962.06
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	1	1	1,179.80
PATIENT MANAGEMENT	42	42	84.00	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	38.66	0	0	0.00	3671	248477	346,054.50
OTHER PRACTITIONER	5	11	1,198.37	0	0	0.00	543	2721	33,018.06
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	5	8	2,106.17	0	0	0.00	592	748	115,961.79
OPTOMETRIST	4	4	261.05	0	0	0.00	843	1414	37,782.52
CHIROPRACTIC	0	0	0.00	0	0	0.00	453	1083	8,237.01
PODIATRIC	2	2	877.81	0	0	0.00	967	1556	18,796.44
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	88	4,108.58
PSYCHIATRIC	0	0	0.00	0	0	0.00	233	391	11,224.16
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	295	10107	67,659.68
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	83	6173	268,052.49
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	3697	180963	2612,552.48
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	85	576	20,648.00
UNASSIGNED	0	0	0.00	0	0	0.00	3	0	0.00
* A L L C A T E G O R I E S *	76	632	62,990.27	0	0	0.00	17028	849998	23246,035.63

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	2035	11541	9513,248.07	704	2351	3582,259.54
OUTPATIENT	1	20	14.58	19905	583186	7545,049.59	11698	216801	5438,483.43
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	226	5644	2429,104.10	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	633	18797	2332,748.54	1	35	5,027.00
INTER CARE MENTAL RETARDA	0	0	0.00	2	86	28,646.30	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	4658	117037	3024,781.87	73	591	44,172.17
LEAD INSPECTION AGENCY	0	0	0.00	1	0	90.41-	0	0	0.00
PHYSICIAN	1	1	9.40	29711	153286	4999,985.85	20479	43962	3734,438.34
CLINIC SERVICES	0	0	0.00	4195	5674	910,568.76	4337	6485	947,909.51
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	4439	8453	131,440.23	4531	12112	335,116.27
HABILITATION SERVICES	0	0	0.00	3366	115152	5474,212.08	34	677	40,107.55
REMEDIAL SERVICES	0	0	0.00	984	23323	430,527.03	439	9808	164,882.11
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1275	1487	179,085.53	352	374	52,935.51

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	740	206929	2314,580.03	15	2450	15,180.12
EARLY ACCESS SERVICES	0	0	0.00	38	200	2,698.36	3	14	191.48
PRESCRIBED DRUGS	0	0	0.00	28158	136251	9613,581.62	26035	80223	3458,439.23
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	2	2	4.28	53525	54366	116,343.24	45206	47871	102,443.94
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	140	165	14,791.24	6839	7957	777,981.60
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	2	2	167.04	53562	55089	4076,384.77	45272	49734	1489,529.64
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	231	338	14,355.84	76	94	5,748.79
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	34	34	111,100.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	2	2	4.00	27541	27532	55,064.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	611	1298	143,411.85	135	294	11,689.69
MEDICAL SUPPLIES	0	0	0.00	11241	917375	2263,358.47	1382	25375	256,515.70
OTHER PRACTITIONER	0	0	0.00	4067	29778	1091,697.76	3132	5170	334,603.88
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	5260	7080	1165,233.44	4282	6153	1140,671.52
OPTOMETRIST	0	0	0.00	3137	4388	205,731.21	1987	2389	172,448.81
CHIROPRACTIC	0	0	0.00	2813	7220	108,679.43	2364	5602	187,654.75
PODIATRIC	0	0	0.00	1669	3211	97,389.23	316	398	38,955.06
PHYSICAL DISABILITIES SVCS	0	0	0.00	532	20195	256,516.04	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	359	21154	685,100.31	0	0	0.00
PSYCHIATRIC	0	0	0.00	3265	6436	194,163.73	41	56	4,256.27
RESIDENTIAL CARE FACILITY	0	0	0.00	1293	42306	299,315.34	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	940	62807	2671,311.25	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	26	1980	31,458.53	7	747	11,153.77
AIDS WAIVER SERVICES	0	0	0.00	11	1271	13,924.19	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	39	1921	36,514.43	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1926	97685	1575,987.19	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	1245	12472	410,419.33	10	266	9,312.60
UNASSIGNED	0	0	0.00	6	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	2	25	195.30	59267	2735617	64513,358.37	59062	555521	22417,172.28

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	397	1615	1287,612.95	338	5889	1826,690.50	2174	12022	14562,299.68
OUTPATIENT	9997	105644	2695,004.53	2773	43628	831,091.23	16603	245573	4232,527.28
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	4	84	17,918.88
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	2	7	18,750.30
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1470,550.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	537	1790	55,235.29	76	221	8,373.91	902	4569	213,287.04-
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	3	4	1,448.24
PHYSICIAN	24106	41157	2591,902.04	5380	10530	741,244.15	40132	81784	5788,874.33
CLINIC SERVICES	5393	7073	1033,641.39	1389	1966	284,265.43	10215	14697	2145,378.07
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	2467,632.00
LAB AND RADIOLOGICAL	2572	4798	79,472.34	780	2266	46,461.81	5042	13092	226,687.33
HABILITATION SERVICES	3	93	3,304.38	24	652	35,537.41	7	177	5,866.61-
REMEDIAL SERVICES	3182	74678	1362,605.46	879	19646	364,360.02	3035	69576	8833,948.66-
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	174	174	24,461.04	83	85	11,677.15	313	314	51,090.04

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	250	58075	451,843.90	83	17510	126,576.13	252	58748	434,215.51
EARLY ACCESS SERVICES	57	238	3,198.24	9	25	325.58	95	511	6,916.71
PRESCRIBED DRUGS	23126	41783	2133,446.85	6000	14323	683,218.99	36391	64638	2169,681.68
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	75140	78221	167,392.94	16428	17089	36,570.46	113011	117865	252,231.10
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	826	922	86,645.92	289	342	37,806.16	585	644	77,351.13
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	75168	80248	797,475.12	16457	17793	347,478.41	112948	123999	1477,905.66
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	3581	4083	368,857.49	476	576	62,219.32	5078	5597	754,849.33
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	49278	49278	98,556.00	10057	10050	20,100.00	78215	78212	156,424.00
HEALTH INS PREMIUM PAYMENT	178	434	9,290.16	66	143	5,931.65	1382	3695	84,997.82
MEDICAL SUPPLIES	1250	15446	139,396.88	276	3344	27,961.29	1961	32187	222,776.05
OTHER PRACTITIONER	4052	10470	528,025.65	962	2453	115,587.34	6182	13985	755,009.35
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	6443	7747	1029,017.55	1438	1845	309,406.92	10399	12495	1588,772.54
OPTOMETRIST	2136	2402	150,728.52	611	714	46,844.91	3351	3671	229,164.64
CHIROPRACTIC	1236	2351	69,443.39	343	683	21,839.37	2182	4781	139,871.39
PODIATRIC	119	136	13,588.56	49	71	7,724.50	167	193	18,169.30
PHYSICAL DISABILITIES SVCS	0	0	0.00	1	0	50.25-	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	3	17	2,089.07-
PSYCHIATRIC	37	63	6,150.23	22	35	1,868.17	60	91	20,675.03
RESIDENTIAL CARE FACILITY	0	0	0.00	2	35	178.78	2	30	1,665.70
ID WAIVER SERVICE	0	0	0.00	4	162	3,053.39	4	13	24,763.97-
CHILDRENS MENTAL HEALTH SVC	37	2553	40,551.56	84	4642	78,770.41	43	3685	54,845.93
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	1	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	11	1,438.70
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	38	730	33,109.93	98	1597	71,611.83	52	971	42,897.28
UNASSIGNED	0	0	0.00	1	0	0.00	4	0	12332,240.33
* A L L C A T E G O R I E S *	83608	592202	15259,958.31	17958	178315	6154,724.97	122410	967938	39784,199.98

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	52	487	430,468.57	577	2617	857,413.16	43	181	310,986.87
OUTPATIENT	1112	20974	338,845.68	5176	137656	836,310.69	572	12743	308,972.48
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	177	89,446.26	498	6827	65,789.38	2	34	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6446	198137	24525,835.63	0	0	0.00
INTER CARE MENTAL RETARDA	13	394	151,805.54	3	79	24,548.98	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	31	1478	476,848.97	0	0	0.00
HOME HEALTH	80	5645	150,487.51	4041	85539	3151,750.51	53	654	26,205.65
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2734	4538	257,906.83	7659	45887	609,459.30	984	2896	192,085.65
CLINIC SERVICES	588	812	110,226.25	473	398	60,179.95	203	322	49,363.81
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	360	1188	18,176.10	1282	440	5,786.53	171	475	9,920.23
HABILITATION SERVICES	22	435	34,874.78	56	1492	74,371.33	23	676	45,954.32
REMEDIAL SERVICES	2625	131990	1489,315.16	9	265	4,587.19	13	167	3,828.27
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	15	17	4,523.99	610	666	66,212.42	33	38	4,723.21

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	164	50797	455,681.67	31	4796	115,846.75	0	0	0.00
EARLY ACCESS SERVICES	27	158	2,079.21	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5653	16013	968,313.12	9773	24138	412,283.41	1170	4305	180,403.20
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10250	10346	22,140.44	21339	21414	45,825.96	1881	1991	4,260.74
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	68	74	6,723.73	2	2	73.41	26	31	3,311.25
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10254	10547	1024,760.53	21368	21886	651,974.86	1892	2091	67,475.10
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	182	204	10,090.31	5	5	108.31	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	60	165,031.80	0	0	0.00
PATIENT MANAGEMENT	87	87	174.00	1	1	2.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	165	308	15,870.99	30	55	9,411.33	2	2	219.89
MEDICAL SUPPLIES	300	30978	103,040.63	5861	457085	612,402.35	172	6724	24,440.06
OTHER PRACTITIONER	702	5266	236,083.07	712	2912	114,223.64	137	350	16,324.52
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	1150	1361	169,180.27	1033	1265	185,003.56	211	296	50,721.05
OPTOMETRIST	509	535	30,967.04	813	1273	36,042.83	101	125	8,312.99
CHIROPRACTIC	203	397	11,459.21	314	839	8,209.41	111	280	8,476.86
PODIATRIC	36	44	3,187.47	1458	2178	25,555.36	29	35	2,988.39
PHYSICAL DISABILITIES SVCS	0	0	0.00	229	8551	100,896.13	0	0	0.00
BRAIN INJ WAIVER SERVICES	40	2607	55,793.80	471	24830	724,756.79	0	0	0.00
PSYCHIATRIC	33	68	4,695.09	317	571	16,403.66	27	61	2,246.95
RESIDENTIAL CARE FACILITY	3	107	1,312.40	10	119	200.81-	0	0	0.00
ID WAIVER SERVICE	214	7376	265,725.68	9	540	18,357.33	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	26	2276	23,366.16	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5803	301411	3667,020.26	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	38	3110	48,829.30	11	268	5,962.73	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	215	2294	72,081.12	143	1414	45,715.97	1	6	314.10
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 *	10527	309334	6584,265.75	13870	1359472	37744,660.60	1967	34483	1321,535.59

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	209	1188	1273,391.14	44	413	247,775.19	12	62	100,992.42
OUTPATIENT	590	22609	573,166.10	1516	18714	453,818.54	136	8321	255,702.53
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	25	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	3	0	920.62	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	21	386	46,294.53	39	79	595.50	4	26	876.54
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1008	4158	367,990.38	3971	6089	366,388.90	211	933	232,900.95
CLINIC SERVICES	87	153	21,390.24	1013	1282	182,248.77	19	34	5,857.38
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	57	206	3,572.82	267	821	13,166.22	36	139	4,213.62
HABILITATION SERVICES	6	194	12,298.72	2	84	2,638.26	0	0	0.00
REMEDIAL SERVICES	1	16	266.56	566	13040	229,687.52	1	16	286.40
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	59	62	12,051.55	28	29	6,018.04	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
LOCAL EDUCATION AGENCY	0	0	0.00	57	11098	75,909.88	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	1	1	20.00	0	0	0.00
PRESCRIBED DRUGS	339	1712	84,477.80	4841	9327	714,428.94	231	1079	56,294.40
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	277	277	592.78	15273	15802	33,816.28	283	279	597.06
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	10	12	589.42	127	135	17,263.87	2	2	134.84
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	15360	16518	179,945.22	282	282	30,630.95
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	160	160	11,109.44	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	11020	11020	22,040.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5	16	229.80	0	0	0.00
MEDICAL SUPPLIES	80	2536	62,160.01	168	4383	23,605.44	27	1379	6,044.43
OTHER PRACTITIONER	115	302	12,612.21	668	1268	72,125.88	26	149	5,949.99
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	64	90	18,410.42	1964	2371	371,740.37	22	31	3,548.01
OPTOMETRIST	30	41	2,263.46	638	719	46,294.21	11	14	979.56
CHIROPRACTIC	25	52	1,468.10	443	830	26,551.53	17	36	1,196.20
PODIATRIC	19	33	1,647.02	48	53	5,614.71	7	11	532.93
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	1	0	742.02-	0	0	0.00
PSYCHIATRIC	52	116	5,443.85	13	22	2,407.72	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	4	35	701.20	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	7	640	9,231.34	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	1	1	29.25	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	6	193.78	10	200	7,172.53	0	0	0.00
UNASSIGNED	1	0	0.00	2	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	1172	34175	2501,230.76	15270	115149	3121,803.28	288	12794	706,763.15

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	3	15,341.61	0	0	0.00	0	0	0.00
OUTPATIENT	12	62	8,026.96	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	21	3,511.32	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	140	166	22,166.72	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	1	2	711.38	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	157.36	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	1	126	1,723.75	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 *	141	382	51,639.10	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	10	182	35,164.97	0	0	0.00	9	21	33,214.12
OUTPATIENT	68	867	15,390.43	0	0	0.00	103	2456	53,626.49
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	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	11	464.75	0	0	0.00	1	60	25.20-
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	158	255	8,406.98	0	0	0.00	161	356	28,889.82
CLINIC SERVICES	20	30	2,948.52	0	0	0.00	37	60	7,675.38
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	18	84	704.65	0	0	0.00	36	121	2,998.12
HABILITATION SERVICES	3	67	2,231.08	0	0	0.00	10	318	17,341.92
REMEDIAL SERVICES	201	4968	81,232.87	0	0	0.00	26	914	11,163.20
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	7	7	698.85

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	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	39	16036	108,130.81	0	0	0.00	1	31	141.89
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	454	1812	111,467.39	0	0	0.00	181	462	27,358.84
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	476	477	1,020.78	0	0	0.00	392	412	881.68
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	2	3	27.26	0	0	0.00	19	20	3,222.74
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	476	480	56,296.66	0	0	0.00	392	422	57,542.75
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	3-	2,786.43-	0	0	0.00	3	3	123.20
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	2	2	4.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	57	109	10,402.49	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	24	2181	2,179.82	0	0	0.00	5	204	120.62
OTHER PRACTITIONER	46	589	29,690.55	0	0	0.00	27	55	2,262.84
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	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	52	59	6,504.73	0	0	0.00	25	39	8,627.03
OPTOMETRIST	28	33	1,840.48	0	0	0.00	17	21	1,131.62
CHIROPRACTIC	15	25	615.74	0	0	0.00	11	29	1,013.23
PODIATRIC	2	2	1,124.32	0	0	0.00	2	3	93.15
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	8	102.74	0	0	0.00	2	6	79.40
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	2	92	3,087.92	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	398	21442	397,396.05	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	8	117.04	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	448	7978	358,130.00	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 *	430	57797	1231,896.60	0	0	0.00	366	6020	258,181.69

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	20	57	109,411.31	175	834	691,660.64	0	0	0.00
OUTPATIENT	377	10572	205,314.79	3410	97617	650,215.55	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	18	170	3,516.78	0	0	0.00
INTERMEDIATE CARE FACILITY	1	30	3,529.60	15	289	37,115.68	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2045	71058	31727,667.28	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	13	201	9,096.20	1410	60474	1797,001.74	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	621	1575	134,630.98	5459	21657	463,019.06	0	0	0.00
CLINIC SERVICES	161	256	40,703.51	440	525	68,201.13	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	98	295	5,058.39	666	919	11,159.09	0	0	0.00
HABILITATION SERVICES	7	170	6,940.01	88	3413	139,576.50	0	0	0.00
REMEDIAL SERVICES	63	3075	37,829.51	82	1954	38,212.31	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	20	21	2,478.12	142	155	15,729.15	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		
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	9	1159	19,786.73	769	240906	2989,765.94	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	4	40	545.14	0	0	0.00
PRESCRIBED DRUGS	989	4620	254,903.94	6906	26669	1644,396.79	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	1533	1557	3,331.98	12297	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	10	10	715.01	19	17	1,749.15	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1531	1596	163,303.16	11794	11854	774,315.84	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	1	1	30.39	37	44	2,341.66	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	6	15	665.55	650	1360	159,151.46	0	0	0.00
MEDICAL SUPPLIES	137	5451	16,918.02	2890	410419	703,858.08	0	0	0.00
OTHER PRACTITIONER	94	256	9,687.14	1124	21458	690,908.52	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	139	186	27,161.98	1746	2028	201,504.89	0	0	0.00
OPTOMETRIST	71	93	6,630.57	809	1000	42,413.18	0	0	0.00
CHIROPRACTIC	73	173	5,434.56	395	928	13,803.11	0	0	0.00
PODIATRIC	36	44	3,612.88	824	1193	26,534.07	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	1	0	70.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	44	1,425.38	278	14502	434,901.76	0	0	0.00
PSYCHIATRIC	4	10	530.84	569	959	32,356.31	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	15	490	4,578.00	0	0	0.00
ID WAIVER SERVICE	2	116	2,750.46	9263	588868	24994,139.64	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	2	84	2,165.66	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	4	321	3,835.27	1	12	81.52	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	84	1,003.33	155	8087	162,041.22	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	5	30	1,144.52	9083	86180	2654,542.19	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 *	1559	32018	1077,864.13	12185	1688498	71205,635.94	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	2	53	17,618.05	7303	41825	35434,554.54
OUTPATIENT	0	0	0.00	17	120	3,025.18	78244	1638815	25144,604.00
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	1013	16296	2641,941.57
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11662	361679	42196,553.82
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2062	71617	30462,118.10
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	35	1659	525,754.14
HOME HEALTH	0	0	0.00	2	8	40.00	14729	341622	10218,222.41
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	4	4	1,357.83
PHYSICIAN	0	0	0.00	37	83	6,551.66	147376	467015	21103,501.00
CLINIC SERVICES	0	0	0.00	18	25	3,489.04	28951	40323	5932,774.85
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	2467,632.00
LAB AND RADIOLOGICAL	0	0	0.00	4	7	94.65	21299	45755	898,656.54
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3684	125862	6012,366.20
REMEDIAL SERVICES	0	0	0.00	2	84	1,731.60	11454	353538	4613,247.15-
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	3493	3850	475,070.95

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	2384	668535	7107,659.36
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	231	1187	15,974.72
PRESCRIBED DRUGS	0	0	0.00	29	48	626.93	151268	434625	22599,098.55
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	180	193	413.02	372630	386174	826,412.36
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	8	8	1,666.19	8938	10344	1030,052.92
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	181	207	2,440.60	371855	399069	11357,095.17
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	4	7	239.72	9801	11109	1227,287.37
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	94	95	277,311.60
PATIENT MANAGEMENT	0	0	0.00	104	104	208.00	176349	176330	352,660.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3287	7729	451,272.68
MEDICAL SUPPLIES	0	0	0.00	3	165	24.94-	28819	2163712	4811,557.45
OTHER PRACTITIONER	0	0	0.00	3	3	258.50	22436	97196	4049,267.27
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 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	25	33	7,013.90	34693	43835	6400,586.14
OPTOMETRIST	0	0	0.00	1	2	147.08	15055	18838	1019,984.68
CHIROPRACTIC	0	0	0.00	1	3	97.65	10902	25312	614,050.94
PODIATRIC	0	0	0.00	0	0	0.00	5721	9163	266,391.20
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	759	28746	357,431.92
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1105	63242	1903,255.53
PSYCHIATRIC	0	0	0.00	0	0	0.00	4656	8896	302,786.45
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1612	53320	376,232.84
ID WAIVER SERVICE	0	0	0.00	1	15	337.29	10485	666197	28202,752.68
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	603	35875	626,866.61
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	37	3547	37,290.35
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9208	484629	6320,033.21
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2126	109253	1795,379.51
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1	10	350.00	11410	114730	3727,643.18
UNASSIGNED	0	0	0.00	0	0	0.00	19	0	12332,240.33
* A L L C A T E G O R I E S *	0	0	0.00	192	1178	46,324.12	417378	9531548	297290,435.82

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