

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	1	0	5,235.26	0	0	0.00	529	1702	182,578.67
OUTPATIENT	9	82	960.24	0	0	0.00	4223	97218	521,627.38
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	192	2827	28,418.35
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4522	136515	14558,481.82
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	13	402	122,666.35
HOME HEALTH	0	0	0.00	0	0	0.00	2310	44666	1761,367.63
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	24	24	1,521.43	0	0	0.00	6443	28004	367,850.17
CLINIC SERVICES	14	29	3,628.68	0	0	0.00	478	314	33,725.94
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	8	36	536.94	0	0	0.00	853	205	2,458.93
HABILITATION SERVICES	0	0	0.00	0	0	0.00	67	2138	129,028.23
REMEDIAL SERVICES	42	42	67.03	0	0	0.00	5452	5478	323.62
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	124.25	0	0	0.00	361	327	33,823.65

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 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	22	44	874.55	0	0	0.00	3014	4634	42,919.08
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	42	42	89.88	0	0	0.00	5620	5643	12,076.02
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	42	54	1,320.44	0	0	0.00	5791	6095	154,214.47
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	26	26	52.00	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	4.08	0	0	0.00	3258	191089	242,813.36
OTHER PRACTITIONER	2	2	76.23	0	0	0.00	476	1729	21,126.46
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	4	6	775.46	0	0	0.00	376	459	88,318.54
OPTOMETRIST	0	0	0.00	0	0	0.00	561	844	21,377.95
CHIROPRACTIC	0	0	0.00	0	0	0.00	396	860	6,091.89
PODIATRIC	1	2	112.12	0	0	0.00	751	1149	12,691.37
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	44	3,078.47
PSYCHIATRIC	0	0	0.00	0	0	0.00	196	303	8,012.56
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	238	7623	58,148.11
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	78	5797	235,216.89
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	3711	173551	2418,533.06
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	72	445	16,006.78
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 *	78	391	15,378.59	0	0	0.00	16678	720061	21082,975.75

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	1612	7798	7005,743.17	563	1641	2809,433.12
OUTPATIENT	1	12	259.40	16862	419502	5554,302.04	9414	161417	4035,243.54
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	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	197	3741	1893,648.45	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	621	17755	2286,710.17	1	5	750.60
INTER CARE MENTAL RETARDA	0	0	0.00	4	152	46,037.49	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	3687	82832	2585,648.39	61	356	30,296.78
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	1	9.40	25381	101003	3416,188.72	16576	31909	2498,158.99
CLINIC SERVICES	0	0	0.00	3320	4418	619,325.96	3178	4372	646,528.41
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	3520	6435	101,375.38	3408	9689	227,348.79
HABILITATION SERVICES	0	0	0.00	3284	106970	5319,716.84	29	604	33,906.50
REMEDIAL SERVICES	3	3	4.85	52280	69625	740,333.40	44994	51356	275,727.49
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	929	984	119,293.17	245	238	28,784.58

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	498	122850	1532,616.71	13	4208	23,478.00
EARLY ACCESS SERVICES	0	0	0.00	47	70	1,149.07	1	1	11.93
PRESCRIBED DRUGS	2	2	11.18	25998	107386	8333,681.77	22683	60888	2727,995.96
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	54052	55168	118,059.52	45134	48083	102,897.62
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	99	99	7,568.44	4334	4758	381,882.90
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	229.28	54103	55894	4125,639.42	45195	49984	1501,594.76
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	117	152	6,458.15	24	30	3,563.35
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	36	36	118,360.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	4	4	8.00	27724	27722	55,444.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	596	1223	152,647.53	133	290	12,885.43
MEDICAL SUPPLIES	0	0	0.00	9803	794561	1685,545.78	1108	24009	158,102.86
OTHER PRACTITIONER	0	0	0.00	3156	18996	778,687.94	2113	3574	217,599.58
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	1	1	6.76	3459	4430	741,169.43	2795	3805	731,103.00
OPTOMETRIST	0	0	0.00	2363	3177	148,435.90	1457	1709	117,527.88
CHIROPRACTIC	0	0	0.00	2416	5456	78,524.06	1746	3706	123,068.56
PODIATRIC	0	0	0.00	1298	2254	77,168.74	225	288	25,900.83
PHYSICAL DISABILITIES SVCS	0	0	0.00	521	19141	241,731.40	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	343	17083	582,468.23	0	0	0.00
PSYCHIATRIC	0	0	0.00	2854	4770	138,170.37	24	43	2,356.12
RESIDENTIAL CARE FACILITY	0	0	0.00	1014	27777	216,125.45	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	892	61016	2661,237.88	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	21	1596	24,150.51	7	448	7,552.72
AIDS WAIVER SERVICES	0	0	0.00	9	713	8,316.15	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	28	1402	29,011.03	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1861	84916	1369,430.79	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	1041	9012	320,140.42	12	149	6,724.51
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 *	3	25	527.29	59133	2220397	53184,825.87	56003	495282	16785,868.81

## 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	260	1151	1483,463.33	452	4240	1783,122.47	1676	10198	9268,785.31
OUTPATIENT	6852	66841	1841,606.04	2099	30216	664,476.01	11871	165703	3171,792.31
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	44	31,073.30
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	6	24	2,193.90-
INTER CARE MENTAL RETARDA	0	0	0.00	1	23	6,793.22	1	0	1467,099.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	458	1613	45,723.20	76	229	10,236.42	776	4661	178,938.03-
LEAD INSPECTION AGENCY	1	1	362.06	0	0	0.00	1	1	362.06
PHYSICIAN	17361	25719	1749,252.74	4158	7498	506,199.94	29917	55937	3973,891.67
CLINIC SERVICES	3187	3780	591,851.92	935	1209	177,466.07	6259	8361	1113,334.86
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	5142,078.00
LAB AND RADIOLOGICAL	1360	3524	53,506.64	490	1650	30,681.35	3162	10753	172,169.91
HABILITATION SERVICES	2	69	3,061.01	17	267	16,587.18	10	440	7,335.46
REMEDIAL SERVICES	74795	121925	1866,890.06	16317	29538	420,950.87	112188	158393	2215,710.22
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	119	120	17,213.80	65	70	10,259.67	197	192	27,221.13

## 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	188	43150	295,031.04	57	12610	98,802.76	189	42041	328,946.82
EARLY ACCESS SERVICES	108	334	3,732.18	21	45	567.93	102	298	2,871.27
PRESCRIBED DRUGS	16396	26327	1540,981.45	4775	9942	549,343.71	26610	41642	2057,892.47
DRUG CAPITATION	0	0	0.00	0	0	0.00	1	0	5.79
MENT SERVICES	74760	78266	167,489.24	16288	17036	36,457.04	112504	117900	252,306.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	533	573	50,125.43	169	173	12,005.55	382	411	37,273.42
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	74812	80466	796,625.16	16307	17677	349,201.40	112364	123720	1476,333.14
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	2016	2312	298,278.05	285	343	50,827.74	3167	3531	753,853.21
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	49237	49237	98,474.00	10149	10135	20,270.00	79883	79882	159,764.00
HEALTH INS PREMIUM PAYMENT	186	429	12,364.35	58	135	5,611.90	1327	3394	88,820.25
MEDICAL SUPPLIES	867	13260	95,568.59	206	4498	21,705.82	1305	22923	131,982.05
OTHER PRACTITIONER	2508	7276	408,341.67	649	2632	87,805.49	4109	10036	528,368.27
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	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	4111	4921	641,486.26	1033	1263	189,175.37	6963	8321	1068,910.46
OPTOMETRIST	1406	1573	98,951.63	430	499	33,301.15	2335	2628	168,368.99
CHIROPRACTIC	853	1386	41,791.48	258	470	15,622.84	1679	2936	88,051.16
PODIATRIC	71	80	7,245.49	32	39	4,478.07	129	152	15,351.50
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	4	4,233.99-
PSYCHIATRIC	12	18	1,620.93	17	39	1,913.54	34	47	166,515.50
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	2	0	527.95
ID WAIVER SERVICE	2	25	358.25	2	23	497.22	6	69	52,251.34-
CHILDRENS MENTAL HEALTH SVC	35	2176	32,886.47	86	5448	91,501.29	39	3343	30,624.23
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	24	173.57
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	3	0	1,949.82-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	34	569	21,925.46	95	1060	34,866.86	49	666	27,557.79
UNASSIGNED	0	0	0.00	2	0	0.00	4	0	1428,387.93-
* A L L C A T E G O R I E S *	82668	537121	12266,207.93	17958	159007	5230,728.88	121945	878675	29373,186.48

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	58	251	172,870.84	540	2024	701,557.33	46	182	355,291.75
OUTPATIENT	882	12039	227,660.95	4456	111045	588,912.44	486	11185	233,224.06
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	62	34,637.40	354	5032	25,364.71	1	0	1,981.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6096	182192	22616,236.35	1	7	489.27
INTER CARE MENTAL RETARDA	13	362	131,064.99	1	49	13,205.45	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	36	1869	647,896.65	0	0	0.00
HOME HEALTH	59	5439	125,120.15	3226	59453	2572,594.17	32	630	20,270.56
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2159	3109	182,607.51	6345	25997	404,403.66	798	2231	139,168.93
CLINIC SERVICES	362	445	65,199.17	377	282	31,977.57	119	127	19,960.53
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	210	751	11,296.26	965	358	3,893.94	152	287	6,566.78
HABILITATION SERVICES	25	600	40,604.71	57	1347	64,220.45	23	756	52,564.54
REMEDIAL SERVICES	10345	128305	2595,295.87	21226	21439	12,120.52	1851	2019	5,102.28
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	12	12	2,110.61	499	425	42,851.79	21	26	4,260.94

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	108	40264	340,194.99	20	5461	105,436.62	0	0	0.00
EARLY ACCESS SERVICES	26	118	997.28	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4879	11576	977,458.87	9081	19485	380,672.74	1000	3249	166,999.30
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10212	10315	22,074.10	21287	21419	45,836.66	1860	1930	4,130.20
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	34	43	6,098.64	0	0	0.00	15	16	2,150.05
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10218	10504	1020,076.57	21308	21849	652,759.80	1865	2002	65,085.59
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	112	117	7,419.09	0	0	0.00	1	1	10.20
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	61	61	166,588.80	0	0	0.00
PATIENT MANAGEMENT	69	69	138.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	147	315	14,756.59	31	49	8,489.61	2	4	583.01
MEDICAL SUPPLIES	237	29104	119,573.32	5272	279302	383,244.25	149	5522	16,386.40
OTHER PRACTITIONER	543	4350	181,966.44	561	1881	70,013.30	113	287	12,097.40
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	829	997	121,023.08	723	853	135,857.92	140	192	32,775.67
OPTOMETRIST	416	474	29,738.25	556	807	22,602.00	70	80	4,911.16
CHIROPRACTIC	164	270	8,218.33	261	534	4,278.91	77	154	4,782.48
PODIATRIC	20	27	3,387.42	1036	1523	15,993.80	26	42	996.07
PHYSICAL DISABILITIES SVCS	0	0	0.00	215	8443	101,773.20	0	0	0.00
BRAIN INJ WAIVER SERVICES	40	2212	42,027.49	464	21933	668,539.79	0	0	0.00
PSYCHIATRIC	25	42	3,031.36	295	496	13,901.17	29	40	1,391.11
RESIDENTIAL CARE FACILITY	1	30	263.20	9	180	2,452.52	0	0	0.00
ID WAIVER SERVICE	217	10196	311,370.11	9	253	17,440.15	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	26	2087	21,548.69	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5781	275571	3560,708.04	1	276	2,006.52
ILL & HANDICAPPED WAIVER SVCS	38	2943	48,304.15	3	74	1,136.89	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	176	1777	60,815.61	124	1152	37,776.99	2	1	177.00
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 *	10273	277118	6907,401.35	13728	1074925	34142,286.88	1972	31246	1153,362.80

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	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	137	667	906,465.18	52	281	282,108.59	5	38	55,342.19
OUTPATIENT	423	17141	399,230.72	1052	15013	318,882.98	112	5365	134,633.95
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	2	42	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	31	249	26,173.07	43	99	1,175.78	4	58	7,083.32
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	758	2429	233,298.47	2699	3740	249,616.40	190	670	108,762.17
CLINIC SERVICES	54	112	13,637.27	658	760	112,350.87	17	22	3,900.78
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	34	85	1,607.84	208	1085	15,595.16	31	75	1,924.44
HABILITATION SERVICES	3	70	5,398.04	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	15153	23448	350,314.75	1	24	429.60
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	33	33	4,734.73	16	16	1,706.31	1	1	113.45

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	41	11790	90,965.53	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	260	1026	45,415.62	3606	5994	549,524.95	215	852	48,367.79
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	263	263	562.82	15161	15788	33,786.32	276	276	590.64
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	4	5	398.80	69	72	5,053.60	1	1	118.44
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	15203	16424	179,185.49	277	283	30,517.40
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	71	80	8,191.76	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	11213	11212	22,424.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	3	5	410.48	0	0	0.00
MEDICAL SUPPLIES	61	1935	14,999.32	109	3681	13,816.47	23	644	3,276.99
OTHER PRACTITIONER	82	153	11,931.51	431	1175	66,259.57	17	33	2,461.08
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	38	51	11,916.89	1355	1607	225,659.98	20	25	4,418.62
OPTOMETRIST	18	24	1,438.14	534	622	38,446.78	9	11	798.39
CHIROPRACTIC	22	50	1,336.11	307	451	14,603.99	15	34	1,068.37
PODIATRIC	10	20	354.17	19	19	1,956.58	6	8	731.45
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	91	175.80	1	0	420.28-	0	0	0.00
PSYCHIATRIC	35	74	3,575.12	5	5	504.86	2	2	439.30
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	2	32	507.01	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	5	527	5,931.42	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	2	17	489.83	12	81	2,313.30	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 *	934	24537	1683,139.45	15210	114007	2590,872.65	294	8422	404,978.37

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	4	25	24,195.40	0	0	0.00	0	0	0.00
OUTPATIENT	7	107	4,548.64	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	11	27	2,479.73	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	69	62	6,249.69	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	1	1	305.97	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	1	78.68	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	1	175	2,447.09	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	74	398	40,305.20	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	26	252	51,362.32	0	0	0.00	4	10	12,575.59
OUTPATIENT	47	697	15,966.75	0	0	0.00	71	1370	23,744.77
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	2	10	473.05	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	113	164	8,985.86	0	0	0.00	123	256	20,773.88
CLINIC SERVICES	9	11	1,311.31	0	0	0.00	26	31	3,824.69
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	3	30	581.27	0	0	0.00	23	80	1,332.75
HABILITATION SERVICES	10	129	4,946.73	0	0	0.00	9	136	12,612.28
REMEDIAL SERVICES	490	4586	154,935.21	0	0	0.00	378	631	71,363.54
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	2	2	76.46	0	0	0.00	5	5	669.80

## 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 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	36	20542	142,171.58	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	429	1345	111,794.08	0	0	0.00	150	339	21,436.44
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	479	483	1,033.62	0	0	0.00	377	391	836.74
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	2	2	61.52	0	0	0.00	5	5	357.41
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	479	484	56,534.24	0	0	0.00	377	394	53,595.50
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	97.18	0	0	0.00	1	1	41.22
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	1	1	2.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	53	109	11,994.87	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	13	823	976.38	0	0	0.00	6	375	1,215.61
OTHER PRACTITIONER	35	555	33,778.18	0	0	0.00	21	30	2,166.81
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

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	51	57	8,894.34	0	0	0.00	16	17	1,853.22
OPTOMETRIST	17	16	861.25	0	0	0.00	10	13	728.28
CHIROPRACTIC	12	23	594.50	0	0	0.00	8	15	561.65
PODIATRIC	3	4	197.58	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	5	6	559.84	0	0	0.00	2	4	57.63
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	1	90	1,599.95	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	382	22873	385,928.22	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	3	43.89	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	399	6162	268,992.14	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 *	435	59461	1264,754.32	0	0	0.00	374	4164	231,285.01

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	15	52	119,583.24	157	911	209,196.14	0	0	0.00
OUTPATIENT	297	5942	180,310.65	2793	73297	530,430.67	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	0	2.12-	5	103	41,110.02	0	0	0.00
INTERMEDIATE CARE FACILITY	1	30	3,529.60	7	143	17,091.75	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2017	59657	24248,067.01	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	8	71	5,051.33	1113	42323	1598,982.61	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	547	1206	99,068.10	4451	11613	326,003.76	0	0	0.00
CLINIC SERVICES	138	203	29,588.37	338	332	43,960.88	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	85	235	4,406.17	499	587	7,935.96	0	0	0.00
HABILITATION SERVICES	6	89	3,659.56	70	2170	93,610.53	0	0	0.00
REMEDIAL SERVICES	1553	4468	78,653.52	11854	13481	162,010.63	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	11	9	1,303.20	124	149	16,402.32	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	4	678	4,195.96	451	147121	1891,645.13	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	13	51	494.47	0	0	0.00
PRESCRIBED DRUGS	931	3851	213,715.88	6466	20466	1483,569.48	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	1553	1588	3,398.32	12344	12401	26,538.14	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	5	4	271.27	7	6	418.23	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1551	1624	167,098.03	11852	11923	779,174.07	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	33.12	16	20	1,079.04	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	17	796.75	654	1352	195,654.67	0	0	0.00
MEDICAL SUPPLIES	112	3748	17,576.09	2640	342964	505,987.02	0	0	0.00
OTHER PRACTITIONER	66	171	11,417.39	943	13233	521,845.98	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	90	123	22,742.72	1049	1219	121,960.63	0	0	0.00
OPTOMETRIST	71	88	5,570.30	584	761	32,828.16	0	0	0.00
CHIROPRACTIC	61	105	3,273.96	338	614	8,714.85	0	0	0.00
PODIATRIC	12	10	1,345.41	602	778	15,856.69	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	45	1,440.36	282	14073	477,843.67	0	0	0.00
PSYCHIATRIC	3	5	112.95	535	781	26,926.82	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	4	88	305.66	0	0	0.00
ID WAIVER SERVICE	1	59	1,408.92	9124	608338	24979,973.07	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	1	71	1,726.78	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	4	110	1,300.48	1	8	200.96	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	1	150.59-	154	8293	155,323.60	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	2	8	135.64	7205	64097	2217,246.87	0	0	0.00
UNASSIGNED	0	0	0.00	2	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1560	24541	980,834.58	12194	1453424	60740,116.27	0	0	0.00



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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	6024	31423	25428,909.90
OUTPATIENT	0	0	0.00	7	29	1,744.60	61563	1194221	18449,558.14
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	0	0	0.00	0	0	0.00	752	11851	2056,231.11
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11200	336671	39481,095.66
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2035	60243	22978,069.16
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	45	2271	770,563.00
HOME HEALTH	0	0	0.00	1	2	10.08	11834	242752	8612,805.71
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	2	2	724.12
PHYSICIAN	0	0	0.00	31	35	3,019.43	116038	301572	14291,260.96
CLINIC SERVICES	0	0	0.00	13	17	2,391.86	19384	24825	3513,965.14
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	5142,078.00
LAB AND RADIOLOGICAL	0	0	0.00	0	0	0.00	14936	35865	643,218.51
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3576	115785	5787,252.06
REMEDIAL SERVICES	0	0	0.00	200	206	2,886.48	368736	634967	8953,119.94
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	2622	2610	310,949.86

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	1574	450715	4853,485.14
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	313	917	9,824.13
PRESCRIBED DRUGS	0	0	0.00	27	35	2,528.83	124560	319145	19261,433.84
DRUG CAPITATION	0	0	0.00	0	0	0.00	1	0	5.79-
NEMENT SERVICES	0	0	0.00	204	216	462.24	371879	387211	828,631.54
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	4	4	233.57	5647	6172	504,017.27
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	204	240	3,021.71	371004	399620	11412,206.47
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	6	105.48	5813	6596	1129,957.59
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	97	97	284,948.80
PATIENT MANAGEMENT	0	0	0.00	106	106	212.00	178411	178394	356,788.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3196	7322	505,015.44
MEDICAL SUPPLIES	0	0	0.00	2	244	274.07	24646	1718683	3413,048.46
OTHER PRACTITIONER	0	0	0.00	4	4	261.75	15705	66118	2956,511.02
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

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	26	34	4,167.48	23006	28381	4152,215.83
OPTOMETRIST	0	0	0.00	7	7	653.43	10821	13333	726,539.64
CHIROPRACTIC	0	0	0.00	0	0	0.00	8563	17064	400,583.14
PODIATRIC	0	0	0.00	0	0	0.00	4234	6395	183,767.29
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	731	27584	343,504.60
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1086	55485	1770,919.54
PSYCHIATRIC	0	0	0.00	0	0	0.00	4063	6676	369,167.86
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1265	35873	280,269.98
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	10303	685898	28157,358.11
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	576	36482	580,301.64
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	35	2800	29,864.84
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9229	450942	6011,933.66
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2053	96230	1572,138.91
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1	6	210.00	9121	85202	3015,379.20
UNASSIGNED	0	0	0.00	0	0	0.00	9	0	1428,387.93-
* A L L C A T E G O R I E S *	0	0	0.00	213	1191	22,183.01	411727	8084393	248101,219.49

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