

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	2	10,115.79	0	0	0.00	592	2033	688,609.90
OUTPATIENT	13	307	4,054.49	0	0	0.00	4815	125386	753,332.82
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	302	4304	39,282.48
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4690	150354	16525,071.63
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	10	370	112,438.83
HOME HEALTH	0	0	0.00	0	0	0.00	2795	59355	1997,815.01
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	24	39	3,879.64	0	0	0.00	7175	46161	517,271.20
CLINIC SERVICES	17	28	3,563.80	0	0	0.00	574	463	54,672.19
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	14	98	1,360.62	0	0	0.00	1015	308	4,144.99
HABILITATION SERVICES	0	0	0.00	0	0	0.00	71	2201	142,958.41
REMEDIAL SERVICES	52	69	106.59	0	0	0.00	5750	5798	63.57
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	504	511	48,721.72

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	43	1,039.34	0	0	0.00	3348	5808	51,503.47
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	52	52	111.28	0	0	0.00	5597	5620	12,026.80
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	61	74	1,991.64	0	0	0.00	13928	14028	84,990.66
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	1	1	29.30	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	23	23	46.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	2	1	40.66	0	0	0.00	3602	203029	308,172.38
OTHER PRACTITIONER	5	5	447.83	0	0	0.00	541	1881	25,831.47
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	3	7	474.50	0	0	0.00	489	596	80,396.56
OPTOMETRIST	0	0	0.00	0	0	0.00	763	1196	29,331.55
CHIROPRACTIC	0	0	0.00	0	0	0.00	456	1106	7,241.50
PODIATRIC	0	0	0.00	0	0	0.00	898	1351	14,342.91
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	83	3,748.51
PSYCHIATRIC	0	0	0.00	0	0	0.00	208	364	10,237.29
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	273	8618	66,815.26
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	80	4805	275,866.89
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	3686	175923	2657,612.12
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	81	339	16,130.59
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 *	80	749	27,261.48	0	0	0.00	17242	821991	24358,649.39

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	2031	11729	9787,211.06	801	2475	4658,915.47
OUTPATIENT	1	54	64.80	20322	662965	8518,131.99	12423	285184	6148,886.32
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	234	5172	2505,362.35	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	647	20483	2646,914.77	1	12	1,555.44
INTER CARE MENTAL RETARDA	0	0	0.00	5	250	73,994.81	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	1	4	18.80	4324	101271	3343,436.66	71	528	47,104.30
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	1	10.12	28826	164921	4873,820.45	19122	40142	3693,802.96
CLINIC SERVICES	0	0	0.00	4074	5815	829,107.59	3965	5854	869,814.47
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	4289	7599	119,623.45	4174	12147	311,089.63
HABILITATION SERVICES	1	2	59.52	3469	114546	5837,596.04	48	537	25,957.66
REMEDIAL SERVICES	3	3	4.85	53899	57107	499,166.39	44451	48654	205,009.07
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1327	1562	187,915.37	297	316	38,697.17

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	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	388	103943	1292,121.19	9	654	4,596.29
EARLY ACCESS SERVICES	0	0	0.00	78	310	4,302.24	4	38	474.23
PRESCRIBED DRUGS	1	1	3.90	27970	133993	10075,545.90	25216	76952	3349,156.93
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	53853	54832	117,340.48	44372	47211	101,031.54
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	102	105	9,802.16	4767	5108	527,505.64
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	225.40	56329	56093	4029,974.27	49586	49150	1519,910.31
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	192	269	11,897.86	51	56	5,510.10
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	34	32	105,534.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	4	4	8.00	27593	27580	55,160.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	612	1431	154,813.57	138	344	13,742.02
MEDICAL SUPPLIES	0	0	0.00	11444	1007318	2273,803.01	1373	32467	235,271.49
OTHER PRACTITIONER	0	0	0.00	3972	24256	982,657.06	2671	4832	316,807.91
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	4951	6577	1049,526.74	3861	5499	1041,186.70
OPTOMETRIST	0	0	0.00	2959	4131	203,411.95	1955	2383	171,955.04
CHIROPRACTIC	0	0	0.00	2770	7129	101,014.09	2148	5184	172,775.25
PODIATRIC	0	0	0.00	1611	3160	99,153.27	271	362	41,799.09
PHYSICAL DISABILITIES SVCS	0	0	0.00	515	20258	256,171.56	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	358	20590	702,668.51	0	0	0.00
PSYCHIATRIC	0	0	0.00	3034	5442	158,078.30	36	45	3,954.19
RESIDENTIAL CARE FACILITY	0	0	0.00	1205	40063	314,894.68	1	20	562.80
ID WAIVER SERVICE	0	0	0.00	888	52327	2592,248.19	2	66	7,002.88
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	23	1694	27,899.77	8	795	12,282.63
AIDS WAIVER SERVICES	0	0	0.00	10	779	9,624.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	40	1961	39,182.23	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1869	98171	1562,772.15	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	1209	8583	334,979.08	12	118	4,594.43
UNASSIGNED	0	0	0.00	0	0	0.00	5	0	0.00
* A L L C A T E G O R I E S *	3	71	393.81	60460	2806871	65731,705.19	58408	654713	23586,111.96

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	398	2259	2526,317.68	358	6385	1961,356.32	2339	13268	22086,736.42
OUTPATIENT	9828	126159	2845,699.65	2897	49669	982,412.41	17196	318068	4945,150.08
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	53	34,928.05
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	1	245	37,892.07
INTER CARE MENTAL RETARDA	0	0	0.00	1	67	20,587.07	1	0	1467,379.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	398	1348	48,458.42	65	232	12,471.01	684	3582	170,559.48
LEAD INSPECTION AGENCY	4	4	1,442.03	1	1	362.06	1	1	362.06
PHYSICIAN	22193	36086	2604,651.70	5075	9149	699,587.29	37779	73578	5820,680.50
CLINIC SERVICES	4570	5752	862,948.99	1187	1605	229,016.97	8637	11993	1690,250.10
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	6055,220.00
LAB AND RADIOLOGICAL	2178	4453	74,061.93	660	1979	39,812.02	4761	13682	220,936.43
HABILITATION SERVICES	3	44	1,877.24	25	312	18,598.78	13	421	5,403.55
REMEDIAL SERVICES	74085	82352	1331,101.15	16163	18747	270,936.15	111210	123312	1669,533.69
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	164	163	22,378.88	83	85	10,793.06	267	272	40,945.44

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	26952	226,877.72	70	6909	50,867.35	201	40431	304,764.21
EARLY ACCESS SERVICES	141	538	7,937.93	34	158	1,906.41	190	826	12,350.29
PRESCRIBED DRUGS	20275	35994	1961,014.17	5633	13091	685,828.90	32035	56433	2694,832.78
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	73651	77297	165,415.58	15985	16740	35,823.60	110920	116431	249,162.34
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	556	589	64,265.33	215	219	22,920.79	417	443	55,518.86
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	81538	79530	788,670.85	17928	17379	353,269.10	122297	122129	1466,583.14
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	3270	3728	502,160.64	414	509	86,342.95	5161	5745	1194,401.85
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	49206	49200	98,400.00	10038	10034	20,068.00	79329	79326	158,658.00
HEALTH INS PREMIUM PAYMENT	206	569	15,480.29	61	155	5,430.99	1394	4076	111,661.75
MEDICAL SUPPLIES	1010	13333	113,017.94	253	6924	37,365.61	1651	33937	204,583.29
OTHER PRACTITIONER	3187	8949	437,666.74	809	2110	112,608.73	5303	13023	666,337.08
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	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	7170	8717	1053,665.25	1562	1990	331,373.74	11457	13828	1792,416.81
OPTOMETRIST	2674	3061	206,126.34	627	727	48,662.58	4091	4629	302,690.72
CHIROPRACTIC	1117	2048	63,926.63	336	766	24,707.40	2128	4151	121,308.70
PODIATRIC	98	113	14,361.09	42	52	6,017.61	153	169	12,960.80
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	0	2,673.37-
PSYCHIATRIC	17	35	3,280.60	21	63	3,341.04	40	66	253,873.07
RESIDENTIAL CARE FACILITY	0	0	0.00	1	35	460.18	0	0	0.00
ID WAIVER SERVICE	1	15	366.75	2	20	393.14	4	23	63,365.88-
CHILDRENS MENTAL HEALTH SVC	34	2819	43,283.26	83	5459	88,645.88	41	3462	46,145.12
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	1	65	775.45	0	0	0.00	2	30	3,023.13-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	37	398	14,273.10	86	918	36,044.84	55	488	529,098.67-
UNASSIGNED	0	0	0.00	2	0	0.00	3	0	2517,993.05
* A L L C A T E G O R I E S *	85085	572570	16099,903.33	18198	172489	6198,011.98	124403	1058121	52879,299.68

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	36	361	239,303.81	702	3003	1394,800.67	61	425	660,427.24
OUTPATIENT	1116	20683	295,148.80	5383	161057	925,296.95	588	16957	320,334.41
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	45	25,661.80	574	9019	68,094.76	2	34	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6352	202521	25248,792.61	0	0	0.00
INTER CARE MENTAL RETARDA	14	333	111,709.97	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	24	671	180,862.97	0	0	0.00
HOME HEALTH	59	5078	150,080.03	3848	82754	3065,977.54	45	692	11,502.08
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2714	4477	238,976.05	7431	57339	577,734.50	913	3043	197,925.57
CLINIC SERVICES	518	676	92,042.75	416	404	48,064.74	168	227	31,361.38
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	343	1170	16,409.20	1245	504	6,106.48	165	286	8,450.90
HABILITATION SERVICES	24	418	31,303.58	66	1564	69,135.65	28	693	42,815.03
REMEDIAL SERVICES	10706	44553	1144,940.32	21231	21415	8,513.02	1857	1985	3,207.53
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	30	31	3,027.95	661	692	67,314.37	31	34	5,310.89

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	79	28764	246,348.52	12	1264	25,987.03	0	0	0.00
EARLY ACCESS SERVICES	65	250	3,077.81	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5317	14972	1130,898.86	9839	23722	443,624.06	1128	4215	190,983.75
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10190	10273	21,984.22	21234	21259	45,494.26	1851	1955	4,183.70
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	44	43	6,150.80	1	1	781.96	26	26	2,338.71
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10661	10400	955,247.66	22083	13094	288,772.28-	2050	2027	54,248.85
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	194	208	13,316.85	1	1	34.50	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	65	65	180,979.17	0	0	0.00
PATIENT MANAGEMENT	73	73	146.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	154	316	16,358.26	30	59	9,658.46	2	2	478.19
MEDICAL SUPPLIES	281	40409	139,240.33	5972	428691	623,634.05	162	9813	24,499.32
OTHER PRACTITIONER	643	4003	135,917.50	723	2765	118,767.19	124	279	29,344.47
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	1328	1582	230,185.31	993	1215	183,332.58	176	232	40,352.65
OPTOMETRIST	620	697	42,080.63	819	1165	32,876.04	97	123	7,494.84
CHIROPRACTIC	215	429	12,019.81	327	778	6,021.65	83	180	5,184.12
PODIATRIC	39	46	4,881.09	1502	2426	25,683.98	37	49	3,502.52
PHYSICAL DISABILITIES SVCS	0	0	0.00	233	9481	107,191.04	0	0	0.00
BRAIN INJ WAIVER SERVICES	43	2296	46,284.70	474	22700	672,829.83	0	0	0.00
PSYCHIATRIC	37	71	6,274.31	289	616	17,389.52	31	46	2,467.74
RESIDENTIAL CARE FACILITY	3	117	895.22	9	87	326.85	0	0	0.00
ID WAIVER SERVICE	228	12618	353,941.52	11	268	21,604.80	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	28	2253	21,596.13	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5759	298110	3892,792.78	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	41	3558	58,916.06	8	150	2,892.63	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	207	1734	66,484.87	117	1217	39,544.66	2	9	253.10
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 *	10471	210684	5839,254.59	13649	1372330	37844,965.15	2017	43332	1646,666.99

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	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	197	1055	1436,950.92	41	429	215,713.37	10	51	96,585.47
OUTPATIENT	625	26142	534,640.71	1349	23902	490,204.88	135	5373	189,683.61
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	84	19,244.85	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	49	779	52,357.46	37	85	1,892.23	4	52	4,264.92
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	859	3480	283,711.45	3732	5480	375,584.74	206	1143	235,874.99
CLINIC SERVICES	73	139	18,623.02	933	1155	166,734.30	25	29	6,656.45
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	54	137	2,783.91	243	579	11,204.74	38	106	5,131.58
HABILITATION SERVICES	6	38	6,651.30	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	0	0	0.00	15001	16885	243,764.34	266	266	655.60
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	39	37	9,127.63	29	28	4,182.83	4	4	1,123.39

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	1	960	4,074.44	48	9635	71,776.40	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	307	1475	85,184.14	4444	8458	626,743.77	209	1016	54,790.13
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	214	214	457.96	14835	15521	33,214.94	267	267	571.38
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	10	10	1,439.59	64	66	7,921.11	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	16603	16057	176,260.05	266	268	28,844.88
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	18.00	231	238	22,764.87	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	11159	11159	22,318.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5	15	353.61	0	0	0.00
MEDICAL SUPPLIES	85	2441	33,259.87	127	3007	16,081.14	29	1104	5,869.86
OTHER PRACTITIONER	95	738	13,829.95	510	1201	60,603.71	32	48	4,511.82
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

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	42	60	12,866.32	2393	2953	430,206.83	26	42	5,930.79
OPTOMETRIST	22	27	1,527.68	834	982	63,184.11	10	13	966.16
CHIROPRACTIC	21	50	1,533.13	369	675	22,136.17	20	44	1,299.07
PODIATRIC	17	20	1,838.06	30	38	6,415.64	5	7	874.77
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	49	121	6,498.95	3	9	744.00	2	2	39.87
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	2	20	312.44	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	7	589	9,896.27	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	1	2	59.31	15	189	7,280.97	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 *	1097	38010	2526,678.65	15367	119355	3087,495.46	272	9835	643,674.74

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	3	3	8,387.06	0	0	0.00	0	0	0.00
OUTPATIENT	18	526	19,359.18	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	81	7,835.61	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	1	2	166.02	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	92	110	10,518.23	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	2	4	344.78	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 *	94	726	46,610.88	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	175	28,495.41	0	0	0.00	4	16	47,756.64
OUTPATIENT	68	1220	12,952.54	0	0	0.00	121	3618	45,144.87
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	46	2,322.45	0	0	0.00	1	0	1,537.20-
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	144	225	10,316.33	0	0	0.00	175	335	22,701.41
CLINIC SERVICES	25	38	4,167.50	0	0	0.00	35	48	5,897.61
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	50	412.36	0	0	0.00	29	91	2,523.45
HABILITATION SERVICES	10	109	11,822.16	0	0	0.00	11	219	26,633.57
REMEDIAL SERVICES	494	676	83,644.76	0	0	0.00	380	599	73,131.98
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	3	4	326.80	0	0	0.00	8	9	1,250.43

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	22	8826	62,723.95	0	0	0.00	1	5	54.16
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	445	1766	148,135.47	0	0	0.00	187	483	30,080.77
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	479	480	1,027.20	0	0	0.00	372	393	841.02
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	2	2	80.92	0	0	0.00	6	5	1,016.77
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	494	483	55,435.28	0	0	0.00	423	393	52,916.53
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	6	6	431.54	0	0	0.00	4	7	311.12
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	4	4	8.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	53	119	11,237.63	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	22	1802	1,840.07	0	0	0.00	4	449	820.66
OTHER PRACTITIONER	35	499	20,807.35	0	0	0.00	24	63	2,994.04
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	58	70	9,105.46	0	0	0.00	34	44	6,316.82
OPTOMETRIST	31	36	1,941.91	0	0	0.00	19	24	1,512.64
CHIROPRACTIC	21	53	1,292.06	0	0	0.00	14	30	985.82
PODIATRIC	3	5	130.06	0	0	0.00	2	2	167.59
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	4	6	273.64	0	0	0.00	2	6	93.49
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	2	43	793.87-	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	410	24227	414,551.12	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	2	31	447.67	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	467	5118	232,670.45	0	0	0.00	3	0	70.13
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 *	449	46119	1115,806.22	0	0	0.00	363	6839	321,684.32

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	23	170	241,133.55	160	680	626,353.55	0	0	0.00
OUTPATIENT	392	10636	241,118.19	3383	99542	699,339.10	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	473.06	18	252	52,244.67	0	0	0.00
INTERMEDIATE CARE FACILITY	1	31	3,688.86	6	135	18,418.63	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1770	52863	18832,172.80	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	15	113	6,267.35	1279	55188	2036,947.78	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	590	1644	158,814.41	5050	19308	432,427.90	0	0	0.00
CLINIC SERVICES	168	236	36,016.04	379	454	57,842.70	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	322	5,571.30	644	796	9,009.83	0	0	0.00
HABILITATION SERVICES	7	237	5,577.68	109	3313	144,888.55	0	0	0.00
REMEDIAL SERVICES	1524	2157	33,288.35	11866	11990	118,479.25	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	19	23	2,984.73	170	210	24,565.52	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	1	1	11.68	309	98577	1279,997.52	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	10	101	1,154.14	0	0	0.00
PRESCRIBED DRUGS	988	4787	304,343.51	6862	25555	1851,497.52	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	1515	1543	3,302.02	12351	12426	26,591.64	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	6	6	470.63	12	13	1,487.22	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1615	1584	160,885.47	12018	11936	731,013.68	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	6	6	337.02	18	24	1,044.70	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	20	848.16	668	1590	186,852.24	0	0	0.00
MEDICAL SUPPLIES	131	8356	21,470.82	2864	408457	661,131.30	0	0	0.00
OTHER PRACTITIONER	73	195	9,988.13	1074	17010	639,771.32	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	131	174	39,817.89	1699	1985	201,487.10	0	0	0.00
OPTOMETRIST	83	106	7,740.82	722	876	37,333.04	0	0	0.00
CHIROPRACTIC	67	150	4,633.03	384	813	13,280.96	0	0	0.00
PODIATRIC	34	41	3,731.18	761	971	19,692.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	31	1,039.47	279	14485	443,996.83	0	0	0.00
PSYCHIATRIC	3	5	206.47	558	794	24,283.22	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	8	286	1,699.92	0	0	0.00
ID WAIVER SERVICE	1	126	3,641.88	9177	621966	24847,488.73	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	113	2,742.97	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	3	76	1,132.71	1	2	58.50	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	6	374.76	154	8900	153,814.71	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	3	35	2,311.29	8307	65753	2369,562.50	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 *	1561	32817	1301,220.46	12129	1537364	56548,672.04	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	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	3	9	13,614.73	7723	44528	46728,785.06
OUTPATIENT	0	0	0.00	14	587	5,304.74	79761	1938035	27976,260.54
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	0	0	0.00	1122	18963	2745,292.02
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11634	373781	44482,334.01
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1786	53513	17571,085.65
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	34	1041	293,301.80
HOME HEALTH	0	0	0.00	1	6	528.00	13564	311113	10950,466.32
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	6	6	2,166.15
PHYSICIAN	0	0	0.00	36	1097	10,286.07	139288	467729	20765,892.89
CLINIC SERVICES	0	0	0.00	24	37	5,113.84	25624	34953	5011,894.44
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	6055,220.00
LAB AND RADIOLOGICAL	0	0	0.00	6	10	258.39	19835	44317	838,891.21
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3798	124654	6371,278.72
REMEDIAL SERVICES	0	0	0.00	199	207	2,769.21	367254	436775	5688,315.82
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	3611	3983	468,832.20

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	1291	326921	3570,200.46
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	496	2221	31,203.05
PRESCRIBED DRUGS	0	0	0.00	26	43	755.28	141813	408917	23696,480.88
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	197	200	428.00	367488	382717	819,014.38
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	4	5	446.96	6191	6641	702,147.45
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	217	214	2,923.57	393265	394842	10004,637.74
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	12	13	666.06	9537	10812	1839,267.36
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	99	97	286,513.17
PATIENT MANAGEMENT	0	0	0.00	101	101	202.00	177529	177504	355,014.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3329	8696	526,915.17
MEDICAL SUPPLIES	0	0	0.00	4	425	1,069.99	28284	2201963	4701,171.79
OTHER PRACTITIONER	0	0	0.00	4	4	276.88	19652	81861	3579,169.18
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

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	28	41	3,367.60	36266	45612	6512,009.65
OPTOMETRIST	0	0	0.00	9	10	717.33	16312	20186	1159,553.38
CHIROPRACTIC	0	0	0.00	0	0	0.00	10395	23586	559,359.39
PODIATRIC	0	0	0.00	0	0	0.00	5483	8812	255,551.66
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	742	29739	363,362.60
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1101	60185	1867,894.48
PSYCHIATRIC	0	0	0.00	0	0	0.00	4322	7695	491,380.48
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1498	49226	385,654.91
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	10351	692297	28038,707.47
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	607	39158	645,447.02
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	38	3032	31,220.13
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9146	476072	6590,778.34
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	50	834.77	2067	110961	1777,805.07
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	10417	84901	2595,160.65
UNASSIGNED	0	0	0.00	0	0	0.00	12	0	2517,993.05
* A L L C A T E G O R I E S *	0	0	0.00	216	3059	49,563.42	421564	9508045	299853,629.74

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