

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	6	2,623.97-	0	0	0.00	571	2351	555,233.28
OUTPATIENT	12	99	2,483.42	0	0	0.00	4873	108586	778,878.29
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	261	3384	53,561.56
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4906	150899	16876,321.41
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	14	323	91,498.29
HOME HEALTH	0	0	0.00	0	0	0.00	2858	57562	2298,375.27
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	35	71	6,602.46	0	0	0.00	7355	48023	464,235.19
CLINIC SERVICES	14	28	3,648.09	0	0	0.00	618	354	41,167.87
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	9	24	485.17	0	0	0.00	1043	259	3,538.94
HABILITATION SERVICES	0	0	0.00	0	0	0.00	67	2152	130,978.26
REMEDIAL SERVICES	56	75	116.37	0	0	0.00	5854	6187	108.92
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	326	387	38,027.75

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	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	14	35	376.18	0	0	0.00	3541	6643	56,439.16
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	54	54	115.56	0	0	0.00	5676	5705	12,208.70
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	56	75	1,953.00	0	0	0.00	5854	6187	23,552.81
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	28	28	56.00	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	5.55	0	0	0.00	3971	250133	349,883.01
OTHER PRACTITIONER	1	1	49.75	0	0	0.00	465	2146	24,371.82
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	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	6	6	854.55	0	0	0.00	604	780	124,443.71
OPTOMETRIST	2	4	186.10	0	0	0.00	815	1227	26,260.01
CHIROPRACTIC	0	0	0.00	0	0	0.00	453	1114	6,880.06
PODIATRIC	0	0	0.00	0	0	0.00	962	1451	11,940.92
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	93	3,966.90
PSYCHIATRIC	0	0	0.00	0	0	0.00	191	344	9,247.71
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	291	9580	64,187.90
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	78	7636	271,241.46
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	3576	164707	2575,402.93
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	84	372	17,318.74
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 *	80	507	14,308.23	0	0	0.00	17259	838585	24909,270.87

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	2081	11978	9738,349.94	728	2072	3535,668.74
OUTPATIENT	1	26	480.30	19733	535370	7332,852.42	11185	203370	5107,003.93
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	283	5506	2309,432.24	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	667	20625	2694,593.39	2	4	594.50
INTER CARE MENTAL RETARDA	0	0	0.00	10	463	243,392.61	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	4591	116606	3934,851.25	82	636	56,976.92
LEAD INSPECTION AGENCY	0	0	0.00	1	1	350.00	0	0	0.00
PHYSICIAN	1	2	24.61	30350	172228	4955,191.61	20082	45203	3493,239.75
CLINIC SERVICES	0	0	0.00	4392	5969	850,223.45	4157	5953	885,704.88
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	4402	8952	144,312.88	4255	12293	300,037.20
HABILITATION SERVICES	1	4	119.04	3502	126069	6256,101.16	37	619	32,790.94
REMEDIAL SERVICES	3	3	4.85	54545	56431	454,671.61	45669	50846	188,089.65
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1292	1549	184,301.47	363	390	57,190.88

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	331	51764	777,603.05	10	3042	23,011.00
EARLY ACCESS SERVICES	0	0	0.00	65	158	1,959.86	3	5	67.44
PRESCRIBED DRUGS	1	4	132.54	28715	139720	10421,159.52	26264	82524	3561,609.02
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	54476	55616	119,018.24	45567	48665	104,143.10
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	142	136	13,963.91	5738	6807	674,454.65
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	227.34	54528	56405	4114,828.59	45643	50902	1553,331.82
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	145	209	11,071.35	29	33	2,321.07
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	37	37	122,837.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	27480	27474	54,948.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	586	1148	139,105.57	145	299	13,454.64
MEDICAL SUPPLIES	0	0	0.00	11663	982756	2311,876.87	1328	29747	262,852.11
OTHER PRACTITIONER	0	0	0.00	3774	24296	841,161.50	2809	4847	306,937.61
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	60.84	5344	7322	1210,322.78	4156	6212	1183,996.52
OPTOMETRIST	0	0	0.00	3277	4237	192,499.46	1954	2371	174,228.30
CHIROPRACTIC	0	0	0.00	2809	7450	104,848.96	2302	5276	176,930.72
PODIATRIC	0	0	0.00	1664	3026	84,410.45	329	446	53,016.84
PHYSICAL DISABILITIES SVCS	0	0	0.00	542	20541	258,679.36	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	352	17120	653,196.80	1	5	119.80
PSYCHIATRIC	1	1	24.94	2930	5962	171,972.77	46	62	4,934.07
RESIDENTIAL CARE FACILITY	0	0	0.00	1165	37601	288,053.68	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	917	130720	2802,830.58	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	24	1699	30,074.37	8	527	9,514.20
AIDS WAIVER SERVICES	0	0	0.00	9	777	9,885.15	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	34	1410	26,264.86	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1776	79095	1386,647.84	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	1234	8692	414,585.55	7	113	5,085.00
UNASSIGNED	0	0	0.00	2	0	0.00	6	0	0.00
* A L L C A T E G O R I E S *	3	47	1,080.88	60426	2699644	65607,482.10	58529	590743	21822,253.30

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	392	1242	1282,314.50	329	5282	1823,873.85	2261	10217	12352,923.57
OUTPATIENT	10026	102651	2492,712.95	2628	35908	835,962.59	16430	225115	4432,688.31
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	8	217	45,455.99
INTERMEDIATE CARE FACILITY	1	22	3,520.22	1	12	1,920.12	5	50	41,330.41-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1449,664.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	508	2972	101,356.74	86	256	10,683.71	899	5708	384,514.96
LEAD INSPECTION AGENCY	2	2	724.12	1	1	362.06	2	2	724.12
PHYSICIAN	25627	44394	2786,155.92	5355	10477	732,772.71	41190	84794	5781,939.27
CLINIC SERVICES	5738	7370	1092,846.45	1344	1869	268,393.80	9762	13762	3111,343.92
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	1445,510.00
LAB AND RADIOLOGICAL	2112	4316	63,371.39	624	2228	38,647.79	4331	12831	220,674.26
HABILITATION SERVICES	3	39	1,623.39	21	1992	73,750.39	8	264	14,377.58-
REMEDIAL SERVICES	75915	84150	1110,306.45	16439	18945	216,668.15	113539	127244	1539,620.46
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	179	186	33,120.35	94	98	13,569.63	298	308	48,112.02

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	93	11784	92,815.57	13	903	6,256.21	84	14560	109,824.68
EARLY ACCESS SERVICES	81	176	2,246.04	15	33	422.84	97	221	2,800.23
PRESCRIBED DRUGS	24409	46467	2441,733.66	5979	14397	820,743.04	36862	69989	3301,585.31
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	75648	79416	169,950.24	16347	17198	36,803.72	113534	119887	256,558.18
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	724	833	88,821.31	261	313	34,998.30	463	521	53,884.32
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	75714	82191	814,264.16	16367	18095	360,717.95	113324	126802	2386,639.05
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	2527	2917	424,812.86	332	393	82,401.38	3876	4333	1040,050.83
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	48941	48941	97,882.00	9805	9793	19,586.00	78810	78807	157,614.00
HEALTH INS PREMIUM PAYMENT	183	437	14,935.50	56	114	3,826.36	1422	3478	98,854.60
MEDICAL SUPPLIES	1164	18714	141,821.64	256	7543	38,234.77	1810	30281	232,592.93
OTHER PRACTITIONER	3975	8655	430,784.25	944	2013	107,054.55	6203	13706	688,849.94
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	6805	8297	1082,715.51	1456	1949	287,345.61	10939	13292	1692,659.70
OPTOMETRIST	2271	2628	173,734.07	590	700	49,284.93	3508	4056	261,596.40
CHIROPRACTIC	1155	2300	70,578.04	361	768	25,456.70	2119	4312	128,179.75
PODIATRIC	107	135	14,543.74	36	45	3,949.02	181	210	19,449.41
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	2	0	0.36-	4	34	2,562.81
PSYCHIATRIC	22	28	2,692.76	16	35	2,452.88	58	91	18,931.58
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	2	14	472.00
ID WAIVER SERVICE	1	8	262.40	1	14	213.50	5	203	2,140.62-
CHILDRENS MENTAL HEALTH SVC	26	2113	32,487.53	77	4514	79,745.54	44	3090	48,441.51
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	10	6,104.20-
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	26	1,424.28-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	35	601	26,511.20	87	1408	66,668.96	48	727	35,130.02
UNASSIGNED	0	0	0.00	0	0	0.00	7	0	632,677.24-
* A L L C A T E G O R I E S *	83923	563985	15091,644.96	17904	157296	6042,766.70	123884	969162	37752,465.80

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	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	48	408	209,679.78	657	3830	921,920.16	53	373	583,663.34
OUTPATIENT	1087	15922	309,509.93	5232	148508	953,330.92	546	13052	286,641.08
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	5	30	12,998.93	560	8500	21,393.42	3	110	0.00
INTERMEDIATE CARE FACILITY	1	34	5,120.74	6431	191385	24465,180.47	0	0	0.00
INTER CARE MENTAL RETARDA	15	401	160,729.62	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	29	854	234,082.32	0	0	0.00
HOME HEALTH	67	4382	126,625.41	3876	83765	3581,655.37	37	467	25,818.53
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2797	4463	225,013.81	7489	42852	533,148.29	936	3045	233,320.48
CLINIC SERVICES	594	767	104,469.31	444	510	49,513.29	163	227	33,575.96
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	283	817	11,930.05	1208	343	4,231.02	167	363	8,135.30
HABILITATION SERVICES	21	374	39,423.66	58	1721	78,593.22	30	808	42,948.77
REMEDIAL SERVICES	10312	12294	1422,461.43	21296	21744	8,853.43	1856	2006	2,312.45
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	32	32	4,009.64	563	713	65,515.14	32	36	5,073.11

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	12192	143,071.87	23	3874	113,439.17	0	0	0.00
EARLY ACCESS SERVICES	45	134	1,800.51	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5438	16017	1194,849.02	10027	24669	486,880.64	1147	4404	191,427.78
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10170	10261	21,958.54	21250	21380	45,753.20	1844	1926	4,121.64
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	40	45	4,171.62	3	5	80.66	33	41	3,280.10
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10173	10455	981,712.13	21297	21743	200,002.52	1851	2006	58,685.81
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	96	104	8,452.02	3	3	226.68	2	2	1,437.32
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	68	68	182,314.37	0	0	0.00
PATIENT MANAGEMENT	106	106	212.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	156	275	14,489.53	29	45	8,162.38	3	3	499.61
MEDICAL SUPPLIES	307	43657	113,924.82	5926	430889	647,277.16	147	4620	11,780.51
OTHER PRACTITIONER	679	3873	172,255.57	638	3389	126,587.52	148	299	21,411.79
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

	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	1195	1472	194,749.96	1054	1357	215,875.00	189	276	41,531.06
OPTOMETRIST	482	543	34,724.64	917	1261	28,876.32	116	144	9,375.93
CHIROPRACTIC	192	423	13,081.10	285	742	5,170.29	82	212	6,143.55
PODIATRIC	32	36	3,821.23	1491	2201	18,676.69	29	37	1,283.76
PHYSICAL DISABILITIES SVCS	0	0	0.00	225	8918	108,562.79	0	0	0.00
BRAIN INJ WAIVER SERVICES	40	1436	39,435.94	489	24673	814,898.25	0	0	0.00
PSYCHIATRIC	44	110	8,354.29	310	636	17,938.31	26	51	1,880.88
RESIDENTIAL CARE FACILITY	1	10	299.60-	26	634	7,063.98	0	0	0.00
ID WAIVER SERVICE	215	6766	276,322.07	16	720	33,220.98	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	1964	19,434.57	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5622	268503	3623,291.08	2	27	481.40
ILL & HANDICAPPED WAIVER SVCS	33	2093	39,006.97	7	299	4,533.15	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	236	1970	95,555.82	154	1272	53,675.42	1	1	25.41
UNASSIGNED	1	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	10330	151902	5993,622.36	13520	1323970	37679,358.18	1959	34536	1574,855.57

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	177	888	1217,996.96	47	540	203,759.53	6	39	59,472.43
OUTPATIENT	510	19853	547,160.85	1575	22110	513,137.39	130	3808	150,345.36
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	6	287	108,406.22	0	0	0.00	1	1	0.00
INTERMEDIATE CARE FACILITY	1	8	1.92	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	29	376	26,623.72	49	109	262.21	5	76	1,860.10
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	884	3826	341,005.17	4226	6728	401,791.28	191	954	97,263.64
CLINIC SERVICES	89	144	20,113.37	973	1197	171,531.47	30	39	8,596.02
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	49	114	2,086.01	247	632	11,562.98	31	104	2,552.54
HABILITATION SERVICES	12	304	8,068.22	1	69	6,104.60	0	0	0.00
REMEDIAL SERVICES	1	0	10.50	15367	17297	228,411.77	261	265	654.05
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	54	58	12,020.52	24	23	3,132.90	3	3	636.95

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	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	17	2022	12,866.64	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	1	1	12.14	0	0	0.00
PRESCRIBED DRUGS	307	1579	102,465.99	4961	9983	729,004.41	210	1093	50,437.18
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	285	281	601.34	15214	16056	34,359.84	259	259	554.26
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	1	1	153.72	95	104	13,734.16	1	1	55.88
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	15296	17056	184,796.71	261	265	28,567.39
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	124	126	12,492.74	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	10998	10998	21,996.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5	8	823.93	0	0	0.00
MEDICAL SUPPLIES	92	3369	31,022.88	170	5071	31,608.77	30	714	5,762.40
OTHER PRACTITIONER	118	92	19,211.76	654	1225	66,767.94	29	106	4,476.73
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	57	97	22,869.36	2066	2491	343,079.19	28	42	6,809.36
OPTOMETRIST	21	27	1,559.73	694	801	53,403.65	17	23	1,412.14
CHIROPRACTIC	13	40	1,376.66	421	877	27,912.46	15	36	1,143.64
PODIATRIC	17	18	2,618.26	40	56	6,604.86	5	7	899.07
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	103	199.80	0	0	0.00	0	0	0.00
PSYCHIATRIC	40	142	7,529.62	12	18	1,713.11	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	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	4	315	5,143.12	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	14	448.18	8	136	5,983.12	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 *	1055	31621	2473,550.76	15482	116049	3091,996.92	267	7836	421,524.08

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	9	14,875.03	0	0	0.00	0	0	0.00
OUTPATIENT	9	1306	8,375.61	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	14	27	2,320.04	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	91	118	9,994.98	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	1	6	415.76	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	1466	35,981.42	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	12	228	44,341.99	0	0	0.00	4	7	12,039.01
OUTPATIENT	68	954	15,644.79	0	0	0.00	105	1421	43,007.74
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	7	38	2,137.09	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	146	232	9,710.30	0	0	0.00	150	323	29,855.98
CLINIC SERVICES	26	30	3,289.65	0	0	0.00	34	53	7,211.10
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	0	0	0.00
LAB AND RADIOLOGICAL	7	38	530.04	0	0	0.00	25	103	2,448.72
HABILITATION SERVICES	4	62	2,304.74	1	0	27.02-	8	300	14,582.43
REMEDIAL SERVICES	499	615	82,764.04	0	0	0.00	393	419	74,304.73
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	143.53	0	0	0.00	7	8	810.83

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	23	6447	40,181.17	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	432	1831	160,930.89	0	0	0.00	185	450	20,938.98
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	480	483	1,033.62	0	0	0.00	387	412	881.68
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	12	13	3,167.48
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	480	485	57,038.41	0	0	0.00	387	419	56,741.94
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	3	3	198.49	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	1	1	2.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	51	100	8,839.64	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	29	3074	5,119.73	0	0	0.00	8	555	999.11
OTHER PRACTITIONER	51	524	21,649.48	0	0	0.00	20	25	1,305.65
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	56	65	14,814.15	0	0	0.00	29	38	4,228.46
OPTOMETRIST	30	36	2,052.28	0	0	0.00	17	21	1,473.64
CHIROPRACTIC	9	10	269.88	0	0	0.00	19	49	1,396.91
PODIATRIC	4	6	85.62	0	0	0.00	2	2	452.72
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	4	121.82	0	0	0.00	1	1	17.93
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	2	5	150.52	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	412	22644	423,519.12	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	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	444	7666	350,889.00	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 *	452	45582	1247,761.99	0	0	27.02-	397	4619	275,865.04

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	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	17	118	146,822.40	156	738	835,295.05	0	0	0.00
OUTPATIENT	366	8611	228,785.91	3381	88155	660,180.95	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	16	130	2,221.65	0	0	0.00
INTERMEDIATE CARE FACILITY	1	30	3,529.60	8	78	11,255.71	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2024	59184	24189,108.76	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	12	122	6,848.52	1363	52677	1918,116.05	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	635	1693	136,737.08	5405	23343	409,143.47	0	0	0.00
CLINIC SERVICES	173	247	37,399.89	449	493	64,134.66	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	91	372	6,765.27	633	835	10,553.62	0	0	0.00
HABILITATION SERVICES	9	288	8,635.80	92	3455	140,436.37	0	0	0.00
REMEDIAL SERVICES	1494	1555	46,967.43	11957	11858	128,283.88	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	20	23	3,858.93	135	176	18,496.68	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	2	52	833.68	422	89083	1164,954.62	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	8	30	345.24	0	0	0.00
PRESCRIBED DRUGS	969	4660	273,365.02	6999	27166	1976,499.94	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	1491	1514	3,239.96	12431	12523	26,799.22	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	10	10	696.37	22	21	2,295.48	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1490	1554	159,023.79	11951	12065	766,645.43	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	2	3	269.26	17	23	1,668.90	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	7	16	793.60	658	1310	163,328.22	0	0	0.00
MEDICAL SUPPLIES	138	7089	26,196.93	3130	464622	692,803.10	0	0	0.00
OTHER PRACTITIONER	84	190	11,772.68	1100	16018	617,058.41	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	123	185	31,440.65	1809	2190	216,402.18	0	0	0.00
OPTOMETRIST	75	93	6,923.11	780	880	36,180.02	0	0	0.00
CHIROPRACTIC	64	131	4,253.75	383	816	11,745.76	0	0	0.00
PODIATRIC	23	31	2,600.89	819	935	17,105.85	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	42	1,422.94	286	14134	485,111.89	0	0	0.00
PSYCHIATRIC	3	3	180.42	523	858	30,297.70	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	8	274	2,444.26	0	0	0.00
ID WAIVER SERVICE	1	98	2,614.20	9261	736005	25519,270.26	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	172	4,095.36	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	2	110	1,814.61	1	97	2,980.77	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	1	263.24	149	7025	146,979.73	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	5	197.50	9012	65868	3075,616.46	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 *	1523	28846	1154,253.43	12231	1693237	63347,855.65	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	1	0	2,426.40-	7497	40326	33533,179.19
OUTPATIENT	0	0	0.00	22	502	5,229.18	77245	1535327	24704,411.92
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	1100	18165	2553,470.01
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11891	363147	44020,707.67
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2048	60048	23143,566.99
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	42	1177	325,580.61
HOME HEALTH	0	0	0.00	1	2	10.08	14343	325754	12476,715.93
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	6	6	2,160.30
PHYSICIAN	0	0	0.00	63	101	7,571.63	150199	492779	20647,042.69
CLINIC SERVICES	0	0	0.00	26	42	5,888.68	28840	39054	6759,051.86
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	1445,510.00
LAB AND RADIOLOGICAL	0	0	0.00	3	59	1,059.12	19422	44683	832,922.30
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3824	138520	6822,056.39
REMEDIAL SERVICES	0	0	0.00	226	265	3,373.95	374125	412199	5507,984.12
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	3396	3991	488,020.33

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	1087	195723	2484,857.66
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	308	758	9,654.30
PRESCRIBED DRUGS	0	0	0.00	43	71	1,734.77	154165	451820	25802,308.03
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	224	228	487.92	374807	391867	838,595.38
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	6	8	541.04	7523	8859	894,299.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	223	265	3,339.10	373889	406973	11752,067.95
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	4	4	498.83	7142	8153	1585,901.73
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	105	105	305,151.37
PATIENT MANAGEMENT	0	0	0.00	111	111	222.00	176280	176259	352,518.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5	16	163.00	3306	7249	467,276.58
MEDICAL SUPPLIES	0	0	0.00	5	785	1,736.23	29435	2283620	4905,498.52
OTHER PRACTITIONER	0	0	0.00	15	29	863.87	21548	81434	3462,570.82
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

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	27	35	5,109.73	35802	46107	6679,308.32
OPTOMETRIST	0	0	0.00	7	8	600.60	15538	19060	1054,371.33
CHIROPRACTIC	0	0	0.00	0	0	0.00	10623	24556	585,368.23
PODIATRIC	0	0	0.00	0	0	0.00	5716	8642	241,459.33
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	759	29459	367,242.15
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1115	57640	2000,914.77
PSYCHIATRIC	0	0	0.00	0	0	0.00	4208	8353	278,731.49
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1490	48113	361,922.22
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	10432	882175	28903,985.35
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	591	35074	633,020.75
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	35	2741	29,319.72
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	8921	434864	6224,131.45
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	67	1,206.67	1959	88606	1577,213.32
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	11213	88845	4147,690.38
UNASSIGNED	0	0	0.00	0	0	0.00	16	0	632,677.24-
* A L L C A T E G O R I E S *	0	0	0.00	237	2598	37,210.00	419555	9262231	288575,081.22

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