

## 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	4	11	59,347.40	0	0	0.00	562	2488	479,520.10
OUTPATIENT	13	169	2,922.95	0	0	0.00	4566	108788	717,207.38
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	275	3628	80,033.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4536	143395	15514,641.50
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	11	228	72,573.12
HOME HEALTH	0	0	0.00	0	0	0.00	2459	47132	1653,895.59
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	1	0	1,716.29-
PHYSICIAN	35	71	8,082.87	0	0	0.00	7111	62401	513,767.73
CLINIC SERVICES	7	16	2,385.38	0	0	0.00	543	406	50,261.50
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	2	10	127.04	0	0	0.00	919	216	3,546.83
HABILITATION SERVICES	0	0	0.00	0	0	0.00	73	2112	136,873.66
BEHAVIORAL HLTH INTERVENTN SVC	70	100	152.12	0	0	0.00	5920	6228	66.61
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	128.41	0	0	0.00	338	413	40,210.78

## 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	46	503.36	0	0	0.00	3366	5807	55,653.91
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	64	64	136.96	0	0	0.00	5731	5759	12,324.26
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	70	100	2,674.92	0	0	0.00	5921	6227	22,881.82
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	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	4	4	10,312.00
PATIENT MANAGEMENT	31	31	62.00	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	3724	224118	364,963.98
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	449	3337	33,986.94
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	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	7	597.16	0	0	0.00	422	513	76,288.78
OPTOMETRIST	2	2	115.47	0	0	0.00	617	944	25,558.85
CHIROPRACTIC	0	0	0.00	0	0	0.00	473	1235	13,768.31
PODIATRIC	0	0	0.00	0	0	0.00	944	1688	22,099.79
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	70	2,844.85
PSYCHIATRIC	0	0	0.00	0	0	0.00	198	362	10,477.59
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	205	5315	41,098.69
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	77	4147	232,143.75
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	3513	160957	2370,272.05
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	426	19,905.69
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 *	82	628	77,236.04	0	0	0.00	17100	798344	22575,462.77

## 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	1812	10470	7682,830.91	515	1353	2149,144.49
OUTPATIENT	1	1	14.58	17964	483993	5822,306.87	8960	168108	3746,082.90
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	187	4457	1561,525.97	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	647	19781	2568,974.34	2	30	3,861.40
INTER CARE MENTAL RETARDA	0	0	0.00	2	0	32.40	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	3781	97174	2818,183.89	71	348	22,299.26
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	4	155.30	26623	275465	3813,931.81	15609	30154	2455,266.53
CLINIC SERVICES	0	0	0.00	3491	4733	633,458.21	3066	4316	624,142.91
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	3115	4876	98,972.93	2439	7076	186,024.22
HABILITATION SERVICES	1	2	59.52	3402	114711	5558,291.18	36	765	33,886.02
BEHAVIORAL HLTH INTERVENTN SVC	3	3	4.85	55456	57238	444,903.92	45523	50777	192,607.16
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1178	1405	176,294.47	283	289	38,918.82

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	612	171896	2007,695.10	6	2574	1,921.53-
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	2	4	54.49	28045	135561	11039,382.21	25327	78325	3385,408.47
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	55350	56392	120,678.88	45375	48444	103,670.16
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	94	110	7,716.94	4470	5297	470,228.13
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	227.34	55394	57271	4171,828.78	45443	50732	1550,143.66
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	0	0	0.00	194	243	12,267.37	54	67	5,185.64
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	43	42	135,482.34	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	27994	27994	55,988.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	581	1375	162,348.14	135	321	12,519.89
MEDICAL SUPPLIES	0	0	0.00	10732	967302	2241,215.86	1102	15214	223,370.35
OTHER PRACTITIONER	0	0	0.00	3072	28487	781,191.26	1817	2880	191,052.97
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	4287	5638	931,714.96	3491	4802	876,529.57
OPTOMETRIST	0	0	0.00	2511	3392	168,671.68	1676	1972	146,685.27
CHIROPRACTIC	0	0	0.00	2607	6709	113,905.27	1767	4061	134,468.11
PODIATRIC	0	0	0.00	1520	2784	79,083.26	221	266	20,755.91
PHYSICAL DISABILITIES SVCS	0	0	0.00	495	20966	244,565.61	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	340	18002	636,997.59	0	0	0.00
PSYCHIATRIC	1	1	38.91	2798	5115	167,158.31	35	53	4,295.05
RESIDENTIAL CARE FACILITY	0	0	0.00	936	28139	247,660.60	1	66	922.36
ID WAIVER SERVICE	0	0	0.00	887	49904	2659,113.49	2	24	850.37
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	18	951	16,454.12	7	500	8,139.29
AIDS WAIVER SERVICES	0	0	0.00	10	856	10,016.96	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	24	1181	22,840.62	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1820	28284	1232,809.53	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	1028	8075	377,240.53	8	85	3,616.18
UNASSIGNED	0	0	0.00	2	0	0.00	2	0	0.00
* A L L C A T E G O R I E S *	3	21	561.41	60558	2672979	58767,748.31	56773	506893	16644,141.56

## 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	253	1411	1400,215.81	279	4955	1433,818.57	1670	11339	14515,474.36
OUTPATIENT	7331	76445	1878,195.26	1907	28206	559,017.80	12918	182801	3370,124.70
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	1	31	21,911.51	4	75	2,360.08
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	5	148	17,770.32
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1463,871.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	31	12,445.26
HOME HEALTH	473	2187	66,376.03	82	231	11,171.39	993	3271	226.33-
LEAD INSPECTION AGENCY	1	1	362.06	0	0	0.00	1	0	102.59-
PHYSICIAN	18685	28352	1680,973.73	4094	7312	481,064.45	32073	59562	4136,076.42
CLINIC SERVICES	3757	4777	709,779.85	915	1243	173,376.62	6890	9524	1246,009.56
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	5072,754.00
LAB AND RADIOLOGICAL	1141	2002	33,055.97	367	1066	21,277.56	2870	7561	135,634.12
HABILITATION SERVICES	3	77	7,101.13	20	947	36,218.61	10	206	27,062.87-
BEHAVIORAL HLTH INTERVENTN SVC	76349	81601	1075,545.51	16668	17839	181,359.55	115724	128576	1410,359.97
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	143	139	21,878.45	71	70	7,965.16	248	248	44,676.72

## 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	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	142	39294	305,362.01	43	12594	91,942.33	179	53726	399,289.88
EARLY ACCESS SERVICES	1	0	66.64-	0	0	0.00	2	10	11.76-
PRESCRIBED DRUGS	22346	41638	2591,404.62	5652	13319	846,169.88	34321	64906	3493,041.40
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	75536	79255	169,605.70	16360	17103	36,600.42	114985	121261	259,498.54
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	438	527	44,218.08	194	223	17,037.65	340	389	33,376.67
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	75604	81684	808,872.73	16388	17913	354,877.89	114867	128405	1535,706.13
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	3008	3496	307,787.01	401	493	57,320.30	4704	5259	713,806.83
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	50134	50134	100,268.00	10086	10084	20,168.00	81286	81281	162,570.00
HEALTH INS PREMIUM PAYMENT	167	450	12,583.16	57	150	5,585.87	1328	3839	102,412.57
MEDICAL SUPPLIES	965	11360	111,922.90	183	2520	23,913.85	1467	15480	194,004.02
OTHER PRACTITIONER	2568	8525	441,830.92	560	2011	103,299.54	4125	12319	588,576.36
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	5232	6251	822,115.70	1276	1592	245,203.76	8907	10547	1287,410.93
OPTOMETRIST	1797	2051	135,425.70	471	534	37,224.17	2760	3172	199,162.73
CHIROPRACTIC	912	1615	50,209.18	253	493	16,050.59	1732	3469	100,628.54
PODIATRIC	81	86	8,214.45	38	45	3,517.49	135	145	13,722.58
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	0	43.27	0	0	0.00	3	4	3,595.22-
PSYCHIATRIC	13	19	1,645.60	21	38	2,214.26	29	48	8,094.78
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	6	74	104,208.40-
CHILDRENS MENTAL HEALTH SVC	23	2248	35,632.23	69	3991	68,526.42	46	3727	53,139.97
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	29.04
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	30	432	19,558.91	73	964	45,925.70	49	751	34,594.96
UNASSIGNED	0	0	0.00	1	0	0.00	4	0	1577,394.05
* A L L C A T E G O R I E S *	83728	526057	12840,117.33	17858	145967	4902,759.34	124602	912154	39121,067.32

## 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	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	30	282	137,808.82	659	3000	755,701.26	37	151	156,817.40
OUTPATIENT	841	12724	255,208.07	4835	125800	829,711.31	453	9628	179,910.32
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	1	31	16,746.82	491	7801	19,465.02	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	5861	183232	22982,653.50	0	0	0.00
INTER CARE MENTAL RETARDA	10	211	81,863.56	1	35	14,734.53	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	33	968	277,162.97	0	0	0.00
HOME HEALTH	115	10350	201,152.06	3204	64745	2652,511.54	33	688	7,675.89
LEAD INSPECTION AGENCY	0	0	0.00	1	0	682.80-	0	0	0.00
PHYSICIAN	2125	3183	166,344.51	7298	54023	613,055.70	718	2573	133,380.40
CLINIC SERVICES	463	602	80,080.75	431	424	42,453.20	113	176	25,489.43
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	170	509	6,374.01	1110	395	5,233.23	112	274	6,658.75
HABILITATION SERVICES	28	567	39,822.98	60	1618	74,556.37	19	718	47,385.21
BEHAVIORAL HLTH INTERVENTN SVC	10678	11303	1502,287.75	21261	21906	9,023.34	1867	2078	3,260.14
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	19	18	2,327.46	529	643	63,699.02	16	17	2,911.44

## 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	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	140	43841	359,400.99	31	6434	121,513.37	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5345	16009	1361,543.13	9649	22134	437,386.61	1113	4206	191,948.90
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10323	10418	22,294.52	21207	21426	45,851.64	1857	1971	4,217.94
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	34	30	4,832.75	1	1	3.00	18	18	2,262.64
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10318	10688	1006,151.01	21260	21874	198,391.87	1863	2084	61,857.29
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	173	193	10,306.00	3	3	83.35	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	70	64	147,437.69	0	0	0.00
PATIENT MANAGEMENT	89	89	178.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	145	297	15,785.36	30	51	11,062.37	2	2	478.19
MEDICAL SUPPLIES	236	26545	76,941.92	5693	425393	626,980.53	209	2391	14,437.30
OTHER PRACTITIONER	443	3689	179,094.29	619	5687	63,992.49	104	532	14,312.77
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	1006	1146	156,294.88	879	1065	159,140.22	165	220	41,519.69
OPTOMETRIST	414	462	27,466.78	688	969	33,532.54	73	87	6,152.33
CHIROPRACTIC	168	302	8,190.73	305	758	10,021.92	74	154	4,199.37
PODIATRIC	19	20	2,005.16	1430	2221	35,752.26	24	45	1,259.66
PHYSICAL DISABILITIES SVCS	0	0	0.00	226	9318	109,213.61	0	0	0.00
BRAIN INJ WAIVER SERVICES	39	2307	39,594.55	440	20713	552,177.86	0	0	0.00
PSYCHIATRIC	30	67	5,005.32	296	823	26,858.85	30	57	1,888.97
RESIDENTIAL CARE FACILITY	0	0	0.00	15	62-	494.70-	0	0	0.00
ID WAIVER SERVICE	209	6332	190,419.57	8	107	7,242.38	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	8	226.56	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	22	1981	18,989.24	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5474	265517	3389,162.31	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	34	3077	40,731.58	5	102	1,297.61	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	189	1098	53,201.89	117	1136	48,620.48	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 *	10466	166398	6049,681.78	13499	1272305	34383,495.69	1922	28070	908,024.03

## 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	117	712	861,564.82	28	432	121,989.11	8	26	31,034.58
OUTPATIENT	399	12238	341,550.92	1091	18394	300,570.82	107	2357	61,725.79
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	28	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	26	332	26,371.89	65	93	1,154.82	2	9	988.50
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	651	3023	207,288.47	2818	4002	236,404.61	163	569	106,459.29
CLINIC SERVICES	52	80	9,443.89	690	860	124,245.95	19	20	3,972.52
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	29	81	1,656.49	133	361	7,816.49	15	37	4,354.29
HABILITATION SERVICES	4	72	4,340.35	1	4	158.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	3	0	173.62	15812	17057	207,783.21	244	245	614.49
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	40	41	7,982.24	29	29	6,054.25	2	2	248.34

## 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	31	9740	70,429.32	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	256	1283	58,454.30	4574	8933	644,387.13	209	1026	46,554.41
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	211	211	451.54	15509	16196	34,659.44	243	243	520.02
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	7	10	667.69	47	54	5,866.14	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	15595	17025	185,567.08	244	245	26,898.67
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	159.64	149	158	9,350.67	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	11340	11340	22,680.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	4	10	979.10	0	0	0.00
MEDICAL SUPPLIES	54	2389	12,740.47	109	1576	18,218.49	19	363	1,734.85
OTHER PRACTITIONER	66	283	5,699.10	420	1141	63,958.84	20	35	3,010.65
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	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	43	70	21,949.38	1814	2138	293,528.15	22	29	5,056.44
OPTOMETRIST	26	35	2,333.18	540	631	40,736.72	14	15	819.79
CHIROPRACTIC	10	21	622.12	357	658	20,968.64	15	24	755.98
PODIATRIC	6	12	411.18	30	34	3,027.97	5	5	287.65
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	40	85	4,603.52	6	6	1,203.10	1	1	14.93
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	1	2	69.96	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	2	131	2,213.92	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	5	77	3,438.00	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 *	857	21008	1568,464.81	15573	111082	2427,459.93	255	5252	295,107.07

## 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	1	3	2,595.69	0	0	0.00	0	0	0.00
OUTPATIENT	5	36	2,319.15	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	26	37	1,797.89	0	0	0.00	0	0	0.00
CLINIC SERVICES	2	9	861.51	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	4	4	137.26	0	0	0.00	0	0	0.00
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	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	2	1	721.36	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	1350	4644	68,823.65	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	37	3803	24,600.66	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	1	1	26.14	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	1	2	137.13	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	4	14	522.72	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	1	116	1,055.80	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 *	1398	8670	103,598.96	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	15	395	75,011.54	0	0	0.00	2	4	6,078.48
OUTPATIENT	53	535	9,137.25	0	0	0.00	83	1513	25,295.68
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	5	49	2,525.43	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	119	211	10,946.01	0	0	0.00	134	208	16,358.53
CLINIC SERVICES	16	22	2,409.07	0	0	0.00	27	41	5,288.19
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	8	22	465.90	0	0	0.00	22	84	1,831.10
HABILITATION SERVICES	7	113	6,804.12	1	0	0.42-	9	460	16,277.88
BEHAVIORAL HLTH INTERVENTN SVC	540	628	81,706.04	0	0	0.00	387	407	78,022.89
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	3	3	252.49	0	0	0.00	3	2	217.76-

## 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	25	10609	63,340.61	0	0	0.00	1	392	1,469.16
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	491	2144	184,919.41	0	0	0.00	169	412	21,358.44
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	527	536	1,147.04	0	0	0.00	377	396	847.44
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	3	2	719.81	0	0	0.00	5	5	322.68
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	523	539	62,636.19	0	0	0.00	377	405	54,868.54
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	8	348.16	0	0	0.00	3	3	73.82
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	5	5	10.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	65	156	14,824.31	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	18	1627	2,872.74	0	0	0.00	3	160	87.54
OTHER PRACTITIONER	33	646	36,305.29	0	0	0.00	18	25	1,882.73
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	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	44	49	2,414.72	0	0	0.00	23	32	8,265.80
OPTOMETRIST	21	19	674.06	0	0	0.00	11	14	754.47
CHIROPRACTIC	7	15	427.95	0	0	0.00	13	30	996.84
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	0.00	0	0	0.00	1	1	29.19
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	1	88	1,451.30	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	386	19841	349,683.88	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	7	105.00	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	453	6511	292,243.76	0	0	0.00	0	0	0.00
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 *	469	44781	1203,382.08	0	0	0.42-	363	4594	239,891.64

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	36	78,506.81	182	967	490,190.25	0	0	0.00
OUTPATIENT	313	7196	134,915.52	3004	74558	558,898.10	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	0	0	0.00	7	103	8,562.73	0	0	0.00
INTERMEDIATE CARE FACILITY	1	25	2,733.31	5	70	8,744.42	0	0	0.00
INTER CARE MENTAL RETARDA	1	31	10,567.59	1569	43377	14279,657.71	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	11	55	2,436.22	1068	51957	1720,805.30	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	504	1143	72,959.60	4640	22988	363,586.23	0	0	0.00
CLINIC SERVICES	113	151	22,957.53	368	349	48,979.51	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	55	180	3,838.53	466	464	4,918.29	0	0	0.00
HABILITATION SERVICES	9	249	7,992.17	110	3752	143,904.62	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	1526	1597	46,430.58	12072	12204	128,617.30	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	14	15	4,177.96	131	156	21,946.42	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	6	2242	15,295.40	645	214084	2521,248.84	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	1	2	27.80	0	0	0.00
PRESCRIBED DRUGS	963	4510	289,073.87	6881	26961	2096,742.47	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	1517	1549	3,314.86	12534	12601	26,966.14	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	11	13	1,359.31	14	14	563.42	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1512	1597	161,645.15	12069	12156	771,299.98	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	2	99.66	26	43	4,601.01	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	10	28	1,297.21	688	1597	225,218.18	0	0	0.00
MEDICAL SUPPLIES	105	3550	15,129.75	2841	373157	586,315.04	0	0	0.00
OTHER PRACTITIONER	49	140	11,644.51	849	13040	472,341.86	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	105	136	26,869.48	1482	1723	175,167.98	0	0	0.00
OPTOMETRIST	65	75	6,096.94	591	748	31,898.09	0	0	0.00
CHIROPRACTIC	55	123	3,793.08	376	869	14,902.84	0	0	0.00
PODIATRIC	26	28	1,490.94	818	2284	23,048.29	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	73	2,517.75	262	12925	385,122.46	0	0	0.00
PSYCHIATRIC	3	3	124.35	517	766	24,958.16	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	22	477	5,568.64	0	0	0.00
ID WAIVER SERVICE	1	124	3,295.73	9379	567721	25757,800.06	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	2	24	303.39	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	3	141	1,966.63	2	14	85.34	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	113	1,339.09	146	7755	115,809.15	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	4	158.00	8221	54894	2486,926.35	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 *	1526	25129	934,027.53	12361	1514800	53505,726.37	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	2	2,423.73	6163	38037	30440,074.13
OUTPATIENT	0	0	0.00	17	103	4,441.63	64395	1313593	18799,557.00
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	957	16154	1710,605.13
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11014	346681	41099,378.79
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1580	43654	12922,984.79
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	45	1227	362,181.35
HOME HEALTH	0	0	0.00	2	2	10.13	12335	278623	9187,331.61
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	4	1	2,139.62-
PHYSICIAN	0	0	0.00	47	76	4,546.08	121265	555357	15022,446.16
CLINIC SERVICES	0	0	0.00	21	35	5,406.61	20837	27784	3811,002.19
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	1	0	5072,754.00
LAB AND RADIOLOGICAL	0	0	0.00	6	11	248.93	12872	25229	522,171.94
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3757	126373	6086,608.53
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	244	281	4,299.44	377444	410068	5367,218.49
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	3041	3492	440,176.03

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	1	19	2,862.73	1837	567445	5957,928.21
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	4	12	50.60-
PRESCRIBED DRUGS	0	0	0.00	46	86	2,707.97	148193	431954	26815,518.63
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	243	257	549.98	377347	394085	843,341.90
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	2	4	201.69	5664	6698	589,432.48
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	243	281	3,704.46	376583	409229	10980,233.51
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	13	16	849.85	8721	9986	1122,239.31
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	113	110	293,232.03
PATIENT MANAGEMENT	0	0	0.00	128	128	256.00	181094	181087	362,182.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5	19	196.04	3217	8295	565,290.39
MEDICAL SUPPLIES	0	0	0.00	3	325	388.55	26856	2077273	4539,838.80
OTHER PRACTITIONER	0	0	0.00	8	19	570.29	15095	82797	2992,776.95
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	34	43	4,783.90	29147	36001	5134,851.50
OPTOMETRIST	0	0	0.00	4	6	491.55	12262	15128	863,800.32
CHIROPRACTIC	0	0	0.00	1	1	65.67	9053	20537	493,975.14
PODIATRIC	0	0	0.00	0	0	0.00	5288	9665	214,813.72
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	719	30284	353,779.22
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1045	54094	1615,703.11
PSYCHIATRIC	0	0	0.00	0	0	0.00	3994	7460	259,133.61
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1172	34051	295,811.39
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	10498	628523	28748,178.21
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	550	31421	534,319.78
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	32	2837	29,006.20
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	8819	427810	5784,355.99
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	71	1,278.71	2005	39409	1393,370.67
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1	18	1,144.62	10212	74471	3386,575.07
UNASSIGNED	0	0	0.00	0	0	0.00	10	0	1577,394.05
* A L L C A T E G O R I E S *	0	0	0.00	258	1803	41,428.56	419651	8766935	256589,382.11

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