

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	0	0	0.00	0	0	0.00	538	2425	729,086.94
OUTPATIENT	19	276	5,509.57	0	0	0.00	4280	96728	737,766.29
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	251	2819	77,609.30
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4675	140025	14540,333.80
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	9	2,997.39
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	14	476	161,445.58
HOME HEALTH	0	0	0.00	0	0	0.00	2507	57875	2092,855.58
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	34	70	6,260.39	0	0	0.00	6036	43695	460,334.89
CLINIC SERVICES	11	17	2,533.59	0	0	0.00	477	331	32,869.96
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	33	233	4,003.45	0	0	0.00	843	184	2,930.65
HABILITATION SERVICES	0	0	0.00	0	0	0.00	81	2246	126,165.97
BEHAVIORAL HLTH INTERVENTN SVC	69	90	141.34	0	0	0.00	5946	6224	75.93
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	331	394	40,378.06

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	24	48	2,545.76	0	0	0.00	2877	4592	46,320.70
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	67	67	143.38	0	0	0.00	5759	5772	12,352.08
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	69	90	2,388.28	0	0	0.00	5946	6224	23,690.46
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	43	43	86.00	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	4	1,047.80	0	0	0.00	3066	173629	274,566.75
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	5	5	530.35	0	0	0.00	459	3923	27,300.55
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

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
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	5	9	1,142.50	0	0	0.00	442	524	82,397.78
OPTOMETRIST	1	1	51.16	0	0	0.00	587	879	28,066.28
CHIROPRACTIC	0	0	0.00	0	0	0.00	323	654	7,340.89
PODIATRIC	1	2	76.31	0	0	0.00	684	1084	19,712.14
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	73	2,579.25
PSYCHIATRIC	0	0	0.00	0	0	0.00	216	447	12,688.01
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	249	8329	57,780.34
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	75	5900	233,970.22
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	3656	161495	2480,675.94
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	1	1,117.00
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	69	435	20,435.34
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 *	98	955	26,459.88	0	0	0.00	16871	727392	22335,844.07

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	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	1849	10896	10477,534.05	634	2176	3500,795.82
OUTPATIENT	1	4	33.18	18333	491380	6493,807.27	10006	197868	4802,790.91
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	182	4364	1749,678.95	1	29	21,303.69
INTERMEDIATE CARE FACILITY	0	0	0.00	623	17933	2256,973.69	2	33	4,440.82
INTER CARE MENTAL RETARDA	0	0	0.00	4	28	8,704.61	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	3892	118073	3349,457.48	59	408	21,611.72
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	7	181.75	26339	267995	4365,214.27	17769	36327	3050,286.46
CLINIC SERVICES	0	0	0.00	3223	4582	639,218.98	3049	4320	645,512.74
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	3709	8733	154,783.56	3815	10878	280,855.93
HABILITATION SERVICES	1	2	59.52	3386	112169	5291,024.28	40	695	30,397.07
BEHAVIORAL HLTH INTERVENTN SVC	3	3	4.85	55639	57440	464,391.48	46164	51693	192,318.93
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1044	1243	150,197.35	243	253	40,925.51

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	0	0	0.00	635	166524	2167,173.55	6	2607	21,612.31
EARLY ACCESS SERVICES	0	0	0.00	26	169	1,767.57	1	4	53.32
PRESCRIBED DRUGS	1	1	41.88	27045	114273	8986,604.21	23612	65698	2924,713.55
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	3	3	6.42	55594	56641	121,211.74	46090	49499	105,927.86
INDIAN HEALTH SERVICES	0	0	0.00	1	1-	289.00-	2	4-	1,156.00-
FAMILY PLANNING SERVICES	0	0	0.00	112	139	13,173.46	6083	7460	680,558.02
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	3	3	227.34	55632	57438	4185,245.92	46155	51694	1576,451.80
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	132	157	7,776.46	39	46	2,494.77
HMO SERVICES	0	0	0.00	0	0	0.00	178	178	48,189.87
PACE SERVICES	0	0	0.00	43	43	138,090.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	3	3	6.00	27806	27798	55,596.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	587	1340	159,984.45	128	270	11,678.09
MEDICAL SUPPLIES	0	0	0.00	9374	796921	1859,073.89	1078	30691	172,966.31
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	3481	26997	857,116.21	2513	4238	259,987.42
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

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
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	4242	5385	862,222.02	3503	4816	852,860.09
OPTOMETRIST	1	1	14.18	2469	3147	165,646.40	1819	2169	151,966.24
CHIROPRACTIC	0	0	0.00	2297	5262	93,934.82	1990	4309	146,400.28
PODIATRIC	0	0	0.00	1230	2150	82,453.53	238	324	33,223.97
PHYSICAL DISABILITIES SVCS	0	0	0.00	488	18521	258,466.03	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	361	21015	953,310.97	1	54	10,823.14
PSYCHIATRIC	1	3	188.36	2458	4257	137,510.74	40	53	3,369.30
RESIDENTIAL CARE FACILITY	0	0	0.00	1086	34657	241,891.15	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	892	64260	2668,290.50	2	101	6,769.83
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	20	1689	27,769.26	6	407	6,795.71
AIDS WAIVER SERVICES	0	0	0.00	11	841	9,790.64	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	42	1569	27,108.17	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1779	83685	1731,976.81	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	1121	8291	380,029.65	9	93	4,123.05
UNASSIGNED	0	0	0.00	3	0	0.00	1	0	0.00
* A L L C A T E G O R I E S *	3	27	757.48	60614	2570209	61538,321.12	58633	557185	19666,644.53

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	452	2847	2476,808.27	274	4796	1498,903.25	2090	13129	19427,752.70
OUTPATIENT	8885	94340	2379,046.36	2254	34688	673,116.25	14909	216340	4674,082.74
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	1	22	16,161.42	4	41	78,159.46
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	3	36	13,870.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1447,049.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	0	0.00
HOME HEALTH	479	2577	84,855.02	70	200	5,919.53	830	4194	247,538.59
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	21721	35917	2247,094.84	4565	8004	567,140.35	35733	68116	5088,674.60
CLINIC SERVICES	4312	5389	813,701.31	1024	1330	200,942.40	7988	10809	2189,048.23
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	4636,953.00
LAB AND RADIOLOGICAL	1788	4306	62,745.43	572	1994	37,303.71	4090	11997	214,347.64
HABILITATION SERVICES	1	8	508.18	26	773	38,441.22	15	345	1,493.93-
BEHAVIORAL HLTH INTERVENTN SVC	76809	82896	1091,864.54	16596	18306	201,334.09	116104	129836	1596,454.60
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	0	13,529.88-
AMBULANCE SERVICES	130	127	17,967.59	68	68	9,061.12	233	233	33,038.15

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	143	37499	296,422.87	34	8702	59,675.24	210	53747	387,500.43
EARLY ACCESS SERVICES	34	183	1,909.39	8	41	447.78	39	179	2,039.85
PRESCRIBED DRUGS	20927	36508	2386,437.09	5194	11105	698,079.99	33330	56794	3027,364.22
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	76659	80685	172,665.90	16549	17491	37,430.74	116098	122787	262,764.18
INDIAN HEALTH SERVICES	0	0	0.00	1	1-	289.00-	14	14-	4,046.00-
FAMILY PLANNING SERVICES	671	839	77,477.01	241	287	31,328.04	452	506	52,391.01
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	76711	82849	822,195.69	16573	18278	360,757.35	116004	129791	1562,228.61
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	2345	2638	325,130.70	293	332	55,994.99	3731	4158	770,958.11
HMO SERVICES	273	273	28,308.00	51	51	5,745.74	288	288	45,196.42
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	50033	50031	100,062.00	10023	10019	20,038.00	81457	81416	162,832.00
HEALTH INS PREMIUM PAYMENT	157	357	10,668.07	58	134	7,092.17	1284	3397	102,880.67
MEDICAL SUPPLIES	939	12068	106,256.23	207	3636	18,083.20	1513	25245	190,120.58
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	3368	8576	455,875.22	717	1711	90,862.19	5027	12287	696,282.86
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

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
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	5734	6734	785,611.91	1150	1404	224,526.32	8908	10435	1263,409.20
OPTOMETRIST	1963	2243	147,356.27	560	665	43,576.93	2991	3452	221,141.92
CHIROPRACTIC	1017	1807	56,110.83	289	642	21,364.13	1926	3863	117,151.69
PODIATRIC	70	89	8,259.19	23	28	2,713.41	122	147	13,569.29
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	4	49	12,978.33-
PSYCHIATRIC	11	24	2,140.32	22	41	3,785.90	47	88	13,396.57
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	1,137.22
ID WAIVER SERVICE	0	0	0.00	1	153	3,267.95	5	167	584,607.20-
CHILDRENS MENTAL HEALTH SVC	26	2409	36,365.79	76	4188	73,754.70	45	3628	41,508.39
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	18,081.56-
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	29	435.00	2	23	5,489.82-
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	30	390	17,728.20	77	838	40,573.41	53	562	25,854.30
UNASSIGNED	3	0	0.00	2	1-	0.00	5	0	1096,885.60
* A L L C A T E G O R I E S *	83791	554609	15011,572.22	17890	149954	5047,567.52	125951	968071	46169,257.11

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		
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	51	394	237,440.50	599	3230	1037,245.92	49	291	407,297.24
OUTPATIENT	896	14828	258,203.20	4601	118644	799,366.74	507	10677	250,897.69
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	58	34,945.00	475	7079	35,779.08	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	5944	176773	22011,075.28	0	0	0.00
INTER CARE MENTAL RETARDA	14	377	155,792.58	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	44	2754	1024,904.17	0	0	0.00
HOME HEALTH	61	5738	150,919.06	3274	77255	2945,065.31	39	652	20,774.88
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2368	3814	225,691.78	6156	46182	530,530.84	829	2615	172,993.13
CLINIC SERVICES	481	589	85,475.16	367	394	40,812.94	132	176	28,746.62
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	316	1122	17,298.70	923	393	5,248.80	168	461	10,455.81
HABILITATION SERVICES	23	619	48,076.66	62	1721	70,424.00	20	714	38,918.61
BEHAVIORAL HLTH INTERVENTN SVC	10406	10655	1358,019.43	21111	21681	8,472.92	1893	2097	2,883.05
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	16	16	2,329.28	427	538	55,580.91	18	20	2,080.83

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	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	128	43366	336,577.42	33	3890	159,776.02	0	0	0.00
EARLY ACCESS SERVICES	14	31	322.12	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	5009	12764	1152,372.25	9239	19971	396,077.14	1043	3488	157,258.58
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10306	10388	22,230.32	21098	21292	45,564.88	1885	1997	4,273.58
INDIAN HEALTH SERVICES	2	2-	578.00-	0	0	0.00	3	4-	1,156.00-
FAMILY PLANNING SERVICES	23	32	3,014.75	1	1	45.19	30	33	4,656.93
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10302	10637	1000,539.29	21111	21681	200,209.22	1893	2097	62,146.76
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	160	175	10,041.34	1	1	56.00	1	1	48.61
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	85	85	222,814.69	0	0	0.00
PATIENT MANAGEMENT	85	85	170.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	160	329	18,250.96	33	60	13,063.35	2	2	478.19
MEDICAL SUPPLIES	197	25717	64,970.01	4860	342558	472,619.85	146	6012	16,081.77
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	586	3634	169,600.45	574	5503	50,679.44	116	309	20,267.80
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

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
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	968	1077	142,296.83	752	905	142,659.76	149	202	36,162.02
OPTOMETRIST	378	417	25,639.03	553	714	23,849.59	78	96	7,061.22
CHIROPRACTIC	162	255	7,758.89	213	397	4,441.08	74	141	4,131.80
PODIATRIC	20	23	2,631.16	971	1453	26,142.13	20	31	631.77
PHYSICAL DISABILITIES SVCS	0	0	0.00	225	9151	110,018.41	0	0	0.00
BRAIN INJ WAIVER SERVICES	39	1973	55,454.82	469	25812	1089,716.22	0	0	0.00
PSYCHIATRIC	38	82	6,443.10	286	730	20,135.62	31	51	1,943.64
RESIDENTIAL CARE FACILITY	0	0	0.00	2	53	544.86	0	0	0.00
ID WAIVER SERVICE	218	6723	406,864.98	6	183	16,072.92	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	23	1714	18,699.90	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5538	267426	3878,629.52	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	33	2385	50,076.55	8	304	4,106.70	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	205	1429	65,938.40	122	920	36,081.83	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 *	10332	159730	6114,806.02	13485	1181448	35496,511.23	1966	32159	1249,034.53

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	165	924	1333,442.18	35	215	63,749.91	4	12	27,380.68
OUTPATIENT	490	16491	425,486.86	1300	17626	386,835.44	107	3213	124,422.33
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	36	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	25	439	33,756.27	27	34	271.10	1	8	842.40
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	778	3503	248,335.22	3370	5970	314,391.91	172	556	135,970.64
CLINIC SERVICES	49	107	15,234.84	830	1017	154,580.83	12	15	3,428.41
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	45	118	2,607.39	262	854	13,790.31	24	74	4,435.38
HABILITATION SERVICES	8	172	8,028.80	1	1	39.50	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	15688	17268	228,155.97	239	243	605.40
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	44	48	10,031.96	15	13	1,811.56	2	2	235.54

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	35	7478	60,137.50	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	2	6	56.02	0	0	0.00
PRESCRIBED DRUGS	252	1110	38,680.33	4333	7898	575,210.57	206	837	43,678.67
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	237	235	502.90	15587	16417	35,132.38	237	237	507.18
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	15	15	1,119.25	111	128	12,753.97	1	1	32.68
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	15646	17258	188,226.18	239	243	26,537.73
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	102	102	10,261.97	0	0	0.00
HMO SERVICES	0	0	0.00	37	37	3,530.29	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	11269	11259	22,518.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	6	14	791.03	0	0	0.00
MEDICAL SUPPLIES	58	2057	12,277.46	123	3616	15,130.31	20	363	3,146.88
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	104	405	15,242.96	557	1405	79,595.90	20	270	7,908.10
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

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
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	37	54	13,140.08	1815	2118	267,834.15	19	26	3,354.44
OPTOMETRIST	20	25	1,631.28	596	693	44,057.53	7	9	512.05
CHIROPRACTIC	19	33	1,098.97	362	632	19,492.15	17	51	1,730.54
PODIATRIC	12	19	1,066.32	24	25	3,758.21	5	5	141.51
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	6	340.62	0	0	0.00	0	0	0.00
PSYCHIATRIC	47	158	6,813.31	7	8	631.46	2	4	123.33
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	2	3	76.95	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	102	2,256.71	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	159	1,275.62	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	36	899.36	5	60	2,722.97	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 *	975	26150	2171,011.98	15714	112257	2507,800.78	252	6169	384,993.89

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	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	0	8,112.92	0	0	0.00	0	0	0.00
OUTPATIENT	12	58	7,410.66	0	0	0.00	0	0	0.00
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	13	20	1,520.71	3	5	412.10	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	17	16	363.58	1	1	35.64	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	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	93	125	8,768.23	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
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	1	2	75.05	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

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
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
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	0	0	0.00	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 *	114	219	26,176.10	3	8	522.79	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	14	405	87,850.88	0	0	0.00	6	9	14,987.23
OUTPATIENT	70	1000	18,141.34	0	0	0.00	82	1573	40,618.73
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	1	11	653.25	0	0	0.00	1	13	861.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	154	255	10,918.83	1	0	70.36-	148	254	23,272.51
CLINIC SERVICES	25	30	3,102.97	0	0	0.00	20	37	5,231.44
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	0	0	0.00
LAB AND RADIOLOGICAL	13	50	532.07	0	0	0.00	19	53	1,615.76
HABILITATION SERVICES	10	317	12,126.05	0	0	0.00	6	312	17,738.81
BEHAVIORAL HLTH INTERVENTN SVC	580	587	94,261.92	0	0	0.00	386	448	77,276.93
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	5	4	322.47

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	30	12256	79,636.19	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	509	1946	182,957.85	0	0	0.00	165	385	22,561.25
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	579	581	1,243.34	0	0	0.00	384	433	926.62
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	1	1	81.45	0	0	0.00	9	8	1,213.12
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	578	587	67,160.93	0	0	0.00	384	442	59,802.76
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	9	10	674.18	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	9	9	18.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	67	137	11,988.27	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	16	1190	1,172.04	0	0	0.00	3	3	209.87
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	45	562	29,266.01	0	0	0.00	22	32	2,702.27
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00

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
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	48	54	5,145.67	0	0	0.00	28	32	4,177.86
OPTOMETRIST	31	32	1,854.92	0	0	0.00	26	28	2,072.26
CHIROPRACTIC	12	16	457.05	0	0	0.00	11	24	801.00
PODIATRIC	2	2	203.55	0	0	0.00	1	1	127.19
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	3	3	357.83	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	1	32	625.20	0	0	0.00	1	181	6,422.91
CHILDRENS MENTAL HEALTH SVC	419	22327	424,982.67	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	500	5920	268,946.43	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 *	533	48320	1304,358.89	0	0	70.36-	377	4272	282,941.99

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	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	20	120	146,475.33	158	819	432,760.87	0	0	0.00
OUTPATIENT	358	8602	209,056.56	3117	80036	632,774.27	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	29	0.00	15	209	6,342.57	0	0	0.00
INTERMEDIATE CARE FACILITY	2	69	8,252.79	4	97	13,481.95	0	0	0.00
INTER CARE MENTAL RETARDA	1	29	9,885.81	1786	50771	19622,350.23	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	1	29	10,969.34	0	0	0.00
HOME HEALTH	11	112	9,100.92	1177	54024	1765,711.59	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	561	1301	106,411.05	4665	24879	425,025.22	0	0	0.00
CLINIC SERVICES	100	138	20,414.62	345	427	54,933.13	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	83	279	5,554.88	514	992	13,741.95	0	0	0.00
HABILITATION SERVICES	6	209	5,821.09	126	3903	143,316.04	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	1523	1629	49,892.76	12234	12333	132,016.44	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	13	17	2,312.85	102	135	12,728.04	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	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPIS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPIS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPIS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	6	1376	11,372.54	656	191510	2455,539.55	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	12	102	1,123.36	0	0	0.00
PRESCRIBED DRUGS	926	3846	230,556.22	6683	22014	1736,970.80	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	1524	1561	3,340.54	12693	12755	27,295.70	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	1	1-	289.00-	0	0	0.00
FAMILY PLANNING SERVICES	8	10	1,045.39	11	15	1,011.25	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1520	1625	165,992.53	12234	12333	782,649.80	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	3	3	180.81	20	27	1,908.85	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	9	26	769.50	709	1611	214,636.87	0	0	0.00
MEDICAL SUPPLIES	116	6444	16,203.30	2399	336443	564,962.14	0	0	0.00
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	70	124	7,628.02	936	11834	417,056.57	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

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
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	79	99	21,600.25	1414	1624	152,150.72	0	0	0.00
OPTOMETRIST	79	100	6,700.83	558	694	33,309.98	0	0	0.00
CHIROPRACTIC	67	154	5,114.23	305	583	11,001.23	0	0	0.00
PODIATRIC	20	31	2,344.39	510	661	21,471.05	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	43	1,729.53	273	16566	644,303.73	0	0	0.00
PSYCHIATRIC	8	16	1,135.73	440	672	25,754.16	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	17	236-	4,074.86-	0	0	0.00
ID WAIVER SERVICE	1	76	2,048.58	9442	657500	29408,204.16	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	2	37	811.12	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	2	103	1,391.90	2	72	1,224.92	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	32	480.00	153	6738	201,030.36	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	7	276.50	8722	59054	2674,299.54	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 *	1545	28210	1053,089.45	12407	1561262	62638,503.64	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	11	11,360.39	6893	42699	41918,985.08
OUTPATIENT	0	0	0.00	17	98	3,874.13	69698	1404470	22923,240.52
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	927	14686	2019,979.47
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11211	334966	38848,428.33
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1803	51214	18352,681.62
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	58	3259	1197,319.09
HOME HEALTH	0	0	0.00	0	0	0.00	12354	321613	10730,193.70
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	42	53	3,724.93	129437	549538	17984,316.06
CLINIC SERVICES	0	0	0.00	29	36	5,664.40	22320	29744	4941,452.57
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	4636,953.00
LAB AND RADIOLOGICAL	0	0	0.00	2	14	238.71	17150	42752	832,889.35
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3761	124206	5829,591.87
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	260	286	4,307.40	380356	413715	5502,477.98
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	1	0	13,529.88-
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	2683	3111	379,001.22

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	1882	528955	6035,423.62
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	133	715	7,719.41
PRESCRIBED DRUGS	0	0	0.00	40	52	1,235.99	139797	363455	22618,435.28
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	262	270	577.80	381005	399111	854,097.54
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	24	27-	7,803.00-
FAMILY PLANNING SERVICES	0	0	0.00	4	5	476.85	7743	9480	880,378.37
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	260	286	3,572.83	380225	413556	11090,023.48
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	10	11	378.00	6827	7661	1185,904.79
HMO SERVICES	0	0	0.00	9	9	800.49	836	836	131,770.81
PACE SERVICES	0	0	0.00	0	0	0.00	128	128	360,904.69
PATIENT MANAGEMENT	0	0	0.00	136	136	272.00	180862	180799	361,598.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	3	12	98.94	3203	7689	552,380.56
MEDICAL SUPPLIES	0	0	0.00	2	940	1,191.00	23653	1767537	3790,079.39
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	0	0	0.00	5	14	414.51	18473	81831	3188,391.88
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00

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
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	25	33	3,858.35	29224	35531	4864,549.95
OPTOMETRIST	0	0	0.00	5	9	490.03	12692	15374	904,998.10
CHIROPRACTIC	0	0	0.00	0	0	0.00	9028	18823	498,329.58
PODIATRIC	0	0	0.00	0	0	0.00	3942	6075	218,525.12
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	709	27672	368,484.44
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1107	65591	2745,279.95
PSYCHIATRIC	0	0	0.00	0	0	0.00	3649	6637	236,417.38
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1351	42803	297,278.71
ID WAIVER SERVICE	0	0	0.00	1	26	763.64	10579	735305	32168,770.64
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	596	34787	614,244.35
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	34	2555	28,490.54
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9025	430665	6370,948.89
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	51	918.51	1973	93407	1985,926.73
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	10884	78035	3537,908.98
UNASSIGNED	0	0	0.00	0	0	0.00	15	1-	1096,885.60
* A L L C A T E G O R I E S *	0	0	0.00	267	2352	44,218.90	421821	8690958	283070,323.76

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