

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	1	6	4,572.21	0	0	0.00	553	2355	551,865.55
OUTPATIENT	93	1817	4,064.73	0	0	0.00	4587	71558	719,733.73
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	284	3534	37,492.61
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4824	141433	16591,072.62
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	21	1544	241,185.34
HOME HEALTH	0	0	0.00	0	0	0.00	2612	42145	1822,126.85
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	24	39	2,392.54	0	0	0.00	6853	58763	608,909.35
CLINIC SERVICES	40	50	7,484.55	0	0	0.00	599	385	48,402.27
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	111	2,153.81	0	0	0.00	819	237	2,804.02
HABILITATION SERVICES	0	0	0.00	0	0	0.00	94	2965	225,053.51
BEHAVIORAL HLTH INTERVENTN SVC	127	172	299.12	0	0	0.00	6094	6362	79.34
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	352	419	41,282.79

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
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	34	67	1,441.36	0	0	0.00	2509	4033	56,588.96
IOWA-PLAN-PMIC	0	0	0.00	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	126	126	269.64	0	0	0.00	5910	5922	12,673.08
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	127	172	4,477.84	0	0	0.00	6096	6359	22,757.84
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	36	36	8,560.17	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	3	6	18,582.00
PATIENT MANAGEMENT	48	48	96.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	2	412	750.15	0	0	0.00	3541	230911	315,114.18
HEALTH HOME PROVIDER	1	1	25.60	0	0	0.00	163	194	4,557.01
OTHER PRACTITIONER	2	3	111.28	0	0	0.00	486	4219	27,651.57
FAMILY CENTERED PROGRAM	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
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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	13	26	3,069.58	0	0	0.00	398	481	75,825.52
OPTOMETRIST	1	1	48.09	0	0	0.00	662	1052	36,267.30
CHIROPRACTIC	0	0	0.00	0	0	0.00	378	767	8,616.64
PODIATRIC	0	0	0.00	0	0	0.00	780	1267	27,006.50
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	32	640.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1	88	3,848.76
PSYCHIATRIC	0	0	0.00	0	0	0.00	220	572	15,485.77
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	222	7370	47,128.28
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	73	5743	280,385.48
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	177099	2634,286.24
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	74	402	19,987.96
UNASSIGNED	0	0	0.00	0	0	0.00	2	0	0.00
* A L L C A T E G O R I E S *	214	3087	39,816.67	0	0	0.00	17376	778217	24497,411.07

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	1912	8321	6792,135.61	657	1468	2861,178.14
OUTPATIENT	0	0	0.00	30722	1395708	6932,891.92	32875	828830	4565,576.30
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	177	3946	1956,332.42	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	695	19996	2746,193.43	1	25	3,584.25
INTER CARE MENTAL RETARDA	0	0	0.00	3	49	16,457.16	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	4075	95969	3102,344.72	60	397	32,369.73
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	26805	195610	4116,997.87	16259	32008	2693,855.62
CLINIC SERVICES	0	0	0.00	3882	4870	714,576.51	3475	4833	739,094.96
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	0	0	0.00	3337	7476	137,907.45	2823	9238	234,312.11
HABILITATION SERVICES	0	0	0.00	3834	113682	6919,972.55	40	512	28,351.46
BEHAVIORAL HLTH INTERVENTN SVC	1	1	2.44	56707	58249	425,160.98	46919	51579	188,883.59
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	819	942	96,573.11	69	65	8,329.84

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	782	169362	2319,153.37	10	1266	7,387.12
INFANT TODDLER	0	0	0.00	127	724	7,208.19	1	1	7.41
PRESCRIBED DRUGS	1	1	10.58	22880	107767	7630,488.78	23514	64918	2719,000.76
IOWA-PLAN-PMIC	0	0	0.00	8268	8342	31,129.39	849	914	151,715.07
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	1	1	2.14	56653	57403	122,842.42	46872	49675	106,304.50
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	124	890	13,420.20	5332	6071	519,089.62
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1	1	110.45	56709	58205	4240,965.90	46917	51579	1581,110.02
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	261	348	15,054.79	28	32	2,880.64
HMO SERVICES	0	0	0.00	0	0	0.00	2965	3054	941,759.48
PACE SERVICES	0	0	0.00	44	45	163,323.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	2	2	4.00	28454	28477	56,954.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	567	1211	149,331.56	92	181	7,695.37
MEDICAL SUPPLIES	0	0	0.00	10632	845540	1969,240.42	1159	26724	193,845.45
HEALTH HOME PROVIDER	0	0	0.00	977	1214	31,784.72	267	325	6,925.07
OTHER PRACTITIONER	0	0	0.00	3916	29016	958,583.49	2619	4818	306,757.40
FAMILY CENTERED PROGRAM	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
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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	4051	5144	868,193.62	3264	4412	795,818.08
OPTOMETRIST	0	0	0.00	2823	3816	196,925.23	1831	2207	158,543.37
CHIROPRACTIC	0	0	0.00	2272	5246	89,809.61	1820	3821	128,784.78
PODIATRIC	0	0	0.00	1315	2509	78,205.83	212	263	29,410.32
PHYSICAL DISABILITIES SVCS	0	0	0.00	506	19673	251,925.50	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	410	20056	980,864.70	1	0	1.60-
PSYCHIATRIC	0	0	0.00	2682	4930	163,532.82	24	26	3,150.28
RESIDENTIAL CARE FACILITY	0	0	0.00	1051	32468	229,899.28	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	847	53981	2728,950.24	2	47	5,903.98
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	18	918	17,088.86	3	226	4,650.52
AIDS WAIVER SERVICES	0	0	0.00	10	799	9,423.28	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	34	869	16,919.81	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1847	81621	1513,685.42	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	1098	7084	345,519.03	7	49	2,729.12
UNASSIGNED	0	0	0.00	7	0	0.00	9	0	0.00
* A L L C A T E G O R I E S *	1	4	125.61	63768	3424001	59101,017.19	66407	1178041	19085,956.76

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	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	328	1561	2254,129.06	151	181	520,992.39	1895	6759	22385,255.45
OUTPATIENT	37262	417510	2092,134.06	9599	151630	641,146.85	57699	902008	6337,452.26
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	1	0	3,204.56
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	6	65	16,500.63
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	6	106	12,590.47
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	56	1520,404.25-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	518	2095	51,720.40	86	295	11,388.81	1073	4203	898,178.97
LEAD INSPECTION AGENCY	3	3	1,086.18	0	0	0.00	1	1	362.06
PHYSICIAN	19524	32315	2090,641.36	4267	7504	553,769.14	34257	62668	4668,924.44
CLINIC SERVICES	4197	5252	818,972.63	1111	1410	215,641.83	8463	11469	2633,290.17
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	4474,310.00
LAB AND RADIOLOGICAL	1173	2868	43,098.39	401	1182	23,638.31	2991	9245	163,730.98
HABILITATION SERVICES	1	3	121.98	42	1018	64,808.59	16	248	12,179.42
BEHAVIORAL HLTH INTERVENTN SVC	77650	82573	1044,974.50	17434	18842	195,918.31	119791	131562	1579,656.58
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	53	38	5,784.41	19	17	2,046.75	63	43	5,944.12

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	189	32838	260,141.78	44	8726	78,485.86	215	33491	298,367.86
INFANT TODDLER	148	583	6,019.33	31	121	1,325.28	165	586	5,770.82
PRESCRIBED DRUGS	20022	33486	1801,116.85	5480	11301	641,023.62	31802	52466	2594,123.78
IOWA-PLAN-PMIC	76435	81274	39,118.45	9984	10588	84,237.39	108545	117947	134,023.50
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	77394	80712	172,723.68	17361	18138	38,815.32	119091	125443	268,448.02
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	550	610	48,675.37	218	221	20,201.60	379	398	38,142.23
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	77644	82574	887,596.73	17435	18838	378,349.23	119781	131561	1690,258.77
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	1	0	1932,410.15-
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	3329	3634	436,887.94	425	517	80,839.18	5280	5541	1254,883.97
HMO SERVICES	4379	4508	531,880.70	1024	1036	139,166.22	5894	6099	1086,727.58
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	51654	51728	103,456.00	10598	10598	21,196.00	84761	84891	169,782.00
HEALTH INS PREMIUM PAYMENT	108	259	5,788.70	48	102	4,171.34	1347	3359	113,791.36
MEDICAL SUPPLIES	1167	14824	149,217.17	229	3183	27,328.62	1917	25702	193,576.34
HEALTH HOME PROVIDER	43	54	832.00	20	26	384.01	78	93	1,484.80
OTHER PRACTITIONER	3658	9533	524,539.80	832	2164	134,958.95	6221	13785	807,803.67
FAMILY CENTERED PROGRAM	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
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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	4946	5814	710,130.76	1164	1399	202,175.07	8482	9855	1184,636.22
OPTOMETRIST	1973	2268	148,720.34	562	664	45,554.62	3208	3588	225,518.63
CHIROPRACTIC	967	1735	53,108.10	285	547	18,264.67	1845	3649	108,246.49
PODIATRIC	62	68	8,348.68	29	31	1,528.60	145	162	12,413.63
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	3	296.46	0	0	0.00	4	69	10,015.38
PSYCHIATRIC	11	19	1,876.22	11	16	1,782.11	34	45	24,668.84
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	365.00
ID WAIVER SERVICE	0	0	0.00	1	107	2,824.81	8	122	2,589.08
CHILDRENS MENTAL HEALTH SVC	21	1736	32,067.16	74	4574	77,305.48	47	3043	46,714.19
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	3	9	2,530.65
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	0	530.31
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	24	333	14,144.10	85	879	42,835.71	52	635	28,891.11
UNASSIGNED	6	0	0.00	0	0	0.00	12	0	2721,210.85
* A L L C A T E G O R I E S *	93076	952811	14339,349.29	20218	275855	4272,104.67	134219	1750972	52764,280.79

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	33	71	112,150.39	607	2962	839,606.42	40	175	160,340.63
OUTPATIENT	3930	70639	308,880.43	5011	122853	893,603.78	1363	39925	156,331.90
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	1	28	21,852.32	477	6234	48,422.18	2	16	332.28
INTERMEDIATE CARE FACILITY	0	0	0.00	5988	172854	23874,011.14	0	0	0.00
INTER CARE MENTAL RETARDA	15	386	126,614.99	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	65	3133	669,962.24	0	0	0.00
HOME HEALTH	84	7325	157,016.09	3464	60883	2843,351.01	27	275	16,960.41
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2285	3448	195,793.86	6491	50819	587,424.74	632	2453	132,423.04
CLINIC SERVICES	447	530	76,777.39	457	511	57,727.02	111	172	25,862.79
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	236	1167	18,296.31	825	370	4,341.94	93	252	6,555.99
HABILITATION SERVICES	41	844	48,448.69	101	2193	152,683.44	41	1085	89,551.08
BEHAVIORAL HLTH INTERVENTN SVC	10512	10818	1330,696.18	21325	21532	9,328.22	1674	1851	2,580.77
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	7	7	687.40	483	577	56,381.67	8	10	1,108.50

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	138	38821	336,014.83	40	4356	171,256.89	0	0	0.00
INFANT TODDLER	49	189	2,024.27	4	14	163.27	0	0	0.00
PRESCRIBED DRUGS	5055	12697	789,035.95	7620	16262	382,362.99	845	2972	111,832.64
IOWA-PLAN-PMIC	10484	10810	1902,670.99	151	149	251.33	11	19	6.20
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	10503	10583	22,647.62	21185	21247	45,468.58	1669	1761	3,768.54
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	47	47	4,895.28	2	2	59.75	29	33	2,359.22
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10501	10817	1019,515.58	21324	21520	211,115.14	1675	1844	54,861.52
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	203	221	12,108.40	4	2	49.92	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	132	126	376,877.22	0	0	0.00
PATIENT MANAGEMENT	115	115	230.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	170	310	18,995.18	40	79	14,047.08	2	4	856.74
MEDICAL SUPPLIES	256	35247	81,970.97	5244	377016	515,823.90	113	5101	12,766.88
HEALTH HOME PROVIDER	7	9	140.80	86	97	2,790.62	20	25	563.22
OTHER PRACTITIONER	697	4689	200,017.67	658	5296	87,247.11	91	343	8,790.32
FAMILY CENTERED PROGRAM	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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	927	1069	127,078.91	727	849	131,465.78	135	183	36,967.16
OPTOMETRIST	438	486	29,518.60	603	856	30,498.11	70	83	5,811.67
CHIROPRACTIC	170	302	8,211.58	223	450	5,710.54	51	135	4,463.77
PODIATRIC	24	24	2,982.10	1051	1604	34,174.57	16	24	1,149.14
PHYSICAL DISABILITIES SVCS	0	0	0.00	275	10665	135,699.76	0	0	0.00
BRAIN INJ WAIVER SERVICES	42	2133	65,678.35	546	24592	1093,936.93	0	0	0.00
PSYCHIATRIC	18	34	2,872.82	282	713	17,646.07	23	74	1,919.69
RESIDENTIAL CARE FACILITY	1	31	293.74	3	118	1,760.38	0	0	0.00
ID WAIVER SERVICE	219	6402	278,758.40	13	633	65,881.35	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	21	1653	18,073.96	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5600	268666	3829,324.32	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	31	1159	38,556.90	2	200	2,250.68	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	211	1325	67,476.21	142	916	41,442.42	0	0	0.00
UNASSIGNED	2	0	0.00	2	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	10467	232783	7408,909.20	13377	1203002	37252,222.47	1845	58815	838,164.10

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	167	718	915,237.31	37	110	216,609.76	4	18	26,924.63
OUTPATIENT	1933	70320	239,300.94	5483	65254	329,058.37	242	16471	123,287.69
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	34	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	23	367	31,749.61	82	172	1,774.49	2	13	1,297.05
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	596	3391	162,962.11	3113	4538	291,403.41	154	560	119,200.85
CLINIC SERVICES	52	111	16,437.98	778	970	150,883.80	14	16	2,821.55
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	20	93	1,901.43	163	456	8,351.56	19	59	1,490.39
HABILITATION SERVICES	3	74	3,013.22	2	290	11,812.98	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	15788	16949	214,559.34	224	224	544.68
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	15	17	3,209.34	4	5	565.36	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			OTHER TXXI			OTHER BREAST CERVICAL CANCER		
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	0	0	0.00	50	11702	92,140.87	0	0	0.00
INFANT TODDLER	0	0	0.00	1	1	13.36	0	0	0.00
PRESCRIBED DRUGS	197	784	51,782.10	4150	7175	504,880.37	183	716	51,109.24
IOWA-PLAN-PMIC	0	0	0.00	15004	16122	19,935.36	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	161	161	344.54	15745	16435	35,170.90	230	231	494.34
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	3	3	209.17	50	52	5,066.86	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	15787	16944	197,004.90	224	224	24,633.08
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	262	266	25,258.45	0	0	0.00
HMO SERVICES	0	0	0.00	734	745	61,825.72	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	11574	11597	23,194.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	3	11	556.89	0	0	0.00
MEDICAL SUPPLIES	48	2055	10,113.55	147	3996	16,806.41	19	92	2,207.32
HEALTH HOME PROVIDER	0	0	0.00	27	32	486.40	1	1	12.80
OTHER PRACTITIONER	84	438	11,001.81	611	1706	94,080.88	25	126	574.50
FAMILY CENTERED PROGRAM	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
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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	31	50	12,669.61	1549	1800	223,958.36	14	17	2,055.17
OPTOMETRIST	16	21	1,236.57	515	598	36,565.72	10	13	686.42
CHIROPRACTIC	21	39	1,232.64	308	546	17,422.15	18	32	998.00
PODIATRIC	7	7	246.89	30	37	3,239.93	2	2	67.13
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	26	54	3,401.61	2	3	441.85	1	1	43.35
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	3	15	327.68	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	223	3,459.30	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	1	1	904.40	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	103	4,381.16	0	0	0.00
UNASSIGNED	1	0	0.00	4	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1545	78737	1466,050.43	15163	178854	2592,140.99	251	18816	358,448.19

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	0	0	0.00	0	0	0.00	0	0	0.00
OUTPATIENT	7	0	8,575.74-	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	3	0	3,759.04	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
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
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	211	259	22,601.17	0	0	0.00	0	0	0.00
IOWA-PLAN-PMIC	0	0	0.00	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	1	2	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	0	0	0.00	0	0	0.00
FAMILY CENTERED PROGRAM	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
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
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 *	201	261	17,784.47	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	2	20	3,303.86	0	0	0.00	7	20	21,275.13
OUTPATIENT	337	6290	14,263.70	0	0	0.00	273	6394	16,354.04
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	3	36	5,171.46-	0	0	0.00	1	5	160.00-
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	222	345	13,127.75	0	0	0.00	109	174	16,923.30
CLINIC SERVICES	28	45	6,414.84	0	0	0.00	21	29	3,909.78
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	14	93	1,685.99	0	0	0.00	14	66	1,174.06
HABILITATION SERVICES	12	188	7,699.44	0	0	0.00	11	120	5,039.04
BEHAVIORAL HLTH INTERVENTN SVC	814	831	128,246.66	0	0	0.00	309	340	59,503.40
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	98.06	0	0	0.00	1	1	117.61

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	60	13705	99,997.41	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	734	2723	152,418.39	0	0	0.00	138	254	3,731.13
IOWA-PLAN-PMIC	814	831	181,355.17	0	0	0.00	309	340	89,185.06
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	817	825	1,765.50	0	0	0.00	309	333	712.62
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	1	1	0.00	0	0	0.00	7	7	466.07
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	814	831	96,428.43	0	0	0.00	309	340	46,348.12
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	11	13	1,209.18	0	0	0.00	4	7	243.37
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	4	4	8.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	74	143	12,869.48	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	26	1782	1,430.18	0	0	0.00	3	3	140.97
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	4	5	89.60
OTHER PRACTITIONER	91	1016	59,108.45	0	0	0.00	19	27	1,652.27
FAMILY CENTERED PROGRAM	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
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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	66	73	7,305.21	0	0	0.00	17	22	3,557.41
OPTOMETRIST	34	40	1,087.43	0	0	0.00	10	12	887.12
CHIROPRACTIC	22	54	1,723.80	0	0	0.00	7	14	533.19
PODIATRIC	5	6	573.00	0	0	0.00	1	2	160.56
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	66.14	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	1	20	699.60
CHILDRENS MENTAL HEALTH SVC	634	31106	623,127.22	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	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	690	9522	412,163.27	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 *	696	70525	1822,305.10	0	0	0.00	316	8535	272,543.45

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER BLE-ICARE-FAMP			OTHER BLE-ICARE-PME PREGW			OTHER BLE-ICARE-OBNB PME PREGW		
	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	0	0	0.00
OUTPATIENT	0	0	0.00	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	0	0	0.00	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
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 BLE-ICARE-FAMP			OTHER BLE-ICARE-PME PREGW			OTHER BLE-ICARE-OBNB PME PREGW		
	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
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	182	177	8,801.15	4	5	50.99	0	0	0.00
IOWA-PLAN-PMIC	0	0	0.00	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
HEALTH HOME PROVIDER	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

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 BLE-ICARE-FAMP			OTHER BLE-ICARE-PME PREGW			OTHER BLE-ICARE-OBNB PME PREGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
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
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 *	121	177	8,801.15	0	5	50.99	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 BLE-FAMP-PME PREGW			OTHER BLE-ICARE-PME BCCT			OTHER BLE-ICARE-OBNB PME-BCCT		
	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	0	0	0.00
OUTPATIENT	0	0	0.00	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	0	0	0.00	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
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 BLE-FAMP-PME PREGW			OTHER BLE-ICARE-PME BCCT			OTHER BLE-ICARE-OBNB PME-BCCT		
	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
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	2	4	46.97	3	7	279.37	0	0	0.00
IOWA-PLAN-PMIC	0	0	0.00	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
HEALTH HOME PROVIDER	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

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 BLE-FAMP-PME PREGW			OTHER BLE-ICARE-PME BCCT			OTHER BLE-ICARE-OBNB PME-BCCT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
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
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 *	0	4	46.97	0	7	279.37	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	OTHER BLE-FAMP-PME BCCT			STATE ONLY			FED CNTY - FED CNTY STATE		
	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	16	14	63,500.22	172	677	383,448.88
OUTPATIENT	0	0	0.00	948	31388	153,627.61	5304	194460	606,768.99
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	14	17,969.00	10	79	17,307.24
INTERMEDIATE CARE FACILITY	0	0	0.00	1	28	3,630.59	9	250	35,573.28
INTER CARE MENTAL RETARDA	0	0	0.00	1	28	9,529.24	1719	47282	17115,942.02
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	88	14,668.98
HOME HEALTH	0	0	0.00	15	80	6,034.03	1295	48526	1784,309.55
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	512	1245	82,397.58	5089	30994	434,888.30
CLINIC SERVICES	0	0	0.00	133	173	26,214.14	416	495	72,104.19
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	0	0	0.00	47	239	4,385.85	493	705	8,152.35
HABILITATION SERVICES	0	0	0.00	6	171	10,327.63	178	4812	286,913.31
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	1601	1684	47,532.40	12781	12879	127,542.50
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	11	10	1,173.24	104	129	14,281.60

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 BLE-FAMP-PME BCCT			STATE ONLY			FED CNTY - FED CNTY STATE		
	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	5	1099	8,456.55	751	199140	2729,788.81
INFANT TODDLER	0	0	0.00	1	1-	14.35-	19	102	1,018.28
PRESCRIBED DRUGS	0	0	0.00	978	4119	195,918.75	6542	22162	1326,738.42
IOWA-PLAN-PMIC	0	0	0.00	346	347	60,614.20	2800	2824	4,889.98
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	0	0	0.00	1603	1637	3,503.18	13228	13301	28,464.14
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	7	6	343.66	15	318	1,771.41
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	1601	1684	171,607.18	12779	12880	820,155.78
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	2	3	86.90	41	56	1,916.64
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	1	1	2,858.00
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	9	23	824.56	737	1548	211,697.66
MEDICAL SUPPLIES	0	0	0.00	138	7242	21,363.31	2807	387736	537,366.81
HEALTH HOME PROVIDER	0	0	0.00	30	35	908.86	13	16	332.81
OTHER PRACTITIONER	0	0	0.00	94	191	10,544.62	1124	13782	455,877.02
FAMILY CENTERED PROGRAM	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 BLE-FAMP-PME BCCT			STATE ONLY			FED CNTY - FED CNTY STATE		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	99	126	20,109.16	1421	1638	171,613.31
OPTOMETRIST	0	0	0.00	75	105	6,838.21	688	863	39,815.87
CHIROPRACTIC	0	0	0.00	49	91	3,052.39	333	633	12,475.83
PODIATRIC	0	0	0.00	12	13	681.78	641	900	25,189.17
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	1	30.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	2	58	5,385.76	292	12125	573,859.09
PSYCHIATRIC	0	0	0.00	5	10	712.75	440	648	24,880.15
RESIDENTIAL CARE FACILITY	0	0	0.00	1	28	0.00	11	181	1,492.05
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	9851	520737	28779,560.34
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	2	227	4,831.68	1	75	1,785.66
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	4	408	5,300.57	1	9	245.79
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	46	660.00	180	7062	204,696.90
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	5	116	5,838.36	9453	55658	2765,675.62
UNASSIGNED	0	0	0.00	0	0	0.00	4	0	0.00
* A L L C A T E G O R I E S *	0	0	0.00	1642	52660	953,891.61	12881	1595772	59626,096.73

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 AGED			FEDERAL MEDICAID ONLY BLIND			OTHER BLE-ICARE-FAMP-PME PRGW		
	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	0	0	0.00
OUTPATIENT	0	0	0.00	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	0	0	0.00	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
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	FEDERAL MEDICAID ONLY AGED			FEDERAL MEDICAID ONLY BLIND			OTHER BLE-ICARE-FAMP-PME PRGW		
	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
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	0	0	0.00	1	1	10.99
IOWA-PLAN-PMIC	0	0	0.00	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
HEALTH HOME PROVIDER	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

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 AGED			FEDERAL MEDICAID ONLY BLIND			OTHER BLE-ICARE-FAMP-PME PRGW		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
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
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 *	0	0	0.00	0	0	0.00	0	1	10.99

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	OTHER BLE-ICARE-FAMP-PME BCCT			OTHER BLE-DSH PME PREGW			OTHER BLE-DSH PME BCCT		
	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	0	0	0.00
OUTPATIENT	0	0	0.00	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	0	0	0.00	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
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 BLE-ICARE-FAMP-PME BCCT			OTHER BLE-DSH PME PREGW			OTHER BLE-DSH PME BCCT		
	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
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	0	0	0.00	0	0	0.00
IOWA-PLAN-PMIC	0	0	0.00	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
HEALTH HOME PROVIDER	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

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 BLE-ICARE-FAMP-PME BCCT			OTHER BLE-DSH PME PREGW			OTHER BLE-DSH PME BCCT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
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
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 *	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 BLE-DSH FP			OTHER BLE-DSH FP PME-PREGW			OTHER BLE-DSH FP PME-BCCT		
	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	0	0	0.00
OUTPATIENT	0	0	0.00	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	0	0	0.00	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
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 BLE-DSH FP			OTHER BLE-DSH FP PME-PREGW			OTHER BLE-DSH FP PME-BCCT		
	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
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	0	0	0.00	0	0	0.00
IOWA-PLAN-PMIC	0	0	0.00	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
HEALTH HOME PROVIDER	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

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 BLE-DSH FP			OTHER BLE-DSH FP PME-PREGW			OTHER BLE-DSH FP PME-BCCT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
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
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 *	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	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	2	3	3,656.35	6556	25411	38116,181.99			
OUTPATIENT	89	1916	5,346.92	185291	4394971	24131,248.48			
CHILD PART HOSP	0	0	0.00	0	0	0.00			
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00			
ADULT PART HOSP	0	0	0.00	1	0	3,204.56			
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00			
SKILLED NURSING FACILITY	0	0	0.00	954	13950	2116,208.68			
INTERMEDIATE CARE FACILITY	0	0	0.00	11489	334692	43266,655.78			
INTER CARE MENTAL RETARDA	1	13	4,353.96	1741	47814	15752,493.12			
NURSING FAC FOR MENTAL ILL	0	0	0.00	86	4765	925,816.56			
HOME HEALTH	3	9	45.63	13327	262795	10755,335.89			
LEAD INSPECTION AGENCY	0	0	0.00	4	4	1,448.24			
PHYSICIAN	58	75	5,146.28	125350	486949	16780,940.58			
CLINIC SERVICES	39	48	7,284.66	24085	31369	5623,901.06			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
EHR INCENTIVE PAYMENTS	0	0	0.00	1	0	4474,310.00			
LAB AND RADIOLOGICAL	1	1	17.58	13442	33858	663,998.52			
HABILITATION SERVICES	0	0	0.00	4358	128205	7865,976.34			
BEHAVIORAL HLTH INTERVENTN SVC	298	327	4,322.00	389039	416775	5359,831.01			
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00			
AMBULANCE SERVICES	0	0	0.00	1999	2281	237,583.80			

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	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	3	613	24,671.69	2254	515119	6425,863.04			
INFANT TODDLER	0	0	0.00	529	2320	23,535.86			
PRESCRIBED DRUGS	42	55	5,209.64	131269	344411	19050,604.95			
IOWA-PLAN-PMIC	257	278	1,145.86	233705	250785	2700,277.95			
DRUG CAPITATION	0	0	0.00	0	0	0.00			
NEMT SERVICES	297	305	652.70	388513	404239	865,071.46			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	6	9	1,023.83	6742	8668	655,724.27			
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00			
IOWA PLAN PROGRAM	298	327	4,771.94	389034	416700	11452,068.45			
MANAGED SUBSTANCE ABUSE	0	0	0.00	1	0	1932,410.15-			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00			
EPSDT SCREENING	17	19	1,144.05	9843	10659	1832,563.43			
HMO SERVICES	23	25	2,417.08	15037	15503	2772,336.95			
PACE SERVICES	0	0	0.00	175	178	561,640.22			
PATIENT MANAGEMENT	166	166	332.00	187371	187627	375,254.00			
HEALTH INS PREMIUM PAYMENT	3	6	34.96	3201	7238	540,660.88			
MEDICAL SUPPLIES	8	649	752.52	26911	1968215	4049,815.15			
HEALTH HOME PROVIDER	1	1	12.80	1728	2128	51,331.12			
OTHER PRACTITIONER	10	44	2,186.00	21058	91196	3691,486.81			
FAMILY CENTERED PROGRAM	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	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			
FAMILY PRESERVATION	0	0	0.00	0	0	0.00			
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00			
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00			
DENTAL	26	29	4,394.74	27235	32987	4581,023.67			
OPTOMETRIST	11	13	959.85	13508	16686	965,483.15			
CHIROPRACTIC	0	0	0.00	8712	18061	462,654.18			
PODIATRIC	0	0	0.00	4323	6919	225,377.83			
PHYSICAL DISABILITIES SVCS	0	0	0.00	779	30371	388,295.26			
BRAIN INJ WAIVER SERVICES	0	0	0.00	1258	59124	2733,883.83			
PSYCHIATRIC	0	0	0.00	3768	7146	262,480.47			
RESIDENTIAL CARE FACILITY	0	0	0.00	1285	40196	280,938.73			
ID WAIVER SERVICE	0	0	0.00	10982	587807	32145,880.96			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	800	42128	811,030.07			
AIDS WAIVER SERVICES	0	0	0.00	31	2452	27,497.24			
ELDERLY WAIVER SERVICES	0	0	0.00	8862	447060	6488,607.38			
ILL & HANDICAPPED WAIVER SVCS	1	1	2,380.00	2062	90090	1763,664.61			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	3	7	412.00	11820	77029	3751,496.07			
UNASSIGNED	0	0	0.00	49	0	2721,210.85			
* A L L C A T E G O R I E S *	321	4939	82,675.04	454105	1866881	286800,483.30	0	0	0.00

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