

## 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	549	2022	531,838.58
OUTPATIENT	37	700	4,721.68	0	0	0.00	4804	81191	846,160.66
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	207	2529	172,186.50
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4736	145007	16163,165.33
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	19	6,327.76
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	20	507	115,716.89
HOME HEALTH	2	60	6,582.28	0	0	0.00	2575	45137	2164,412.12
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	23	44	4,312.83	0	0	0.00	6816	66387	468,247.58
CLINIC SERVICES	40	52	7,934.19	0	0	0.00	604	99873	42,386.53
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	24	148	2,415.75	0	0	0.00	828	294	3,042.07
HABILITATION SERVICES	0	0	0.00	0	0	0.00	26	114	32,039.00
BEHAVIORAL HLTH INTERVENTN SVC	118	144	242.74	0	0	0.00	6141	6467	74.54
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	335	417	43,460.63

## 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	29	69	1,230.29	0	0	0.00	2178	3446	54,557.26
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	118	120	241.20	0	0	0.00	5958	5975	12,009.49
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	1	1	9.36	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	118	144	3,796.18	0	0	0.00	6141	6467	23,303.64
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	34	34	8,551.33	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	40	40	80.00	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	463	510.72	0	0	0.00	3343	195834	262,225.51
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	249	264	16,586.92
OTHER PRACTITIONER	2	3	125.32	0	0	0.00	480	4833	27,688.44
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	14	20	2,556.77	0	0	0.00	400	460	70,550.37
OPTOMETRIST	6	8	496.63	0	0	0.00	589	958	23,817.05
CHIROPRACTIC	0	0	0.00	0	0	0.00	429	987	6,848.35
IOWA-PLAN-HAB	118	138	178.22	0	0	0.00	6144	6024	46,725.03
PODIATRIC	0	0	0.00	0	0	0.00	845	1319	14,282.79
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	3	181	11,135.13
PSYCHIATRIC	0	0	0.00	0	0	0.00	224	581	12,962.76
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	208	8398	64,758.64
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	63	4099	231,833.48
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	3476	379600	2251,943.40
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	30	111	6,800.26
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 *	162	2188	43,985.49	0	0	0.00	17367	1069501	23727,086.71

## 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	3008	8791	9171,302.81	1818	1461	3537,074.05
OUTPATIENT	1	1	7.37	25083	670315	7536,001.39	20903	371337	5280,347.31
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	181	3835	2283,491.18	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	701	20885	2781,147.75	1	17	2,893.40
INTER CARE MENTAL RETARDA	0	0	0.00	2	53	18,474.50	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	3821	140951	3554,517.02	45	426	32,394.63
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	27511	177476	4031,949.33	15243	26895	2514,440.88
CLINIC SERVICES	0	0	0.00	3612	5081	668,574.38	2617	3426	546,983.46
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	3316	7810	132,935.76	3271	9344	288,065.68
HABILITATION SERVICES	0	0	0.00	1295	12893	989,926.20	14	51	2,993.75
BEHAVIORAL HLTH INTERVENTN SVC	1	1	2.44	57518	59812	436,366.82	45978	50889	181,957.16
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1161	1369	157,744.23	260	273	37,396.54

## 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	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	342	132653	1386,102.55	10	1747	14,140.40
INFANT TODDLER	0	0	0.00	11	30	208.38	0	0	0.00
PRESCRIBED DRUGS	1	3	37.64	22514	105908	7697,019.63	23229	61276	2629,632.12
IOWA-PLAN-PMIC	0	0	0.00	8281	8400	37,413.40	847	886	142,955.27
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	1	1	2.01	57461	59048	118,683.10	45927	49101	98,692.23
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	91	249	9,091.59	4898	5314	470,310.29
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1	1	110.45	57518	59812	4364,260.59	45978	50889	1559,005.26
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	126	172	8,242.98	19	18	1,094.58
HMO SERVICES	0	0	0.00	0	0	0.00	6370	6610	2062,011.28
PACE SERVICES	0	0	0.00	49	49	197,866.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	2	2	4.00	28174	28170	56,340.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	572	1267	157,254.11	106	217	10,928.88
MEDICAL SUPPLIES	0	0	0.00	10365	868611	1961,244.30	1031	15043	172,147.87
HEALTH HOME PROVIDER	0	0	0.00	5815	6005	815,658.07	1057	1108	141,671.96
OTHER PRACTITIONER	0	0	0.00	3485	30852	761,063.41	2353	3905	281,133.54
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	4256	5449	834,687.32	3105	4223	726,478.00
OPTOMETRIST	0	0	0.00	2592	3759	169,907.34	1413	1738	122,633.37
CHIROPRACTIC	0	0	0.00	2333	5314	76,841.96	1519	3309	108,473.28
IOWA-PLAN-HAB	1	1	87.83	57504	59338	5587,978.68	45951	49833	60,592.93
PODIATRIC	0	0	0.00	1366	2166	73,049.95	194	248	23,527.99
PHYSICAL DISABILITIES SVCS	0	0	0.00	464	62146	233,830.15	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	340	44587	685,916.44	0	0	0.00
PSYCHIATRIC	0	0	0.00	2704	4797	124,962.33	39	59	5,464.46
RESIDENTIAL CARE FACILITY	0	0	0.00	980	33939	291,130.35	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	836	96312	2571,859.74	1	1	394.28
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	14	3188	16,605.14	3	1127	4,890.02
AIDS WAIVER SERVICES	0	0	0.00	10	2368	8,197.06	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	24	1867	21,594.09	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1701	224577	1401,843.35	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	379	2321	112,648.35	0	0	0.00
UNASSIGNED	0	0	0.00	4	0	0.00	6	0	0.00
* A L L C A T E G O R I E S *	1	8	247.74	63658	2934457	61487,595.73	63099	748941	21117,064.87

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	821	1315	2464,139.49	428	677	1254,812.09	5077	5035	15626,420.01
OUTPATIENT	18087	159527	2181,661.76	4976	58053	745,720.27	30561	376700	4548,029.17
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	53	37,369.12	0	0	0.00	3	50	18,634.66
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	3	55	7,915.68
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2	31	21,115.79
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	190	2902	85,595.87	33	113	3,549.39	455	5715	326,936.06
LEAD INSPECTION AGENCY	2	2	724.12	0	0	0.00	1	1	362.06
PHYSICIAN	18704	22384	2079,174.50	4093	5447	481,139.23	32869	49097	4621,250.55
CLINIC SERVICES	2871	3469	564,636.85	768	958	149,911.49	5991	7824	1829,870.24
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	514,104.00
LAB AND RADIOLOGICAL	952	2132	36,384.37	325	1075	22,163.17	2346	6893	119,728.54
HABILITATION SERVICES	0	0	0.00	13	89	3,389.05	12	54	5,517.95-
BEHAVIORAL HLTH INTERVENTN SVC	76278	82094	1044,903.27	16927	18235	188,768.76	119454	131789	1586,247.22
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	103	102	14,733.54	62	65	9,129.32	174	180	25,538.22

## 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	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	166	21446	154,043.35	60	4421	39,058.10	175	36503	246,411.77
INFANT TODDLER	10	25	169.80	3	5	41.16	11	33	205.27
PRESCRIBED DRUGS	16582	27907	1674,217.20	4958	10193	587,919.24	26809	45511	2417,152.41
IOWA-PLAN-PMIC	75260	81022	43,546.90	9823	10409	71,387.23	108040	118136	139,079.75
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	75999	80038	160,876.25	16848	17654	35,484.54	118791	125771	252,798.02
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	458	484	49,314.94	152	160	17,018.61	273	292	29,667.97
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	76278	82094	880,962.87	16927	18235	358,543.39	119453	131789	1695,218.51
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	2406	2016	557,850.62	350	283	74,103.52	4630	3208	1432,372.42
HMO SERVICES	9776	10101	1076,704.92	1913	1961	273,568.05	11683	12194	2121,741.21
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	51646	51646	103,292.00	10456	10456	20,912.00	84521	84516	169,032.00
HEALTH INS PREMIUM PAYMENT	109	272	9,906.39	40	88	3,629.88	1454	3698	136,343.41
MEDICAL SUPPLIES	746	13834	89,886.20	173	3142	22,359.44	1291	29236	204,623.85
HEALTH HOME PROVIDER	1453	1463	211,448.27	635	641	94,963.83	2005	2018	293,414.64
OTHER PRACTITIONER	2450	6676	322,061.01	631	1304	78,691.20	4557	10857	628,319.03
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	5628	6591	788,728.46	1303	1606	216,877.04	9637	11419	1311,048.18
OPTOMETRIST	2052	2363	159,746.91	543	631	42,852.79	3441	3923	256,271.58
CHIROPRACTIC	780	1310	41,169.03	211	424	14,121.52	1515	2872	87,038.96
IOWA-PLAN-HAB	76274	81152	4,416.87	16895	17950	12,761.14	119398	128345	26,834.35
PODIATRIC	74	92	10,728.28	35	40	3,953.80	139	167	18,820.95
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	3	76	1,597.20
PSYCHIATRIC	20	45	3,983.32	20	45	3,271.42	27	39	2,799.84
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	0.00
ID WAIVER SERVICE	1	47	321.53	1	17	156.23	4	100	24,657.09
CHILDRENS MENTAL HEALTH SVC	17	4452	21,379.19	65	15625	82,707.59	33	8794	11,840.69
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	2	82	365.82
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	3	16	1,363.30
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	2	12	613.32	32	108	9,086.58	10	54	2,825.35
UNASSIGNED	6	0	0.00	0	0	0.00	10	0	2675,270.44
* A L L C A T E G O R I E S *	88482	749068	14874,690.52	19353	200110	4922,051.07	133772	1343073	38024,698.80

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	76	186	195,454.49	658	2549	923,278.08	79	222	455,705.78
OUTPATIENT	1937	25767	292,106.57	4954	136741	888,480.98	822	17142	302,355.54
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	2	39	28,993.64	350	4599	30,980.54	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	5880	180648	23961,952.12	0	0	0.00
INTER CARE MENTAL RETARDA	14	357	139,797.19	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	73	2221	616,471.48	0	0	0.00
HOME HEALTH	48	6988	160,473.25	3252	72357	2974,438.47	21	174	13,764.11
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2567	3210	253,162.68	6417	50977	452,354.10	660	1927	147,015.65
CLINIC SERVICES	358	417	65,529.73	469	388	35,228.09	108	229	20,010.67
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	213	1188	19,188.62	811	406	4,944.55	93	409	9,254.09
HABILITATION SERVICES	6	76	2,759.08	34	585	33,338.12	12	252	10,108.96
BEHAVIORAL HLTH INTERVENTN SVC	10668	10836	1339,205.24	21372	21848	9,729.77	1589	1738	2,413.43
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	10	12	2,001.64	452	547	53,242.56	17	17	2,829.16

## 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
LOCAL EDUCATION AGENCY	86	33727	318,361.97	12	4760	72,265.24	0	0	0.00
INFANT TODDLER	4	22	125.89	1	9	90.58	0	0	0.00
PRESCRIBED DRUGS	4672	11921	849,445.34	7651	16415	423,750.85	838	2914	130,868.26
IOWA-PLAN-PMIC	10652	10719	1892,820.65	156	157	264.25	10	11	5.68
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	10554	10670	21,446.70	21350	21470	43,153.01	1589	1682	3,380.82
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	37	40	4,463.21	0	0	0.00	26	28	2,409.91
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10666	10733	1013,809.44	21372	21848	216,128.94	1589	1738	53,211.63
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	119	132	13,117.16	1	1	110.61	2	4	129.13
HMO SERVICES	5	5	562.96	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	142	142	416,804.98	0	0	0.00
PATIENT MANAGEMENT	92	92	184.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	188	381	21,751.60	42	86	16,057.98	3	5	1,058.66
MEDICAL SUPPLIES	255	32606	56,991.90	5222	366562	482,338.75	86	3331	11,627.14
HEALTH HOME PROVIDER	1201	1210	181,155.54	414	434	58,184.23	62	68	8,448.56
OTHER PRACTITIONER	515	6161	240,012.16	637	4373	57,480.81	120	502	14,467.43
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	1065	1249	153,764.62	775	933	139,966.31	102	136	26,063.76
OPTOMETRIST	496	568	35,369.64	677	1015	28,050.22	54	72	4,525.78
CHIROPRACTIC	175	303	7,809.32	239	501	3,881.18	47	119	3,701.47
IOWA-PLAN-HAB	10544	8548	85,995.10	21364	21501	428,869.30	1593	1668	18,044.37
PODIATRIC	20	23	2,400.50	1180	1687	20,177.58	25	30	2,411.12
PHYSICAL DISABILITIES SVCS	0	0	0.00	251	32892	112,413.30	0	0	0.00
BRAIN INJ WAIVER SERVICES	38	6740	52,979.87	518	63475	1022,057.41	0	0	0.00
PSYCHIATRIC	22	58	4,104.02	297	811	16,986.72	25	42	1,332.66
RESIDENTIAL CARE FACILITY	0	0	0.00	3	191	2,705.38	0	0	0.00
ID WAIVER SERVICE	205	28526	367,205.14	7	264	18,470.67	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	19	5110	17,781.55	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5375	617124	3499,287.12	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	25	2590	33,128.44	2	166	846.90	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	87	538	23,356.82	40	303	14,395.16	0	0	0.00
UNASSIGNED	2	0	0.00	1	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	10536	216638	7879,034.12	13296	1656096	37096,957.89	1707	34460	1245,143.77

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	351	785	1154,268.30	62	93	171,167.22	21	23	84,593.44
OUTPATIENT	897	28368	515,171.59	2592	23228	397,686.76	190	5037	133,081.77
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	2	30	415.00	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	16	103	4,121.86	12	137	4,321.45	3	42	5,912.88
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	607	2888	174,071.61	3367	3968	346,659.71	171	589	120,424.34
CLINIC SERVICES	57	68	10,787.77	605	700	109,673.86	13	18	3,998.96
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	35	120	2,270.91	121	398	6,854.72	24	68	950.98
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	15872	17057	218,500.73	226	228	554.44
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	27	29	4,283.54	19	19	2,126.75	2	2	237.59

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		
	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	36	4598	31,834.78	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	201	817	41,106.67	3788	6711	532,039.88	189	813	39,415.91
IOWA-PLAN-PMIC	0	0	0.00	15132	16262	21,061.16	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	189	187	375.74	15796	16556	33,277.56	227	227	456.27
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	3	4	349.87	44	47	4,743.10	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	15872	17057	198,802.77	226	228	25,074.88
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	143	134	19,250.63	0	0	0.00
HMO SERVICES	0	0	0.00	1348	1380	116,899.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	11541	11541	23,082.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	10	23	2,186.96	0	0	0.00
MEDICAL SUPPLIES	47	1942	25,361.27	118	2572	23,504.57	20	197	3,498.13
HEALTH HOME PROVIDER	0	0	0.00	415	415	59,409.92	25	27	1,540.37
OTHER PRACTITIONER	66	108	7,703.13	473	1236	69,768.09	20	27	4,976.43
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	38	53	8,601.36	2031	2397	314,068.91	23	25	4,875.71
OPTOMETRIST	11	16	999.60	707	815	55,038.48	9	11	711.03
CHIROPRACTIC	12	19	686.95	254	406	13,367.56	8	10	333.78
IOWA-PLAN-HAB	0	0	0.00	15833	16731	2,140.12	226	226	19,886.74
PODIATRIC	11	14	1,535.86	31	41	4,788.46	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	28	97	3,617.52	9	18	1,346.46	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	1	385	544.32	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	141	2,198.27	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	2	7	378.87	0	0	0.00
UNASSIGNED	1	0	0.00	2	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1125	35648	1955,728.55	15670	145073	2786,723.07	247	7798	450,523.65

## 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	4	0	21,247.35-	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 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	160	199	16,711.87	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 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
IOWA-PLAN-HAB	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 *	156	199	4,535.48-	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	18	30-	8,005.83	0	0	0.00	15	9	21,302.13
OUTPATIENT	176	2661	11,589.56	0	0	0.00	174	2405	27,280.96
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	2	24	1,601.00	0	0	0.00	1	1	83.46
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	208	236	12,106.67	0	0	0.00	108	176	13,047.06
CLINIC SERVICES	26	38	5,221.86	0	0	0.00	15	20	3,419.42
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	16	54	454.00	0	0	0.00	14	25	678.07
HABILITATION SERVICES	4	134	3,592.46	0	0	0.00	3	0	6,125.43
BEHAVIORAL HLTH INTERVENTN SVC	774	777	124,550.33	0	0	0.00	336	399	70,344.99
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	2	2	163.72	0	0	0.00	2	2	196.23

## 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	46	15772	108,023.93	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	655	2346	160,599.89	0	0	0.00	119	259	10,472.26
IOWA-PLAN-PMIC	774	777	171,374.87	0	0	0.00	336	399	104,716.89
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	773	776	1,559.76	0	0	0.00	336	384	771.84
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	4	4	447.17
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	774	777	90,961.97	0	0	0.00	336	399	54,489.18
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	4	4	372.54	0	0	0.00	1	1	40.82
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	3	3	6.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	75	156	14,907.85	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	17	1043	2,916.74	0	0	0.00	2	2	801.31
HEALTH HOME PROVIDER	209	209	31,634.68	0	0	0.00	38	38	5,963.44
OTHER PRACTITIONER	85	938	68,313.09	0	0	0.00	20	24	1,331.10
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	70	85	11,239.59	0	0	0.00	19	22	2,907.59
OPTOMETRIST	53	65	3,859.87	0	0	0.00	7	7	595.94
CHIROPRACTIC	19	31	953.25	0	0	0.00	8	10	398.23
IOWA-PLAN-HAB	772	724	8,713.52	0	0	0.00	336	384	5,174.10
PODIATRIC	3	3	122.80	0	0	0.00	2	3	212.23
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	6	6	165.11	0	0	0.00	1	1	182.73
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	2	130	964.23	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	550	103304	518,881.02	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	17	260.10	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	125	401	26,577.47	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 *	735	131463	1389,693.71	0	0	0.00	356	4974	330,982.58

## 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	165	150	7,513.63	3	3	27.17	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
IOWA-PLAN-HAB	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 *	117	150	7,513.63	0	3	27.17	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	6	9	110.37	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-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
IOWA-PLAN-HAB	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	9	110.37	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
INPATIENT	0	0	0.00	58	54	132,139.92	209	703	622,664.70
OUTPATIENT	0	0	0.00	636	12985	229,811.75	3955	104572	685,688.21
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	7	80	21,206.39
INTERMEDIATE CARE FACILITY	0	0	0.00	1	31	4,004.83	3	67	8,877.57
INTER CARE MENTAL RETARDA	0	0	0.00	1	31	10,980.20	1699	54258	21455,204.34
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	15	116	11,398.94	1230	61026	1738,795.95
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	538	1096	89,003.09	5028	26741	389,541.76
CLINIC SERVICES	0	0	0.00	114	149	24,518.05	375	398	53,852.30
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	58	403	7,769.76	470	797	9,300.90
HABILITATION SERVICES	0	0	0.00	1	1	65.01	43	513	24,857.63
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	1635	1731	51,787.02	12894	12984	130,306.16
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	15	18	2,831.94	137	186	19,015.39

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	3	134	1,182.03	250	138637	1316,972.46
INFANT TODDLER	0	0	0.00	0	0	0.00	3	11	97.02
PRESCRIBED DRUGS	1	7	79.52	965	4001	196,698.19	6326	20887	1418,514.07
IOWA-PLAN-PMIC	0	0	0.00	378	388	67,080.74	2843	2880	4,994.37
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	0	0	0.00	1638	1680	3,376.67	13329	13396	26,925.96
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	8	9	600.78	16	21	1,380.12
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	1635	1731	176,150.94	12894	12984	823,993.30
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	2	69.45	28	39	2,756.50
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	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	8	21	1,174.11	729	1595	215,031.42
MEDICAL SUPPLIES	0	0	0.00	129	4660	15,096.05	2701	395261	589,097.42
HEALTH HOME PROVIDER	0	0	0.00	121	131	14,864.51	234	255	37,087.91
OTHER PRACTITIONER	0	0	0.00	86	253	17,635.61	987	12475	415,406.46
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	100	126	25,921.56	1404	1656	167,662.37
OPTOMETRIST	0	0	0.00	77	87	6,089.36	645	841	33,881.94
CHIROPRACTIC	0	0	0.00	54	118	3,740.31	344	649	10,247.61
IOWA-PLAN-HAB	0	0	0.00	1635	1649	124,440.45	12895	12973	1089,426.64
PODIATRIC	0	0	0.00	20	34	2,728.57	715	932	20,488.92
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	2	57	9,932.17	262	34219	483,069.32
PSYCHIATRIC	0	0	0.00	5	26	19,301.13	458	683	19,436.06
RESIDENTIAL CARE FACILITY	0	0	0.00	3	93	355.90	7	237	2,430.47
ID WAIVER SERVICE	0	0	0.00	2	936	1,363.17	9581	1211183	30035,751.34
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	2	952	3,458.28	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	4	1027	4,773.36	2	7	38.35
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	50	746.64	160	22838	197,630.93
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1	1	26.91	3701	21246	1025,939.57
UNASSIGNED	0	0	0.00	0	0	0.00	3	0	0.00
* A L L C A T E G O R I E S *	0	7	79.52	1651	34781	1261,117.40	13129	2168231	63100,429.83

## 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	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	2	2	17.88
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
IOWA-PLAN-HAB	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	2	17.88

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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
IOWA-PLAN-HAB	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
IOWA-PLAN-HAB	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	4	0	1,509.65	13138	23895	36355,676.57			
OUTPATIENT	44	5232	3,668.57	117790	2081962	24608,324.52			
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	0	0	0.00			
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00			
SKILLED NURSING FACILITY	0	0	0.00	747	11215	2593,277.03			
INTERMEDIATE CARE FACILITY	0	0	0.00	11292	346710	42929,956.68			
INTER CARE MENTAL RETARDA	1	24	10,465.33	1719	54773	21662,365.11			
NURSING FAC FOR MENTAL ILL	0	0	0.00	92	2728	732,188.37			
HOME HEALTH	0	0	0.00	11640	336272	11088,898.74			
LEAD INSPECTION AGENCY	0	0	0.00	3	3	1,086.18			
PHYSICIAN	38	51	3,361.89	122487	439589	16201,263.46			
CLINIC SERVICES	17	20	3,021.97	18572	123128	4145,559.82			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
EHR INCENTIVE PAYMENTS	0	0	0.00	1	0	514,104.00			
LAB AND RADIOLOGICAL	3	7	236.74	12858	31571	666,638.68			
HABILITATION SERVICES	0	0	0.00	1437	14762	1103,676.74			
BEHAVIORAL HLTH INTERVENTN SVC	321	357	5,239.32	386998	417386	5391,194.38			
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00			
AMBULANCE SERVICES	0	0	0.00	2767	3240	374,931.00			



## 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			
LOCAL EDUCATION AGENCY	2	432	7,714.27	1165	394830	3696,110.85			
INFANT TODDLER	0	0	0.00	41	135	938.10			
PRESCRIBED DRUGS	38	53	2,646.82	120668	321820	18891,784.37			
IOWA-PLAN-PMIC	282	318	1,703.78	232203	250764	2698,404.94			
DRUG CAPITATION	0	0	0.00	0	0	0.00			
NEMT SERVICES	323	338	679.38	386525	405074	814,190.55			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	1	1	77.28	5988	6654	589,884.20			
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00			
IOWA PLAN PROGRAM	321	357	5,220.26	386997	417283	11543,044.20			
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00			
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00			
EPSDT SCREENING	3	3	46.54	7794	6017	2109,557.50			
HMO SERVICES	45	46	4,093.48	31144	32331	5664,132.23			
PACE SERVICES	0	0	0.00	192	192	617,528.98			
PATIENT MANAGEMENT	175	175	350.00	186650	186641	373,282.00			
HEALTH INS PREMIUM PAYMENT	3	12	77.64	3339	7821	590,308.89			
MEDICAL SUPPLIES	2	265	270.34	25016	1934604	3924,501.51			
HEALTH HOME PROVIDER	4	4	332.36	13936	14290	1972,365.21			
OTHER PRACTITIONER	9	76	3,483.04	16886	84603	2999,659.30			
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	48	58	6,471.97	29933	36508	4812,469.89			
OPTOMETRIST	12	13	866.83	13372	16890	945,714.36			
CHIROPRACTIC	1	2	98.22	7906	16384	379,710.98			
IOWA-PLAN-HAB	321	346	246.89	386796	407531	7522,512.28			
PODIATRIC	1	1	57.25	4653	6800	199,287.05			
PHYSICAL DISABILITIES SVCS	0	0	0.00	713	95038	346,243.45			
BRAIN INJ WAIVER SERVICES	0	0	0.00	1133	149335	2263,493.14			
PSYCHIATRIC	0	0	0.00	3871	7308	219,916.54			
RESIDENTIAL CARE FACILITY	0	0	0.00	1199	42858	361,380.74			
ID WAIVER SERVICE	2	28	695.26	10663	1342028	33204,902.30			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	687	137583	661,960.20			
AIDS WAIVER SERVICES	0	0	0.00	29	7478	25,978.61			
ELDERLY WAIVER SERVICES	0	0	0.00	8459	999707	5778,002.14			
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1890	250254	1635,819.66			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	0	0	0.00	4398	25102	1222,648.66			
UNASSIGNED	0	0	0.00	36	0	2675,270.44-			
* A L L C A T E G O R I E S *	341	8219	62,635.08	444960	1491097	281759,603.67	0	0	0.00

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