

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	2	1	4,224.02	0	0	0.00	624	2279	582,373.66
OUTPATIENT	13	255	6,828.83	0	0	0.00	5366	152604	959,092.60
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	292	4469	32,033.19
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4953	154110	17801,804.54
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	17	498	106,638.44
HOME HEALTH	2	94	10,135.55	0	0	0.00	2999	78091	1864,008.04
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	34	59	5,572.28	0	0	0.00	7654	77524	541,744.44
CLINIC SERVICES	25	26	4,292.58	0	0	0.00	676	439	49,822.13
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	18	87	2,153.31	0	0	0.00	940	349	3,188.19
HABILITATION SERVICES	0	0	0.00	0	0	0.00	24	159	6,080.34
BEHAVIORAL HLTH INTERVENTN SVC	105	129	220.97	0	0	0.00	6192	6510	68.82
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	398	508	55,942.44

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	41	89	1,958.11	0	0	0.00	2772	6161	92,031.91
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	103	103	220.42	0	0	0.00	6650	6585	14,346.05
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	105	129	3,440.88	0	0	0.00	6192	6510	22,922.79
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	9,092.81	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	39	39	78.00	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	2	65.54	0	0	0.00	3812	237865	342,773.40
HEALTH HOME PROVIDER	0	0	0.00	0	0	0.00	380	458	24,173.19
OTHER PRACTITIONER	3	3	538.11	0	0	0.00	710	6357	41,657.48
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	30	43	6,564.41	0	0	0.00	633	805	120,977.18
OPTOMETRIST	9	14	951.55	0	0	0.00	802	1411	31,340.62
CHIROPRACTIC	0	0	0.00	0	0	0.00	483	1314	9,112.88
IOWA-PLAN-HAB	105	129	163.54	0	0	0.00	6199	6223	47,296.61
PODIATRIC	0	0	0.00	0	0	0.00	976	1714	19,659.45
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	224	15,948.87
PSYCHIATRIC	0	0	0.00	0	0	0.00	261	659	14,780.46
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	187	6509	50,632.21
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	73	7874	279,152.54
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	3658	477948	2866,603.65
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	63	217	12,782.42
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 *	145	1237	56,510.27	0	0	0.00	18003	1246374	26008,988.54

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
INPATIENT	0	0	0.00	2287	10523	8792,059.46	715	1663	3121,566.71
OUTPATIENT	0	0	0.00	21237	691333	8419,722.53	10702	252608	5258,553.07
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	200	4560	2236,287.24	1	2	2,970.64
INTERMEDIATE CARE FACILITY	0	0	0.00	692	20763	2811,928.49	2	17	2,774.22
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	4463	215495	3667,786.86	68	532	42,402.06
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	31719	231915	5147,927.19	19632	35679	3387,964.29
CLINIC SERVICES	0	0	0.00	4321	5518	813,198.78	3369	4720	740,919.83
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	3987	10041	167,951.32	2962	8328	231,175.72
HABILITATION SERVICES	0	0	0.00	739	177-	158,393.75	11	16	842.36
BEHAVIORAL HLTH INTERVENTN SVC	1	1	2.44	57571	59203	431,454.59	46383	51519	192,015.02
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1143	1379	157,109.36	200	206	25,955.72

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	349	75406	713,060.61	3	65	282.72
INFANT TODDLER	0	0	0.00	21	18	1,450.72-	0	0	0.00
PRESCRIBED DRUGS	1	1	10.53	24230	133653	9596,885.90	25692	80399	3270,883.79
IOWA-PLAN-PMIC	0	0	0.00	8280	8387	39,386.70	864	940	155,460.04
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	1	1	2.14	58116	58450	126,945.38	47124	49490	106,673.26
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	141	330	15,051.57	5864	6590	569,777.38
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1	1	110.45	57570	59202	4317,261.70	46380	51519	1581,140.51
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	148	198	8,834.23	21	22	912.63
HMO SERVICES	0	0	0.00	0	0	0.00	6811	7091	2208,643.85
PACE SERVICES	0	0	0.00	51	52	193,141.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	27198	27190	54,380.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	545	1129	126,781.05	109	217	9,106.88
MEDICAL SUPPLIES	0	0	0.00	11384	1042503	2319,765.09	1213	26337	238,844.89
HEALTH HOME PROVIDER	0	0	0.00	6369	6974	917,108.60	1393	1922	234,204.03
OTHER PRACTITIONER	0	0	0.00	4294	32545	1093,802.08	3026	6320	325,814.06
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	5578	7597	1188,914.65	4240	6319	1113,154.47
OPTOMETRIST	0	0	0.00	3279	4584	228,034.68	1819	2275	161,116.20
CHIROPRACTIC	0	0	0.00	2751	7281	103,099.36	1875	4429	148,587.20
IOWA-PLAN-HAB	1	1	87.83	57536	59472	5598,865.29	46379	51314	63,436.13
PODIATRIC	0	0	0.00	1730	3065	94,773.18	269	350	36,924.54
PHYSICAL DISABILITIES SVCS	0	0	0.00	501	78966	266,108.98	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	382	68612	963,370.80	0	0	0.00
PSYCHIATRIC	0	0	0.00	3243	6856	161,680.72	41	59	2,890.77
RESIDENTIAL CARE FACILITY	0	0	0.00	941	30528	275,128.90	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	906	128003	3319,639.00	1	175	603.75
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	14	3315	16,333.67	3	1072	4,603.64
AIDS WAIVER SERVICES	0	0	0.00	9	2468	9,042.25	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	35	3525	26,556.74	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1843	346561	1883,408.38	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	775	4784	247,723.59	0	0	0.00
UNASSIGNED	0	0	0.00	4	0	0.00	2	0	0.00
* A L L C A T E G O R I E S *	1	5	213.39	63714	3425018	66653,074.95	60629	679385	23294,580.38

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	319	1542	2405,856.68	148	551	675,976.99	2005	7392	17579,517.18
OUTPATIENT	8517	117926	2261,261.65	2551	37494	838,311.58	16045	276267	4157,498.38
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	31	24,193.64	0	0	0.00	4	20	1,792.69-
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	7	117	17,727.78
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	2960,045.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	322	1943	53,625.87	65	223	8,104.88	692	6429	4767,386.71
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	2	2	724.12
PHYSICIAN	25283	31154	2792,623.86	5632	8994	657,255.82	44725	89242	6176,316.83
CLINIC SERVICES	4042	5043	806,253.31	1040	1348	207,197.48	7748	10489	1519,332.07
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	655,880.00
LAB AND RADIOLOGICAL	1312	3030	46,836.27	354	1064	19,828.22	2985	7940	130,566.92
HABILITATION SERVICES	0	0	0.00	13	16	797.24	9	21	12,482.30-
BEHAVIORAL HLTH INTERVENTN SVC	76627	82842	1049,267.86	17041	18383	188,392.43	120590	133757	1509,817.89
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	108	112	15,432.72	43	42	5,678.75	176	170	26,529.85

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	81	10247	70,759.32	23	2790	23,785.91	73	8519	39,906.76
INFANT TODDLER	2	0	71.66-	3	10	68.62	6	6	94.00-
PRESCRIBED DRUGS	21687	40860	2255,666.64	5811	13297	751,103.12	34090	63704	3159,150.71
IOWA-PLAN-PMIC	75584	81752	45,950.48	9874	10629	74,686.46	109098	120042	127,602.40
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	76377	80409	172,076.95	17003	17679	37,833.84	120048	127296	272,451.27
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	579	616	58,344.44	218	228	21,498.24	368	389	33,644.53
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	76608	82834	890,047.23	17039	18382	360,593.85	120546	133757	1712,161.12
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	2163	2374	460,517.39	343	385	77,587.61	3809	3912	1350,009.31
HMO SERVICES	10454	10868	1241,664.47	2067	2099	313,228.44	12415	12978	2242,436.43
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	50387	49502	99,004.00	10149	9909	19,818.00	83150	82155	164,310.00
HEALTH INS PREMIUM PAYMENT	105	254	7,166.09	37	80	3,308.10	1415	3545	110,030.64
MEDICAL SUPPLIES	961	15130	122,802.36	254	3655	38,444.25	1716	30098	221,815.56
HEALTH HOME PROVIDER	1497	1865	268,033.57	622	740	109,369.69	2034	2469	360,503.43
OTHER PRACTITIONER	3501	8233	367,084.57	789	1778	92,352.78	6405	14767	686,598.60
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	7395	8912	1093,502.43	1553	1991	289,340.93	12039	14483	1726,909.83
OPTOMETRIST	2497	2929	193,754.51	716	846	55,885.37	4146	4713	292,064.74
CHIROPRACTIC	908	1683	52,284.34	306	631	20,689.05	1842	3608	106,363.16
IOWA-PLAN-HAB	76608	82752	4,610.31	17021	18492	13,581.03	120539	133470	28,870.80
PODIATRIC	110	135	14,222.15	29	37	3,672.14	198	223	19,608.88
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	2	0	2,306.45-
PSYCHIATRIC	23	24	2,846.92	17	26	1,818.53	44	44	4,268.70
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	2	16	520.56
ID WAIVER SERVICE	0	0	0.00	2	42	10,657.53	4	78	1348,108.50
CHILDRENS MENTAL HEALTH SVC	17	4819	21,888.88	70	17634	79,699.50	43	12253	54,839.85
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	1	16	114.79
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	86	1,963.60
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	7	478.73	5	17	968.30	1	3	161.25
UNASSIGNED	1	0	0.00	1	0	0.00	7	0	218,808.08
* A L L C A T E G O R I E S *	86185	729828	16897,985.98	18842	189492	5001,534.68	132290	1304476	47847,800.79

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		
	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPES SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	31	170	258,784.92	665	2727	705,745.93	42	223	248,990.88
OUTPATIENT	1109	25717	378,045.76	5304	186951	1034,361.74	446	12707	226,217.81
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	31	24,193.64	477	7838	49,255.53	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6151	190399	26061,343.04	1	50	7,016.54
INTER CARE MENTAL RETARDA	19	521	205,646.13	1	20	6,786.20	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	71	2259	576,247.35	0	0	0.00
HOME HEALTH	63	8949	138,464.62	3746	105634	2577,787.99	32	435	16,402.70
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	3493	4603	331,482.00	7249	58083	568,117.04	836	2148	171,972.47
CLINIC SERVICES	454	549	80,368.70	490	524	55,751.32	124	167	23,457.08
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	271	1108	20,424.61	922	600	7,011.68	101	482	10,087.37
HABILITATION SERVICES	14	28	31,415.87	26	78	5,773.32	10	34	9,541.34
BEHAVIORAL HLTH INTERVENTN SVC	10474	10664	1248,172.41	21464	21918	9,628.12	1576	1725	2,314.80
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	11	13	1,886.83	517	653	65,643.01	9	6	1,102.31

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	60	10433	93,282.75	18	1397	6,436.23	0	0	0.00
INFANT TODDLER	9	54	270.44	1	0	127.95-	0	0	0.00
PRESCRIBED DRUGS	5249	15921	1123,040.73	8262	20591	494,890.03	886	3679	185,350.12
IOWA-PLAN-PMIC	10388	10617	1868,580.52	154	155	261.02	8	8	4.48
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	10399	10476	22,418.64	21651	20913	45,245.35	1629	1646	3,555.85
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	45	46	3,553.34	1	1	3.94	27	26	2,972.59
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10399	10628	1000,610.80	21464	21918	216,373.96	1576	1725	51,669.92
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	141	151	17,233.63	2	1	22.00	3	3	125.22
HMO SERVICES	3	3	1,573.44	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	141	139	402,362.01	0	0	0.00
PATIENT MANAGEMENT	57	57	114.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	178	303	19,199.62	42	69	13,538.00	2	4	815.62
MEDICAL SUPPLIES	280	38898	73,096.78	5624	421709	582,646.84	113	2908	20,881.40
HEALTH HOME PROVIDER	1061	1082	163,593.24	486	538	65,793.34	64	74	8,631.66
OTHER PRACTITIONER	685	4581	154,356.25	839	5846	106,753.04	107	159	10,410.21
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	1270	1499	166,189.92	966	1205	186,451.76	147	211	34,052.87
OPTOMETRIST	543	623	37,267.95	908	1384	38,396.38	93	129	8,045.41
CHIROPRACTIC	210	396	11,290.67	282	691	5,996.10	72	162	4,750.20
IOWA-PLAN-HAB	10398	8428	84,615.50	21477	21731	435,576.45	1579	1693	17,485.97
PODIATRIC	24	28	2,577.02	1226	1907	22,617.63	26	32	1,850.75
PHYSICAL DISABILITIES SVCS	0	0	0.00	302	48457	163,143.90	0	0	0.00
BRAIN INJ WAIVER SERVICES	43	9634	79,336.22	552	89470	1348,468.90	0	0	0.00
PSYCHIATRIC	21	28	2,723.26	352	1090	24,574.54	28	59	2,007.84
RESIDENTIAL CARE FACILITY	0	0	0.00	2	31	226.30	1	31	201.30
ID WAIVER SERVICE	217	30007	351,819.68	5	120	22,400.24	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	5493	19,582.64	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5506	752256	4178,526.86	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	33	4516	43,842.58	1	164	818.36	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	158	951	48,923.31	79	664	35,132.81	2	6	525.21
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 *	10490	211713	8088,395.78	13258	1995624	40139,562.95	1689	30532	1070,439.92

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	171	1032	1541,690.01	32	214	320,303.57	6	18	42,816.74
OUTPATIENT	499	15197	516,930.97	1446	29863	461,023.75	101	2900	112,800.33
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	2	9	559.05	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	19	364	30,077.31	43	151	2,254.81	4	58	5,720.92
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	813	5133	211,203.11	4697	5255	464,068.79	188	679	145,807.51
CLINIC SERVICES	57	91	14,495.07	824	982	151,489.17	23	28	6,066.51
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	42	127	2,193.02	150	476	7,667.33	35	93	2,114.99
HABILITATION SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	15982	17387	216,824.81	228	230	560.26
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	38	41	9,574.57	18	16	2,090.19	1	1	70.14

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	16	1108	9,690.07	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	242	1125	342,977.53	4691	9243	650,740.54	209	1032	69,676.90
IOWA-PLAN-PMIC	0	0	0.00	15231	16592	20,102.58	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	207	207	442.98	15905	16790	35,930.73	230	228	488.05
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	5	5	361.33	53	63	8,380.50	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	15972	17387	201,665.19	228	230	25,349.64
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	136	130	17,263.51	0	0	0.00
HMO SERVICES	0	0	0.00	1431	1473	125,582.57	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	11496	11278	22,556.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	2	4	31.08	0	0	0.00
MEDICAL SUPPLIES	62	3167	45,447.02	131	2361	28,292.62	23	929	6,414.21
HEALTH HOME PROVIDER	0	0	0.00	414	508	72,588.02	28	31	1,719.60
OTHER PRACTITIONER	99	616	14,822.62	678	1353	71,835.94	38	97	6,020.92
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	36	52	14,854.14	2080	2472	359,899.57	24	28	2,995.07
OPTOMETRIST	18	21	1,404.21	815	971	62,179.81	15	17	1,514.66
CHIROPRACTIC	20	33	1,065.65	343	686	21,670.16	12	38	1,251.79
IOWA-PLAN-HAB	0	0	0.00	15971	17358	2,124.21	228	229	20,131.65
PODIATRIC	13	14	1,688.50	52	60	7,184.93	4	6	275.66
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	35	118	5,064.23	5	13	1,255.85	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	4	1151	6,003.86	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	658	3,395.18	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	3	32	1,331.50	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 *	913	27352	2754,851.32	15917	156035	3355,426.84	234	6872	451,795.55

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	2	0	13,258.41	0	0	0.00	0	0	0.00
OUTPATIENT	8	0	5,932.94-	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	18	1-	6,906.89	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	1	0	255.45	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	184	247	20,422.60	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 *	186	246	34,910.41	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	5	39,309.50	0	0	0.00	6	0	6,157.25-
OUTPATIENT	104	1930	21,194.93	0	0	0.00	86	3069	25,275.49
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	4	29	45.63	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	274	350	18,921.62	0	0	0.00	120	217	16,478.96
CLINIC SERVICES	31	40	5,312.54	0	0	0.00	31	48	7,145.48
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	21	62	812.16	0	0	0.00	19	80	1,583.87
HABILITATION SERVICES	1	108-	1,045.44-	0	0	0.00	5	30	5,638.95
BEHAVIORAL HLTH INTERVENTN SVC	765	769	120,561.72	0	0	0.00	344	374	65,589.74
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	102.38	0	0	0.00	4	4	391.71

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	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	34	5714	25,484.73	0	0	0.00	0	0	0.00
INFANT TODDLER	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	680	2829	185,522.02	0	0	0.00	143	338	13,759.23
IOWA-PLAN-PMIC	762	769	170,437.83	0	0	0.00	344	374	98,118.22
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	762	767	1,641.38	0	0	0.00	344	366	783.24
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	7	9	508.04
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	762	769	90,494.33	0	0	0.00	344	374	51,008.84
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	6	6	636.32	0	0	0.00	1	2	66.81
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	1	1	2.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	70	143	13,586.21	0	0	0.00	1	1	16.66
MEDICAL SUPPLIES	26	1552	2,841.67	0	0	0.00	7	221	588.29
HEALTH HOME PROVIDER	182	186	28,106.94	0	0	0.00	44	50	7,370.65
OTHER PRACTITIONER	72	475	8,384.78-	0	0	0.00	21	33	2,087.59
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 UNITS OF
SERVED SERVICE

AMOUNT
PAID

RECIPS UNITS OF
SERVED SERVICE

AMOUNT
PAID

RECIPS UNITS OF
SERVED 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

89 102

8,893.57

0 0

0.00

24 31

4,470.27

OPTOMETRIST

58 67

3,590.77

0 0

0.00

8 12

687.17

CHIROPRACTIC

24 50

1,242.85

0 0

0.00

10 28

855.45

IOWA-PLAN-HAB

762 716

8,709.76

0 0

0.00

344 373

4,987.56

PODIATRIC

7 8

559.58

0 0

0.00

2 2

215.49

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

304.55

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

643 141967

688,112.25

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

1 141

555.54

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

24 269

12,034.86

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 *

736 159615

1439,587.42

0 0

0.00

309 6036

301,470.46

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	193	217	12,415.92	2	3	187.98	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 *	148	217	12,415.92	0	3	187.98	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	4	6	54.77	2	13	645.05	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 *	1	6	54.77	0	13	645.05	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	31	100	142,049.37	186	923	469,410.50
OUTPATIENT	0	0	0.00	407	9660	217,055.27	3604	116174	716,480.37
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	14	246	655.99
INTERMEDIATE CARE FACILITY	0	0	0.00	1	9-	1,274.76-	14	395	51,577.12
INTER CARE MENTAL RETARDA	0	0	0.00	1	31	10,980.20	1966	68684	32700,119.57
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	0	0	0.00	19	161	16,662.93	1401	126421	2338,056.62
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	695	1441	123,793.76	5980	32301	487,547.12
CLINIC SERVICES	0	0	0.00	141	192	31,211.97	429	738	66,911.39
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	72	310	5,622.37	573	1023	11,815.37
HABILITATION SERVICES	0	0	0.00	3	180	7,905.65	28	115	20,416.99
BEHAVIORAL HLTH INTERVENTN SVC	0	0	0.00	1644	1731	50,559.41	12959	13085	130,715.68
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	14	15	1,903.87	120	142	15,594.67

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	679	5,263.89-	388	92677	738,453.25
INFANT TODDLER	0	0	0.00	0	0	0.00	4	0	416.27-
PRESCRIBED DRUGS	1	1	10.88	1010	4890	261,380.90	6788	27318	1822,360.62
IOWA-PLAN-PMIC	0	0	0.00	377	378	67,787.92	2849	2888	5,006.36
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	0	0	0.00	1678	1682	3,651.48	13468	13495	29,303.23
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	12	11	614.08	16	23	2,770.65
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	1643	1731	176,924.76	12959	13085	829,396.96
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	1	5	262.46	29	55	3,832.56
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	2	2	10,027.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	9	30	1,230.81	691	1394	178,043.43
MEDICAL SUPPLIES	0	0	0.00	150	6517	21,680.79	3014	464251	709,650.85
HEALTH HOME PROVIDER	0	0	0.00	124	132	13,893.96	261	282	42,064.48
OTHER PRACTITIONER	0	0	0.00	106	286	13,299.68	1191	17480	475,534.58
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	143	205	42,773.93	1871	2204	219,592.85
OPTOMETRIST	0	0	0.00	104	131	9,718.63	826	1061	46,113.95
CHIROPRACTIC	0	0	0.00	52	130	4,091.11	382	913	13,743.06
IOWA-PLAN-HAB	0	0	0.00	1642	1679	127,436.63	12958	13086	1100,298.04
PODIATRIC	0	0	0.00	30	42	2,776.36	834	1192	23,258.32
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	2	60.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	2	58	9,990.10	289	43230	631,094.57
PSYCHIATRIC	0	0	0.00	2	17	13,292.01	571	1023	26,473.25
RESIDENTIAL CARE FACILITY	0	0	0.00	3	89	1,249.90	11	298	2,230.06
ID WAIVER SERVICE	0	0	0.00	2	1223	3,154.29	10008	1638424	35070,267.39
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	3	1100	5,431.68	1	332	1,644.28
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	4	1390	4,940.69	1	2	30.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1	288	1,134.72	170	35898	227,022.92
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	3	21	1,609.21	7268	42425	2153,497.11
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 *	0	1	10.88	1689	36526	1389,532.25	13199	2773287	81370,654.89

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	19.83
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	19.83

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER 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	2	4	7,409.63	7249	29367	36945,186.91			
OUTPATIENT	31	319	9,054.58	76796	1932974	25613,776.70			
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	984	17206	2368,356.23			
INTERMEDIATE CARE FACILITY	0	0	0.00	11765	365842	46752,896.97			
INTER CARE MENTAL RETARDA	1	30	10,866.79	1986	69286	29974,353.89			
NURSING FAC FOR MENTAL ILL	0	0	0.00	88	2757	682,885.79			
HOME HEALTH	1	2	10.14	13781	545011	15538,933.64			
LEAD INSPECTION AGENCY	0	0	0.00	2	2	724.12			
PHYSICIAN	60	68	6,852.85	154855	584844	21262,556.83			
CLINIC SERVICES	27	31	4,156.39	23700	30973	4587,381.80			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
EHR INCENTIVE PAYMENTS	0	0	0.00	1	0	655,880.00			
LAB AND RADIOLOGICAL	6	14	241.23	14680	35214	671,273.95			
HABILITATION SERVICES	0	0	0.00	837	392	233,278.07			
BEHAVIORAL HLTH INTERVENTN SVC	336	369	4,919.52	388942	420596	5221,086.49			
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00			
AMBULANCE SERVICES	0	0	0.00	2790	3309	385,263.97			

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	0	0	0.00	1032	209035	1715,878.46			
INFANT TODDLER	0	0	0.00	44	88	1,821.54-			
PRESCRIBED DRUGS	43	70	2,139.50	140852	425689	24313,285.86			
IOWA-PLAN-PMIC	298	328	1,164.06	233402	253859	2674,549.07			
DRUG CAPITATION	0	0	0.00	0	0	0.00			
NEMENT SERVICES	334	347	742.58	390245	406930	874,752.82			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	4	4	945.77	7315	8342	718,435.76			
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00			
IOWA PLAN PROGRAM	336	369	5,105.28	388884	420550	11536,278.21			
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	140.79	6791	7247	1937,444.47			
HMO SERVICES	47	50	4,362.37	33230	34596	6146,584.38			
PACE SERVICES	0	0	0.00	192	193	605,530.01			
PATIENT MANAGEMENT	173	171	342.00	182551	180303	360,606.00			
HEALTH INS PREMIUM PAYMENT	3	15	97.05	3209	7188	482,951.24			
MEDICAL SUPPLIES	6	1018	738.73	28130	2299121	4776,790.29			
HEALTH HOME PROVIDER	4	4	332.36	14893	17315	2317,486.76			
OTHER PRACTITIONER	11	77	3,163.99	22395	101006	3457,747.72			
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	55	72	9,761.69	38027	48231	6589,299.54			
OPTOMETRIST	17	17	879.16	16641	21205	1172,945.77			
CHIROPRACTIC	1	2	49.50	9507	22075	506,142.53			
IOWA-PLAN-HAB	336	369	245.77	388855	417515	7558,523.08			
PODIATRIC	0	0	0.00	5513	8815	251,864.58			
PHYSICAL DISABILITIES SVCS	0	0	0.00	797	127425	429,312.88			
BRAIN INJ WAIVER SERVICES	0	0	0.00	1232	211228	3045,903.01			
PSYCHIATRIC	0	0	0.00	4628	10022	263,981.63			
RESIDENTIAL CARE FACILITY	0	0	0.00	1141	37502	330,189.23			
ID WAIVER SERVICE	2	4	2,327.88	11166	1807101	40414,134.66			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	795	183150	875,948.93			
AIDS WAIVER SERVICES	0	0	0.00	30	7961	28,624.89			
ELDERLY WAIVER SERVICES	0	0	0.00	8763	1235137	7076,772.73			
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	2048	387654	2158,746.10			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	2	18	811.27	8379	49414	2515,979.57			
UNASSIGNED	0	0	0.00	19	0	218,808.08			
* A L L C A T E G O R I E S *	345	3775	76,860.88	438923	2983670	326247,512.08	0	0	0.00

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