

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

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	4	20	19,216.95	0	0	0.00	479	1608	232,787.05
OUTPATIENT	41	480	6,855.35	0	0	0.00	3968	71535	465,737.51
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	162	2529	418,911.45
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4656	134990	11905,079.78
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	4	214	69,273.24
HOME HEALTH	0	0	0.00	0	0	0.00	2201	44383	1632,542.80
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	52	113	11,911.67	0	0	0.00	6021	30055	320,451.78
CLINIC SERVICES	6	6	900.42	0	0	0.00	471	338	29,937.82
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	17	82	1,435.42	0	0	0.00	796	262	3,691.76
HABILITATION SERVICES	0	0	0.00	0	0	0.00	44	1280	71,671.16
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	2	0	1,532.02
AMBULANCE SERVICES	0	0	0.00	0	0	0.00	244	274	25,834.01
LOCAL EDUCATION AGENCY	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
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	32	91	8,660.08	0	0	0.00	2609	4275	54,734.70
DRUG CAPITATION	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 PLAN PROGRAM	94	127	3,460.24	0	0	0.00	5	5	339.55
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	1	1	206.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	49	49	96.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	1	4	12.88	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	2731	165441	290,121.00
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	307	1094	16,872.43
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	19	24	2,786.15	0	0	0.00	390	491	67,792.76
OPTOMETRIST	0	0	0.00	0	0	0.00	698	1096	25,376.43

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
CHIROPRACTIC	1	9	241.87	0	0	0.00	443	1152	8,255.61
PODIATRIC	0	0	0.00	0	0	0.00	763	1220	12,430.92
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	50	515.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1	65	5,460.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	140	251	6,984.77
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	329	10095	68,899.58
MR WAIVER SERVICE	0	0	0.00	0	0	0.00	81	4585	238,137.76
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	3424	149591	2132,608.05
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	92	100	25,730.21
UNASSIGNED	0	0	0.00	0	0	0.00	2	0	20.40
* A L L C A T E G O R I E S *	127	1006	55,785.03	0	0	0.00	14119	626979	18128,624.71

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	1621	9911	6723,598.79	636	2097	2619,775.78
OUTPATIENT	0	0	0.00	15255	291288	5533,542.23	8097	100646	3203,205.83
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	204	5029	2308,522.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	595	17298	1869,030.06	1	30	3,594.60
INTER CARE MENTAL RETARDA	0	0	0.00	11	236	84,054.96	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	3192	95028	2215,031.14	42	589	27,287.33
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	0	0	0.00	23754	106710	3920,998.33	14929	29436	2654,791.45
CLINIC SERVICES	0	0	0.00	3149	5011	634,957.69	2897	4559	571,077.97
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	3129	6027	90,633.32	2665	6457	152,405.17
HABILITATION SERVICES	0	0	0.00	2391	67741	3261,420.73	24	344	14,875.41
REMEDIAL SERVICES	0	0	0.00	599	20541	348,438.23	182	4625	77,493.93
REHAB SUPPORT SERVICES	0	0	0.00	317	360-	109,256.87	4	0	615.34
AMBULANCE SERVICES	0	0	0.00	805	968	108,699.33	217	218	32,167.19
LOCAL EDUCATION AGENCY	0	0	0.00	237	50532	365,439.80	9	536	3,508.62

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
EARLY ACCESS SERVICES	0	0	0.00	76	586	11,333.47	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	23519	98495	7771,581.83	19721	54304	2737,774.39
DRUG CAPITATION	0	0	0.00	0	0	0.00	1	0	112.42
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	113	120	9,520.63	5951	6945	672,531.02
IOWA PLAN PROGRAM	1	1	56.84	48313	49648	3654,924.85	37077	40642	1281,621.04
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	246	356	13,598.53	125	138	5,669.72
HMO SERVICES	0	0	0.00	0	0	0.00	1123	873	246,663.55
PACE SERVICES	0	0	0.00	3	3	10,016.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	22903	22903	45,806.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	649	1450	170,539.89	220	513	17,265.66
MEDICAL SUPPLIES	0	0	0.00	8765	625600	1636,023.45	954	21952	204,868.52
OTHER PRACTITIONER	0	0	0.00	2397	14012	369,020.93	1388	2793	198,853.06
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	3660	4681	691,138.62	2856	3830	590,080.88
OPTOMETRIST	0	0	0.00	2337	3132	155,012.93	1428	1739	127,266.39

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	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
CHIROPRACTIC	0	0	0.00	2240	5510	77,730.96	1773	4049	145,196.33
PODIATRIC	0	0	0.00	1198	2093	69,579.55	212	265	30,565.09
PHYSICAL DISABILITIES SVCS	0	0	0.00	438	18372	242,252.62	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	306	19832	554,201.91	0	0	0.00
PSYCHIATRIC	0	0	0.00	2428	4370	131,784.16	32	45	2,740.53
RESIDENTIAL CARE FACILITY	0	0	0.00	1347	40233	299,211.92	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1007	65648	2855,889.45	2	13	831.73
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	35	894	22,483.35	5	257	4,074.78
AIDS WAIVER SERVICES	0	0	0.00	12	881	11,279.65	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	31	1481	27,375.02	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1761	86496	1432,584.85	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	1240	1357	351,902.62	5	6	1,788.58
UNASSIGNED	0	0	0.00	7	0	6.84-	4	0	0.00
* A L L C A T E G O R I E S *	1	1	56.84	52516	1721210	48142,603.83	48721	310804	15674,283.47

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

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	315	1632	1941,083.67	365	7104	1640,059.41	1745	9154	9273,429.73
OUTPATIENT	6504	44326	1508,966.85	1863	19522	511,806.78	10525	97140	2509,845.52
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	3	46	14,092.68
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	1	0	360.16
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	14,518.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	344	2267	65,900.49	60	200	10,188.22	542	1853	36,453.42
LEAD INSPECTION AGENCY	2	3	1,143.36	1	1	377.35	2	2	758.47
PHYSICIAN	18041	30218	1999,546.48	3877	7151	577,776.63	26592	47846	4008,734.56
CLINIC SERVICES	3838	5662	703,225.67	935	1417	176,267.64	6705	10579	1444,888.92
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1125	2478	34,486.33	411	1351	25,051.29	2301	7066	131,675.40
HABILITATION SERVICES	1	15	587.55	20	297	19,528.81	3	40	2,919.49
REMEDIAL SERVICES	1711	47972	883,405.29	617	24553	366,994.03	1412	44373	759,948.26
REHAB SUPPORT SERVICES	0	0	0.00	1	0	769.21	2	0	38,689.41
AMBULANCE SERVICES	134	134	20,170.67	44	44	7,228.37	181	179	30,391.12
LOCAL EDUCATION AGENCY	76	787	7,228.42	29	2055	9,280.14	88	1380	9,150.12

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

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
EARLY ACCESS SERVICES	80	445	10,848.90	20	80	1,801.70	84	325	7,521.36
PRESCRIBED DRUGS	16462	28558	1572,676.99	4234	9481	609,036.62	22786	40027	2049,373.21
DRUG CAPITATION	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	989	1237	109,553.81	165	184	18,678.03	398	443	52,811.05
IOWA PLAN PROGRAM	62632	67151	674,388.32	12715	14050	286,842.22	84934	94141	1161,419.29
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	3207	3607	311,725.52	677	791	68,067.08	5109	5600	612,618.59
HMO SERVICES	1883	1581	175,528.31	387	302	37,161.28	2094	1740	238,643.29
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	40535	40535	81,070.00	7563	7563	15,126.00	57051	57051	114,102.00
HEALTH INS PREMIUM PAYMENT	308	779	19,716.47	64	164	6,616.18	2056	5735	146,554.22
MEDICAL SUPPLIES	770	10016	114,628.62	165	3573	25,806.47	1006	20273	150,703.81
OTHER PRACTITIONER	2159	5507	203,275.25	505	994	49,393.98	3133	6273	339,475.83
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	4520	5343	684,018.00	981	1249	178,258.24	6310	7557	990,555.40
OPTOMETRIST	1585	1834	122,651.18	372	460	30,250.49	2184	2539	164,537.08

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
CHIROPRACTIC	815	1468	48,635.40	223	458	16,515.54	1386	2800	87,155.58
PODIATRIC	72	87	8,331.73	23	30	4,642.35	108	127	13,032.03
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1	0	3,001.26
PSYCHIATRIC	10	12	1,449.92	12	28	1,820.65	22	31	56,176.84
RESIDENTIAL CARE FACILITY	0	0	0.00	1	31	289.45	1	0	454.86
MR WAIVER SERVICE	2	30	662.10	0	0	0.00	4	72	211.49
CHILDRENS MENTAL HEALTH SVC	25	1549	25,241.71	72	3405	64,141.11	51	2130	39,924.22
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	6	227	8,004.71
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	32	36	16,038.14	70	75	33,590.20	62	68	26,936.05
UNASSIGNED	3	0	0.00	0	0	0.00	6	0	4294,297.90
* A L L C A T E G O R I E S *	70058	305269	11346,185.15	14041	106613	4793,365.47	92838	464057	20098,893.17

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

CATEGORY OF SERVICE	FOSTER - PRESUB - SUB ADOPTS			INTERMEDIATE CARE FACILITY			MEDICALLY NEEDY NO SPEND DN		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	52	129	167,525.08	574	2600	720,391.40	47	255	230,232.65
OUTPATIENT	651	7481	209,018.76	5008	105927	656,097.37	454	7310	163,928.77
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	1	28	9,194.18	370	5452	33,917.70	2	12	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	7360	214602	2253,037.07	1	97	10,293.71
INTER CARE MENTAL RETARDA	9	266	121,468.19	3	26	8,703.40	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	25	766	244,154.99	1	30	6,687.82
HOME HEALTH	86	5229	71,246.07	3319	70252	2598,805.27	48	2487	23,423.03
LEAD INSPECTION AGENCY	1	1	381.12	0	0	0.00	0	0	0.00
PHYSICIAN	2257	3411	208,390.15	7076	37611	432,089.62	778	2353	131,998.11
CLINIC SERVICES	527	714	85,143.52	446	415	35,357.96	122	170	20,530.85
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	203	568	9,264.60	1050	297	2,866.88	162	255	5,540.42
HABILITATION SERVICES	9	265	11,565.13	26	498	2,687.46	30	1050	78,219.68
REMEDIAL SERVICES	2445	287884	3061,748.68	2	62	1,258.29	7	77	1,433.68
REHAB SUPPORT SERVICES	0	0	0.00	1	0	185.00	3	0	345.00
AMBULANCE SERVICES	23	25	3,481.11	442	526	51,092.09	24	28	3,953.27
LOCAL EDUCATION AGENCY	46	3433	36,423.09	11	4910	28,121.75	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
EARLY ACCESS SERVICES	24	92	2,725.82	4	24	442.16	0	0	0.00
PRESCRIBED DRUGS	4620	11500	1137,613.59	9615	20752	394,214.14	985	3084	153,751.12
DRUG CAPITATION	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	46	51	6,823.14	2	2	180.46	28	34	3,860.75
IOWA PLAN PROGRAM	9949	10383	1042,247.96	2170	2232	148,658.57	1345	1503	54,940.60
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	221	258	18,038.04	5	6	231.47	7	7	218.53
HMO SERVICES	6	6	603.36	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	6	7	19,392.00	0	0	0.00
PATIENT MANAGEMENT	101	101	202.00	1	1	2.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	165	367	14,420.72	36	78	12,984.72	3	9	115.98
MEDICAL SUPPLIES	203	23682	55,181.36	4523	379344	577,106.38	196	16274	23,497.48
OTHER PRACTITIONER	488	2160	63,465.48	462	2246	46,319.82	71	217	9,715.46
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	1001	1172	169,554.27	848	1036	139,279.50	140	187	37,367.06
OPTOMETRIST	436	505	32,788.20	766	1080	28,482.51	85	111	5,574.16

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		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
CHIROPRACTIC	136	272	8,354.68	313	703	4,437.74	84	178	5,654.35
PODIATRIC	22	22	2,751.91	1251	1913	22,532.78	40	50	2,865.74
PHYSICAL DISABILITIES SVCS	0	0	0.00	166	7533	87,366.50	0	0	0.00
BRAIN INJ WAIVER SERVICES	38	1779	51,604.86	439	23478	701,316.58	0	0	0.00
PSYCHIATRIC	15	22	1,163.52	288	495	14,516.83	42	101	2,024.00
RESIDENTIAL CARE FACILITY	0	0	0.00	7	141	1,101.12	1	28	262.50
MR WAIVER SERVICE	184	7565	227,164.15	8	327	10,945.59	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	32	2835	30,228.86	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	6275	293286	3625,739.18	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	28	2291	36,875.35	5	232	2,166.27	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	212	226	59,140.03	138	151	40,202.86	1	2	475.02
UNASSIGNED	2	0	0.00	5	0	15.90-	0	0	0.00
* A L L C A T E G O R I E S *	10206	371888	6925,568.12	15033	1181846	33300,748.39	1771	35909	976,909.74

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	157	730	1126,722.24	44	291	184,460.08	6	24	12,723.00
OUTPATIENT	422	10520	287,454.74	1007	7895	265,562.13	104	2876	123,113.14
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	15	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	21	309	27,982.21	48	172	7,114.40	2	8	867.82
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	660	2393	233,859.69	2901	4561	300,883.07	169	708	203,254.01
CLINIC SERVICES	58	83	9,484.23	750	1078	126,250.46	17	20	3,572.65
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	34	116	2,608.43	156	534	7,977.61	27	237	4,290.15
HABILITATION SERVICES	3	26	1,190.01	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	1	42	382.62	238	9924	147,125.39	0	0	0.00
REHAB SUPPORT SERVICES	1	0	1,489.81	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	35	41	5,598.07	18	14	1,460.00	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	18	1230-	4,539.83-	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
EARLY ACCESS SERVICES	0	0	0.00	1	1	13.84	0	0	0.00
PRESCRIBED DRUGS	227	1013	65,428.43	3178	5633	379,673.63	195	691	43,440.12
DRUG CAPITATION	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	15	15	1,421.73	53	59	6,581.54	1	1	102.00
IOWA PLAN PROGRAM	0	0	0.00	12293	13122	141,667.20	236	241	25,546.08
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	2	2	655.35	399	429	33,599.68	0	0	0.00
HMO SERVICES	0	0	0.00	321	234	25,583.37	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	8869	8869	17,738.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	19	38	2,815.51	0	0	0.00
MEDICAL SUPPLIES	78	2597	16,798.39	123	3282	20,276.77	24	927	3,870.32
OTHER PRACTITIONER	70	172	9,369.49	355	881	30,026.21	10	22	1,614.89
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	51	70	16,181.08	1243	1477	247,107.88	20	24	3,326.28
OPTOMETRIST	25	33	1,899.88	507	589	38,083.35	7	9	799.60

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

MEDICALLY NEEDY WI SPEND DN
RECIPS UNITS OF
SERVED SERVICE AMOUNT
PAIDOTHER TXXI
RECIPS UNITS OF
SERVED SERVICE AMOUNT
PAIDOTHER BREAST CERVICAL CANCER
RECIPS UNITS OF
SERVED SERVICE AMOUNT
PAID

CHIROPRACTIC	8	21	420.40	257	458	15,201.63	14	28	939.22
PODIATRIC	8	13	909.86	30	37	5,307.97	4	4	216.94
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	1	80	1,300.45	0	0	0.00
PSYCHIATRIC	35	87	5,239.10	5	7	650.94	2	2	45.56
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	3	66	1,784.91	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	5	267	4,804.67	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	4	1	1,351.19	7	8	3,490.00	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 *	783	18299	1816,446.95	11754	58776	2012,000.86	235	5822	427,721.78

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	25,248.82	0	0	0.00	0	0	0.00
OUTPATIENT	5	7	1,073.00	1	1	130.29	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	7	0	1,093.54	2	3	108.64	1	0	12.43
CLINIC SERVICES	0	0	0.00	1	1	81.52	0	0	0.00
MEP CASE MANAGEMENT	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
REMEDIAL SERVICES	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
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00

TITLE XIX MONTHLY REPORT OF EXPENDITURES

(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
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	100	99	10,055.15	0	0	0.00	0	0	0.00
DRUG CAPITATION	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 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	1	0	153.31	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	1	7	240.55	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
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

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
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
MR 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 *	99	106	37,623.82	5	12	561.00	1	0	12.43

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	7	191	31,274.68	2	16	1,024.00	7	15	20,082.88
OUTPATIENT	35	318	5,700.11	6	36	973.54	71	700	18,880.10
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	1	3	285.42	2	67	31.20	1	1	5.30
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	89	127	6,359.59	33	9	535.59	124	252	16,717.29
CLINIC SERVICES	12	16	1,645.93	1	0	25.00	19	22	2,253.43
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	8	29	344.88	0	0	0.00	29	82	1,881.71
HABILITATION SERVICES	0	0	0.00	2	1-	257.82-	12	318	15,396.75
REMEDIAL SERVICES	112	4626	78,209.73	0	0	0.00	17	393	7,780.18
REHAB SUPPORT SERVICES	0	0	0.00	3	15	1,738.64	0	0	0.00
AMBULANCE SERVICES	1	4	521.83	0	0	0.00	2	2	256.67
LOCAL EDUCATION AGENCY	9	1388	6,911.63	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

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
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	269	943	88,819.49	5	17	100.02	148	342	22,854.28
DRUG CAPITATION	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	1	1	153.90	0	0	0.00	12	13	1,802.22
IOWA PLAN PROGRAM	320	327	32,546.66	22	24	1,469.99	369	388	55,601.84
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	18	21	817.59	0	0	0.00	6	6	218.82
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	2	2	4.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	39	79	8,041.85	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	16	889	1,871.11	1	1	2.42	4	4	566.60
OTHER PRACTITIONER	20	122	3,709.22	1	1	5.40	11	11	2,007.11
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	22	29	5,112.10	1	1	107.90	21	27	5,475.22
OPTOMETRIST	14	17	867.40	3	4	68.72	15	18	1,129.86

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 PHIC 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
CHIROPRACTIC	4	6	121.89	0	0	0.00	9	22	738.50
PODIATRIC	2	2	893.74	1	1	39.14	1	1	32.68
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	3	3	81.58	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	6	111	544.05	0	0	0.00
MR WAIVER SERVICE	0	0	0.00	1	5	314.50	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	253	10759	227,880.31	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	273	291	138,879.33	2	2	450.01	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 *	293	20190	640,972.39	19	312	7,253.88	315	2617	173,681.44

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

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	14	74	72,288.17	145	578	411,236.22	0	0	0.00
OUTPATIENT	305	3895	125,433.10	2564	49033	532,322.23	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	13	164	30,712.92	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	9	219	24,548.84	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2108	61961	25478,748.33	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	17	108	8,618.53	963	39428	989,326.46	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	525	1252	100,958.85	4269	15262	364,592.33	0	0	0.00
CLINIC SERVICES	127	253	30,993.12	343	491	51,245.59	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	71	237	3,961.32	470	710	8,121.97	0	0	0.00
HABILITATION SERVICES	5	165	3,095.37	14	371	14,730.54	0	0	0.00
REMEDIAL SERVICES	81	11916	105,615.80	97	2694	57,212.70	0	0	0.00
REHAB SUPPORT SERVICES	1	0	362.46	10	0	2,163.38	0	0	0.00
AMBULANCE SERVICES	15	19	2,293.56	121	141	13,056.23	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	236	59903	433,788.54	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

STATE ONLY

FED CNTY - FED CNTY STATE

FEDERAL MEDICAID ONLY AGED

	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	31	234	3,901.10	0	0	0.00
PRESCRIBED DRUGS	846	3774	218,914.68	5696	17934	1559,676.47	0	0	0.00
DRUG CAPITATION	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	5	5	523.98	50	54	1,537.42	0	0	0.00
IOWA PLAN PROGRAM	1308	1346	138,487.98	10585	10633	704,665.52	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	5	8	256.19	63	106	4,118.32	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	3	8	591.24	588	1318	172,520.29	0	0	0.00
MEDICAL SUPPLIES	140	8063	26,401.03	2273	314252	505,845.78	0	0	0.00
OTHER PRACTITIONER	59	150	7,505.12	902	9524	253,986.99	0	0	0.00
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	75	95	18,411.60	1275	1467	131,874.57	0	0	0.00
OPTOMETRIST	87	97	7,512.09	548	746	30,867.48	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

STATE ONLY

FED CNTY - FED CNTY STATE

FEDERAL MEDICAID ONLY AGED

RECIPS UNITS OF
SERVED SERVICEAMOUNT
PAIDRECIPS UNITS OF
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PAIDRECIPS UNITS OF
SERVED SERVICEAMOUNT
PAID

CHIROPRACTIC	55	136	4,592.22	297	681	9,272.05	0	0	0.00
PODIATRIC	21	28	2,932.82	563	765	18,638.49	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	269	16137	418,489.19	0	0	0.00
PSYCHIATRIC	2	2	644.01	458	690	21,759.79	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	14	477	4,041.84	0	0	0.00
MR WAIVER SERVICE	4	72	2,228.82	8369	545000	22429,094.49	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	12	69.47	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	4	282	3,786.96	1	31	527.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	27	330.48	146	7025	128,546.94	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	8	9	2,939.64	8006	8762	2232,298.56	0	0	0.00
UNASSIGNED	0	0	0.00	2	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1377	32033	889,748.61	11390	1166791	57039,141.81	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

FEDERAL MEDICAID ONLY BLIND

TOTAL

	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	6200	36429	25453,160.60			
OUTPATIENT	0	0	0.00	56622	820936	16129,647.35			
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	753	13275	2787,165.57			
INTERMEDIATE CARE FACILITY	0	0	0.00	12559	367236	36365,944.22			
INTER CARE MENTAL RETARDA	0	0	0.00	2128	62489	25707,492.88			
NURSING FAC FOR MENTAL ILL	0	0	0.00	29	1010	320,116.05			
HOME HEALTH	0	0	0.00	10797	262384	7715,109.11			
LEAD INSPECTION AGENCY	0	0	0.00	6	7	2,660.30			
PHYSICIAN	0	0	0.00	110254	319471	15495,038.95			
CLINIC SERVICES	0	0	0.00	20129	30835	3927,840.39			
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00			
LAB AND RADIOLOGICAL	0	0	0.00	12569	26788	486,236.66			
HABILITATION SERVICES	0	0	0.00	2573	72409	3521,780.27			
REMEDIAL SERVICES	0	0	0.00	7031	459682	5897,046.81			
REHAB SUPPORT SERVICES	0	0	0.00	336	345-	72,377.52			
AMBULANCE SERVICES	0	0	0.00	2298	2617	306,203.52			
LOCAL EDUCATION AGENCY	0	0	0.00	755	120934	877,012.04			

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

	FEDERAL MEDICAID ONLY BLIND			TOTAL			RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID			
EARLY ACCESS SERVICES	0	0	0.00	309	1787	38,588.35			
PRESCRIBED DRUGS	0	0	0.00	114057	301013	18878,378.94			
DRUG CAPITATION	0	0	0.00	1	0	112.42-			
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00			
FAMILY PLANNING SERVICES	0	0	0.00	7808	9164	886,081.68			
IOWA PLAN PROGRAM	0	0	0.00	283622	305964	9408,884.75			
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	0	0	0.00	10060	11335	1069,986.74			
HMO SERVICES	0	0	0.00	5506	4737	724,389.16			
PACE SERVICES	0	0	0.00	9	10	29,408.00			
PATIENT MANAGEMENT	0	0	0.00	137074	137074	274,148.00			
HEALTH INS PREMIUM PAYMENT	0	0	0.00	4151	10542	572,195.61			
MEDICAL SUPPLIES	0	0	0.00	21561	1596177	3653,810.06			
OTHER PRACTITIONER	0	0	0.00	12228	46179	1604,616.67			
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00			
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	0	0	0.00	23348	28760	3978,427.51			
OPTOMETRIST	0	0	0.00	11071	14009	773,167.75			

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE

FEDERAL MEDICAID ONLY BLIND

TOTAL

	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
CHIROPRACTIC	0	0	0.00	7997	17951	433,463.97			
PODIATRIC	0	0	0.00	4296	6658	195,703.74			
PHYSICAL DISABILITIES SVCS	0	0	0.00	603	25955	330,134.12			
BRAIN INJ WAIVER SERVICES	0	0	0.00	1035	61371	1729,371.73			
PSYCHIATRIC	0	0	0.00	3482	6146	247,082.20			
RESIDENTIAL CARE FACILITY	0	0	0.00	1698	51116	374,805.32			
MR WAIVER SERVICE	0	0	0.00	9637	623383	25767,264.99			
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	446	19273	388,619.62			
AIDS WAIVER SERVICES	0	0	0.00	43	3716	41,508.51			
ELDERLY WAIVER SERVICES	0	0	0.00	9495	444898	5782,031.50			
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1940	96071	1600,503.89			
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00			
MEP SERVICES	0	0	0.00	10134	11094	2935,212.44			
UNASSIGNED	0	0	0.00	31	0	4294,341.04-			
* A L L C A T E G O R I E S *	0	0	0.00	345702	6430540	222488,164.03	0	0	0.00

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