

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	0	0	0.00	466	1826	498,431.70
OUTPATIENT	14	123	2,440.13	0	0	0.00	3931	86133	564,983.58
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	261	2011	45,262.93
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4894	140716	15873,302.42
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	106	20,387.97
HOME HEALTH	0	0	0.00	0	0	0.00	2522	51030	1990,647.38
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	21	22	1,339.36	0	0	0.00	6223	34365	376,097.48
CLINIC SERVICES	5	5	796.62	0	0	0.00	512	265	41,596.81
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1	2	26.57	0	0	0.00	847	163	2,290.13
HABILITATION SERVICES	0	0	0.00	0	0	0.00	58	1816	104,198.14
REMEDIAL SERVICES	0	0	0.00	0	0	0.00	1	24	341.22
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	1	1	281.82	0	0	0.00	275	338	31,048.35
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	9	20	485.20	0	0	0.00	2875	4980	72,355.46
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
MENT 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 PLAN PROGRAM	39	47	1,196.50	0	0	0.00	5789	5979	147,506.49
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	17	17	34.00	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	2910	189226	251,068.33
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	375	1270	19,633.93
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	5	8	1,128.52	0	0	0.00	397	476	81,904.73

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL 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
OPTOMETRIST	3	4	178.17	0	0	0.00	607	1004	24,343.20
CHIROPRACTIC	0	0	0.00	0	0	0.00	388	847	6,429.83
PODIATRIC	0	0	0.00	0	0	0.00	737	1153	12,779.37
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	1	32	630.40
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1	96	4,307.61
PSYCHIATRIC	0	0	0.00	0	0	0.00	165	281	8,122.45
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	235	7602	56,829.08
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	80	6265	256,259.03
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	3707	176247	2422,614.76
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	466	17,073.09
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 *	64	249	7,906.89	0	0	0.00	16601	714717	22930,445.87

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	1645	9392	6800,131.22	611	1890	3007,334.32
OUTPATIENT	1	2	772.17	16251	388624	5656,990.76	9424	185178	4178,441.12
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	226	4367	2062,989.99	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	626	17712	2301,569.63	2	28	3,867.14
INTER CARE MENTAL RETARDA	0	0	0.00	4	123	40,440.26	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	3811	85630	2970,637.83	59	461	30,334.07
LEAD INSPECTION AGENCY	0	0	0.00	1	0	13.55	0	0	0.00
PHYSICIAN	0	0	0.00	25244	120710	3696,074.01	16875	33748	2902,533.11
CLINIC SERVICES	0	0	0.00	3335	3931	595,703.79	3188	4479	657,720.72
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	3429	6115	100,142.97	3374	9314	236,348.95
HABILITATION SERVICES	0	0	0.00	3004	95846	4476,764.57	31	541	23,090.97
REMEDIAL SERVICES	0	0	0.00	853	21988	370,528.57	335	9751	145,281.97
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	923	1103	116,040.86	225	230	29,242.74
LOCAL EDUCATION AGENCY	0	0	0.00	183	22288	316,408.40	8	143	966.44

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	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	21	104	1,492.78	0	0	0.00
PRESCRIBED DRUGS	0	0	0.00	25794	108166	7856,300.83	22671	63155	2675,350.44
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	3	0	231.00	2	0	105.00
FAMILY PLANNING SERVICES	0	0	0.00	130	148	10,703.30	5398	6478	559,179.80
IOWA PLAN PROGRAM	2	2	118.93	52581	54422	3870,372.82	43056	47962	1437,903.70
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	100	121	7,738.30	39	49	1,511.27
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	34	32	103,482.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	4	4	8.00	26707	26707	53,414.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	640	1437	161,684.84	133	280	14,553.29
MEDICAL SUPPLIES	0	0	0.00	9341	747329	1717,751.38	1036	29591	203,635.62
OTHER PRACTITIONER	0	0	0.00	2562	17985	465,205.84	1841	3216	208,069.13
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	1	1	293.91	4071	5313	899,481.76	3454	4838	926,225.01

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
OPTOMETRIST	0	0	0.00	2492	3513	167,514.74	1726	2005	140,396.80
CHIROPRACTIC	0	0	0.00	2461	5838	86,776.72	1824	3985	133,684.70
PODIATRIC	0	0	0.00	1264	2209	73,030.69	232	284	27,945.52
PHYSICAL DISABILITIES SVCS	0	0	0.00	513	20547	266,073.44	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	315	18610	603,549.27	0	0	0.00
PSYCHIATRIC	1	1	21.23	2586	4453	128,542.73	30	72	4,992.67
RESIDENTIAL CARE FACILITY	0	0	0.00	1128	33548	272,200.56	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	971	69029	2829,719.29	1	32	629.85
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	28	1642	25,646.65	9	764	11,903.56
AIDS WAIVER SERVICES	0	0	0.00	12	781	9,481.44	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	28	1617	25,569.20	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1911	98885	1660,312.85	1	12	216.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	840	6541	227,497.49	12	136	5,686.38
UNASSIGNED	0	0	0.00	3	0	0.00	5	0	0.00
* A L L C A T E G O R I E S *	2	6	1,206.24	57021	1980103	50974,804.33	54796	435329	17620,564.29

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	299	1750	2044,597.24	286	5468	1632,042.36	1781	11431	11719,493.05
OUTPATIENT	7795	79290	1960,129.32	2304	30244	745,695.27	12988	179153	3408,031.17
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	1	0	195.43-	3	37	1,397.81
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	2	0	9,349.66-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1491,769.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	517	1933	53,805.89	70	203	9,496.09	839	3689	78,286.36
LEAD INSPECTION AGENCY	2	2	724.12	0	0	0.00	0	0	0.00
PHYSICIAN	20003	31684	2073,864.27	4567	8197	591,435.75	32300	63717	4719,270.04
CLINIC SERVICES	3735	4606	674,657.00	995	1359	191,018.70	7071	9704	708,668.76
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1642	2797	42,190.81	516	1577	31,791.91	3468	9505	157,639.27
HABILITATION SERVICES	0	0	0.00	23	476	19,531.73	6	79	5,339.95-
REMEDIAL SERVICES	2813	66053	1156,730.52	871	21607	395,820.50	2833	68134	1205,695.65
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	110	110	13,563.54	71	73	9,489.60	166	169	24,514.45
LOCAL EDUCATION AGENCY	98	9186	88,237.32	35	3447	26,132.15	97	8914	83,231.54

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	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	22	121	1,645.67	5	38	530.73	33	164	2,163.50
PRESCRIBED DRUGS	18625	32885	1596,691.44	5099	11623	608,051.09	27911	49327	1585,305.60
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	5	3	972.00	13	3	1,224.00	41	19	6,394.00
FAMILY PLANNING SERVICES	692	795	77,948.09	237	255	21,423.86	445	488	47,957.68
IOWA PLAN PROGRAM	72759	78439	748,060.46	16127	17648	346,271.59	107317	119209	1391,108.66
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	1706	1830	268,392.38	257	288	47,129.35	2852	2978	668,952.47
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	48145	48145	96,290.00	10094	10094	20,188.00	76002	76001	151,548.00
HEALTH INS PREMIUM PAYMENT	201	450	12,415.82	59	140	5,365.75	1583	4177	101,720.96
MEDICAL SUPPLIES	936	13476	103,167.63	199	5232	24,338.64	1180	23743	163,699.77
OTHER PRACTITIONER	2433	10547	284,198.38	558	1962	63,217.00	3899	10720	439,808.60
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	5230	6276	781,665.14	1151	1455	239,208.78	8252	9946	1366,783.55

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	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
OPTOMETRIST	2097	2361	154,219.45	517	579	36,403.92	3030	3464	218,070.79
CHIROPRACTIC	911	1554	47,780.62	250	475	15,419.07	1790	3432	103,188.00
PODIATRIC	91	114	11,788.17	29	38	3,293.54	128	144	13,810.69
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	9,921.67-
PSYCHIATRIC	19	23	2,139.73	7	6	635.14	44	90	59,820.02
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	2	4	14.08-
ID WAIVER SERVICE	3	57	631.07	1	5	58.50	4	201	3,327.27
CHILDRENS MENTAL HEALTH SVC	37	2518	39,607.99	86	4797	76,585.80	48	3722	47,320.31
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	4	34	155,979.43-
ILL & HANDICAPPED WAIVER SVCS	1	9	306.90	0	0	0.00	1	1	577.20
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	38	485	19,715.12	83	1009	40,272.27	52	609	26,801.34
UNASSIGNED	1	0	0.00	0	0	0.00	4	0	453,318.74
* A L L C A T E G O R I E S *	79881	397499	12356,136.09	17577	128298	5201,875.66	116094	663005	27285,531.46

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	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	40	315	160,167.71	592	2757	765,863.68	45	216	351,125.51
OUTPATIENT	876	15687	230,945.49	4708	116761	683,673.04	442	13200	226,044.49
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	1	92	46,062.56	410	3981	36,001.17	2	22	2,203.86
INTERMEDIATE CARE FACILITY	0	0	0.00	6900	195432	25208,639.11	0	0	0.00
INTER CARE MENTAL RETARDA	11	339	114,397.61	3	58	14,134.51	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	18	558	117,156.03	0	0	0.00
HOME HEALTH	79	2969	94,377.07	3529	67725	3137,339.25	35	592	13,546.17
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2282	3432	200,351.27	6791	36541	481,557.75	831	2314	142,363.38
CLINIC SERVICES	436	563	70,399.03	412	274	35,712.68	131	178	23,669.12
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	210	808	11,050.47	1059	384	4,421.69	130	265	5,903.05
HABILITATION SERVICES	15	398	32,800.28	43	924	38,649.92	17	619	44,008.92
REMEDIAL SERVICES	2211	121057	1364,573.78	4	76	1,517.36	11	212	3,316.84
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	18	19	1,822.56	465	597	55,875.21	15	17	1,372.02
LOCAL EDUCATION AGENCY	59	11686	120,411.42	8	417-	16,548.26	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	8	22	401.73	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4756	11857	932,301.00	9596	21491	376,505.51	998	3298	135,292.37
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	3	1	373.00	1	0	21.00	2	1-	226.00-
FAMILY PLANNING SERVICES	53	58	5,671.10	1	1	54.54	18	20	1,766.21
IOWA PLAN PROGRAM	10025	10388	1030,443.33	22345	22501	651,693.84	1868	2019	63,639.66
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	77	84	6,566.43	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	39	39	108,084.00	0	0	0.00
PATIENT MANAGEMENT	73	73	146.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	157	349	16,091.57	24	49	8,641.53	7	19	586.97
MEDICAL SUPPLIES	220	28062	85,078.45	4698	378540	504,843.02	138	5944	16,689.47
OTHER PRACTITIONER	437	3060	93,717.31	600	2231	48,078.68	76	198	9,576.92
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	922	1091	157,498.12	849	1063	171,615.07	166	214	35,741.24

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
OPTOMETRIST	450	512	31,321.21	667	973	27,051.03	86	108	7,672.27
CHIROPRACTIC	144	315	9,651.43	298	633	5,124.03	93	199	6,323.45
PODIATRIC	28	32	3,177.18	1136	1843	20,240.05	26	31	2,088.95
PHYSICAL DISABILITIES SVCS	0	0	0.00	207	7801	96,307.17	0	0	0.00
BRAIN INJ WAIVER SERVICES	33	2236	45,704.60	406	20514	733,772.31	0	0	0.00
PSYCHIATRIC	23	34	2,416.26	237	430	12,792.65	26	33	1,247.61
RESIDENTIAL CARE FACILITY	2	167	4,311.22	6	180	1,606.20	0	0	0.00
ID WAIVER SERVICE	219	11665	351,047.57	5	203	6,716.11	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	31	2758	29,291.19	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5947	297787	3733,227.53	1	61	1,174.70
ILL & HANDICAPPED WAIVER SVCS	43	3487	48,891.36	4	48	545.15	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	155	1178	38,416.35	50	443	15,686.75	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 *	10139	232036	5310,584.47	14461	1185179	37148,987.02	1951	29778	1095,127.18

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	143	554	973,252.93	37	305	306,061.11	7	15	37,231.76
OUTPATIENT	487	15892	351,794.83	1135	16341	356,452.54	112	2921	128,493.00
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	2	0	43.74	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	1	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	27	449	24,419.96	45	111	2,254.46	2	31	2,917.20
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	817	2489	228,442.46	3139	4646	311,768.40	174	747	163,080.46
CLINIC SERVICES	77	117	16,334.88	682	828	115,161.23	19	25	4,955.58
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	54	202	3,207.08	152	477	8,210.70	22	90	7,762.73
HABILITATION SERVICES	7	479	29,441.21	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	2	0	281.76	503	12620	215,431.08	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	35	38	4,721.55	13	12	1,450.77	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	23	1493	9,463.13	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	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	273	1230	69,063.56	3890	7126	452,027.07	208	862	61,175.20
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	1	0	42.00	6	3	972.00	0	0	0.00
FAMILY PLANNING SERVICES	10	11	446.83	87	97	10,709.65	1	1	123.25
IOWA PLAN PROGRAM	0	0	0.00	14223	15527	163,406.38	264	267	26,807.04
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	69	64	6,820.58	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	10445	10445	20,890.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	15	34	1,723.03	0	0	0.00
MEDICAL SUPPLIES	70	2393	32,424.11	117	2921	20,740.87	20	395	3,327.60
OTHER PRACTITIONER	81	118	11,011.44	431	1142	41,659.65	16	22	2,258.28
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	64	18,027.98	1525	1827	292,938.41	30	42	7,457.01

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
OPTOMETRIST	25	30	1,650.56	549	626	40,390.13	9	11	903.61
CHIROPRACTIC	16	35	915.59	334	627	20,035.31	18	39	1,272.18
PODIATRIC	14	20	2,699.70	44	49	5,973.47	5	3	616.96-
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	2	162	3,380.91	0	0	0.00
PSYCHIATRIC	40	80	4,975.45	7	10	800.49	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	1	6	121.91	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	6	570	8,979.39	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	1	28	107.94	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	1	26	1,212.24	7	44	2,543.22	0	0	0.00
UNASSIGNED	0	0	0.00	1	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	973	24255	1774,517.80	14338	78113	2420,365.89	260	5471	447,147.94

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	6	63	34,635.27	0	0	0.00	0	0	0.00
OUTPATIENT	11	202	8,065.23	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	14	39	8,996.22	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
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

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
EARLY ACCESS SERVICES	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
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA 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
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

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
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	4	56	1,217.67	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 *	5	360	52,914.39	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	5	90	14,581.78	0	0	0.00	9	18	26,283.34
OUTPATIENT	44	406	12,934.87	0	0	0.00	87	1220	26,791.67
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	14	549.00	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	107	182	8,978.38	0	0	0.00	145	1028	23,767.61
CLINIC SERVICES	15	16	1,842.43	0	0	0.00	21	33	3,907.91
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	3	5	24.97	0	0	0.00	29	138	3,450.45
HABILITATION SERVICES	3	197	7,795.15	0	0	0.00	8	322	21,090.87
REMEDIAL SERVICES	238	4900	59,975.56	0	0	0.00	26	509	8,433.96
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	3	3	322.48
LOCAL EDUCATION AGENCY	15	2837	20,692.95	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
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	349	1214	90,159.78	0	0	0.00	184	434	23,066.83
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
MENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	1	1	289.00
FAMILY PLANNING SERVICES	1	1	60.26	0	0	0.00	11	11	1,799.04
IOWA PLAN PROGRAM	431	433	51,159.09	0	0	0.00	425	498	70,674.40
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	2	43.95	0	0	0.00	2	10	330.10
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	52	102	9,502.03	0	0	0.00	1	2	59.24
MEDICAL SUPPLIES	19	1342	1,764.50	0	0	0.00	7	406	767.19
OTHER PRACTITIONER	29	997	13,587.85	0	0	0.00	17	24	2,195.88
FAMILY CENTERED PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PRESERVATION	0	0	0.00	0	0	0.00	0	0	0.00
TREATMENT FOSTER FAMILY CARE	0	0	0.00	0	0	0.00	0	0	0.00
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	38	47	6,856.71	0	0	0.00	20	26	4,091.88

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER 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
OPTOMETRIST	21	25	1,297.73	0	0	0.00	11	14	785.95
CHIROPRACTIC	9	11	399.30	0	0	0.00	15	44	1,533.75
PODIATRIC	1	1	15.31	0	0	0.00	2	4	1,264.12
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	1	2	35.86
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	344	20318	346,465.39	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	42	614.46	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	370	4555	194,349.83	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 *	412	37738	843,653.28	0	0	0.00	402	4747	220,941.53

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	25	125	191,810.24	136	561	541,930.97	0	0	0.00
OUTPATIENT	293	6324	147,937.64	2680	63835	496,900.88	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	2	31	17,705.50	16	151	17,105.97	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	7	120	12,114.73	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1560	47473	14278,825.37	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	14	168	8,700.55	1185	49075	1844,895.08	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	529	1111	87,711.47	4397	15948	344,271.83	0	0	0.00
CLINIC SERVICES	126	175	25,634.55	340	397	54,077.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	67	274	5,745.79	470	554	8,064.23	0	0	0.00
HABILITATION SERVICES	2	8	297.30	56	2281	86,264.39	0	0	0.00
REMEDIAL SERVICES	38	1624	17,602.19	117	2395	39,191.64	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	8	9	907.54	102	131	13,380.55	0	0	0.00
LOCAL EDUCATION AGENCY	2	402	3,128.07	158	23736	409,585.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	STATE ONLY			FED CNTY - FED CNTY STATE			FEDERAL MEDICAID ONLY AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	5	45	589.31	0	0	0.00
PRESCRIBED DRUGS	893	3877	194,131.22	6293	20470	1462,106.83	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	1	1	394.00	0	0	0.00
FAMILY PLANNING SERVICES	3	4	945.52	16	19	1,890.43	0	0	0.00
IOWA PLAN PROGRAM	1506	1600	153,740.86	11582	11662	738,323.95	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	2	2	234.16	25	31	1,883.72	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	7	12	826.50	609	1365	170,252.46	0	0	0.00
MEDICAL SUPPLIES	125	4783	15,968.10	2306	340078	521,483.66	0	0	0.00
OTHER PRACTITIONER	48	128	6,397.27	802	12415	345,912.71	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	100	131	28,872.28	1289	1525	162,920.80	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
OPTOMETRIST	69	89	7,039.82	615	779	32,512.18	0	0	0.00
CHIROPRACTIC	59	133	4,429.83	307	655	9,849.18	0	0	0.00
PODIATRIC	26	32	2,195.16	662	946	23,774.74	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	262	13937	481,684.92	0	0	0.00
PSYCHIATRIC	4	7	527.86	451	723	21,988.53	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	7	11	429.86-	0	0	0.00
ID WAIVER SERVICE	2	127	3,204.47	9014	631575	25415,127.09	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	16	234.08	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	7	448	6,142.59	1	31	579.53	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	155	3,482.78	157	8688	173,344.66	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	1	12	879.43	6039	45895	1490,635.35	0	0	0.00
UNASSIGNED	0	0	0.00	1	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	1525	21807	936,432.77	11844	1297508	49201,431.83	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	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
INPATIENT	0	0	0.00	1	4	2,464.01	6104	36780	29107,438.20
OUTPATIENT	0	0	0.00	6	97	1,902.28	63139	1201633	19189,419.48
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	919	10692	2228,578.10
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	12345	354008	43390,143.37
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1575	47993	12956,028.75
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	22	664	137,544.00
HOME HEALTH	0	0	0.00	0	0	0.00	12676	264080	10262,206.36
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	3	2	737.67
PHYSICIAN	0	0	0.00	15	24	1,368.27	122846	360944	16363,271.52
CLINIC SERVICES	0	0	0.00	10	17	1,813.46	21000	26972	3223,670.27
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	2	3	111.99	15405	32673	628,383.76
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3257	103986	4878,593.50
REMEDIAL SERVICES	0	0	0.00	3	124	2,586.84	10235	331074	4987,309.44
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	2419	2850	304,034.04
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	674	83715	1094,804.68

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	91	494	6,823.72
PRESCRIBED DRUGS	0	0	0.00	17	30	1,191.57	129041	342045	18191,561.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	77	30	10,791.00
FAMILY PLANNING SERVICES	0	0	0.00	2	2	41.77	7086	8389	740,721.33
IOWA PLAN PROGRAM	0	0	0.00	138	147	1,957.03	359490	388750	10894,384.73
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	3	4	240.49	5127	5463	1009,843.20
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	73	71	211,566.00
PATIENT MANAGEMENT	0	0	0.00	82	82	164.00	171570	171569	342,684.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3488	8416	503,423.99
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	22875	1773461	3666,748.34
OTHER PRACTITIONER	0	0	0.00	2	2	118.13	14120	66037	2054,647.00
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	10	11	4,574.58	27457	34354	5187,285.48

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	FEDERAL MEDICAID ONLY BLIND			LEGAL PERMANENT RESIDENT TXIX			TOTAL		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
OPTOMETRIST	0	0	0.00	4	6	452.54	12957	16103	892,204.10
CHIROPRACTIC	0	0	0.00	0	0	0.00	8849	18822	452,812.99
PODIATRIC	0	0	0.00	0	0	0.00	4414	6903	203,459.70
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	721	28380	363,011.01
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1005	55555	1862,477.95
PSYCHIATRIC	0	0	0.00	0	0	0.00	3631	6301	250,276.35
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1374	41512	334,503.12
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	10273	719165	28866,842.16
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	559	34347	556,743.17
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	43	3539	38,772.63
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9485	476253	6033,436.82
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2119	111327	1888,291.36
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	7666	61399	2080,768.86
UNASSIGNED	0	0	0.00	0	0	0.00	15	0	453,318.74
* A L L C A T E G O R I E S *	0	0	0.00	140	553	18,986.96	398486	7236751	235849,561.89

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