

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	532	1839	558,056.31
OUTPATIENT	11	119	1,351.50	0	0	0.00	4301	90055	626,777.95
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	281	2888	22,049.27
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4692	137625	14892,549.20
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	5	122	22,988.73
HOME HEALTH	0	0	0.00	0	0	0.00	2795	70039	2200,399.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	14	22	1,626.43	0	0	0.00	6357	32845	381,524.69
CLINIC SERVICES	5	9	1,349.82	0	0	0.00	443	484	31,974.28
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	5	36	372.95	0	0	0.00	873	234	2,789.09
HABILITATION SERVICES	0	0	0.00	0	0	0.00	62	1807	66,795.94
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	265	312	28,455.93
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	11	24	376.51	0	0	0.00	3263	5854	78,744.46
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	39	39	83.46	0	0	0.00	5465	5464	11,692.96
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	39	46	1,127.40	0	0	0.00	5776	6023	148,486.90
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	3	5	9,410.00
PATIENT MANAGEMENT	14	14	28.00	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	1	1	51.45	0	0	0.00	3204	214820	315,523.37
OTHER PRACTITIONER	0	0	0.00	0	0	0.00	374	1230	27,049.92
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

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
DENTAL	9	10	1,518.84	0	0	0.00	504	630	95,522.55
OPTOMETRIST	1	1	49.16	0	0	0.00	653	1054	24,792.72
CHIROPRACTIC	0	0	0.00	0	0	0.00	381	808	6,004.30
PODIATRIC	0	0	0.00	0	0	0.00	699	1157	13,613.70
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	51	3,985.20
PSYCHIATRIC	0	0	0.00	0	0	0.00	178	313	9,033.13
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	294	12236	92,981.74
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	77	8022	294,172.49
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	3755	172004	2476,415.64
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	87	441	16,512.18
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 *	57	321	7,935.52	0	0	0.00	16686	768362	22458,301.65

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	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	1756	9631	7155,247.56	650	1881	2918,130.30
OUTPATIENT	1	1	0.00	16745	418372	5677,231.86	9753	194330	4141,578.08
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	206	4789	2300,401.96	1	0	665.00
INTERMEDIATE CARE FACILITY	0	0	0.00	619	18044	2304,429.88	1	25	3,519.50
INTER CARE MENTAL RETARDA	0	0	0.00	5	118	38,855.54	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	4171	101988	3213,795.43	64	607	34,883.04
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	2	3	38.88	25669	116717	3599,058.90	17334	33631	2883,518.12
CLINIC SERVICES	0	0	0.00	3226	2792	586,015.67	3333	4667	668,030.65
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	3481	7484	131,064.05	3071	8517	231,621.06
HABILITATION SERVICES	0	0	0.00	3111	96174	4200,793.38	37	431	17,013.79
REMEDIAL SERVICES	0	0	0.00	913	22918	388,532.66	385	9549	135,876.43
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	821	936	112,662.84	232	220	29,515.45
LOCAL EDUCATION AGENCY	0	0	0.00	176	37677	388,398.38	7	215	1,090.68

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	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	19	52	627.36	1	1	11.67
PRESCRIBED DRUGS	0	0	0.00	26276	110923	7865,734.69	22964	64980	2714,198.13
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	2	2	4.28	52635	52576	112,512.64	43287	43286	92,632.04
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	1	1	289.00
FAMILY PLANNING SERVICES	0	0	0.00	125	141	12,073.40	5620	6314	576,189.53
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	2	2	118.93	52797	54350	3866,079.23	43526	48705	1458,042.41
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	104	123	6,139.23	39	42	1,689.04
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	36	35	113,525.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	1	1	2.00	26776	26776	53,550.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	623	1293	141,008.42	133	278	12,173.75
MEDICAL SUPPLIES	0	0	0.00	9736	752315	1742,450.39	1041	27118	173,327.02
OTHER PRACTITIONER	0	0	0.00	2791	18098	447,887.09	2127	3991	238,553.25
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

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
DENTAL	0	0	0.00	4474	5908	966,623.44	3616	5132	951,684.35
OPTOMETRIST	0	0	0.00	2530	3549	166,387.49	1704	2014	142,786.52
CHIROPRACTIC	0	0	0.00	2388	5351	83,278.90	1968	4568	152,751.79
PODIATRIC	0	0	0.00	1271	2392	69,001.51	230	277	31,587.41
PHYSICAL DISABILITIES SVCS	0	0	0.00	522	20724	253,535.14	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	323	19292	684,356.33	0	0	0.00
PSYCHIATRIC	0	0	0.00	2428	4047	122,067.02	30	63	4,823.20
RESIDENTIAL CARE FACILITY	0	0	0.00	1263	45068	339,786.09	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	974	72576	2905,990.64	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	25	1484	23,307.49	7	652	9,573.03
AIDS WAIVER SERVICES	0	0	0.00	12	777	10,365.75	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	30	1364	27,515.75	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1847	86786	1361,018.48	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	1237	13104	441,213.14	14	114	4,418.69
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 *	2	8	162.09	57509	2109969	51858,974.73	55285	488385	17683,722.93

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	327	2131	2093,439.86	325	5489	2147,610.72	1925	11306	13529,146.39
OUTPATIENT	8000	85867	1916,541.57	2384	37172	706,914.18	13272	194711	3303,267.03
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	1	0	23,757.42
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	1	0	33,480.00	3	41	3,003.07
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	1	0	24,164.44
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1434,812.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	1	30	6,910.20
HOME HEALTH	398	1362	41,319.09	69	202	8,761.19	794	4515	462,551.54
LEAD INSPECTION AGENCY	1	1	362.06	0	0	0.00	6	8	2,896.48
PHYSICIAN	20528	33325	2029,694.20	4731	8234	611,226.59	33726	66002	4655,240.79
CLINIC SERVICES	4124	5184	735,792.94	1086	1493	204,410.51	7030	9686	1221,139.36
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1581	3237	47,676.74	482	1723	32,832.81	3464	9139	160,916.71
HABILITATION SERVICES	0	0	0.00	35	574	22,308.51	5	64	6,168.29-
REMEDIAL SERVICES	2869	66486	1242,290.47	807	19869	356,692.24	2728	63942	1139,613.70
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	111	111	13,921.53	61	60	7,591.65	180	180	26,522.04
LOCAL EDUCATION AGENCY	74	6635	49,425.39	42	6126	32,640.02	78	10764	87,631.02

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	27	52	619.82	6	16	182.53	42	61	730.64
PRESCRIBED DRUGS	19635	34704	1726,633.15	5220	11822	620,817.17	29141	51781	2329,469.88
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	73197	73196	156,639.44	15969	15969	34,173.66	107738	107737	230,557.18
INDIAN HEALTH SERVICES	0	0	0.00	3	3	867.00	6	6	1,734.00
FAMILY PLANNING SERVICES	724	780	73,370.25	225	238	24,962.12	437	469	56,558.42
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	73410	79363	758,167.52	16021	17619	349,909.28	108043	120439	1406,032.52
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	1928	2097	292,955.53	262	288	39,447.34	3395	3554	653,364.06
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	48206	48206	96,412.00	9887	9887	19,774.00	75807	75807	151,614.00
HEALTH INS PREMIUM PAYMENT	198	415	12,582.96	53	122	5,040.06	1545	3998	103,640.98
MEDICAL SUPPLIES	938	13013	114,725.20	175	3682	25,968.31	1243	27084	173,641.99
OTHER PRACTITIONER	2628	7750	274,958.36	693	1862	70,969.61	4360	9136	444,023.70
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

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
DENTAL	5457	6417	791,360.00	1237	1574	252,429.34	8721	10296	1309,175.40
OPTOMETRIST	1903	2176	140,017.58	504	594	38,645.81	2865	3212	200,410.84
CHIROPRACTIC	1019	1861	56,557.58	278	584	19,417.22	1743	3628	108,959.13
PODIATRIC	84	96	10,271.21	32	40	5,787.53	156	162	16,536.42
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	4	248	8,295.73
PSYCHIATRIC	15	24	2,162.72	11	24	1,485.24	45	69	250,771.33
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1	0	861.80
ID WAIVER SERVICE	2	40	1,116.70	0	0	0.00	5	67	14,238.90-
CHILDRENS MENTAL HEALTH SVC	32	2011	33,397.91	81	4382	68,352.63	50	3274	50,640.76
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	3	12	277.91
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1	21	888.55
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	40	543	21,000.13	98	1487	82,639.25	69	897	56,189.75
UNASSIGNED	2	0	0.00	2	0	0.00	5	0	720,311.55-
* A L L C A T E G O R I E S *	80477	477083	12733,411.91	17538	151135	5825,336.52	116597	792346	30025,604.44

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	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	62	624	264,060.32	638	2791	653,929.03	31	81	101,185.02
OUTPATIENT	924	15694	296,035.66	4781	120887	672,438.10	475	8861	219,727.96
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	1-	587.08-	481	5947	36,137.51	2	31	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6503	190579	24019,277.09	0	0	0.00
INTER CARE MENTAL RETARDA	11	344	124,973.02	2	0	491.03	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	18	540	112,484.45	0	0	0.00
HOME HEALTH	75	4328	124,294.33	3735	87951	3111,530.16	46	672	15,907.43
LEAD INSPECTION AGENCY	0	0	0.00	1	0	56.18-	0	0	0.00
PHYSICIAN	2460	3757	202,590.74	6556	33069	418,133.80	767	2122	125,039.40
CLINIC SERVICES	405	528	67,899.02	336	246	30,151.71	109	143	21,134.03
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	241	742	12,970.92	1050	430	5,383.59	112	252	4,909.99
HABILITATION SERVICES	23	813	55,165.15	46	1001	46,186.80	20	453	17,245.19
REMEDIAL SERVICES	2047	121258	1349,831.38	7	118	2,201.21	15	218	3,248.27
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	18	18	2,187.59	395	516	54,298.18	14	14	1,798.59
LOCAL EDUCATION AGENCY	38	8377	66,437.47	10	710	37,752.94	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	6	7	41.21	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4802	12404	999,986.17	9612	21166	384,077.96	1049	3446	129,324.12
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	10068	10068	21,545.52	22340	22224	47,559.36	1928	1928	4,125.92
INDIAN HEALTH SERVICES	1	1	289.00	0	0	0.00	1	1	289.00
FAMILY PLANNING SERVICES	47	50	5,179.18	2	3	48.36	17	20	1,284.55
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10085	10478	1032,256.57	22393	22720	657,188.32	1937	2145	68,258.06
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	122	132	9,459.29	2	2	209.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	45	42	117,085.00	0	0	0.00
PATIENT MANAGEMENT	95	95	190.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	150	303	14,167.75	26	39	8,626.55	6	18	700.32
MEDICAL SUPPLIES	268	23611	79,893.03	4682	391547	546,203.66	173	8519	35,649.59
OTHER PRACTITIONER	480	4226	108,758.89	482	2082	52,310.39	86	162	11,118.54
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

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
DENTAL	1021	1205	170,801.64	1032	1263	189,679.07	166	215	33,982.05
OPTOMETRIST	397	459	28,465.99	710	1061	27,250.63	88	102	6,074.30
CHIROPRACTIC	159	275	8,146.49	269	587	5,054.46	97	221	6,343.54
PODIATRIC	19	23	1,865.86	1075	1650	19,749.79	30	66	2,200.81
PHYSICAL DISABILITIES SVCS	0	0	0.00	206	8374	106,210.83	0	0	0.00
BRAIN INJ WAIVER SERVICES	35	1801	36,236.77	430	21359	721,418.57	0	0	0.00
PSYCHIATRIC	33	54	4,801.27	212	367	10,716.68	29	42	1,693.01
RESIDENTIAL CARE FACILITY	2	89	3,198.02	7	198	1,517.46	0	0	0.00
ID WAIVER SERVICE	216	8244	305,932.71	7	77	5,810.84	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	30	2721	26,631.25	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	6047	286098	3667,176.48	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	38	3572	49,933.20	4	130	1,267.03	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	239	2804	87,955.90	143	1999	65,435.32	2	32	959.27
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 *	10180	236205	5528,566.94	14418	1230494	35861,566.43	2007	29764	812,198.96

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	161	717	1071,719.43	40	485	177,847.74	6	24	46,397.99
OUTPATIENT	459	18405	399,699.50	1255	14394	373,994.75	107	3104	123,604.84
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	3	97	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	23	255	14,780.40	34	59	714.16	3	11	910.45
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	778	2589	225,277.60	3359	5037	302,853.75	174	656	138,199.16
CLINIC SERVICES	74	121	15,921.04	640	781	104,354.79	21	30	4,833.63
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	45	101	2,824.32	180	462	8,655.01	31	86	5,136.64
HABILITATION SERVICES	9	313	18,329.40	1	20	541.60	0	0	0.00
REMEDIAL SERVICES	1	22	227.70	473	10891	197,788.50	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	34	39	6,834.76	12	12	1,984.38	1	1	152.33
LOCAL EDUCATION AGENCY	0	0	0.00	23	612	10,164.72	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	267	1096	48,428.14	4032	7384	487,211.35	211	847	56,369.19
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	14316	14315	30,634.10	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	11	12	1,079.65	96	101	10,089.33	1	1	105.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	14444	15890	167,378.56	261	266	26,737.34
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	1	0.00	76	84	8,875.38	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	10419	10419	20,838.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	10	20	733.89	0	0	0.00
MEDICAL SUPPLIES	77	2326	22,916.97	133	3564	17,039.35	31	1348	8,161.66
OTHER PRACTITIONER	90	136	12,250.74	486	975	47,936.15	20	24	2,960.29
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

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
DENTAL	42	64	13,119.31	1579	1832	273,278.22	16	16	3,098.27
OPTOMETRIST	28	35	1,873.13	592	687	45,781.16	14	17	1,122.22
CHIROPRACTIC	16	66	2,002.78	369	682	21,884.01	21	52	1,722.78
PODIATRIC	12	26	1,774.91	41	46	4,347.06	3	5	235.40
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	2	147	5,869.00	0	0	0.00
PSYCHIATRIC	36	77	3,847.51	8	16	1,075.11	1	1	24.98
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	1	1	16.33	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	8	725	10,690.09	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	1	0	32.70-	9	142	8,157.79	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 *	935	26498	1862,874.59	14473	89783	2340,734.28	261	6489	419,772.17

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	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	4	6	15,442.28	0	0	0.00	0	0	0.00
OUTPATIENT	9	11	61,145.16	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	1	262	31,975.88	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	13	15	1,663.42	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	1	1	8.01	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 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	1	17	4,198.25	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	1	1	56.42	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

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
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
PODIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PSYCHIATRIC	0	0	0.00	0	0	0.00	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
UNASSIGNED	0	0	0.00	0	0	0.00	0	0	0.00
* A L L C A T E G O R I E S *	7	313	114,489.42	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	8	181	30,479.94	0	0	0.00	6	16	12,183.35
OUTPATIENT	51	904	11,133.71	0	0	0.00	89	1260	27,264.46
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	2	42	1,785.45	0	0	0.00	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	121	176	7,465.90	0	0	0.00	154	500	22,395.55
CLINIC SERVICES	20	28	3,505.85	0	0	0.00	27	40	5,281.30
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	6	18	160.42	0	0	0.00	32	109	2,006.37
HABILITATION SERVICES	2	56	1,379.06	0	0	0.00	8	206	16,900.05
REMEDIAL SERVICES	180	4959	87,788.95	0	0	0.00	23	403	8,093.41
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	1	1	117.61
LOCAL EDUCATION AGENCY	3	1001	6,338.25	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	363	1228	99,966.03	0	0	0.00	166	416	17,857.77
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NMENT SERVICES	434	434	928.76	0	0	0.00	396	396	847.44
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	1	1	65.24	0	0	0.00	18	18	1,789.29
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	435	436	51,147.48	0	0	0.00	397	425	60,273.82
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	1	51.20	0	0	0.00	3	9	286.02
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	54	105	10,050.16	0	0	0.00	1	2	59.24
MEDICAL SUPPLIES	18	1457	2,393.92	0	0	0.00	8	11	399.13
OTHER PRACTITIONER	31	271	9,224.61	0	0	0.00	18	25	1,986.47
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

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
DENTAL	37	38	2,774.49	0	0	0.00	18	28	5,132.70
OPTOMETRIST	12	12	674.06	0	0	0.00	20	27	1,638.43
CHIROPRACTIC	7	8	292.88	0	0	0.00	13	30	1,184.98
PODIATRIC	1	1	263.05	0	0	0.00	3	3	396.89
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	2	2	462.65	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	355	18725	327,850.83	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	15	219.45	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	383	5651	231,986.27	3	0	60.61	2	14	1,298.29
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 *	415	35750	888,388.61	1	0	60.61	402	3939	187,392.57

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	19	115	142,863.57	137	591	377,951.59	0	0	0.00
OUTPATIENT	331	7064	169,572.90	2781	67632	542,386.47	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	8	123	17,674.86	0	0	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	8	230	28,737.15	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	1771	52214	19669,365.93	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	18	193	8,168.82	1236	56364	1601,666.70	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	555	1281	106,347.65	4544	17075	326,068.34	0	0	0.00
CLINIC SERVICES	137	1220-	26,372.07	317	424	54,965.91	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	85	315	5,398.97	499	687	8,059.69	0	0	0.00
HABILITATION SERVICES	3	51	1,925.31	64	2431	93,070.06	0	0	0.00
REMEDIAL SERVICES	40	1411	19,514.90	99	2434	44,669.51	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	15	18	1,844.32	107	130	14,915.39	0	0	0.00
LOCAL EDUCATION AGENCY	0	0	0.00	216	52657	522,628.55	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	8	20	80.65	0	0	0.00
PRESCRIBED DRUGS	900	4108	212,630.07	6476	21433	1547,183.76	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	1540	1540	3,295.60	12195	12194	26,095.16	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	1	2	578.00	0	0	0.00
FAMILY PLANNING SERVICES	7	7	537.96	10	11	928.65	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1542	1630	155,378.43	11677	11781	746,714.62	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	3	3	180.32	20	27	1,933.96	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	11	826.50	599	1231	141,283.99	0	0	0.00
MEDICAL SUPPLIES	128	5611	24,639.76	2505	357853	584,112.81	0	0	0.00
OTHER PRACTITIONER	59	138	8,795.40	827	14670	350,148.62	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

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
DENTAL	106	140	25,826.77	1537	1808	180,622.44	0	0	0.00
OPTOMETRIST	70	86	6,187.28	593	756	29,060.32	0	0	0.00
CHIROPRACTIC	65	166	5,537.63	309	581	7,409.50	0	0	0.00
PODIATRIC	21	23	2,448.14	564	803	15,468.63	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	257	12905	474,361.54	0	0	0.00
PSYCHIATRIC	5	12	1,054.74	406	620	20,680.78	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	9	245	1,836.93	0	0	0.00
ID WAIVER SERVICE	3	107	2,633.16	9020	616862	24228,570.02	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	1	17	321.83	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	6	388	3,969.02	1	7	189.44	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	2	104	1,965.65	153	7777	151,616.49	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	4	68	4,952.38	8440	94553	2951,784.21	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 *	1547	23387	943,189.15	12008	1409131	54762,820.67	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	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	0	0	0.00	6571	37908	31295,691.40
OUTPATIENT	0	0	0.00	9	41	899.86	65259	1278884	19271,565.54
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	1	0	23,757.42
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	980	13915	2412,824.59
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11791	346503	41272,677.26
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1786	52676	18398,873.52
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	24	692	142,383.38
HOME HEALTH	0	0	0.00	0	0	0.00	13363	328850	10873,443.07
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	8	9	3,202.36
PHYSICIAN	0	0	0.00	13	19	1,049.35	126265	357075	16039,013.26
CLINIC SERVICES	0	0	0.00	11	12	1,790.51	21204	25448	3784,923.09
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	15182	33572	662,779.33
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3399	104394	4551,485.95
REMEDIAL SERVICES	0	0	0.00	4	2	1,786.10	10132	324480	4978,155.43
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	2259	2568	302,802.59
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	654	124774	1202,507.42

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	109	209	2,293.88
PRESCRIBED DRUGS	0	0	0.00	24	36	1,419.19	132875	353653	19320,435.75
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMENT SERVICES	0	0	0.00	141	141	301.74	361690	361509	773,629.26
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	13	14	4,046.00
FAMILY PLANNING SERVICES	0	0	0.00	2	2	114.88	7326	8168	764,375.81
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	141	151	2,055.81	361980	392469	10955,353.20
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	3	138.33	5948	6366	1014,728.70
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	82	82	240,020.00
PATIENT MANAGEMENT	0	0	0.00	85	85	170.00	171290	171290	342,578.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3405	7835	450,894.57
MEDICAL SUPPLIES	0	0	0.00	2	811	746.74	23934	1834708	3872,042.60
OTHER PRACTITIONER	0	0	0.00	4	4	160.77	15475	64781	2109,149.22
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

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 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
DENTAL	0	0	0.00	11	15	1,940.58	29449	36591	5268,569.46
OPTOMETRIST	0	0	0.00	2	2	145.92	12663	15844	861,363.56
CHIROPRACTIC	0	0	0.00	1	1	24.75	9039	19469	486,572.72
PODIATRIC	0	0	0.00	0	0	0.00	4224	6770	195,548.32
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	723	29098	359,745.97
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1018	55803	1934,523.14
PSYCHIATRIC	0	0	0.00	0	0	0.00	3428	5731	434,699.37
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1571	57658	433,786.00
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	10261	705996	27730,003.99
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	559	31270	524,134.57
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	41	3498	36,997.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9525	459873	6175,544.24
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2040	98405	1566,908.85
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	10623	121849	3974,530.48
UNASSIGNED	0	0	0.00	0	0	0.00	16	0	720,311.55-
* A L L C A T E G O R I E S *	0	0	0.00	149	1325	12,744.53	400954	7880687	244328,248.72

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