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	5	2	8,540.14	0	0	0.00	537	2227	982,683.03
OUTPATIENT	66	1211	10,598.83	0	0	0.00	4441	65450	657,053.41
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	266	3461	149,194.78
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4595	142636	15414,328.87
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	173	44,276.22
HOME HEALTH	0	0	0.00	0	0	0.00	2528	42403	2076,943.81
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	34	24	2,397.75	0	0	0.00	6483	41457	438,645.81
CLINIC SERVICES	16	38	4,243.82	0	0	0.00	473	343	44,313.52
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	4	7	136.55	0	0	0.00	865	184	2,095.05
HABILITATION SERVICES	0	0	0.00	0	0	0.00	64	2361	125,548.48
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	405	370	38,101.55

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	FEDERAL ONLY			REFUGEE TXXI			AGED		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	10	22	945.21	0	0	0.00	2555	4064	43,501.55
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	45	45	96.30	0	0	0.00	5588	5609	12,003.26
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	45	60	1,551.40	0	0	0.00	5766	6084	153,828.99
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	34	34	68.00	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	3225	172410	259,807.66
OTHER PRACTITIONER	2	2	146.27	0	0	0.00	428	1149	16,324.84
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	4	5	1,385.52	0	0	0.00	373	452	65,873.25
OPTOMETRIST	1	1	55.01	0	0	0.00	598	973	25,529.02
CHIROPRACTIC	0	0	0.00	0	0	0.00	400	834	5,466.71
PODIATRIC	1	1	44.30	0	0	0.00	698	1120	13,231.47
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	90	3,881.31
PSYCHIATRIC	0	0	0.00	0	0	0.00	190	294	7,797.46
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	288	8951	68,594.09
ID WAIVER SERVICE	0	0	0.00	0	0	0.00	75	5551	239,144.67
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	3722	164536	2418,400.90
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	85	459	20,638.25
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 *	108	1452	30,209.10	0	0	0.00	16704	673641	23327,207.96

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	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	4408	9994	14327,406.96	4362	1815	6927,496.54
OUTPATIENT	1	4	65.61	28674	1166544	7965,905.60	33695	836400	6719,919.38
CHILD PART HOSP	0	0	0.00	1	0	36.38	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	4741	2460,028.43	2	13	21,314.23
INTERMEDIATE CARE FACILITY	0	0	0.00	645	19235	2479,945.66	1	12	1,723.32
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	3943	78776	2940,122.39	65	521	42,835.75
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	1	3	62.35	25956	117553	3617,901.48	16656	30694	2571,215.53
CLINIC SERVICES	0	0	0.00	3431	5249	705,714.15	3379	4690	690,272.15
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	0	0	0.00	3534	5660	91,056.41	3115	8492	222,777.09
HABILITATION SERVICES	0	0	0.00	3254	109536	5264,531.44	29	571	32,208.44
REMEDIAL SERVICES	0	0	0.00	1158	20399	386,753.77	474	6841	92,008.55
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	0	0	0.00	1108	1205	145,965.04	278	289	38,882.22

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	BLIND			DISABLED			ADC - ADULT		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	0	0	0.00	732	218044	2910,398.25	11	2382	13,942.76
EARLY ACCESS SERVICES	0	0	0.00	77	269	2,379.09	2	5	32.45
PRESCRIBED DRUGS	0	0	0.00	25799	108029	8042,969.65	22404	60911	2776,401.47
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	2	2	4.28	54008	54941	117,573.74	44897	47554	101,765.56
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	120	137	10,118.01	4994	5530	477,120.31
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	2	2	167.04	54013	55675	4118,333.54	44960	49417	1480,886.67
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	203	290	13,104.60	60	65	5,568.52
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	35	35	115,577.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	4	4	8.00	28088	28084	56,168.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	603	1525	168,880.27	133	327	12,629.48
MEDICAL SUPPLIES	0	0	0.00	9939	727794	1829,066.77	1226	24495	203,047.10
OTHER PRACTITIONER	0	0	0.00	3206	19602	809,182.13	2185	3911	227,871.65
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	3985	5090	855,866.43	3185	4323	801,862.68
OPTOMETRIST	0	0	0.00	2275	3089	150,141.46	1334	1549	111,926.13
CHIROPRACTIC	0	0	0.00	2432	5555	81,952.88	1845	4025	131,771.88
PODIATRIC	0	0	0.00	1355	2495	77,441.83	253	327	36,226.09
PHYSICAL DISABILITIES SVCS	0	0	0.00	520	19631	260,075.34	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	344	17681	593,416.81	0	0	0.00
PSYCHIATRIC	0	0	0.00	2737	4513	140,048.20	29	49	3,730.64
RESIDENTIAL CARE FACILITY	0	0	0.00	1264	40416	335,938.12	1	115	1,000.52
ID WAIVER SERVICE	0	0	0.00	904	60398	2588,620.30	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	23	1500	25,552.99	8	561	8,479.23
AIDS WAIVER SERVICES	0	0	0.00	11	917	11,649.10	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	35	1448	20,791.24	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	1765	81753	1350,600.11	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	1249	10866	392,897.99	9	115	5,042.84
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 *	2	11	299.28	60083	2980589	65407,951.56	63145	1124083	23816,127.18

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	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	2293	1311	3571,387.53	1170	5297	2382,827.54	12459	10660	27009,218.20
OUTPATIENT	36538	378262	3449,468.89	9623	161908	1053,214.52	55019	850085	5258,707.13
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	4	83	19,016.64
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	4	251	11,235.51-
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	1	0	1451,282.00-
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	294	905	38,689.18	58	181	10,108.26	552	3023	352,420.45
LEAD INSPECTION AGENCY	3	3	1,086.18	0	0	0.00	2	2	724.12
PHYSICIAN	17773	28163	1913,434.22	4160	7449	573,169.35	29821	56980	4250,215.83
CLINIC SERVICES	3607	4516	688,818.03	956	1232	185,004.67	7002	9503	1592,730.77
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	1	0	641,363.00
LAB AND RADIOLOGICAL	1504	3315	53,780.97	430	1624	30,492.64	3390	10787	182,166.60
HABILITATION SERVICES	2	37	1,514.81	16	325	19,333.91	5	61	9,007.69-
REMEDIAL SERVICES	3769	61407	1163,629.27	1093	17055	340,586.91	3718	57267	10983,457.40
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	146	140	18,112.03	63	62	8,291.39	236	235	35,270.14

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	ADC - CHILD			CMAP			OTHER		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	209	55287	410,849.58	50	15030	121,508.31	240	71694	502,261.60
EARLY ACCESS SERVICES	123	352	3,409.23	26	69	794.49	129	365	3,236.03
PRESCRIBED DRUGS	16416	27726	1564,913.71	4590	10177	565,915.18	25232	44166	2274,421.29
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	74657	77719	166,318.66	16261	16854	36,067.56	112704	117520	251,492.80
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	580	654	55,351.79	215	233	20,377.72	397	442	41,096.75
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	74694	79676	788,187.68	16292	17481	340,956.99	112626	123102	1470,730.47
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	4022	2841	597,679.10	640	434	115,118.58	8373	4083	1534,514.45
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	49788	49785	99,570.00	10202	10189	20,378.00	79934	79923	159,846.00
HEALTH INS PREMIUM PAYMENT	184	482	11,770.78	62	167	6,738.71	1336	4103	103,272.90
MEDICAL SUPPLIES	1029	8510	98,169.43	196	4306	26,563.92	1501	22946	157,800.95
OTHER PRACTITIONER	2744	8175	417,625.75	676	2280	136,446.01	4442	10867	618,791.10
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	4754	5623	748,665.99	1099	1360	192,481.28	7740	9235	1195,472.64
OPTOMETRIST	1348	1506	99,786.73	409	477	31,542.50	2140	2434	154,599.27
CHIROPRACTIC	912	1532	45,199.67	295	591	19,281.49	1741	3277	97,695.95
PODIATRIC	79	94	10,484.88	40	48	5,564.63	133	144	17,260.79
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1	0	4,184.27-
PSYCHIATRIC	21	25	3,154.28	20	52	3,172.60	42	65	8,505.18
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	1	3	47.19	2	26	429.22	6	126	91,141.20-
CHILDRENS MENTAL HEALTH SVC	32	2290	35,959.83	88	5010	88,345.45	45	3291	50,133.82
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	2	14	375.88
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	2	3	1,257.50
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	36	590	25,795.28	79	1058	50,390.00	56	919	40,065.95
UNASSIGNED	3	0	0.00	0	0	0.00	1	0	11450,735.48-
* A L L C A T E G O R I E S *	88438	800929	16082,860.67	19137	280975	6385,101.83	126367	1497656	45990,535.45

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	203	476	317,232.46	642	2175	1224,510.65	161	256	518,590.47
OUTPATIENT	3617	63214	438,007.67	5083	143215	880,766.91	1478	40433	359,701.75
CHILD PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
CHILD DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
ADULT PART HOSP	0	0	0.00	0	0	0.00	0	0	0.00
ADULT DAY TREATMENT	0	0	0.00	0	0	0.00	0	0	0.00
SKILLED NURSING FACILITY	1	31	15,951.98	460	6218	59,516.48	2	11	0.00
INTERMEDIATE CARE FACILITY	0	0	0.00	6320	197080	24537,098.18	0	0	0.00
INTER CARE MENTAL RETARDA	13	374	135,810.66	1	31	9,844.76	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	29	1551	533,442.76	0	0	0.00
HOME HEALTH	49	3498	99,234.61	3443	59014	3017,618.27	41	354	12,832.01
LEAD INSPECTION AGENCY	1	1	362.06	0	0	0.00	0	0	0.00
PHYSICIAN	2148	3269	183,321.38	6850	35910	460,949.47	844	2411	152,133.22
CLINIC SERVICES	440	549	76,633.60	352	363	44,913.79	157	227	34,120.59
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	209	715	10,812.38	1036	361	4,424.11	159	256	5,837.19
HABILITATION SERVICES	20	578	37,672.49	49	1198	61,277.03	24	688	39,493.16
REMEDIAL SERVICES	2705	130287	1671,056.75	11	266	2,092.90	15	188	1,679.06
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	18	18	2,674.28	539	529	56,807.22	28	29	5,186.16

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
LOCAL EDUCATION AGENCY	170	59887	566,618.16	37	7646	192,028.97	0	0	0.00
EARLY ACCESS SERVICES	28	57	621.05	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	4597	11695	1007,433.02	9148	19304	331,727.65	1015	3349	133,420.29
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	10313	10409	22,275.26	21237	21367	45,725.38	1879	1981	4,239.34
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	40	45	4,888.96	3	4	152.11	23	27	2,820.94
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	10317	10590	1028,688.09	21188	21800	652,361.82	1887	2055	66,690.71
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	141	148	15,084.07	2	2	56.25	3	3	123.01
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	60	60	163,805.80	0	0	0.00
PATIENT MANAGEMENT	92	92	184.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	163	415	20,954.02	31	68	11,037.87	2	2	325.67
MEDICAL SUPPLIES	258	29037	64,518.85	5650	310130	464,155.35	154	7249	26,001.87
OTHER PRACTITIONER	595	4138	198,793.12	527	1761	61,223.35	113	542	11,189.02
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	935	1055	148,440.86	877	1063	161,846.55	170	213	39,321.11
OPTOMETRIST	349	389	24,525.52	658	964	25,963.09	82	104	6,181.06
CHIROPRACTIC	157	267	7,963.03	289	606	5,114.61	83	183	5,490.05
PODIATRIC	17	20	1,140.36	1094	1649	20,363.08	44	53	2,278.98
PHYSICAL DISABILITIES SVCS	0	0	0.00	217	8949	104,444.05	0	0	0.00
BRAIN INJ WAIVER SERVICES	38	1763	51,060.77	459	21425	788,345.90	0	0	0.00
PSYCHIATRIC	38	101	6,884.79	268	490	13,691.45	31	52	1,991.47
RESIDENTIAL CARE FACILITY	3	85	713.32	5	115	590.60	0	0	0.00
ID WAIVER SERVICE	210	7439	289,941.01	7	514	19,445.69	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	1	102	1,293.36	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	25	2293	25,170.16	0	0	0.00
ELDERLY WAIVER SERVICES	0	0	0.00	5726	272055	3585,008.18	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	31	1995	44,869.34	5	174	2,677.83	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	235	2370	82,240.61	139	1471	48,008.13	1	5	261.75
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 *	10163	345007	6576,608.53	13767	1141923	37617,499.76	1985	60671	1429,908.88

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	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	804	801	2306,124.55	189	441	359,106.31	39	15	73,559.82
OUTPATIENT	1859	61500	710,135.58	5248	59194	522,148.20	280	17784	189,945.35
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	125	71,250.28	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	24	310	18,642.41	23	48	598.95	1	19	2,057.47
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	805	3058	265,777.89	2819	4163	269,482.13	187	726	113,800.67
CLINIC SERVICES	78	152	21,009.21	698	838	125,738.15	22	31	4,987.20
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	47	112	2,564.42	166	515	10,103.49	38	99	5,980.51
HABILITATION SERVICES	6	71	4,588.79	0	0	0.00	0	0	0.00
REMEDIAL SERVICES	2	0	116.00-	739	11249	219,924.96	1	18	322.20
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	49	45	5,480.34	19	18	1,932.51	3	3	510.71

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	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
LOCAL EDUCATION AGENCY	0	0	0.00	49	12787	93,409.82	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	285	1272	53,133.11	3505	6190	509,460.22	208	851	48,435.26
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	274	274	586.36	15178	15698	33,593.72	275	275	588.50
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	3	3	274.59	84	93	8,856.51	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	15242	16303	177,657.08	275	280	30,356.19
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	137	112	16,570.26	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	11207	11205	22,410.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	5	47	49.29	0	0	0.00
MEDICAL SUPPLIES	75	1762	17,003.66	134	2443	13,705.66	31	781	4,572.94
OTHER PRACTITIONER	102	133	12,864.55	460	1131	63,800.05	24	43	2,662.12
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	53	73	23,530.08	1582	1861	256,286.77	13	15	2,390.15
OPTOMETRIST	14	20	1,060.74	404	458	28,393.60	15	18	1,517.38
CHIROPRACTIC	21	41	754.19	359	600	18,781.62	14	28	859.55
PODIATRIC	9	12	612.31	36	45	4,523.12	5	5	485.07
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	48	103	5,495.48	5	5	363.05	2	2	205.67
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	6	491	6,767.11	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	9	264.69	9	157	7,061.55	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 *	1828	69876	3521,037.23	14703	146092	2770,724.13	292	20993	483,236.76

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	8	5	33,606.75	0	0	0.00	0	0	0.00
OUTPATIENT	14	165	9,289.93	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	19	49	5,283.35	0	0	0.00	0	0	0.00
CLINIC SERVICES	1	1	89.24	0	0	0.00	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	1	11	70.45	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	2	1	409.74	0	0	0.00	0	0	0.00

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

(BY CATEGORY OF SERVICE BY PROGRAM)

CATEGORY OF SERVICE	OTHER ICARE ADULT 19-64			OTHER ICARE ADULT OB			OTHER ICARE CHRN DSH		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	91	108	10,162.54	0	0	0.00	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	0	0	0.00	0	0	0.00
MANAGED SUBSTANCE ABUSE	0	0	0.00	0	0	0.00	0	0	0.00
MENTAL HEALTH ACCESS PLAN	0	0	0.00	0	0	0.00	0	0	0.00
EPSDT SCREENING	0	0	0.00	0	0	0.00	0	0	0.00
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PATIENT MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	0	0	0.00	0	0	0.00	0	0	0.00
OTHER PRACTITIONER	1	1	76.12	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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	0	0	0.00	0	0	0.00
OPTOMETRIST	0	0	0.00	0	0	0.00	0	0	0.00
CHIROPRACTIC	0	0	0.00	0	0	0.00	0	0	0.00
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	8	35	2,233.91	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 *	94	376	61,222.03	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	14	265	51,099.44	0	0	0.00	59	37	80,750.29
OUTPATIENT	193	3478	13,052.09	0	0	0.00	298	8058	62,353.99
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	19	593.13	0	0	0.00	1	0	1,512.00-
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	115	178	7,893.99	0	0	0.00	134	276	28,956.14
CLINIC SERVICES	18	28	3,141.97	0	0	0.00	30	43	5,578.66
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	13	44	759.93	0	0	0.00	23	111	2,165.39
HABILITATION SERVICES	2	28	1,222.79	0	0	0.00	10	295	26,542.20
REMEDIAL SERVICES	265	4990	96,421.78	0	0	0.00	27	363	7,185.51
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	2	2	276.26	0	0	0.00	5	5	648.42

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	OTHER ICARE PMIC MHI 300%			OTHER ICARE MHI 300%			STATE ONLY		
	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID	RECIPS SERVED	UNITS OF SERVICE	AMOUNT PAID
LOCAL EDUCATION AGENCY	44	21652	147,047.46	0	0	0.00	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PRESCRIBED DRUGS	376	1304	124,407.41	0	0	0.00	147	343	17,015.03
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	478	480	1,027.20	0	0	0.00	366	383	819.62
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	3	4	117.88	0	0	0.00	9	10	1,156.37
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	478	480	55,953.99	0	0	0.00	366	391	53,100.16
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	1	2	58.90
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	58	139	11,522.53	0	0	0.00	0	0	0.00
MEDICAL SUPPLIES	20	1559	1,875.63	0	0	0.00	7	1403	1,788.33
OTHER PRACTITIONER	41	759	44,570.05	0	0	0.00	18	29	1,363.31
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	46	49	7,899.00	0	0	0.00	23	31	4,034.19
OPTOMETRIST	19	25	1,363.50	0	0	0.00	11	16	1,125.92
CHIROPRACTIC	12	34	848.23	0	0	0.00	10	21	748.95
PODIATRIC	3	4	763.65	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	2	11	369.43	0	0	0.00	1	3	53.79
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	0	0	0.00
ID WAIVER SERVICE	1	49	805.32	0	0	0.00	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	383	21415	373,456.12	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	441	7272	323,568.80	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 *	409	64269	1270,059.58	0	0	0.00	344	11820	293,933.17

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	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	109	102	298,136.71	345	584	695,354.64	0	0	0.00
OUTPATIENT	899	24455	242,573.55	4613	190552	690,839.66	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	452	33,783.14	0	0	0.00
INTERMEDIATE CARE FACILITY	1	31	3,688.86	11	258	35,722.85	0	0	0.00
INTER CARE MENTAL RETARDA	0	0	0.00	2040	61522	25034,419.31	0	0	0.00
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	0	0	0.00
HOME HEALTH	8	113	2,982.53	1253	40853	1630,795.74	0	0	0.00
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	0	0	0.00
PHYSICIAN	514	1196	99,282.19	4581	17033	359,223.42	0	0	0.00
CLINIC SERVICES	143	206	29,608.76	335	373	49,901.95	0	0	0.00
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	0	0	0.00
LAB AND RADIOLOGICAL	81	240	4,182.43	523	617	8,155.68	0	0	0.00
HABILITATION SERVICES	6	119	5,153.24	90	2918	115,070.81	0	0	0.00
REMEDIAL SERVICES	63	3385	39,114.57	129	1765	40,961.52	0	0	0.00
REHAB SUPPORT SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
AMBULANCE SERVICES	10	15	1,727.44	141	151	16,111.19	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
LOCAL EDUCATION AGENCY	8	1761	20,727.03	769	274453	3803,603.88	0	0	0.00
EARLY ACCESS SERVICES	0	0	0.00	16	39	391.14	0	0	0.00
PRESCRIBED DRUGS	896	3881	209,610.50	6252	19756	1479,880.26	0	0	0.00
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	1549	1587	3,396.18	12328	12398	26,531.72	0	0	0.00
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	4	5	306.47	13	13	492.17	0	0	0.00
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	1548	1638	168,038.65	11829	11913	778,177.67	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	187.45	26	33	3,728.96	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	1	1	2.00	0	0	0.00
HEALTH INS PREMIUM PAYMENT	6	20	1,097.65	655	1685	203,904.47	0	0	0.00
MEDICAL SUPPLIES	119	4482	12,093.05	2663	348212	584,057.63	0	0	0.00
OTHER PRACTITIONER	65	255	9,648.51	986	14394	575,876.73	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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	130	171	33,853.78	1341	1577	151,807.47	0	0	0.00
OPTOMETRIST	81	102	7,524.81	479	644	26,740.44	0	0	0.00
CHIROPRACTIC	59	135	4,150.92	359	713	10,199.92	0	0	0.00
PODIATRIC	24	28	3,073.25	632	868	17,562.15	0	0	0.00
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	0	0	0.00
BRAIN INJ WAIVER SERVICES	1	45	4,917.56	270	13812	457,682.46	0	0	0.00
PSYCHIATRIC	3	3	368.68	472	710	24,627.25	0	0	0.00
RESIDENTIAL CARE FACILITY	0	0	0.00	10	380	3,194.84	0	0	0.00
ID WAIVER SERVICE	1	74	1,935.92	9007	560592	24572,191.12	0	0	0.00
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	2	74	1,901.56	0	0	0.00
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
ELDERLY WAIVER SERVICES	4	196	2,285.01	2	16	200.71	0	0	0.00
ILL & HANDICAPPED WAIVER SVCS	1	1	348.06-	138	5976	133,359.61	0	0	0.00
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	4	23	756.87	9011	77752	2675,566.74	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 *	1578	44272	1210,074.51	12121	1663089	64242,020.81	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			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	4	0	2,379.46	27441	36463	61170,011.49
OUTPATIENT	0	0	0.00	52	547	8,854.11	181535	4072459	29242,602.16
CHILD PART HOSP	0	0	0.00	0	0	0.00	1	0	36.38
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	946	15135	2830,055.96
INTERMEDIATE CARE FACILITY	0	0	0.00	0	0	0.00	11534	359503	42461,272.23
INTER CARE MENTAL RETARDA	0	0	0.00	0	0	0.00	2054	61927	23728,792.73
NURSING FAC FOR MENTAL ILL	0	0	0.00	0	0	0.00	34	1724	577,718.98
HOME HEALTH	0	0	0.00	0	0	0.00	12205	230037	10244,962.96
LEAD INSPECTION AGENCY	0	0	0.00	0	0	0.00	6	6	2,172.36
PHYSICIAN	0	0	0.00	21	41	2,148.62	118045	350633	15315,294.79
CLINIC SERVICES	0	0	0.00	15	24	3,312.75	21021	28406	4310,132.98
MEP CASE MANAGEMENT	0	0	0.00	0	0	0.00	0	0	0.00
EHR INCENTIVE PAYMENTS	0	0	0.00	0	0	0.00	1	0	641,363.00
LAB AND RADIOLOGICAL	0	0	0.00	4	8	75.66	15063	33158	637,636.95
HABILITATION SERVICES	0	0	0.00	0	0	0.00	3559	118786	5725,149.90
REMEDIAL SERVICES	0	0	0.00	1	48	910.32	12550	315528	15045,989.47
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	3027	3117	376,386.64

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
LOCAL EDUCATION AGENCY	0	0	0.00	0	0	0.00	2275	740623	8782,395.82
EARLY ACCESS SERVICES	0	0	0.00	0	0	0.00	394	1156	10,863.48
PRESCRIBED DRUGS	0	0	0.00	13	17	2,307.09	122442	323165	19196,060.44
DRUG CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
NEMT SERVICES	0	0	0.00	184	189	404.46	371730	385285	824,509.90
INDIAN HEALTH SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
FAMILY PLANNING SERVICES	0	0	0.00	3	3	179.90	6478	7203	623,310.48
IOWA CARE MED HOME CAPITATION	0	0	0.00	0	0	0.00	0	0	0.00
IOWA PLAN PROGRAM	0	0	0.00	184	198	2,451.20	370813	397145	11368,118.34
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	0	0	0.00	4	4	469.52	13506	8020	2302,263.67
HMO SERVICES	0	0	0.00	0	0	0.00	0	0	0.00
PACE SERVICES	0	0	0.00	0	0	0.00	95	95	279,382.80
PATIENT MANAGEMENT	0	0	0.00	105	105	210.00	179456	179423	358,846.00
HEALTH INS PREMIUM PAYMENT	0	0	0.00	0	0	0.00	3238	8980	552,183.64
MEDICAL SUPPLIES	0	0	0.00	2	183	2,042.36	25604	1667702	3766,271.16
OTHER PRACTITIONER	0	0	0.00	1	2	218.78	16496	69174	3208,673.46
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

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
GROUP TREATMENT THERAPY	0	0	0.00	0	0	0.00	0	0	0.00
DENTAL	0	0	0.00	28	32	3,092.07	26268	32228	4694,109.82
OPTOMETRIST	0	0	0.00	4	4	280.45	10209	12773	698,256.63
CHIROPRACTIC	0	0	0.00	0	0	0.00	8929	18442	436,279.65
PODIATRIC	0	0	0.00	0	0	0.00	4408	6913	211,055.96
PHYSICAL DISABILITIES SVCS	0	0	0.00	0	0	0.00	732	28580	364,519.39
BRAIN INJ WAIVER SERVICES	0	0	0.00	0	0	0.00	1074	54816	1895,120.54
PSYCHIATRIC	0	0	0.00	0	0	0.00	3892	6513	222,693.33
RESIDENTIAL CARE FACILITY	0	0	0.00	0	0	0.00	1570	50062	410,031.49
ID WAIVER SERVICE	0	0	0.00	1	12	272.95	10182	634784	27621,692.19
CHILDRENS MENTAL HEALTH SVC	0	0	0.00	0	0	0.00	588	34734	591,889.47
AIDS WAIVER SERVICES	0	0	0.00	0	0	0.00	36	3210	36,819.26
ELDERLY WAIVER SERVICES	0	0	0.00	0	0	0.00	9175	438265	6027,061.92
ILL & HANDICAPPED WAIVER SVCS	0	0	0.00	0	0	0.00	1940	89902	1532,416.33
COUNTY OFFICE REIMBURSEMENT	0	0	0.00	0	0	0.00	0	0	0.00
MEP SERVICES	0	0	0.00	1	10	350.00	11285	103076	3672,909.45
UNASSIGNED	0	0	0.00	0	0	0.00	6	0	11450,735.48-
* A L L C A T E G O R I E S *	0	0	0.00	192	1427	29,959.70	431460	929151	300546,578.12

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