

Provider Agency Name & Address
 FDOH in Miami-Dade County
 1350 N.W. 14th St.,
 Miami, 33125

Florida Department of Health
Expenditure/Invoice Report
 Program Name: Patient Care-Consortia
 Area Name: AREA 11A
 Month: June
 Year: 2022-2023



Report generated on: 08/02/2022

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	June	0	0	\$105,175.00	\$4,980.60	\$17,637.40	17%
Medical Case Management (including treatment adherence)	June	38	38	\$175,390.00	\$5,865.00	\$11,592.00	7%
Mental Health Services - Outpatient	June	0	0	\$35,000.00	\$0.00	\$2,242.60	6%
Emergency Financial Assistance	June	12	12	\$712,440.00	\$27,920.55	\$89,855.17	13%
Housing	June	0	0	\$400,000.00	\$0.00	\$0.00	0%
Non-Medical Case Management Services	June	1	1	\$146,957.00	\$6,959.20	\$30,672.12	21%
Clinical Quality Management	June	0	0	\$69,905.00	\$3,310.35	\$6,961.13	10%
Planning and Evaluation	June	0	0	\$34,982.00	\$1,656.56	\$7,486.82	21%
Totals		51	51	\$1,679,849.00	\$50,692.26	\$166,447.24	

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
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ADVANCE(S) INFORMATION:

Total Advances	\$0.00
Previous Reductions	\$0.00
Current Reductions	\$0.00
Remaining Advances	\$0.00

Total Contract Amount	\$1,679,849.00
Minus Expended Y-T-D	\$166,447.24
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,513,401.76

Total Expenditures this period: \$50,692.26
Less Advance Payback this period: \$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$50,692.26

I certify that the above report is a true, accurate and correct reflection of the activities this period; and that the expenditures reported are made only for items which are allowable and directly related to the purpose of this referenced contract.

_____ Signature & Title of Provider Agency Official	_____ Date	_____ Contract Manager Signature	_____ Date
		_____ Contract Manager's Supervisor Signature	_____ Date