

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: August
 Year: 2022-2023



Report generated on: 11/18/2022

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	August	0	0	\$116,720.00	\$3,778.08	\$29,821.96	26%
Medical Case Management (including treatment adherence)	August	0	0	\$175,390.00	\$0.00	\$19,423.50	11%
Mental Health Services - Outpatient	August	0	0	\$35,000.00	\$0.00	\$4,615.10	13%
Emergency Financial Assistance	August	6	6	\$713,220.00	\$14,116.77	\$160,945.48	23%
Housing	August	0	0	\$375,000.00	\$0.00	\$0.00	0%
Non-Medical Case Management Services	August	22	22	\$156,572.00	\$7,311.19	\$49,729.36	32%
Clinical Quality Management	August	0	0	\$71,083.00	\$1,089.77	\$13,638.26	19%
Planning and Evaluation	August	0	0	\$36,864.00	\$1,740.35	\$12,023.18	33%
Totals		28	28	\$1,679,849.00	\$28,036.16	\$290,196.84	

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	\$290,196.84
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,389,652.16

Total Expenditures this period:	\$28,036.16
Less Advance Payback this period:	\$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$28,036.16

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