

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: September
 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	September	0	0	\$116,720.00	\$13,594.86	\$43,416.82	37%
Medical Case Management (including treatment adherence)	September	0	0	\$175,390.00	\$0.00	\$19,423.50	11%
Mental Health Services - Outpatient	September	0	0	\$35,000.00	\$0.00	\$4,615.10	13%
Emergency Financial Assistance	September	7	7	\$713,220.00	\$14,106.53	\$175,052.01	25%
Housing	September	0	0	\$375,000.00	\$0.00	\$0.00	0%
Non-Medical Case Management Services	September	26	26	\$156,572.00	\$26,308.20	\$76,037.56	49%
Clinical Quality Management	September	0	0	\$71,083.00	\$3,921.36	\$17,559.62	25%
Planning and Evaluation	September	0	0	\$36,864.00	\$6,262.37	\$18,285.55	50%
Totals		33	33	\$1,679,849.00	\$64,193.32	\$354,390.16	

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	\$354,390.16
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,325,458.84

Total Expenditures this period:	\$64,193.32
Less Advance Payback this period:	\$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$64,193.32

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