

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: December  
 Year: 2022-2023



Report generated on: 02/24/2023

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	December	0	0	\$116,720.00	\$6,080.18	\$62,517.09	54%
Medical Case Management (including treatment adherence)	December	38	38	\$175,390.00	\$6,848.25	\$38,484.75	22%
Mental Health Services - Outpatient	December	4	12	\$35,000.00	\$390.00	\$7,930.10	23%
Emergency Financial Assistance	December	31	31	\$713,220.00	\$30,266.95	\$297,768.50	42%
Housing	December	0	0	\$375,000.00	\$0.00	\$0.00	0%
Non-Medical Case Management Services	December	20	20	\$156,572.00	\$11,530.80	\$112,260.40	72%
Clinical Quality Management	December	0	0	\$71,083.00	\$5,484.97	\$34,790.09	49%
Planning and Evaluation	December	0	0	\$36,864.00	\$2,744.78	\$26,907.99	73%
<b>Totals</b>		<b>93</b>	<b>101</b>	<b>\$1,679,849.00</b>	<b>\$63,345.93</b>	<b>\$580,658.92</b>	

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	\$580,658.92
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,099,190.08

Total Expenditures this period:	\$63,345.93
Less Advance Payback this period:	\$0.00

**AMOUNT OF FUNDS REQUESTED THIS REPORT: \$63,345.93**

*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