

Provider Agency Name and Address:

Health Planning Council of Northeast Florida  
 100 N. Laura Street Suite 801  
 Jacksonville, FL 32202

Preparer's Name: Irma Herrera  
 Phone #: 904-301-3678 Ext. 109

DEPARTMENT OF HEALTH  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report

From: 1/1/2015 to 1/31/2015

Contract No. **CODJC**  
 FY 2014-2015



**A. ADMINISTRATION**

	Amount		Expenditures This Report	Expenditures Year-To-Date	Contract Balance	
<b>Total Administrative Services</b>	<b>1</b>	169,062.00	14,088.50	14,088.50	140,885.00	28,177.00

B. DIRECT CARE 7105 - 7350	Number of Clients Served	Number of Units of Service	Amount		Expenditures Year-To-Date	Contract Balance	
Ambulatory/Outpatient Medical Care	55	299	237,937.00	0.00	10,888.25	88,171.78	149,765.22
AIDS Pharmaceutical Assistance	76	346	242,210.00	0.00	31,313.62	154,307.41	87,902.59
Oral Health Care	17	23	224,502.00	0.00	14,886.00	91,460.00	133,042.00
Health Insurance Premium / Cost Sharing	30	56	324,214.00	0.00	16,368.60	137,452.78	186,761.22
Mental Health Services	4	7	7,323.00	0.00	269.13	3,190.37	4,132.63
Case Management - <b>Medical</b>	260	536	176,384.00	0.00	11,489.30	98,034.47	78,349.53
Case Management - <b>Non Medical</b> <span style="color: red;">FLDOH</span>	101	139	129,826.00	0.00	7,335.97	74,920.39	54,905.61
Food Bank/Home Delivered Meals	115	115	12,000.00		3,944.50	3,944.50	8,055.50
Medical Transportation Services <span style="color: red;">FLDOH</span>			1,260.00	0.00		175.00	1,085.00
Referral for Health Care <span style="color: red;">Outreach</span>	92	88	81,373.00	0.00	7,833.80	66,788.78	14,584.22
<b>Total Direct Care</b>	<b>750</b>	<b>1,609</b>	<b>1,437,029.00</b>	<b>0.00</b>	<b>104,329.17</b>	<b>718,445.48</b>	<b>718,583.52</b>

**C. CLINICAL QUALITY MANAGEMENT**

Planning and Development	<b>1</b>	84,532.00	9,487.22	9,487.22	75,897.76	8,634.24
<b>TOTAL SECTIONS A, B AND C</b>	<b>1</b> <b>3</b>	<b>1,690,623.00</b>	<b>0.00</b>	<b>127,904.89</b>	<b>935,228.24</b>	<b>755,394.76</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	140,885.25
Previous Reductions	0.00
<b>Current Reductions</b>	<b>46,962.00</b>
Remaining Advances	93,923.25

Total Contract Amount	1,690,623.00
Expenditures Year -To-Date	935,228.24
UNPAID Advances	93,923.25
Balance to Draw	661,471.51

Total Expenditures This Period	<b>127,904.89</b>	Type of Request:
<b>Less Advances Paid This Period</b>	<b>46,962.00</b>	<b>Regular</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>80,942.89</b>	Final <b>X</b>

Provider Agency Name and Address:

Health Planning Council of Northeast Florida  
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 Jacksonville, FL 32202

Preparer's Name: Irma Herrera  
 Phone #: 904-301-3678 Ext. 109

DEPARTMENT OF HEALTH  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report

From: 2/1/2015 to 2/28/2015

Contract No. **CODJC**  
 FY 2014-2015



**A. ADMINISTRATION**

	Amount		Expenditures This Report	Expenditures Year-To-Date	Contract Balance	
<b>Total Administrative Services</b>	<b>1</b>	169,062.00	14,088.50	14,088.50	154,973.50	14,088.50

B. DIRECT CARE 7105 - 7350	Number of Clients Served	Number of Units of Service	Amount		Expenditures Year-To-Date	Contract Balance	
Ambulatory/Outpatient Medical Care	80	292	237,937.00	0.00	16,567.16	104,738.94	133,198.06
AIDS Pharmaceutical Assistance	86	486	242,210.00	0.00	51,146.20	205,453.61	36,756.39
Oral Health Care	15	24	224,502.00	0.00	18,589.80	110,049.80	114,452.20
Health Insurance Premium / Cost Sharing	12	23	324,214.00	0.00	4,054.26	141,507.04	182,706.96
Mental Health Services	4	9	7,323.00	0.00	471.84	3,662.21	3,660.79
Case Management - <b>Medical</b>	292	527	176,384.00	0.00	13,553.99	111,588.46	64,795.54
Case Management - <b>Non Medical</b> <span style="color: red;">FLDOH</span>	115	158	129,826.00	0.00	8,076.00	82,996.39	46,829.61
Food Bank/Home Delivered Meals			12,000.00			3,944.50	8,055.50
Medical Transportation Services <span style="color: red;">FLDOH</span>			1,260.00	0.00		175.00	1,085.00
Referral for Health Care <span style="color: red;">Outreach</span>	75	92	81,373.00	0.00	6,788.99	73,577.77	7,795.23
<b>Total Direct Care</b>	<b>679</b>	<b>1,611</b>	<b>1,437,029.00</b>	<b>0.00</b>	<b>119,248.24</b>	<b>837,693.72</b>	<b>599,335.28</b>

**C. CLINICAL QUALITY MANAGEMENT**

Planning and Development	<b>1</b>	84,532.00	9,487.22	0.00	75,897.76	8,634.24
<b>TOTAL SECTIONS A, B AND C</b>	<b>1</b> <b>3</b>	<b>1,690,623.00</b>	<b>0.00</b>	<b>133,336.74</b>	<b>1,068,564.98</b>	<b>622,058.02</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	140,885.25
Previous Reductions	46,962.00
<b>Current Reductions</b>	<b>46,962.00</b>
Remaining Advances	46,961.25

Total Contract Amount	1,690,623.00
Expenditures Year -To-Date	1,068,564.98
UNPAID Advances	46,961.25
Balance to Draw	575,096.77

Total Expenditures This Period **133,336.74**  
 Less Advances Paid This Period **46,962.00**  
**AMOUNT OF FUNDS REQUESTED THIS REPORT** **86,374.74**

Type of Request:  
 Regular  
 Final **X**

Provider Agency Name and Address:

Health Planning Council of Northeast Florida  
 100 N. Laura Street Suite 801  
 Jacksonville, FL 32202

Preparer's Name: Irma Herrera  
 Phone #: 904-301-3678 Ext. 109

DEPARTMENT OF HEALTH  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report

From: 3/1/2015 to 3/31/2015

Contract No. **CODJC**  
 FY 2014-2015



<b>A. ADMINISTRATION</b>		Amount		Expenditures This Report	Expenditures Year-To-Date	Contract Balance
<b>Total Administrative Services</b>	<b>1</b>	169,062.00	14,088.50	14,088.50	169,062.00	0.00

<b>B. DIRECT CARE</b> 7105 - 7350	Number of <b>Clients</b> Served	Number of <b>Units</b> of Service	Amount		Expenditures Year-To-Date	Contract Balance
Ambulatory/Outpatient Medical Care	79	255	237,937.00	0.00	14,503.29	119,242.23
AIDS Pharmaceutical Assistance	69	268	242,210.00	0.00	34,803.57	240,257.18
Oral Health Care	19	22	224,502.00	0.00	11,926.00	121,975.80
Health Insurance Premium / Cost Sharing	101	337	324,214.00	0.00	63,746.04	205,253.08
Mental Health Services	9	14	7,323.00	0.00	491.79	4,154.00
Case Management - <b>Medical</b>	264	372	176,384.00	0.00	12,888.16	124,476.62
Case Management - <b>Non Medical</b> <span style="color: red;">FLDOH</span>	166	251	129,826.00	0.00	11,322.28	94,318.67
Food Bank/Home Delivered Meals			12,000.00			3,944.50
Medical Transportation Services <span style="color: red;">FLDOH</span>			1,260.00	0.00		175.00
Referral for Health Care <span style="color: red;">Outreach</span>	123	67	81,373.00	0.00	6,823.47	80,401.24
<b>Total Direct Care</b>	<b>830</b>	<b>1,586</b>	<b>1,437,029.00</b>	<b>0.00</b>	<b>156,504.60</b>	<b>994,198.32</b>

<b>C. CLINICAL QUALITY MANAGEMENT</b>		Amount		Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Planning and Development	<b>1</b>	84,532.00	8,634.24	8,634.24	84,532.00	0.00
<b>TOTAL SECTIONS A, B AND C</b>	<b>1</b> <span style="color: red;">3</span>	<b>1,690,623.00</b>	<b>0.00</b>	<b>179,227.34</b>	<b>1,247,792.32</b>	<b>442,830.68</b>

<b>D. ADVANCE(S) INFORMATION</b>		Total Contract Amount
Total Advances	140,885.25	1,690,623.00
Previous Reductions	93,924.00	Expenditures Year -To-Date 1,247,792.32
<b>Current Reductions</b>	<b>46,961.25</b>	UNPAID Advances 0.00
Remaining Advances	0.00	Balance to Draw 442,830.68
Total Expenditures This Period		<b>179,227.34</b>
Less Advances Paid This Period		<b>46,961.25</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>		<b>132,266.09</b>
Type of Request:		Regular
		Final <b>X</b>

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DEPARTMENT OF HEALTH  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report

From: 3/1/2015 to 3/31/2015

Contract No. **CODJC**  
 FY 2014-2015

**FINAL**



**A. ADMINISTRATION**

	Amount	Ex	penditures This Report	Expenditures Year-To-Date	Contract Balance	
<b>Total Administrative Services</b>	<b>1</b>		169,062.00	14,088.50	169,062.00	0.00

	Number of Clients Served	Number of Units of Service	Ex		penditures Year-To-Date	Contract Balance	
			Amount				
<b>B. DIRECT CARE</b> 7105 -7350							
Ambulatory/Outpatient Medical Care	71	271	237,937.00	0.00	21,287.67	140,529.90	97,407.10
AIDS Pharmaceutical Assistance	3	5	242,210.00	0.00	1,942.82	242,200.00	10.00
Oral Health Care	12	16	224,502.00	0.00	10,339.00	132,314.80	92,187.20
Health Insurance Premium / Cost Sharing	62	363	324,214.00	0.00	16,780.61	222,033.69	102,180.31
Mental Health Services	5	5	7,323.00	0.00	211.87	4,365.87	2,957.13
Case Management - <b>Medical</b>	184	294	176,384.00	0.00	14,204.72	138,681.34	37,702.66
Case Management - <b>Non Medical</b> <span style="color: red;">FLDOH</span>	240	422	129,826.00	0.00	12,932.43	107,251.10	22,574.90
Food Bank/Home Delivered Meals			12,000.00			3,944.50	8,055.50
Medical Transportation Services <span style="color: red;">FLDOH</span>			1,260.00	0.00		175.00	1,085.00
Referral for Health Care <span style="color: red;">Outreach</span>	92	69	81,373.00	Ex 0.00	969.76	81,371.00	2.00
<b>Total Direct Care</b>	<b>669</b>	<b>1,445</b>	<b>1,437,029.00</b>	<b>0.00</b>	<b>78,668.88</b>	<b>1,072,867.20</b>	<b>364,161.80</b>

**C. CLINICAL QUALITY MANAGEMENT**

Planning and Development	<b>1</b>		84,532.00	8,634.24	0.00	84,532.00	0.00
<b>TOTAL SECTIONS A, B AND C</b>	<b>1</b>	<b>3</b>	<b>1,690,623.00</b>	<b>0.00</b>	<b>78,668.88</b>	<b>1,326,461.20</b>	<b>364,161.80</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	140,885.25
Previous Reductions	140,885.25
Current Reductions	0.00
Remaining Advances	0.00

Total Contract Amount	1,690,623.00
Expenditures Year -To-Date	1,326,461.20
UNPAID Advances	0.00
Balance to Draw	364,161.80

Total Expenditures This Period **78,668.88** Type of Request:  
 Less Advances Paid This Period **0.00** Regular

**AMOUNT OF FUNDS REQUESTED THIS REPORT** **78,668.88** **Final** **X**

DEPARTMENT OF HEALTH  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report



Provider Agency Name and Address:  
 Health Planning Council of Northeast Florida  
 100 N. Laura Street Suite 801  
 Jacksonville, FL 32202

From: 4/1/2015 to 4/30/2015

Contract No. **CODJC R1**  
 FY 2015-2016

Preparer's Name: Irma Herrera  
 Phone #: 904-301-3678 Ext. 109

**A. ADMINISTRATION**

		Amount		Expenditures This Report	Expenditures Year-To-Date	Contract Balance
<b>Total Administrative Services</b>	<b>1</b>	169,062.00	14,088.50	14,088.50	14,088.50	154,973.50

**B. DIRECT CARE** 7105 - 7350

		Number of Clients Served	Number of Units of Service	Amount		Expenditures Year-To-Date	Contract Balance
Ambulatory/Outpatient Medical Care		0	0	241,810.00	0.00	0.00	241,810.00
AIDS Pharmaceutical Assistance		0	0	249,516.00	0.00	0.00	249,516.00
Oral Health Care		0	0	193,848.00	0.00	0.00	193,848.00
Health Insurance Premium / Cost Sharing		9	21	215,809.00	0.00	10,957.75	204,851.25
Mental Health Services		0	0	19,982.00	0.00	0.00	19,982.00
Medical Nutrition Therapy				10,711.00		0.00	10,711.00
Case Management - <b>Medical</b>		0	0	181,280.00	0.00	0.00	181,280.00
Case Management - <b>Non Medical</b>	FLDOH	0	0	181,599.00	0.00	0.00	181,599.00
Food Bank/Home Delivered Meals				39,365.00		0.00	39,365.00
Linguistic Services	FLDOH			1,599.00		0.00	1,599.00
Medical Transportation Services				19,982.00	0.00	0.00	19,982.00
Referral for Health Care	Outreach	0	0	81,528.00	0.00	0.00	81,528.00
<b>Total Direct Care</b>		<b>9</b>	<b>21</b>	<b>1,437,029.00</b>	<b>0.00</b>	<b>10,957.75</b>	<b>1,426,071.25</b>

**C. CLINICAL QUALITY MANAGEMENT**

Planning and Development	<b>1</b>	84,532.00	9,392.44	9,392.44	9,392.44	75,139.56
<b>TOTAL SECTIONS A, B AND C</b>	<b>1</b>	<b>3</b>	<b>1,690,623.00</b>	<b>0.00</b>	<b>34,438.69</b>	<b>34,438.69</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	0.00
Previous Reductions	0.00
Current Reductions	<b>0.00</b>
Remaining Advances	0.00

Total Contract Amount	1,690,623.00
Expenditures Year -To-Date	34,438.69
UNPAID Advances	0.00
Balance to Draw	1,656,184.31

Total Expenditures This Period	<b>34,438.69</b>	Type of Request:
Less Advances Paid This Period	<b>0.00</b>	<b>Regular X</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>34,438.69</b>	Final

Provider Agency Name and Address:

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 Phone #: 904-301-3678 Ext. 109

DEPARTMENT OF HEALTH  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report

From: 5/1/2015 to 5/31/2015

Contract No. **CODJC R1**  
 FY 2015-2016



**A. ADMINISTRATION**

	Amount		Expenditures This Report	Expenditures Year-To-Date	Contract Balance	
<b>Total Administrative Services</b>	<b>1</b>	169,062.00	14,088.50	14,088.50	28,177.00	140,885.00

**B. DIRECT CARE** 7105 - 7350

	Number <sup>1</sup> of Clients Served	Number of Units of Service	Amount		Expenditures Year-To-Date	Contract Balance
Ambulatory/Outpatient Medical Care	0	0	241,810.00	0.00	0.00	241,810.00
AIDS Pharmaceutical Assistance	1	1	249,516.00	0.00	10.00	249,506.00
Oral Health Care	0	0	193,848.00	0.00	0.00	193,848.00
Health Insurance Premium / Cost Sharing	9	18	215,809.00	0.00	6,754.10	198,097.15
Mental Health Services	2	2	19,982.00	0.00	110.00	19,872.00
Medical Nutrition Therapy			10,711.00		0.00	10,711.00
Case Management - <b>Medical</b>	72	112	181,280.00	0.00	15,378.01	165,901.99
Case Management - <b>Non Medical</b> <b>FLDOH</b>	277	439	181,599.00	0.00	18,862.84	162,736.16
Food Bank/Home Delivered Meals			39,365.00		0.00	39,365.00
Linguistic Services <b>FLDOH</b>			1,599.00		0.00	1,599.00
Medical Transportation Services			19,982.00	0.00	0.00	19,982.00
Referral for Health Care <b>Outreach</b>	64	110	81,528.00	0.00	6,380.33	75,147.67
<b>Total Direct Care</b>	<b>425</b>	<b>682</b>	<b>1,437,029.00</b>	<b>0.00</b>	<b>47,495.28</b>	<b>1,378,575.97</b>

**C. CLINICAL QUALITY MANAGEMENT**

Planning and Development	<b>1</b>		84,532.00	9,392.44	9,392.44	18,784.88	65,747.12
<b>TOTAL SECTIONS A, B AND C</b>	<b>1</b>	<b>3</b>	<b>1,690,623.00</b>	<b>0.00</b>	<b>70,976.22</b>	<b>105,414.91</b>	<b>1,585,208.09</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	0.00
Previous Reductions	0.00
Current Reductions	0.00
Remaining Advances	0.00

Total Contract Amount	1,690,623.00
Expenditures Year -To-Date	105,414.91
UNPAID Advances	0.00
Balance to Draw	1,585,208.09

Total Expenditures This Period	<b>70,976.22</b>	Type of Request:
Less Advances Paid This Period	<b>0.00</b>	<b>Regular X</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>70,976.22</b>	Final

Provider Agency Name and Address:

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Preparer's Name: Irma Herrera  
 Phone #: 904-301-3678 Ext. 109

DEPARTMENT OF HEALTH  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report

From: 6/1/2015 to 6/30/2015

Contract No. **CODJC R1**  
 FY 2015-2016



**A. ADMINISTRATION**

	Amount		Expenditures This Report	Expenditures Year-To-Date	Contract Balance
<b>Total Administrative Services</b>	<b>1</b>	169,062.00	14,088.50	14,088.50	126,796.50

**B. DIRECT CARE** 7105 - 7350

	Number <sup>1</sup> of Clients Served	Number of Units of Service	Amount		Expenditures Year-To-Date	Contract Balance
Ambulatory/Outpatient Medical Care	0	0	241,810.00	0.00	0.00	241,810.00
AIDS Pharmaceutical Assistance			249,516.00	0.00	10.00	249,506.00
Oral Health Care	12	13	193,848.00	0.00	5,499.41	188,348.59
Health Insurance Premium / Cost Sharing	56	154	215,809.00	0.00	37,542.00	160,555.15
Mental Health Services	2	5	19,982.00	0.00	265.00	19,607.00
Medical Nutrition Therapy			10,711.00		0.00	10,711.00
Case Management - <b>Medical</b>	59	101	181,280.00	0.00	10,495.37	155,406.62
Case Management - <b>Non Medical</b> FLDOH	264	390	181,599.00	0.00	13,027.11	149,709.05
Food Bank/Home Delivered Meals	90	90	39,365.00		3,118.50	36,246.50
Linguistic Services FLDOH			1,599.00		0.00	1,599.00
Medical Transportation Services	60	60	19,982.00	0.00	225.00	19,757.00
Referral for Health Care Outreach	21	21	81,528.00	0.00	5,446.89	69,700.78
<b>Total Direct Care</b>	<b>564</b>	<b>834</b>	<b>1,437,029.00</b>	<b>0.00</b>	<b>75,619.28</b>	<b>1,302,956.69</b>

**C. CLINICAL QUALITY MANAGEMENT**

Planning and Development	<b>1</b>		84,532.00	9,392.44	9,392.44	28,177.32	56,354.68
<b>TOTAL SECTIONS A, B AND C</b>	<b>1</b>	<b>3</b>	<b>1,690,623.00</b>	<b>0.00</b>	<b>99,100.22</b>	<b>204,515.13</b>	<b>1,486,107.87</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	0.00
Previous Reductions	0.00
Current Reductions	0.00
Remaining Advances	0.00

Total Contract Amount	1,690,623.00
Expenditures Year -To-Date	204,515.13
UNPAID Advances	0.00
Balance to Draw	1,486,107.87

Total Expenditures This Period	<b>99,100.22</b>	Type of Request:
Less Advances Paid This Period	<b>0.00</b>	Regular <b>X</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>99,100.22</b>	Final

Provider Agency Name and Address:

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 Phone #: 904-301-3678 Ext. 109

DEPARTMENT OF HEALTH  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report

From: 7/1/2015 to 7/31/2015

Contract No. **CODJC R1**  
 FY 2015-2016



**A. ADMINISTRATION**

	Amount		Expenditures This Report	Expenditures Year-To-Date	Contract Balance
<b>Total Administrative Services</b>	<b>1</b>	169,062.00	14,088.50	14,088.50	112,708.00

**B. DIRECT CARE** 7105 - 7350

	Number <sup>1</sup> of Clients Served	Number of Units of Service	Amount		Expenditures Year-To-Date	Contract Balance
Ambulatory/Outpatient Medical Care	0	0	241,810.00	0.00	0.00	241,810.00
AIDS Pharmaceutical Assistance			249,516.00	0.00	10.00	249,506.00
Oral Health Care			193,848.00	0.00	5,499.41	188,348.59
Health Insurance Premium / Cost Sharing			215,809.00	0.00	55,253.85	160,555.15
Mental Health Services			19,982.00	0.00	375.00	19,607.00
Medical Nutrition Therapy			10,711.00		0.00	10,711.00
Case Management - <b>Medical</b>			181,280.00	0.00	25,873.38	155,406.62
Case Management - <b>Non Medical</b> FLDOH			181,599.00	0.00	31,889.95	149,709.05
Food Bank/Home Delivered Meals			39,365.00		3,118.50	36,246.50
Linguistic Services FLDOH			1,599.00		0.00	1,599.00
Medical Transportation Services			19,982.00	0.00	225.00	19,757.00
Referral for Health Care Outreach			81,528.00	0.00	11,827.22	69,700.78
<b>Total Direct Care</b>	<b>0</b>	<b>0</b>	<b>1,437,029.00</b>	<b>0.00</b>	<b>134,072.31</b>	<b>1,302,956.69</b>

**C. CLINICAL QUALITY MANAGEMENT**

Planning and Development	<b>1</b>		84,532.00	9,392.44	0.00	28,177.32	56,354.68
<b>TOTAL SECTIONS A, B AND C</b>	<b>1</b>	<b>3</b>	<b>1,690,623.00</b>	<b>0.00</b>	<b>14,088.50</b>	<b>218,603.63</b>	<b>1,472,019.37</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	0.00
Previous Reductions	0.00
Current Reductions	0.00
Remaining Advances	0.00

Total Contract Amount	1,690,623.00
Expenditures Year -To-Date	218,603.63
UNPAID Advances	0.00
Balance to Draw	1,472,019.37

Total Expenditures This Period	<b>14,088.50</b>	Type of Request:
Less Advances Paid This Period	<b>0.00</b>	Regular <b>X</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>14,088.50</b>	Final

Provider Agency Name and Address:

Health Planning Council of Northeast Florida  
 100 N. Laura Street Suite 801  
 Jacksonville, FL 32202

Preparer's Name: Irma Herrera  
 Phone #: 904-301-3678 Ext. 109

DEPARTMENT OF HEALTH  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report

From: 8/1/2015 to 8/31/2015

Contract No. **CODJC R1**  
 FY 2015-2016



**A- AD MINISTRATION**

	Amount	Ex	penditures This Report	Expenditures Year-To-Date	Contract Balance		
<b>Total Administrative Services</b>	<b>1</b>		169,062.00	14,088.50	14,088.50	70,442.50	98,619.50

B. DIRECT CARE 7105 -7350	Number of Clients Served	Number of Units of Service	Ex		penditures Year-To-Date	Contract Balance	
			Amount				
Ambulatory/Outpatient Medical Care	47	158	241,810.00	0.00	10,710.31	13,123.54	228,686.46
AIDS Pharmaceutical Assistance	58	197	249,516.00	0.00	15,834.72	26,884.38	222,631.62
Oral Health Care	17	22	193,848.00	0.00	11,978.40	34,250.81	159,597.19
Health Insurance Premium / Cost Sharing	16	31	215,809.00	0.00	6,724.76	69,593.84	146,215.16
Mental Health Services	1	1	19,982.00	0.00	45.00	595.00	19,387.00
Medical Nutrition Therapy	1	1	10,711.00		56.62	169.86	10,541.14
Case Management - <b>Medical</b>	56	104	181,280.00	0.00	15,035.56	54,172.57	127,107.43
Case Management - <b>Non Medical</b> FLDOH	256	381	181,599.00	0.00	15,486.40	62,948.15	118,650.85
Food Bank/Home Delivered Meals			39,365.00		0.00	3,118.50	36,246.50
Linguistic Services FLDOH	1	1	1,599.00	Ex	114.00	114.00	1,485.00
Medical Transportation Services			19,982.00	0.00	0.00	225.00	19,757.00
Referral for Health Care Outreach	15	15	81,528.00	0.00	5,832.64	23,319.08	58,208.92
<b>Total Direct Care</b>	<b>468</b>	<b>911</b>	<b>1,437,029.00</b>	<b>0.00</b>	<b>81,818.41</b>	<b>288,514.73</b>	<b>1,148,514.27</b>

**C. CLINICAL QUALITY MANAGEMENT**

Planning and Development	<b>1</b>		84,532.00	9,392.44	9,392.44	37,569.76	46,962.24
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<b>TOTAL SECTIONS A, B AND C</b>	<b>1</b>	<b>3</b>	<b>1,690,623.00</b>	<b>0.00</b>	<b>105,299.35</b>	<b>396,526.99</b>	<b>1,294,096.01</b>
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**D. ADVANCE(S) INFORMATION**

Total Advances	0.00
Previous Reductions	0.00
Current Reductions	0.00
Remaining Advances	0.00

Total Contract Amount	1,690,623.00
Expenditures Year -To-Date	396,526.99
UNPAID Advances	0.00
Balance to Draw	1,294,096.01

Total Expenditures This Period	<b>105,299.35</b>	Type of Request:
Less Advances Paid This Period	<b>0.00</b>	Regular <b>X</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>105,299.35</b>	Final

Provider Agency Name and Address:

Health Planning Council of Northeast Florida  
 100 N. Laura Street Suite 801  
 Jacksonville, FL 32202

Preparer's Name: Irma Herrera  
 Phone #: 904-301-3678 Ext. 109

DEPARTMENT OF HEALTH  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report

From: 9/1/2015 to 9/30/2015

Contract No. **CODJC R1**  
 FY 2015-2016



**A. ADMINISTRATION**

	Amount		Expenditures This Report	Expenditures Year-To-Date	Contract Balance
<b>Total Administrative Services</b>	<b>1</b>	169,062.00	14,088.50	14,088.50	84,531.00

**B. DIRECT CARE** 7105 - 7350

	Number of Clients Served	Number of Units of Service	Amount		Expenditures Year-To-Date	Contract Balance
Ambulatory/Outpatient Medical Care	32	152	241,810.00	0.00	7,194.68	221,491.78
AIDS Pharmaceutical Assistance	71	408	249,516.00	0.00	20,175.94	202,455.68
Oral Health Care	16	21	193,848.00	0.00	15,883.00	143,714.19
Health Insurance Premium / Cost Sharing	63	151	215,809.00	0.00	39,523.21	106,691.95
Mental Health Services	4	5	19,982.00	0.00	303.67	19,083.33
Medical Nutrition Therapy	0	0	10,711.00		0.00	10,541.14
Case Management - <b>Medical</b>	86	144	181,280.00	0.00	15,035.52	112,071.91
Case Management - <b>Non Medical</b> FLDOH	284	444	181,599.00	0.00	14,093.28	104,557.57
Food Bank/Home Delivered Meals			39,365.00		0.00	36,246.50
Linguistic Services FLDOH	0	0	1,599.00		0.00	1,485.00
Medical Transportation Services	90	90	19,982.00	0.00	337.50	19,419.50
Referral for Health Care Outreach	15	15	81,528.00	0.00	6,152.66	52,056.26
<b>Total Direct Care</b>	<b>661</b>	<b>1,430</b>	<b>1,437,029.00</b>	<b>0.00</b>	<b>118,699.46</b>	<b>1,029,814.81</b>

**C. CLINICAL QUALITY MANAGEMENT**

Planning and Development	<b>1</b>	84,532.00	9,392.44	9,392.44	46,962.20	37,569.80
<b>TOTAL SECTIONS A, B AND C</b>	<b>1</b>	<b>1,690,623.00</b>	<b>0.00</b>	<b>142,180.40</b>	<b>538,707.39</b>	<b>1,151,915.61</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	0.00
Previous Reductions	0.00
Current Reductions	0.00
Remaining Advances	0.00

Total Contract Amount	1,690,623.00
Expenditures Year -To-Date	538,707.39
UNPAID Advances	0.00
Balance to Draw	1,151,915.61

Total Expenditures This Period	<b>142,180.40</b>	Type of Request:
Less Advances Paid This Period	<b>0.00</b>	Regular <b>X</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>142,180.40</b>	Final

Provider Agency Name and Address:

Health Planning Council of Northeast Florida  
 100 N. Laura Street Suite 801  
 Jacksonville, FL 32202

Preparer's Name: Irma Herrera  
 Phone #: 904-301-3678 Ext. 109

DEPARTMENT OF HEALTH  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report

From: 10/1/2015 to 10/31/2015

Contract No. **CODJC R1**  
 FY 2015-2016



**A. ADMINISTRATION**

	Amount	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
<b>Total Administrative Services</b>	<b>1</b>	169,062.00	14,088.50	70,442.50

**B. DIRECT CARE** 7105 - 7350

	Number of Clients Served	Number of Units of Service	Amount		Expenditures Year-To-Date	Contract Balance
Ambulatory/Outpatient Medical Care	98	363	241,810.00	0.00	42,880.14	198,929.86
AIDS Pharmaceutical Assistance	61	261	249,516.00	0.00	56,839.18	192,676.82
Oral Health Care	10	15	193,848.00	0.00	61,419.40	132,428.60
Health Insurance Premium / Cost Sharing	16	23	215,809.00	0.00	113,127.73	102,681.27
Mental Health Services	2	6	19,982.00	0.00	1,049.47	18,932.53
Medical Nutrition Therapy	1	1	10,711.00		283.10	10,427.90
Case Management - <b>Medical</b>	84	152	181,280.00	0.00	91,878.62	89,401.38
Case Management - <b>Non Medical</b> FLDOH	289	548	181,599.00	0.00	95,135.51	86,463.49
Food Bank/Home Delivered Meals			39,365.00		3,118.50	36,246.50
Linguistic Services FLDOH	0	0	1,599.00		114.00	1,485.00
Medical Transportation Services			19,982.00	0.00	562.50	19,419.50
Referral for Health Care Outreach	15	15	81,528.00	0.00	35,522.71	46,005.29
<b>Total Direct Care</b>	<b>576</b>	<b>1,384</b>	<b>1,437,029.00</b>	<b>0.00</b>	<b>501,930.86</b>	<b>935,098.14</b>

**C. CLINICAL QUALITY MANAGEMENT**

Planning and Development	<b>1</b>		84,532.00	9,392.44	56,354.64	28,177.36
<b>TOTAL SECTIONS A, B AND C</b>	<b>1</b>	<b>3</b>	<b>1,690,623.00</b>	<b>0.00</b>	<b>656,905.00</b>	<b>1,033,718.00</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	0.00
Previous Reductions	0.00
Current Reductions	0.00
Remaining Advances	0.00

Total Contract Amount	1,690,623.00
Expenditures Year -To-Date	656,905.00
UNPAID Advances	0.00
Balance to Draw	1,033,718.00

Total Expenditures This Period	<b>118,197.61</b>	Type of Request:
Less Advances Paid This Period	<b>0.00</b>	<b>Regular X</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>118,197.61</b>	Final