

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



Contract Name: 2023-2024 Miami Dade CHD RW
Consortia

Area Name: AREA 11A

Month: June

Year: 2023-2024

Report generated on: 08/08/2023

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	\$125,915.00	\$4,233.03	\$12,646.81	10%
Medical Case Management (including treatment adherence)	June	63	63	\$120,000.00	\$9,211.50	\$28,255.50	24%
Mental Health Services - Outpatient	June	18	84	\$30,000.00	\$2,730.00	\$4,420.00	15%
Emergency Financial Assistance	June	40	40	\$845,780.00	\$41,221.07	\$96,554.62	11%
Non-Medical Case Management Services	June	22	22	\$273,970.00	\$12,824.86	\$34,619.49	13%
Referral for Health Care/Supportive Services	June	437	1,346	\$181,451.60	\$18,489.84	\$42,784.28	24%
Clinical Quality Management	June	0	0	\$68,508.03	\$1,451.01	\$13,357.91	19%
Planning and Evaluation	June	0	0	\$34,224.37	\$2,507.98	\$8,037.39	23%
Totals		580	1555	\$1,679,849.00	\$92,669.29	\$240,676.00	

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				Total Contract Amount	\$1,679,849.00
Previous Reductions	\$0.00				Minus Expended Y-T-D	\$240,676.00
Current Reductions	\$0.00				Minus UNPAID Advances	\$0.00
Remaining Advances	\$0.00				Balance To Draw	\$1,439,173.00
				Total Expenditures this period:	\$92,669.29	
				Less Advance Payback this period:	\$0.00	

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$92,669.29

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