

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: August**

**Year: 2023-2024**

Report generated on: 12/13/2023

<b>Contract Services</b>	<b>Expended Month</b>	<b># of Clients</b>	<b># of Service Units</b>	<b>Approved Budget</b>	<b>Expended Budget</b>	<b>Expended Y-T-D</b>	<b>Rate of Expend</b>
<b>Administrative Services</b>	August	0	0	\$125,915.00	\$5,050.75	\$22,326.90	18%
<b>Medical Case Management (including treatment adherence)</b>	August	64	8,970	\$120,000.00	\$10,315.50	\$47,765.25	40%
<b>Mental Health Services - Outpatient</b>	August	27	105	\$30,000.00	\$3,412.50	\$10,465.00	35%
<b>Emergency Financial Assistance</b>	August	48	82	\$845,780.00	\$53,696.44	\$192,984.69	23%
<b>Non-Medical Case Management Services</b>	August	15	15	\$273,970.00	\$468.25	\$69,988.90	26%
<b>Referral for Health Care/Supportive Services</b>	August	632	632	\$181,451.60	\$4,198.24	\$68,022.36	37%
<b>Clinical Quality Management</b>	August	0	0	\$68,508.03	\$455.16	\$18,347.96	27%
<b>Planning and Evaluation</b>	August	0	0	\$34,224.37	\$4,135.17	\$15,073.90	44%
<b>Totals</b>		<b>786</b>	<b>9804</b>	<b>\$1,679,849.00</b>	<b>\$81,732.01</b>	<b>\$444,974.96</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	\$444,974.96
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,234,874.04

Total Expenditures this period:	\$81,732.01
Less Advance Payback this period:	\$0.00

**AMOUNT OF FUNDS REQUESTED THIS REPORT: \$81,732.01**

*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