

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: July

Year: 2023-2024

Report generated on: 12/13/2023

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	July	0	0	\$125,915.00	\$4,629.34	\$17,276.15	14%
Medical Case Management (including treatment adherence)	July	60	60	\$120,000.00	\$9,194.25	\$37,449.75	31%
Mental Health Services - Outpatient	July	19	81	\$30,000.00	\$2,632.50	\$7,052.50	24%
Emergency Financial Assistance	July	37	47	\$845,780.00	\$42,733.63	\$139,288.25	16%
Non-Medical Case Management Services	July	26	26	\$273,970.00	\$34,901.16	\$69,520.65	25%
Referral for Health Care/Supportive Services	July	519	519	\$181,451.60	\$21,039.84	\$63,824.12	35%
Clinical Quality Management	July	0	0	\$68,508.03	\$4,534.89	\$17,892.80	26%
Planning and Evaluation	July	0	0	\$34,224.37	\$2,901.34	\$10,938.73	32%
Totals		661	733	\$1,679,849.00	\$122,566.95	\$363,242.95	

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	\$363,242.95
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,316,606.05

Total Expenditures this period: \$122,566.95
Less Advance Payback this period: \$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$122,566.95

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