

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: October

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	October	0	0	\$125,915.00	\$25,237.35	\$51,972.08	41%
Medical Case Management (including treatment adherence)	October	64	7,260	\$120,000.00	\$8,349.00	\$61,220.25	51%
Mental Health Services - Outpatient	October	21	49	\$30,000.00	\$1,950.00	\$13,650.00	46%
Emergency Financial Assistance	October	37	73	\$845,780.00	\$26,918.53	\$259,553.82	31%
Non-Medical Case Management Services	October	28	28	\$273,970.00	\$56,416.74	\$136,986.46	50%
Referral for Health Care/Supportive Services	October	640	640	\$181,451.60	\$13,458.95	\$93,553.08	52%
Clinical Quality Management	October	0	0	\$68,508.03	\$2,482.74	\$22,485.86	33%
Planning and Evaluation	October	0	0	\$34,224.37	\$3,902.75	\$21,911.82	64%
Totals		790	8050	\$1,679,849.00	\$138,716.06	\$661,333.37	

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	\$661,333.37
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,018,515.63

Total Expenditures this period: \$138,716.06
Less Advance Payback this period: \$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$138,716.06

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