

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
 Area Name: AREA 11A
 Month: September
 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	September	0	0	\$125,915.00	\$4,407.83	\$26,734.73	21%
Medical Case Management (including treatment adherence)	September	43	4,440	\$120,000.00	\$5,106.00	\$52,871.25	44%
Mental Health Services - Outpatient	September	6	38	\$30,000.00	\$1,235.00	\$11,700.00	39%
Emergency Financial Assistance	September	42	78	\$845,780.00	\$39,650.60	\$232,635.29	28%
Non-Medical Case Management Services	September	17	17	\$273,970.00	\$10,580.82	\$80,569.72	29%
Referral for Health Care/Supportive Services	September	500	500	\$181,451.60	\$12,071.77	\$80,094.13	44%
Clinical Quality Management	September	0	0	\$68,508.03	\$1,655.16	\$20,003.12	29%
Planning and Evaluation	September	0	0	\$34,224.37	\$2,935.17	\$18,009.07	53%
Totals		608	5073	\$1,679,849.00	\$77,642.35	\$522,617.31	

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	\$522,617.31
Minus UNPAID Advances	\$0.00
Balance To Draw	\$1,157,231.69

Total Expenditures this period: \$77,642.35
Less Advance Payback this period: \$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$77,642.35

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