

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: January
Year: 2023-2024

Report generated on: 03/19/2024

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	January	0	0	\$125,915.00	\$17,857.37	\$86,536.85	69%
Medical Case Management (including treatment adherence)	January	53	6,060	\$120,000.00	\$6,969.00	\$90,614.25	76%
Mental Health Services - Outpatient	January	12	32	\$30,000.00	\$1,852.50	\$18,720.00	62%
Emergency Financial Assistance	January	98	158	\$845,780.00	\$18,172.06	\$377,819.71	45%
Non-Medical Case Management Services	January	20	20	\$273,970.00	\$34,002.36	\$191,710.22	70%
Referral for Health Care/Supportive Services	January	984	984	\$181,451.60	\$23,577.77	\$140,421.44	77%
Clinical Quality Management	January	0	0	\$68,508.03	\$674.53	\$26,352.64	38%
Planning and Evaluation	January	0	0	\$34,224.37	\$1,954.54	\$29,453.16	86%
Totals		1167	7254	\$1,679,849.00	\$105,060.13	\$961,628.27	

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	\$961,628.27
Minus UNPAID Advances	\$0.00
Balance To Draw	\$718,220.73

Total Expenditures this period: \$105,060.13
Less Advance Payback this period: \$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$105,060.13

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