

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: March
 Year: 2023-2024



Report generated on: 06/13/2024

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	March	0	0	\$125,915.00	\$22,205.83	\$114,539.91	91%
Medical Case Management (including treatment adherence)	March	64	9,285	\$120,000.00	\$10,677.75	\$114,902.25	96%
Mental Health Services - Outpatient	March	10	28	\$30,000.00	\$910.00	\$22,327.50	74%
Emergency Financial Assistance	March	55	87	\$845,780.00	\$62,376.51	\$498,288.91	59%
Non-Medical Case Management Services	March	20	20	\$273,970.00	\$21,101.44	\$220,555.67	81%
Referral for Health Care/Supportive Services	March	1,091	1,091	\$181,451.60	\$15,012.00	\$153,573.44	85%
Clinical Quality Management	March	0	0	\$68,508.03	\$2,240.23	\$28,885.32	42%
Planning and Evaluation	March	0	0	\$34,224.37	\$1,650.44	\$32,565.85	95%
Totals		1240	10511	\$1,679,849.00	\$136,174.20	\$1,185,638.85	

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	\$1,185,638.85
Minus UNPAID Advances	\$0.00
Balance To Draw	\$494,210.15

Total Expenditures this period:	\$136,174.20
Less Advance Payback this period:	\$0.00

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$136,174.20

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