

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: 2024-2025 Miami Dade CHD RW
 Consortia**

Area Name: AREA 11A

Month: July

Year: 2024-2025

Report generated on: 09/04/2024

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	\$125,294.00	\$3,818.44	\$43,191.19	34%
Medical Case Management (including treatment adherence)	July	59	7,245	\$111,527.00	\$8,331.75	\$39,433.50	35%
Mental Health Services - Outpatient	July	23	77	\$25,000.00	\$2,502.50	\$10,660.00	43%
Emergency Financial Assistance	July	59	123	\$912,456.00	\$50,180.90	\$164,672.85	18%
Non-Medical Case Management Services	July	11	11	\$184,024.00	\$2,691.68	\$28,417.73	15%
Referral for Health Care/Supportive Services	July	183	183	\$203,006.00	\$0.00	\$48,768.77	24%
Clinical Quality Management	July	0	0	\$82,071.00	\$1,538.10	\$5,835.04	7%
Planning and Evaluation	July	0	0	\$36,471.00	\$1,538.10	\$5,835.04	16%
Totals		335	7639	\$1,679,849.00	\$70,601.47	\$346,814.12	

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					Total Contract Amount	\$1,679,849.00
Previous Reductions	\$0.00					Minus Expended Y-T-D	\$346,814.12
Current Reductions	\$0.00					Minus UNPAID Advances	\$0.00
Remaining Advances	\$0.00					Balance To Draw	\$1,333,034.88
			Total Expenditures this period:	\$70,601.47			
			Less Advance Payback this period:	\$0.00			

AMOUNT OF FUNDS REQUESTED THIS REPORT: \$70,601.47

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