Provider Agency Name & Address
FDOH in Miami-Dade County
1350 N.W. 14th St.,
Miami, 33125

Contract Name: 2024-2025 Miami Dade CHD RW Consortia

Florida Department of Health

Expenditure/Invoice Report

Program Name: Patient Care-Consortia

Area Name:AREA 11A

Month: September

Year: 2024-2025

Report generated on: 11/15/2024

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	$125,294.00	$6,948.15	$59,327.61	47%
Medical Case Management (including treatment adherence)	September	58	10,635	$111,527.00	$12,230.25	$62,307.00	56%
Mental Health Services - Outpatient	September	22	76	$25,000.00	$2,470.00	$16,185.00	65%
Emergency Financial Assistance	September	70	126	$912,456.00	$49,177.77	$261,961.64	29%
Non-Medical Case Management Services	September	22	22	$184,024.00	$6,412.64	$44,366.66	24%
Referral for Health Care/Supportive Services	September	199	199	$203,006.00	$11,515.44	$76,499.18	38%
Clinical Quality Management	September	0	0	$82,071.00	$1,548.74	$8,833.63	11%
Planning and Evaluation	September	0	0	$36,471.00	$1,548.74	$8,833.63	24%
Totals		**371**	**11058**	**$1,679,849.00**	**$91,851.73**	**$538,314.35**	

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend

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	$538,314.35
Minus UNPAID Advances	$0.00
Balance To Draw	$1,141,534.65

Total Expenditures this period:	$91,851.73
Less Advance Payback this period:	$0.00
AMOUNT OF FUNDS REQUESTED THIS REPORT:	**$91,851.73**

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**