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: November

Year: 2024-2025

Report generated on: 02/04/2025

Contract Services	Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
Administrative Services	November	0	0	$125,294.00	$14,762.62	$93,102.70	74%
Medical Case Management (including treatment adherence)	November	53	7,905	$111,527.00	$9,090.75	$85,370.25	77%
Mental Health Services - Outpatient	November	16	55	$25,000.00	$1,787.50	$19,597.50	78%
Emergency Financial Assistance	November	93	123	$912,456.00	$22,279.25	$351,453.51	39%
Non-Medical Case Management Services	November	21	21	$184,024.00	$14,277.63	$71,084.10	39%
Referral for Health Care/Supportive Services	November	207	207	$203,006.00	$14,968.93	$102,690.44	51%
Clinical Quality Management	November	0	0	$82,071.00	$1,295.85	$12,452.58	15%
Planning and Evaluation	November	0	0	$36,471.00	$1,295.85	$12,452.58	34%
Totals		**390**	**8311**	**$1,679,849.00**	**$79,758.38**	**$748,203.66**	

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	$748,203.66
Minus UNPAID Advances	$0.00
Balance To Draw	$931,645.34

Total Expenditures this period:	$79,758.38
Less Advance Payback this period:	$0.00
AMOUNT OF FUNDS REQUESTED THIS REPORT:	**$79,758.38**

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**