

## Required Reports

## EXHIBIT A

<b>Required for All Network Service Providers</b>			
Administrative Documents	Due Date:	# of Copies:	Send to:
Organizational Chart / Table of Organization	Within 30 days of contract execution and annually within 30 days of the fiscal year, or within 14 days after a change occurs, or upon request	1	Network Manager
Signature Authority	Within 30 days of contract execution and annually within 30 days of the fiscal year, or within 14 days after a change occurs, or upon request	1	Network Manager
List of Board Members - with position and contact information	Within 30 days of contract execution and annually within 30 days of the fiscal year, or within 14 days after a change occurs, or upon request	1	Network Manager
List of Service Sites - with address, contact information, and services provided	Within 30 days of contract execution and annually within 30 days of the fiscal year, or within 14 days after a change occurs, or upon request	1	Network Manager
List of Management/Director Staff - with contact information	Within 30 days of contract execution and annually within 30 days of the fiscal year, or within 14 days after a change occurs, or upon request	1	Network Manager
Program Descriptions - Service Activity Descriptions for each service (Exhibit F)	Within 30 days of contract execution, or within 14 days after a change occurs, or upon request	1	Network Manager
Projected Operating and Capital Budget (Exhibit C), Personnel Detail (Exhibit D), Agency Capacity Report (Exhibit E)	Within 30 days before contract execution and annually - 30 days before the fiscal year, or upon request	1	Network Manager
Actual Expenses and Revenues Schedule (Exhibit C-1)	After receipt of final fiscal year Post Award Notice (PAN), annually, or upon request	1	Network Manager
Emergency Preparedness Plan	Within 30 days of contract execution and annually within 30 days of the fiscal year, or within 14 days after a change occurs, or upon request	1	Network Manager
Sliding Fee Scale - reflecting the uniform schedule of discounts referenced in Rule 65E-14.018(4), Florida Administrative Code	Within 30 days of contract execution and annually by March, or upon request	1	Network Manager
Copy of License - for each service which requires a license	Within 30 days before contract execution and annually upon renewal, or upon request	1	Network Manager
Copy of Accreditation Certificate (if any)	Within 30 days of contract execution and upon renewal, or upon request	1	Network Manager
Copy of Accreditation Survey (if any)	Within 30 days of contract execution and upon renewal, or upon request	1	Network Manager
W-9 Form through the DFS website - <a href="http://flvendor.myfloridacfo.com">http://flvendor.myfloridacfo.com</a>	Within 30 days before contract execution or upon request	1	Network Manager
Suspension and Debarment Forms	Within 30 days of contract execution or upon request	1	Network Manager
HIPAA Training Attestation	Annually when the DCF Training Module is updated or upon request	1	Network Manager
Security Awareness Training Attestation	Annually when the DCF Training Module is updated or upon request	1	Network Manager
Notice of Privacy Practices	Within 30 days of contract execution and annually within 30 days of the fiscal year, or upon request	1	Network Manager
Complaint and Grievance Procedure	Within 30 days of contract execution and annually within 30 days of the fiscal year, or upon request	1	Network Manager
Certificate of Liability Insurance - with copies of LSFHS and DCF as certificate holders	Within 30 days before contract execution and annually upon renewal, or upon request	1	Network Manager
Direct Deposit Form	Within 30 days of contract execution, within 14 days after a change occurs, or upon request	1	Network Manager

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Vendor Certification of Scrutinized Vendors (if contract over \$1,000,000)	Within 30 days of contract execution, within 14 days after a change occurs, or upon request	1	Network Manager
Florida Department of Children and Families Employment Screening Affidavit	Within 30 days of contract execution and annually within 30 days of the fiscal year, or upon request	1	Network Manager
Top 5 Paid Personnel	Within 30 days of contract execution and annually within 30 days of the fiscal year, or upon request	1	Network Manager
<b>Reports</b>	<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>
Monthly Invoice Data Required by the DCF Data System Guidelines and for Invoice Payment	Monthly, by the 10th of the month following service delivery		1 Electronic Submission and through the Managing Entity Data System and 1 Manual Submission to Network Manager
Local Match Report (Exhibit J)	Upon request	1	Network Manager
Auxiliary Aid Service Record for Deaf and Hard of Hearing/Health and Human Services Summary Report and Confirmation Email	Monthly, by the 5th business day of the month to the Department's ADA coordinator and by the 10th of the month to the Network Manager	1	Electronically through the Regional SAMH Program Office website and a copy of the email confirmation and report to Network Manager
Incident Report	Within 24 hours of occurrence	1	IRAS
Civil Rights Compliance Checklist (for 15+ employees only)	Annually, by July 10th	1	Network Manager
Record Transition Plan	30 days prior to termination or transition of program services or 90 days prior to contract expiration	1	Network Manager
National Voter Registration Act Report of Activities	Quarterly, by the 5th of each month	1	Survey Monkey
Audit Schedules (for client non-specific unit cost performance contracts) - Schedule of State Earnings - Schedule of Related Party Transaction Adjustments - Program/Cost Center Actual Expenses and - Revenues Schedule of Bed-Day Availability Payments	Within 180 days after the end of the provider's fiscal year or within thirty (30) days (Federal) or forty-five (45) days (State) of the recipient's receipt of the audit report, whichever occurs first.	As directed in Attachment III	As directed in Attachment III
<b>Miscellaneous</b>	<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>
Memorandum of Understanding (MOU) with an appropriate Federally Qualified Health Center (FQHC), publically funded medical clinic, or tax-assisted hospital	Within 90 days of contract execution, within 14 days after a change occurs, or upon request	1	Network Manager
Response to Monitoring Reports and Corrective Action Plans	Within 15 days of receipt of request	1	Network Manager
<b>Required for Network Service Providers with Additional Programs (if applicable)</b>			
<b>Projects for Assistance in Transition from Homelessness (PATH) (if applicable)</b>	<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>
PATH Intended Use Plan	As required by DCF or SAMHSA Office	1	Network Manager
PATH Intended Use Plan Budget	As required by DCF or SAMHSA Office	1	Network Manager

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PATH Annual Report	Annually, by the 17th of November		1	<a href="https://www.pathpdx.org/">https://www.pathpdx.org/</a> Website or as directed by the Managing Entity
PATH Quarterly Housed Report	Quarterly, by the 10th of the month		1	Network Manager and Housing Department
PATH Monthly LSF Homeless High Utilizer Search and Update List	Monthly, by the 10th of the month following service delivery		1	Network Manager and Housing Department
PATH Incidental Expenses Summary Report	Monthly, by the 10th of the month following service delivery		1	Network Manager and Housing Department
<b>Behavioral Health Network (Bnet) (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
Statement of Program Cost	August 1 following close of the contract year		1	Network Manager and DCF Operations Unit/BNet
Alternative Services Provision Documentation (Other than Pharmaceuticals)	Within 10 calendar days of end of month		1	Encrypted to Network Manager and DCF Operations Unit/BNet
Alternative Services Provision Documentation (Pharmaceuticals only)	Within 10 calendar days of end of month		1	Encrypted to Network Manager and DCF Operations Unit/BNet
<b>Prevention (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
Prevention - Program Evaluation Instrument Level 1 *Completed last day of Program Prevention - Program Evaluation Instrument Level 2 (if applicable)	Within 5 business days		1	Performance Based Prevention System
Monthly Invoice Data Required by The Florida Department of Children and Families and for Invoice Payment	Monthly, by the 10th of the month following service delivery		2	1 Electronic Submission and through the Department's Performance Based Prevention System (PBPS) and 1 Manual Submission to Network Manager
Prevention Program Description	Within 30 days of contract execution or upon request		1	Survey Monkey
<b>Prevention Partnership Grant (PPG) (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
Program Status Report	Quarterly, by the 10th of the month		1	Prevention Network Manager
Financial Report – Expenditure Reconciliation	Quarterly, by the 10th of the month		1	Prevention Network Manager
<b>Substance Abuse Prevention and Treatment (SAPT) Block Grant (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
Report for HIV Early Intervention Services, SAPT Block Grant Set Aside Funded Services Only	Upon Request from the Network Manager		1	Network Manager
Report for Evidenced-based Injection Drug User Outreach Services, SAPT Block Grant Mandate, Designated Providers Only	Upon Request from the Network Manager		1	Network Manager
Report for Pregnant Women and Women With Dependent Children SAPT Block Grant Set Aside Funded Services Only	Upon Request from the Network Manager		1	Network Manager

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Women's Special Funding Substance Abuse Services for Pregnant Women and Mothers (formerly PPW) (if applicable)			
	Due Date:	# of Copies:	Send to:
Women's Special Funding Substance Abuse Services for Pregnant Women and Mothers (formerly PPW) Reporting Template	Monthly, by the 10th of the month following service delivery	1	Network Manager and Data Department
Forensic and Civil Discharge (if applicable)			
	Due Date:	# of Copies:	Send to:
Forensic Census/Tracking Report	Monthly, by the 10th of the month following service delivery	1	Network Manager and Adult System of Care Manager
Forensic Mental Health Service Report f/k/a Conditional Release Report	Monthly, by the 10th of the month following service delivery	1	Network Manager and Adult System of Care Manager
Forensic Diversion Data	Monthly, by the 10th of the month following service delivery	1	Network Manager and Adult System of Care Manager
Florida Assertive Community Treatment (FACT) (if applicable)			
	Due Date:	# of Copies:	Send to:
FACT Enhancement Reconciliation Report	Quarterly, by the 10th of the month	1	Network Manager
FACT Monthly Report	Monthly, by the 10th of the month	1	Network Manager and Adult System of Care Manager
FACT Referral Report	Monthly, by the 10th of the month	1	Network Manager and Adult System of Care Manager
FACT/Disability Rights Florida Mental Health Transitional Voucher Report	Monthly, by the 10th of the month	1	Network Manager and Adult System of Care Manager
Vacant Position(s) Report	As vacancies occur	1	Network Manager and Adult System of Care Manager
Outcome Measure Data Collection Tool	Monthly, by the 10th of the month	1	Network Manager and Adult System of Care Manager
Family Intensive Treatment (FIT) (if applicable)			
	Due Date:	# of Copies:	Send to:
FIT Reporting Template	Monthly, by the 10 <sup>th</sup> of the month following service delivery	1	Network Manager, Data Department, and Child Welfare Integration Manager
Expenditure Reconciliation Report	Quarterly, by the 10 <sup>th</sup> of each month	1	Network Manager and Child Welfare Integration Manager
FIT Projected Operating and Capital Budget (Exhibit C), Personnel Detail (Exhibit D)	Within 30 days before contract execution and annually - 30 days before the fiscal year, or upon request	1	Network Manager, Data Department, and Child Welfare Integration Manager
Family Intervention Specialist (FIS) (if applicable)			
	Due Date:	# of Copies:	Send to:
Monthly FIS Report	Monthly, by the 10 <sup>th</sup> of the month following service delivery	1	Network Manager, Data Department, and Child Welfare Integration Manager

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<b>First Episode Psychosis (FEP)/Early Psychosis Intervention &amp; Care (EPIC) (if applicable)</b>		<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>
Work Plan	Within 30 days of contract execution and annually each fiscal year		1	Network Manager
Vacant Position(s) Report	As vacancies occur		1	Network Manager and Adult System of Care Manager
Quarterly Services Report (Exhibit A to EPIC Attachment)	Quarterly, by the 10th of the month		1	Network Manager
EPIC Projected Operating and Capital Budget (Exhibit C), Personnel Detail (Exhibit D)	Within 30 days before contract execution and annually - 30 days before the fiscal year, or upon request		1	Network Manager
<b>Community Action Treatment (CAT) Team (if applicable)</b>		<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>
Appendix 1 - Persons Served and Performance Measure Report - (DCF Template)	Monthly, by the 10 <sup>th</sup> of the month following service delivery		1	Network Manager and Director of Program Operations
Appendix 2 - Quarterly Supplemental Data Report (DCF Template)	Quarterly, by the 10th of the month		1	Network Manager and Director of Program Operations
Appendix 3 - CAT Return on Investment Quarterly Report (DCF Template)	Quarterly, by the 10th of the month		1	Network Manager and Director of Program Operations
Expenditure Reconciliation Report	Quarterly, by the 10th of the month		1	Network Manager and Director of Program Operations
Waitlist Report	Monthly, by the 10th of the month following service delivery		1	Network Manager and Director of Program Operations
<b>Transitional Beds (if applicable)</b>		<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>
Occupancy Report (Exhibit C to Transitional Beds Attachment)	Weekly, Monday by noon		1	Network Manager and Adult System of Care Manager
Census Report (Exhibit A to Transitional Beds Attachment)	Monthly, by the 10 <sup>th</sup> of the month following service delivery		1	Network Manager and Adult System of Care Manager
Screening Report (Exhibit B to Transitional Beds Attachment)	Monthly, by the 10 <sup>th</sup> of the month following service delivery		1	Network Manager and Adult System of Care Manager
Expenditure Reconciliation Report	Quarterly, fiscal year, by the 10th of the month		1	Network Manager and Adult System of Care Manager
SMHTF Transitional Program Report	Monthly, by the 10 <sup>th</sup> of the month following service delivery		1	Network Manager and Adult System of Care Manager
Executive Office of the Governor Return on Investment Report	Quarterly, calendar year, by the 10th of the month		1	Network Manager and Adult System of Care Manager
Transitional Beds Projected Operating and Capital Budget (Exhibit C), Personnel Detail (Exhibit D)	Within 30 days before contract execution and annually - 30 days before the fiscal year, or upon request		1	Network Manager and Adult System of Care Manager
<b>Central Receiving System (CRS) (if applicable)</b>		<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>

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Project Status Report	Quarterly, by the 10th of the month		1	Network Manager and Adult System of Care Manager
CRS Projected Operating and Capital Budget (Exhibit C), Personnel Detail (Exhibit D)	Within 30 days before contract execution and annually - 30 days before the fiscal year, or upon request		1	Network Manager and Adult System of Care Manager
CRS Performance Measures Report	Monthly, by the 10 <sup>th</sup> of the month following service delivery		1	Network Manager and Adult System of Care Manager
<b>Care Coordination (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
Care Coordination Spreadsheet	Monthly, by the 10 <sup>th</sup> of the month following service delivery		1	Network Manager, Care Coordination Specialist, and Director or Program Operations
Children's Crisis Stabilization Unit (CCSU) Care Coordination Report	Monthly, by the 10 <sup>th</sup> of the month following service delivery		1	Network Manager, Children's System of Care Manager, and Director or Program Operations
Substance Exposed Newborn (SEN) Prevention Program Report	Monthly, by the 10 <sup>th</sup> of the month following service delivery		1	Network Manager, Clinical Care Team Lead, and Director or Program Operations
<b>SAMH Vouchers (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
Transitional Voucher Purchase Request Form (Exhibit A to Incorporated Document 34)	As outlined in Incorporated Document 34		1	Care Coordinator and Network Manager
Transitional Voucher Incidental Expenses (Appendix 1 to Incorporated Document 34)	As outlined in Incorporated Document 34		1	Care Coordinator and Network Manager
<b>Disability Rights Vouchers (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
Transitional Voucher Purchase Request Form (Exhibit A to Incorporated Document 34)	As outlined in Incorporated Document 34		1	Adult System of Care Manager and Network Manager
Graduation/Transition Assessment Scale (Exhibit B to Incorporated Document 34)	As outlined in Incorporated Document 34		1	Adult System of Care Manager and Network Manager
Transitional Voucher Incidental Expenses (Appendix 1 to Incorporated Document 34)	As outlined in Incorporated Document 34		1	Adult System of Care Manager and Network Manager
<b>Fixed Rate (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
Expenditure Reconciliation Report	Quarterly or monthly (as outlined in the specific Attachment) by the 10 <sup>th</sup> of each month		1	Network Manager
Program Specific Projected Operating and Capital Budget (Exhibit C), Personnel Detail (Exhibit D)	Within 30 days before contract execution and annually - 30 days before the fiscal year, or upon request		1	Network Manager
<b>Partnership for Success (PFS) (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>

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Drug Epidemiology Networks (DENs) - All DEN activities as specified in the DENs Attachment	Monthly, by the 10th of the month following service delivery		1 Electronic Submission and through the Department's Performance Based Prevention System (PBPS) and 1 Manual Submission to Network Manager
Drug Epidemiology Networks (DENs) - Annual Outcome Data	Annually, by July 31st		1 The Department's Performance Based Prevention System (PBPS)
Drug Epidemiology Networks (DENs) - DEN Surveillance Report	Annually, by July 31st		1 Electronic Submission and through the Department's Performance Based Prevention System (PBPS) and 1 Manual Submission to Network Manager using the Department's 2 Template
The Botvin Life Skills Training (LST) - All LST activities as specified in the LST Attachment	Monthly, by the 10th of the month following service delivery		1 Electronic Submission and through the Department's Performance Based Prevention System (PBPS) and 1 Manual Submission to Network 2 Manager
The Botvin Life Skills Training (LST) - SAMHSA Community Level Instrument	Annually, by November 1st		1 <a href="https://pep-c.rti.org/HE RO/KB/PEP-C-KB/Content/Overview%20Topics/CommunityLevel%20Instrument-Revised%200verview.Htm">https://pep-c.rti.org/HE RO/KB/PEP-C-KB/Content/Overview%20Topics/CommunityLevel%20Instrument-Revised%200verview.Htm</a>
<b>Indigent Psychiatric Medication Program, known as the Indigent Drug Program (IDP) (if applicable)</b>			
	<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>
Persons Served	Monthly, by the 10th of the month following service delivery		1 Electronic Submission and through the Managing Entity Data System and Network Manager
<b>Mobile Response Team (MRT) (if applicable)</b>			
	<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>
Monthly Data Report	Monthly, by the 10 <sup>th</sup> of the month following service delivery		1 Network Manager and Director of Program Operations
Return on Investment Report	Quarterly, fiscal year, by the 10th of the month		1 Network Manager and Director of Program Operations
Expenditure Reconciliation Report	Quarterly, fiscal year, by the 10th of the month		1 Network Manager
Memorandum of Understanding (MOU) with each county stakeholder (must include law enforcement and school superintendents)	January 1, 2019		1 Network Manager
<b>Sunset and Sunrise Program (Dayspring Village only)</b>			
	<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>
Care Coordination Spreadsheet	As outlined in Incorporated Document 34		1 Network Manager, Care Coordination Specialist, and Director or Program Operations

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Weekly Occupancy Report	Weekly, by COB Wednesday		1	Network Manager and Adult System of Care Manager
SMHTF Transitional Program Report	Monthly, by the 10 <sup>th</sup> of the month following service delivery		1	Network Manager and Adult System of Care Manager
<b>Home-Based Substance Abuse Services (HBSAS)/Family Behavior Therapy (FBT) (if applicable)</b>				
		<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>
Monthly Data Report	Monthly, by the 10 <sup>th</sup> of the month following service delivery			Network Manager and Director of Program Operations
Expenditure Reconciliation Report	Quarterly, fiscal year, by the 10th of the month		1	Network Manager
Return on Investment Report	Quarterly, fiscal year, by the 10th of the month		1	Network Manager and Director of Program Operations
HBSAS/FBT Projected Operating and Capital Budget (Exhibit C), Personnel Detail (Exhibit D)	Within 30 days before contract execution and annually - 30 days before the fiscal year, or upon request		1	Network Manager
<b>State Opioid Reponse (SOR) - Opioid (if applicable)</b>				
		<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>
All reports as required by DCF	Monthly, by the 10 <sup>th</sup> of the month following service delivery, or upon request		1	Network Manager, Data Department, System of Care Manager – Substance Use and State Opioid Response (SOR)
RCO Monthly Report	Monthly, by the 10 <sup>th</sup> of the month following service delivery, or upon request		1	Network Manager, Data Department, System of Care Manager – Substance Use and State Opioid Response (SOR)
Jail Bridge Monthly Report	Monthly, by the 10th of the month following service delivery, or upon request		1	Network Manager, Data Department, System of Care Manager – Substance Use and State Opioid Response (SOR)
Hospital Bridge Monthly Report	Monthly, by the 10th of the month following service delivery, or upon request		1	Network Manager, Data Department, System of Care Manager – Substance Use and State Opioid Response (SOR)
<b>Supported Employment (if applicable)</b>				
		<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>
Supported Employment Tracking Sheet	Monthly, by the 10th of the month		1	of the Department of Housing and Community Inclusion
<b>Family Service Planning Team (FSPT) (if applicable)</b>				
		<b>Due Date:</b>	<b># of Copies:</b>	<b>Send to:</b>



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FSPT Monthly Tracking Report (Appendix C)	Monthly, by the 10th of the month		1	Clinical Care Support Specialist
The Children's Mental Health Care Coordination Program Quarterly Progress Report (Appendix I)	Quarterly, by the 10 <sup>th</sup> of each month		1	Clinical Care Support Specialist
FSPT Monthly Purchase of Services (Appendix K)	Monthly, by the 10th of the month		1	Network Manager and Clinical Care Support Specialist
<b>Juvenile Incompetent to Proceed (JITP) (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
JITP Monthly Tracker	Monthly, by the 10th of the month		1	Network Manager, Children's System of Care Manager and DCF's JITP Statewide Coordinator
<b>Co-Responder Program (CoR) (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
CoR Report	Monthly, by the 10th of the month		1	Network Manager and Adult System of Care Manager
Vacant Position(s) Report	Monthly, by the 10th of the month		1	Network Manager and Adult System of Care Manager
<b>Forensic Multidisciplinary Teams (FMT) (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
Vacant Position(s) Report	Monthly, by the 10th of the month		1	Network Manager and Adult System of Care Manager
<b>State Mental Health Treatment Facility (SMHTF) Transitional Program (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
SMHTF Transitional Program Report	Monthly, by the 10 <sup>th</sup> of the month following service delivery		1	Network Manager and Adult System of Care Manager
<b>Other Provider Specific Proviso or Program (if applicable)</b>				
	<b>Due Date:</b>		<b># of Copies:</b>	<b>Send to:</b>
All reports outlined in the specific Attachment or Incorporated Document	As outlined in the specific Attachment or Incorporated Document		As outlined in the specific Attachment or Incorporated Document	As outlined in the specific Attachment or Incorporated Document

*\*All Network Service Providers are subject to Ad Hoc and additional reporting as determined necessary by LSF Health Systems or the Department of Children and Families.*