

Required Reports

EXHIBIT A

| Required for All Network Service Providers | | | |
|--|---|--------------|-----------------|
| 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 - http://flvendor.myfloridacfo.com | 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 |
| Subrecipient Contractor Determination | Within 30 days of contract execution, within 14 days after a change occurs, or upon request | 1 | Network Manager |
| Reports | Due Date: | # of Copies: | Send to: |
| Monthly Invoice Data Required by the DCF Data System Guidelines and for Invoice Payment | Monthly, by the 8th of the month following service delivery | 2 | 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 8th 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 | Cognito |
| 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 |
| Miscellaneous | Due Date: | # of Copies: | Send to: |
| 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 |
| Required for Network Service Providers with Additional Programs (if applicable) | | | |
| Projects for Assistance in Transition from Homelessness (PATH) (if applicable) | Due Date: | # of Copies: | Send to: |

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| PATH Intented Use Plan | As required by DCF or SAMHSA Office | | 1 | Network Manager |
| PATH Intented Use Plan Budget | As required by DCF or SAMHSA Office | | 1 | Network Manager |
| PATH Annual Report | Annually, by the 17th of November | | 1 | https://www.pathpdx.org/ Website or as directed by the Managing Entity |
| PATH Quarterly Housed Report | Quarterly, by the 8th of the month | | 1 | Network Manager and Housing Department |
| PATH Monthly LSF Homeless High Utilizer Search and Update List | Monthly, by the 8th of the month following service delivery | | 1 | Network Manager and Housing Department |
| PATH Incidental Expenses Summary Report | Monthly, by the 8th of the month following service delivery | | 1 | Network Manager and Housing Department |
| Behavioral Health Network (Bnet) (if applicable) | | | | |
| | Due Date: | | # of Copies: | Send to: |
| 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 |
| Prevention (if applicable) | | | | |
| | Due Date: | | # of Copies: | Send to: |
| 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 8th 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 |
| Prevention Partnership Grant (PPG) (if applicable) | | | | |
| | Due Date: | | # of Copies: | Send to: |
| Program Status Report | Quarterly, by the 8th of the month | | 1 | Prevention Network Manager |
| Financial Report – Expenditure Reconciliation | Quarterly, by the 8th of the month | | 1 | Prevention Network Manager |
| Substance Abuse Prevention and Treatment (SAPT) Block Grant (if applicable) | | | | |
| | Due Date: | | # of Copies: | Send to: |
| 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 |

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| 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 |
| 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 8th of the month following service delivery | | 1 Network Manager and Data Department |
| Forensic and Civil Discharge (if applicable) | | | |
| | Due Date: | # of Copies: | Send to: |
| Template 22 - Forensic Conditional Release | Monthly, by the 8th of the month following service delivery | | 1 Network Manager and Clinical Department |
| Template 23 - Forensic Diversion Data | Monthly, by the 8th of the month following service delivery | | 1 Network Manager and Clinical Department |
| Template 33 - Community Forensic Beds (applies to Dayspring Village, Inc. and LifeStream Behavioral Center, Inc. only) | Monthly, by the 8th of the month following service delivery | | 1 Network Manager and Clinical Department |
| Florida Assertive Community Treatment (FACT) (if applicable) | | | |
| | Due Date: | # of Copies: | Send to: |
| FACT Enhancement Reconciliation Report | Quarterly, by the 8th of each month | | 1 Network Manager |
| FACT Monthly Report | Monthly, by the 8th of the month | | 1 Network Manager and Clinical Department |
| FACT Referral Report | Monthly, by the 8th of the month | | 1 Network Manager and Clinical Department |
| FACT/Disability Rights Florida Mental Health Transitional Voucher Report | Monthly, by the 8th of the month | | 1 Network Manager and Clinical Department |
| Vacant Position(s) Report | As vacancies occur | | 1 Network Manager and Clinical Department |
| Outcome Measure Data Collection Tool | Monthly, by the 8th of the month | | 1 Network Manager and Clinical Department |
| Family Intensive Treatment (FIT) (if applicable) | | | |
| | Due Date: | # of Copies: | Send to: |
| FIT Reporting Template | Monthly, by the 8th of the month following service delivery | | 1 Network Manager, Data Department, and Child Welfare Integration Manager |
| Expenditure Reconciliation Report | Quarterly, by the 8th 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 |

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| Family Intervention Specialist (FIS) (if applicable) | | Due Date: | # of Copies: | Send to: |
|---|---|------------------|---------------------|---|
| Monthly FIS Report | Monthly, by the 8th of the month following service delivery | | 1 | Network Manager, Data Department, and Child Welfare Integration Manager |
| First Episode Psychosis (FEP)/Early Psychosis Intervention & Care (EPIC) (if applicable) | | Due Date: | # of Copies: | Send to: |
| Work Plan | Within 30 days of contract execution and annually each fiscal year | | 1 | Network Manager |
| First Episode Psychosis Monthly Report | Monthly, by the 8th of the month following service delivery | | 1 | Network Manager |
| Vacant Position(s) Report | As vacancies occur | | 1 | Network Manager and Clinical Department |
| 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 |
| Community Action Treatment (CAT) Team (if applicable) | | Due Date: | # of Copies: | Send to: |
| Appendix 1 - Persons Served and Performance Measure Report - (DCF Template) | Monthly, by the 8th 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 8th of each month | | 1 | Network Manager and Director of Program Operations |
| Appendix 3 - CAT Return on Investment Quarterly Report (DCF Template) | Quarterly, by the 8th of each month | | 1 | Network Manager and Director of Program Operations |
| Expenditure Reconciliation Report | Quarterly, by the 8th of each month | | 1 | Network Manager and Director of Program Operations |
| Waitlist Report | Monthly, by the 8th of the month following service delivery | | 1 | Network Manager and Director of Program Operations |
| Transitional Beds (if applicable) | | Due Date: | # of Copies: | Send to: |
| Occupancy Report (Exhibit C to Transitional Beds Attachment) | Weekly, Monday by noon | | 1 | Network Manager and Clinical Department |
| Census Report (Exhibit A to Transitional Beds Attachment) | Monthly, by the 8th of the month following service delivery | | 1 | Network Manager and Clinical Department |
| Screening Report (Exhibit B to Transitional Beds Attachment) | Monthly, by the 8th of the month following service delivery | | 1 | Network Manager and Clinical Department |
| Expenditure Reconciliation Report | Quarterly, fiscal year, by the 8th of the month | | 1 | Network Manager and Clinical Department |
| SMHTF Transitional Program Report | Monthly, by the 8th of the month following service delivery | | 1 | Network Manager and Clinical Department |

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| Executive Office of the Governor Return on Investment Report | Quarterly, calendar year, by the 8th of the month | | 1 | Network Manager and Clinical Department |
| 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 Clinical Department |
| Central Receiving System (CRS) (if applicable) | | | | |
| | Due Date: | | # of Copies: | Send to: |
| Project Status Report | Quarterly, by the 8th of each month | | 1 | Network Manager and Clinical Department |
| 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 Clinical Department |
| CRS Performance Measures Report | Monthly, by the 8th of the month following service delivery | | 1 | Network Manager and Clinical Department |
| Care Coordination (if applicable) | | | | |
| | Due Date: | | # of Copies: | Send to: |
| Care Coordination Spreadsheet | Monthly, by the 8th 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 8th of the month following service delivery | | 1 | Network Manager, Children's System of Care Manger, and Director or Program Operations |
| Substance Exposed Newborn (SEN) Prevention Program Report | Monthly, by the 8th of the month following service delivery | | 1 | Network Manager, Clinical Care Team Lead, and Director or Program Operations |
| SAMH Vouchers (if applicable) | | | | |
| | Due Date: | | # of Copies: | Send to: |
| 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 |
| Disability Rights Vouchers (if applicable) | | | | |
| | Due Date: | | # of Copies: | Send to: |
| Transitional Voucher Purchase Request Form (Exhibit A to Incorporated Document 34) | As outlined in Incorporated Document 34 | | 1 | Network Manager and Clinical Department |
| Graduation/Transition Assessment Scale (Exhibit B to Incorporated Document 34) | As outlined in Incorporated Document 34 | | 1 | Network Manager and Clinical Department |
| Transitional Voucher Incidental Expenses (Appendix 1 to Incorporated Document 34) | As outlined in Incorporated Document 34 | | 1 | Network Manager and Clinical Department |

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| Fixed Rate (if applicable) | Due Date: | # of Copies: | Send to: |
|---|---|--------------|---|
| Expenditure Reconciliation Report | Quarterly or monthly (as outlined in the specific Attachment) by the 8 th 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 |
| Partnership for Success (PFS) (if applicable) | Due Date: | # of Copies: | Send to: |
| Drug Epidemiology Networks (DENs) - All DEN activities as specified in the DENs Attachment | Monthly, by the 8th 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 Template |
| The Botvin Life Skills Training (LST) - All LST activities as specified in the LST Attachment | Monthly, by the 8th 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 |
| The Botvin Life Skills Training (LST) - SAMHSA Community Level Instrument | Annually, by November 1st | 1 | https://pep-c.rti.org/HE/RO/KB/PEP-C-KB/Content/Overview%20Topics/CommunityLevel%20Instrument-Revised%20Overview.Htm |
| Indigent Psychiatric Medication Program, known as the Indigent Drug Program (IDP) (if applicable) | Due Date: | # of Copies: | Send to: |
| Persons Served | Monthly, by the 8th of the month following service delivery | | Electronic Submission and through the Managing Entity Data System and Network Manager |
| Mobile Response Team (MRT) (if applicable) | Due Date: | # of Copies: | Send to: |
| Monthly Data Report | Monthly, by the 8th of the month following service delivery | | Network Manager and Director of Program Operations |
| Return on Investment Report | Quarterly, fiscal year, by the 8th of the month | 1 | Network Manager and Director of Program Operations |
| Expenditure Reconciliation Report | Quarterly, fiscal year, by the 8th of the month | 1 | Network Manager |

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| Memorandum of Understanding (MOU) with each county stakeholder (must include law enforcement and school superintendents) | January 1, 2019 | | 1 Network Manager |
| Sunset and Sunrise Program (Dayspring Village only) | | | |
| | Due Date: | # of Copies: | Send to: |
| Care Coordination Spreadsheet | As outlined in Incorporated Document 34 | | 1 Network Manager, Care Coordination Specialist, and Director or Program Operations |
| Weekly Occupancy Report | Weekly, by COB Wednesday | | 1 Network Manager and Clinical Department |
| SMHTF Transitional Program Report | Monthly, by the 8th of the month following service delivery | | 1 Network Manager and Clinical Department |
| Home-Based Substance Abuse Services (HBSAS)/Family Behavior Therapy (FBT) (if applicable) | | | |
| | Due Date: | # of Copies: | Send to: |
| Monthly Data Report | Monthly, by the 8th of the month following service delivery | | 1 Network Manager and Director of Program Operations |
| Expenditure Reconciliation Report | Quarterly, fiscal year, by the 8th of the month | | 1 Network Manager |
| Return on Investment Report | Quarterly, fiscal year, by the 8th 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 |
| State Opioid Reponse (SOR) - Opioid (if applicable) | | | |
| | Due Date: | # of Copies: | Send to: |
| All reports as required by DCF | Monthly, by the 8th 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 8th 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 8th 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 8th 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) |

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| Supported Employment (if applicable) | Due Date: | # of Copies: | Send to: |
|---|-------------------------------------|--------------|--|
| Supported Employment Tracking Sheet | Monthly, by the 8th of the month | 1 | Network Manager and Regional Director of the Department of Housing and Community Inclusion |
| Family Service Planning Team (FSPT) (if applicable) | Due Date: | # of Copies: | Send to: |
| FSPT Monthly Tracking Report (Appendix C) | Monthly, by the 8th of the month | 1 | Clinical Care Support Specialist |
| The Children's Mental Health Care Coordination Program Quarterly Progress Report (Appendix I) | Quarterly, by the 8th of each month | 1 | Clinical Care Support Specialist |
| FSPT Monthly Purchase of Services (Appendix K) | Monthly, by the 8th of the month | 1 | Network Manager and Clinical Care Support Specialist |
| Juvenile Incompetent to Proceed (JITP) (if applicable) | Due Date: | # of Copies: | Send to: |
| JITP Monthly Tracker | Monthly, by the 8th of the month | 1 | Network Manager, Children's System of Care Manager and DCF's JITP Statewide Coordinator |
| Co-Responder Program (CoR) (if applicable) | Due Date: | # of Copies: | Send to: |
| CoR Report | Monthly, by the 8th of the month | 1 | Network Manager and Clinical Department |
| Vacant Position(s) Report | Monthly, by the 8th of the month | 1 | Network Manager and Clinical Department |
| Forensic Multidisciplinary Teams (FMT) (if applicable) | Due Date: | # of Copies: | Send to: |
| Template 25 - Forensic Multidisciplinary Team Report | Monthly, by the 8th of the month | 1 | Network Manager and Clinical Department |
| Vacant Position(s) Report | Monthly, by the 8th of the month | 1 | Network Manager and Clinical Department |

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| Linking, Advocating, Treating, Transitioning, Empowering & Recovery Support (LATTERS) | | | |
|---|---|--------------|--|
| | Due Date: | # of Copies: | Send to: |
| Vacant Position(s) Report | Monthly, by the 8th of the month | 1 | Network Manager and Clinical Department |
| Outcome Measures | Monthly, by the 8th of the month | 1 | Network Manager and Clinical Department |
| Monthly Census Worksheet - LATTERS Report | Monthly, by the 8th of the month | 1 | Network Manager and Clinical Department |
| State Mental Health Treatment Facility (SMHTF) Transitional Program (if applicable) | | | |
| | Due Date: | # of Copies: | Send to: |
| SMHTF Transitional Program Report | Monthly, by the 8th of the month following service delivery | 1 | Network Manager and Clinical Department |
| Family First Prevention Services Act (FFPSA) Teams Community Action Treatment (CAT), (CAT Tier 2 Variation) | | | |
| | Due Date: | # of Copies: | Send to: |
| Appendix 1 - Persons Served and Performance Measure Report - (DCF Template) | Monthly, by the 8th 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 8th of the month | 1 | Network Manager and Director of Program Operations |
| Expenditure Reconciliation Report | Quarterly, by the 8th of the month | 1 | Network Manager and Director of Program Operations |
| Waitlist Report | Monthly, by the 8th of the month following service delivery | 1 | Network Manager and Director of Program Operations |

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| Monthly CAT Census Report | Monthly, by the 8th of the month following service delivery | | 1 | Network Manager and Director of Program Operations |
| Community Action Treatment (CAT) Team for Ages 0-10 (CAT Tier 3 Variation) | | | | |
| | | Due Date: | # of Copies: | Send to: |
| Appendix 1 - Persons Served and Performance Measure Report - (DCF Template) | Monthly, by the 8th 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 8th of the month | | 1 | Network Manager and Director of Program Operations |
| Appendix 3 - CAT Return on Investment Quarterly Report (DCF Template) | Quarterly, by the 8th of the month | | 1 | Network Manager and Director of Program Operations |
| Expenditure Reconciliation Report | Quarterly, by the 8th of the month | | 1 | Network Manager and Director of Program Operations |
| Waitlist Report | Monthly, by the 8th of the month following service delivery | | 1 | Network Manager and Director of Program Operations |
| Family Support Teams (FST) Community Action Treatment (CAT), Tier 4 Variation | | | | |
| | | Due Date: | # of Copies: | Send to: |
| Appendix 1 - Persons Served and Performance Measure Report - (DCF Template) | Monthly, by the 8th 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 8th of the month | | 1 | Network Manager and Director of Program Operations |

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| Expenditure Reconciliation Report | Quarterly, by the 8th of the month | | 1 Network Manager and Director of Program Operations |
| Waitlist Report | Monthly, by the 8th of the month following service delivery | | 1 Network Manager and Director of Program Operations |
| Coordinated Opioid Recovery (CORE) Network of Addiction Care | | | |
| | | Due Date: | # of Copies: |
| | | Send to: | |
| Monthly Status Report | Monthly, by the 8th of the month | | 1 Network Manager and Clinical Department |
| All CORE partners are required to continue reporting CORE data into the ClearPoint system in the established format | Monthly, by the 8th of the month | | 1 Network Manager and Clinical Department |
| Expenditure Reconciliation Report | Quarterly, by the 8th of the month | | 1 Network Manager and Clinical Department |
| Other Provider Specific Proviso or Program (if applicable) | | | |
| | | Due Date: | # of Copies: |
| | | Send to: | |
| 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.***