

Required Reports

EXHIBIT A

Required for All Network Service Providers			
Administrative Documents	Due Date:	# of Copies:	Send to:
Projected Operating and Capital Budget (Exhibit C), Personnel Detail (Exhibit D), Agency Capacity Report (Exhibit E)	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Signature Authority	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Program Descriptions - Service Activity Descriptions for each service (Exhibit F)	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Copy of License - for each service which requires a license	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Copy of Accreditation Certificate (if any)	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Copy of Accreditation Survey (if any)	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
W-9 Form through the DFS website - http://flvendor.myfloridacfo.com	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Suspension and Debarment Forms	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Vendor Certification of Scrutinized Vendors (if contract over \$1,000,000)	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Florida Department of Children and Families Employment Screening Affidavit	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Subrecipient Contractor Determination	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
CF 1123_Lobbying	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
501 (c)(3) Determination Letter from the IRS	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Facility Registration Form	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Resource Access Request	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Affidavit Of Compliance with Employment Eligibility Requirements	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager
Federal or Non-Federal Indirect Cost Rate Agreement if any from grants/contracts	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Network Manager

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Proof of Application to the DCF Background Clearinghouse (OCA Request Form for appropriate agency/screening type depending on anticipated funding type – MH/SA)	Prior to contract assembly, within 14 days after a change occurs, or upon request		1 Network Manager
Administrative Document Attestation Form	Prior to contract assembly, within 14 days after a change occurs, or upon request		1 Network Manager
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
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
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
HIPAA Training Attestation	Annually when the DCF Training Module is updated or upon request		1 Cognito
Security Awareness Training Attestation	Annually when the DCF Training Module is updated or upon request		1 Cognito
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
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
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		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

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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:	
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			
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			

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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 I *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
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

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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
Crisis Respite Services (if applicable)				
	Due Date:		# of Copies:	Send to:
Adult Respite Report	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 Care Coordinator
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 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

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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
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:

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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
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		2	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)

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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		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 1 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		Network Manager and Director of Program Operations
Expenditure Reconciliation Report	Quarterly, fiscal year, by the 8th 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
Sunset and Sunrise Program (Dayspring Village only)			
	Due Date:	# of Copies:	Send to:
Care Coordination Spreadsheet	As outlined in Incorporated Document 34		Network Manager, Care Coordination Specialist, and Director of Program Operations
Weekly Occupancy Report	Weekly, by COB Wednesday		Network Manager and Clinical Department
SMHTF Transitional Program Report	Monthly, by the 8th of the month following service delivery		Network Manager and Clinical Department
Home-Based Substance Abuse Services (HBSAS)/Family Behavior Therapy (FBT) (if applicable)			
	Due Date:	# of Copies:	Send to:

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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)
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

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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
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:

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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
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

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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		4	Network Manager and Director of Program Operations
Appendix 2 – Quarterly Supplemental Data Report (DCF Template)	Quarterly, by the 8th of the month		4	Network Manager and Director of Program Operations
Expenditure Reconciliation Report	Quarterly, by the 8th of the month		4	Network Manager and Director of Program Operations
Waitlist Report	Monthly, by the 8th of the month following service delivery		4	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

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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		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.*