

**County of San Mateo
Behavioral Health and Recovery Services
Substance Use Disorder Treatment, Recovery and Prevention Services
July 1, 2017 – June 30, 2018**

Contractual Reporting Due Dates

| Type | Specific Report/ Invoice/Document | Due Date |
|--|---|--|
| Monthly Reporting | All invoices | By the 10 th of every month |
| | DATAR | |
| | DUI/DEJ Remittance | |
| Quarterly Units of Service/ Utilization Reports | 1 st Quarterly Report | October 20, 2017 |
| | 2 nd Quarterly Report | January 20, 2018 |
| | 3 rd Quarterly Report | April 20, 2018 |
| | 4 th Quarterly Report | July 20, 2018 |
| Quarterly Narrative Update | Narrative to include an update on Quality Improvement progress, Standards of Care, Cultural Competency, COD/Complex clients, MHSA utilization and all other contract deliverables | October 20, 2017; January 20, 2018; April 20, 2018; July 20, 2018 |
| Annual Reporting | Cultural Competence Plan | September 30, 2017 |
| | Quality Improvement Plan | November 30, 2017 |
| | Board of Directors Roster | January 2, 2018 |
| | Staff Roster and Certifications | January 2, 2018 |
| | Fee Determination (sliding fee scale) | January 2, 2018 |
| | Cultural competence participation and efforts | March 31, 2018 |
| | Annual Agency Budget | July 1, 2018 |
| | Cost Report | August 15, 2018 |
| | SAPT Certification of Compliance | November 15, 2018 |
| | Annual Audit | November 15, 2018 |
| Intermittent Reporting | BHRS Incident Report http://www.smchealth.org/sites/main/files/file-attachments/93-1attachcriticalincidrptwnewfaxpony8.13.pdf | Due within 3 business days to QM |
| | DHCS Incident Report http://www.smchealth.org/general-information/program-standards-and-business-requirements | Call DHCS within (1) working day; written report within 7-days |
| | BHRS AOD Credentialing Form http://www.smchealth.org/sites/main/files/file-attachments/aod_credentialing_form62915.pdf | Upon hire |
| | Notification of staff no longer working for the agency http://www.smchealth.org/sites/main/files/file-attachments/bhrs_aod_contractor_termination_credentialing_form_4-16.pdf | Upon termination |
| | Change in any Staffing, Scope of service, ownership, remodeling, location change or ANY triggering Licensing and certification events will require a supplemental DHCS Change Form 6209. | Contact AOD Program Analyst within 2 business days; 35 days to DHCS |

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