

**County of San Mateo  
Behavioral Health and Recovery Services  
Substance Use Disorder Treatment, Recovery and Prevention Services  
July 1, 2016 – June 30, 2017**

***Contractual Reporting Due Dates***

<b>Type</b>	<b>Specific Report/ Invoice/Document</b>	<b>Due Date</b>
<b>Monthly Reporting</b>	All invoices	By the 10 <sup>th</sup> of every month
	DATAR	
	DUI/DEJ Remittance	
<b>Quarterly Units of Service/ Utilization Reports</b>	1 <sup>st</sup> Quarterly Report	October 20, 2016
	2 <sup>nd</sup> Quarterly Report	January 20, 2017
	3 <sup>rd</sup> Quarterly Report	April 20, 2017
	4 <sup>th</sup> Quarterly Report	July 20, 2017
<b>Quarterly Narrative Update</b>	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, 2016; January 20, 2016; April 20, 2017; July 20, 2017
<b>Annual Reporting</b>	Cultural Competence Plan	September 30, 2016
	Quality Improvement Plan	November 30, 2016
	Board of Directors Roster	January 2, 2017
	Staff Roster and Certifications	January 2, 2017
	Fee Determination (sliding fee scale)	January 2, 2017
	Cultural competence participation and efforts	March 31, 2017
	Annual Agency Budget	July 1, 2017
	Cost Report	August 15, 2017
	SAPT Certification of Compliance	November 15, 2017
	Annual Audit	November 15, 2017
<b>Intermittent Reporting</b>	BHRS Incident Report <a href="http://www.smchealth.org/sites/main/files/file-attachments/93-11attachcriticalincidrptwnewfaxpony8.13.pdf">http://www.smchealth.org/sites/main/files/file-attachments/93-11attachcriticalincidrptwnewfaxpony8.13.pdf</a>	Due within 3 business days to QM
	DHCS Incident Report <a href="http://www.smchealth.org/general-information/program-standards-and-business-requirements">http://www.smchealth.org/general-information/program-standards-and-business-requirements</a>	Call DHCS within (1) working day; written report within 7-days
	BHRS AOD Credentialing Form <a href="http://www.smchealth.org/sites/main/files/file-attachments/aod_credentialing_form62915.pdf">http://www.smchealth.org/sites/main/files/file-attachments/aod_credentialing_form62915.pdf</a>	Upon hire
	Notification of staff no longer working for the agency <a href="http://www.smchealth.org/sites/main/files/file-attachments/bhrs_aod_contractor_termination_credentialing_form_4-16.pdf">http://www.smchealth.org/sites/main/files/file-attachments/bhrs_aod_contractor_termination_credentialing_form_4-16.pdf</a>	Upon termination
	Change in Scope of service, ownership, remodeling, location change or ANY triggering Licensing and certification events.	Contact AOD Program Analyst within 2 business days; 35 days to DHCS