**EXHIBIT C2 – ME REQUIRED REPORTS, PLANS, AND FUNCTIONAL TASKS**

All Requirements in **Table 2** must be submitted to the Contract Manager electronically and be uploaded to the ME’s secure web-based document vault.

| **Table 2 – Required Submissions** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Section** | | **Requirement** | **Required by** | **Frequency** | | **Due No Later Than:** |
|  | | **Recurring Required Reports and Plans** | | | | |
| **Provider Tangible Property Inventory -** *Template 1* | | | Section B.7.2; Guidance 2 | Initial; Annual | | Initial: within 30 days of execution; Annual: July 31 |
| **Regional planning documents** | | | Section C.1.1.2 | As Needed | | As Needed |
| **Triennial Needs Assessment** | | | Section C.1.1.6 | Every 3 years | | October 1, 2025, and 2028 |
| **Coordinated Children’s System Plan** | | | Section C.1.1.14 | January 1, 2028 |
| **Managing Entity Annual Business Operations Plan**  *Template 4, including:*   * *Updates to SMHTF Discharge Reintegration Plan* * *Updates to Triennial Needs Assessment* * *Updates to Care Coordination Plan* * *Updates to Quality Assurance Plan* * *Annual ALF-LMH Plan* * *Annual Network Service Provider Monitoring Plan* * *Updates to Coordinated Children’s System Plan* | | | Section C.1.1.7 | Annually | | Annual: July 30  Addendum, if necessary: 30 days after receipt of initial Schedule of Funds for each fiscal year |
| **Enhancement Plan** | | | Section C.1.1.8 | Annually | | August 1 |
| **Record Transition Plan -** *Guidance 3* | | | Section C.1.1.9 | Once | | Within 90 days of execution |
| **Care Coordination Plan** | | | Section C.1.1.10 | Initial; Annual | | Initial: within 60 days of execution; Annual: July 30 |
| **Quality Assurance Plan** | | | Section C.1.1.11 | Initial; Annual | | Initial: within 60 days of execution; Annual: July 30 |
| **Fraud and Abuse Prevention Protocol** | | | Section C.1.2.9 | Once | | Within 60 days of execution |
| **Network Service Provider Monitoring Plan** | | | Section C.1.3.1 | Initial; Annual | | Initial: within 30 days of execution; Annual: July 30 |
| **Information Technology Plan** | | | Section C.1.4.6 | Initial; Annual | | Initial: within 60 days of execution; Annual: July 30 |
| **Procurement Policy** | | | Section C.2.2.5 | Once | | Within 90 days of execution |
| **National Voters Registration Act Quarterly Report** | | | Guidance 25 | Quarterly | | January 10; April 10; July 10; October 10 |
|  | | **Required Financial Forms and Documents** | | | | |
| **Managing Entity Operating and Capital Budget**  *Template: Form CF-MH 1042, per Ch. 65E-14, F.A.C.* | | | Section C.2.4.3 | As Needed | | 30 days after any amendment to Exhibit F1 |
| **Managing Entity Fixed Advance Payment Invoice -** *Template 10* | | | Sections F.2.2 and F.3.1.1 | Annually | | July 1 |
| **Interest remittance and documentation of interest on advances** | | | Section F.2.3 | Quarterly | | As Needed |
| **Managing Entity Monthly Fixed Payment Invoice -** *Template 10* | | | Section F.3.1.1 | Monthly; and  FY Final: Annually | | 20th of month following service delivery  FY Final: August 15 |
| **SAMH Managing Entity Monthly Progress Report -** *Template 11* | | | Sections F.3.1.2 and F.3.3 |
| **SAMH Managing Entity Monthly Expenditure Report –**  *Template 12* | | | Section F.3.1.3 | Monthly | | 20th of month following service delivery.  FY Final: August 15 |
| **SAMH Managing Entity Monthly Carry Forward Expenditure Report -** *Template 13* | | | Section F.3.1.4 |
| **Cost Allocation Plan -** *Template 14* | | | Section F.4 | Initial,  Annual Update,  and Revisions as needed | | Initial: Within 30 days of execution.  Annual Update: August 31.  Revisions: Within 20 days of notifying the Department |
| **Managing Entity Spending Plan for Carry Forward Report**  *Template 15* | | | Section F.5.2 | Annually | | Within 30 days of confirmation of approved amount from the Department. |
| **Financial and Compliance Audit** | | | Attachment 1 | Annually, and  as needed | | The earlier of 180 days after the end of the provider’s fiscal year or 30 days after the ME’s receipt of the audit report. |
| **BNet Statement of Program Cost** | | | Guidance 12 | Annually | | September 1 |
| **S. 394.9082(3)(m), F.S. Documentation:**   * **Certification of Executive Compensation PCMT-08-202** * **Executive Compensation Detail in excess of 150% of the Secretary’s Salary** * **IRS Forms 990 and related documents** * **Auditor reports** * **Annual reports** | | | Section 7.13  Section C.2.4.8 | May 1 |
| **Section 394.9082(3), F.S. Operational and Financial Audit Documentation** | | | Section A.5.1.4 | As Needed | | Within one business day of request, unless expressly authorized by the Department for a later submission date. |
|  | | **Required Data Submission and Performance Reporting** | | | | |
| **Substance Abuse and Mental Health Block Grant Report -***Template 2* | | | Section B1-4.2 | Semi-annually | | March 15  September 1 |
| **Narrative Report for the SAMH Block Grant -** *Template 3* | | | Section B1-4.3 | Biennially | | May 30 of odd-numbered years |
| **Monthly Data Submission to SAMH Data System** | | | Section C.1.4.4 | Monthly | | 18th of each month following service delivery |
| **Submission of Corrected Records to SAMH Data System** | | | Section C.1.4.14 | As needed | | Within 60 days after initial record submission |
| **Data required by Federal or State Grant Awards**  *Other than Sections C3-3.7 and C3-3.8, below* | | | Section C.1.4.15 | As needed | | As established by Grantor timeframes |
| **Quarterly Report** | | | Section C.2.4.6 | Quarterly | | October 20; January 20; April 20; August 15 |
| **Family Intensive Treatment (FIT) Data** | | | Guidance 18 | Monthly | | 18th of each month following service delivery |
| **Care Coordination Report -** *Template 21* | | | Guidance 4 | Monthly | | 18th of each month following service delivery |
| **Transitional Voucher Incidental Report** *– Template 32* | | | Guidance 29 | Quarterly | | October 20; January 20; April 20; August 15 |
| **Catalog of Care Validation** | | | Section C.1.4.17 | Annual | | Within 2 calendar weeks of receipt |
|  | | **Required Contract Forms and Documents** | | | | |
| **Proof of Insurance** | | | Section 4.8 and  Section A.4.2 | Annually; and  as needed | | Initial: upon execution; Annual: March 31; and  As needed: Within 30 days of a modification of terms |
| **Employment Screening Affidavit** | | | Section 4.16.2 | Annually | | Later of July 1 or Anniversary of Previous Annual |
| **Security Agreement Form** | | | Section 5.4.2 | Annually | | Upon execution; Updated annually |
| **Civil Rights Compliance Checklist -** *CF Form 946* | | | Section 4.1.1.3 & CFOP 60-16 | Initial; Annual | | Initial: Within 30 days of execution,  Thereafter: July 15 |
| **Emergency Preparedness Plan** | | | Section 9.2 | Initial; Annual | | Initial: Within 30 days of execution  Update: every 12 months after acceptance of Initial |
|  | | **Functional Tasks and Deadlines** | | | | |
| **Notification of Network Service Provider performance that may interrupt service delivery or involve media coverage** | | | Section C.1.2.8 | As needed | | Within 48 hours |
| **Incident Report Submission to IRAS- Management & Oversight** | | | Sections 4.15 and C.1.2.15 | As needed | | Upon discovery of an incident |
| **Designate CCP Providers** | | | Section C.1.6.2.1 | Once, and  as needed | | Initial: Within 60 days of execution  As needed: Within 10 days of any change |
| **Staffing Changes – CEO, COO, CFO** | | | Section C.2.1.2 | As needed | | Within 5 business days of any change |
| **Staff Designations:**   * **Responsible for providing immediate response** * **Consumer Affairs Representative** * **Facility Representative** * **Network Service Provider Affairs Ombudsman** * **Data Officer** * **Lead Housing Coordinator** * **List of Children’s Care Coordinators** | | | Section C.2.1.4 - C2.1.4.5 | Initial and  as needed | | Initial: upon execution |
| **Establish & maintain internet-based electronic vault for accessing contract-related documents** | | | Sections C.2.2.6 and  C.2.4.2 | Once; and  as needed | | Initial: Within 60 days of assignment  As Needed: New documents within 10 business days |
| **Submission of all subcontracts with Network Service Providers; and agreements and MOU with regional stakeholders.** | | | Sections C.1.2.18 and C.2.2.6 | Initial and  as needed | | Initial: Within 60 days of execution  As needed: Within 10 days of any change |
| **Child Welfare Integration Working Agreement** | | | Guidance 19 | Initial;  Annual | | October 1, 2025  Reviewed Annually |
|  | **Network Service Provider Supplemental Reports** | | | | | |
| **CAT Program Report –** *Appendix 1* | | | Guidance 32 | Monthly | 18th of each month following service delivery | |
| **FACT Quarterly Report –** *Template 29* | | | Guidance 16 | Quarterly | October 20; January 20; April 20; August 15 | |
| **CAT Program Quarterly Supplemental Data Report –** *Appendix 2* | | | Guidance 32 | Quarterly | October 20; January 20; April 20; August 15 | |
| **CAT Program Return on Investment Report –** *Appendix 3* | | | Guidance 32 | Quarterly | 18th of the month following each quarter | |
| **Monthly Mobile Response Team Report –** *Template 28* | | | Guidance 34 | Monthly | 18th of each month following the service delivery | |
| **Return on Investment Reports –** *Template 30* | | | Section C.2.2.2.2 and Exhibit C2 | Quarterly | 15th of the month following the quarter | |
| **Intermediate Level FACT Reports** | | | Guidance 36 | As needed | Within 48 hours of request | |
| **CAT Ages 0-10 Performance Report –** *Appendix 1* | | | Guidance 38 | Monthly | 18th of the month following service delivery | |
| **CAT Ages 0-10 Monthly Supplemental Data Report –** *Appendix 2* | | | Quarterly | October 20; January 20; April 20; August 15 | |
| **Conditional Release Report -***Template 22* | | | Guidance 6 |
| **Forensic Diversion Report -** *Template 23* | | |
| **Community Forensic Beds Report –** *Template 33* | | |
| **Forensic Multidisciplinary Team Report -** *Template 25* | | | Guidance 28 |
| **Family Support Team Persons Served and Performance Measure Report –** *Appendix 1* | | | Guidance 40 | Monthly | 18th of the month following service delivery | |
| **Family Support Team Quarterly Supplemental Data Report –** *Appendix 2* | | | Guidance 40 | Quarterly | October 20; January 20; April 20; August 15 | |
| **SOR Reports** | | | Guidance 42 | Monthly | 18th of the month following service delivery | |
| **$126 Million Tracking Tool** | | | Section F.3.1.5 | Monthly | 20th of the month following service delivery | |
| **Sustainability Plan – Te***mplate 36* | | | Section C.1.1.7.4 | Annually, and as needed | As needed: within 30 days of a modification of terms; Annually September 1. | |