Attachment J - Reporting Structure

Management F	IDENTIFICATION			LOCATIO	N & REGION	Ri	EVIEW STAT	REVIEW DESCRIPTION				REVIEW DETAILS					
Management Report Type	Frequency beginning mm /dd/yy	Content Duration	State ID	Review Name	Name of Prov. Or Muni	County Of Residence of provider	County of service & previous counties of contract at review time	Review date	Status Comment	Review has been confirmed	Review Type	Provider Type	Last Monit Date	Monit. dates	Sub Contract	# Children served	Facility- Based
Regulatory Finding Federal Indicators for Reviews		Current report began with LMD mm/dd/yy. Close off report as of mm /dd/yy. Begin new report with LMD mm /dd/yy. CHANGE INDICATORS IF NEEDED WITH NEW TOOL.		Y	Y								Y				
Quarterly/Annual	Quarterly	Current quarter or annual time period															1
Progress Report * Status of Reviews	Quarterly	only. Current issues only	Y		Y	Y		Υ	Y								
Regulatory Findings Reports Issued (change to include all review types)	Quarterly	Current report began with reports released mm /dd/yy. Finalize for reports sent by mm /dd/yy. Next report begins with reports released mm /dd/yy and later	Y	Y	Y	Y					Y	Y					
Combined Monitoring Data**	Monthly	New ongoing report as of mm /dd/yy; send report closed mm /dd/yy.	Y	Y	Y	Y						Y	Y			Y	
EI Deliverables Calculation Worksheet	Monthly	Current contract year only. New revision began mm /dd/yy.															
CAP Follow-Up/CAPS NOT Received	Monthly	Current issues only.		Υ	Υ								Y				
El Monthly Schedule for Muni Notice	Monthly	Current time period only.	Υ	Y	Υ	Y				Y				Υ			
EI Schedule	Monthly	Current time period only.	Υ	Υ	Υ	Υ				Υ				Υ			
Outstanding DOH Final Letters	Monthly	Current issues only.		Y	Υ								Υ				
Prov H&S Issues Combined	Weekly	Current report began with reviews from LMD mm /dd/yy. Finalize for reports sent by mm /dd/yy. Next report begins with reports released mm /dd/yy and later.	Y	Y	Y	Y	Y					Y	Y	Y	Y	Y	Y
Reports with Zero Regulation Findings	As needed	Last regular report will include reports with LMD through mm /dd/yy.	Y	Y	Υ							Y	Y				
Ad Hoc Reports	As needed	N/A															

REPORT TR											HEALTH AND SAFETY FINDINGS							FEDERAL INDICATORS		
Date Report Sent to Provider	Date Report Sent to DOH	CAP due	Not Received Letter Sent To Provider	Date CAP	Date CAP Failed Initial Screen	Failed Screen Letter	Date CAP Received by contractor (original)	Date CAP Received by contractor (resubmit)	CAP Comments	CAP TA	Specific indicators- H & S FINDINGS	Tool & Criteria	H&S Issue / Finding	Tool Criteria	Tool Comments	Documenta tion sent re: H&S finding	Child ID for Fed Indicator	Verified (Federal Indicator)	Discharge date if Fed Ind. verification	
Y											Federal									
Υ											ALL									
Υ	Υ	Υ	Υ	Y	Y	Y	Y	Υ												
		Y	Y						Y	Υ										
		Y																		
Y	Y					Y						Y	Y	Y	Y	Y				
Υ																				