

***** NOTICE OF DELINQUENCY *****

TO: _____

CC: _____

FAX: _____

- FROM:**
- | | | |
|--|--------------------------|--|
| <input type="checkbox"/> Mary Kronquist, Treatment Manager | <input type="checkbox"/> | <input type="checkbox"/> Cara DeNuccio, Prevention Assistant |
| <input type="checkbox"/> Lori Griffin, Executive Secretary | <input type="checkbox"/> | <input type="checkbox"/> Jeanne L. Diver, QA/CCC Manager |
| <input type="checkbox"/> Gerrie Roeser, Finance Manager | <input type="checkbox"/> | <input type="checkbox"/> Linda Proper, CareNet Data Liaison |
| <input type="checkbox"/> Jill Gawronski, Finance Assistant | <input type="checkbox"/> | |

DATE: _____

As you are aware, Mid-South Substance Abuse Commission requires all providers to submit data and financial reports on a monthly, quarterly, semi-annual and annual basis.

As indicated by a check mark, your program has missed the latest due date for the following report(s):

ADMINISTRATION	PREVENTION
<input type="checkbox"/> Annual Action Plan <input type="checkbox"/> Other: _____	<input type="checkbox"/> Implementation Plan (IP) <input type="checkbox"/> Prevention Services Population Report Form (PSPR) <input type="checkbox"/> Quarterly Implementation Plan Report (Quarterly IP) <input type="checkbox"/> Quarterly Expenditures Report <input type="checkbox"/> Synar Report <input type="checkbox"/> Tobacco Vendor List <input type="checkbox"/> Youth Access to Tobacco Activity Report (YAT Report) <input type="checkbox"/> Other: _____
FINANCE	QUALITY ASSURANCE
<input type="checkbox"/> Annual Audit <input type="checkbox"/> Annual Audit Confirmation Notice <input type="checkbox"/> CareNet Client Fee Collection <input type="checkbox"/> CareNet Monthly Billing <input type="checkbox"/> FY Budget / Amendment <input type="checkbox"/> Performance Based FSR (Monthly) <ul style="list-style-type: none"> <input type="checkbox"/> Prevention FSR <input type="checkbox"/> SARF FSR <input type="checkbox"/> Women's FSR <input type="checkbox"/> Other FSR <input type="checkbox"/> Site Review Response <input type="checkbox"/> Women's Case Management Service Log <input type="checkbox"/> Other: _____	<input type="checkbox"/> Capacity / Waiting List Report <input type="checkbox"/> Discharge Report <input type="checkbox"/> Discharge Report Accuracy <ul style="list-style-type: none"> <input type="checkbox"/> Complete report and resubmit <input type="checkbox"/> Legislative Report <input type="checkbox"/> Outcome Surveys <input type="checkbox"/> Performance Indicator Report <input type="checkbox"/> PIHP Performance Indicators Report <input type="checkbox"/> Satisfaction Surveys <input type="checkbox"/> Sentinel Report <input type="checkbox"/> Other: _____

We have not received the above-checked report(s) from your program.
Please contact the representative above **immediately** to discuss the status of this required information.
Thank you for your prompt attention.