

DBH Treatment and Recovery FY23 Grant
CBHTR – Outpatient (PES, SMI, SED, SUD)

Quarterly Report Checklist & Transmittal Coversheet

To: DHSS Finance & Management Services
Grants & Contracts Section,
Attention: _____,
Grant Administrator

Date: _____
Organization: _____
Grant Number: _____
Form submitted by: _____

The checklist below will help you ensure your organizations quarterly report submittals contain all the necessary reports and appropriate documentation

Upload this completed checklist and required documentation listed below as a single PDF into GEMS. Once you have uploaded this documentation you will be able to complete your CFR.

Quarter (check one):

July 1- Sept 30 Oct 1-Dec 31 Jan 1-March 31 April 1-June 30

A Cumulative Financial Report (CFR) for the quarter.

Program Reports (Select One or More as appropriate)

Opioid Treatment Provider (OTP)

SUD Outpatient Treatment Services (non-OTP)

CBHTR Treatment and Recovery Narrative (PES, SMI, SED Services)

(if applicable also include) Transition to Independence Process - Transitional Aged Youth

PES Grantees only – please confirm that the agency has submitted the following information requested by the Division:

For all PES Clients Served: please indicate that PES minimal data set has been submitted into AKAIMS: