



First Nations Health Authority
Health through wellness

Reporting Requirements Guide



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Preface

Welcome to the 2015-2016 Health Service Provider Contribution Agreement Package.

There is a tremendous amount of change underway within First Nations health and wellness in BC. Since transfer of health services from Health Canada's First Nations Inuit Health Branch Pacific to the First Nations Health Authority (FNHA) the duties involved in transforming a deeply embedded federal program are substantial but necessary to achieve the level of change called for by First Nations communities in BC.

In recent engagement sessions with Health Directors we have heard that reporting requirements for communities are significant and at times onerous. We are also hearing that the level and pace of change communities are seeing is significant and a degree of predictability and familiarity supports the incremental changes in a way comfortable for our health providers and partners.

This year we have made some incremental and administrative changes to the reporting process while maintaining many elements that Health Directors will be familiar with. We recognize and acknowledge significant changes are needed in the area of reporting and Contribution Agreements in the long-term, and we are committed to maintaining a vision of implementing necessary and directed changes in a steady and sustainable pace of transformation.

Contribution Agreement content and data collected by the FNHA this year will be used in a quantitative way to support the gathering and reporting back to community health and political leadership on where we are at, and where we are going as a family. Similar to the First Nations Health Benefits Annual Report, the information available to assess the quality and effectiveness of the work underway will support the strategies we collectively use to implement lasting change in the health system for First Nations people in BC.

These documents are intended to support our joint reporting, planning, and partnerships in the spirit of reciprocal accountability as we move forward on this journey with one heart and one mind.

First Nations Health Benefits Reporting Requirements

First Nations Health Benefits - Medical Transportation (FNHB/MT)

1. The Recipient will submit to FNHA, interim financial reports and year-end financial (Set) OR an Annual Audit (Block/Flexible) report on actual expenditures as set out in Schedule "3" entitled "**Summary of Reporting Requirements**" of the Agreement.
2. The Recipient will submit to FNHA program activity reports as per the schedule outlined in Appendix "FNHB/MT-A". The program activity reports will include the following data elements for each authorized claim for the reporting period and will be submitted in electronic form or in a format that has been previously approved by FNHA.
 - (1) Client Information:
 - (a) identification number (encrypted identifier may be accepted);
 - (b) gender (required only if providing encrypted identifier);
 - (c) date of birth or age range; and
 - (d) escort reason (see escort option list).
 - (2) Appointment Information:
 - (a) date and time of appointment/admission/discharge; and
 - (b) specialty of health care professional.
 - (3) Travel Information:
 - (a) departure date;
 - (b) departure location;
 - (c) destination;
 - (d) return date.
 - (4) Benefit Information: (as applicable):
 - (a) transportation type (e.g. bus, taxi, medical van, private vehicle, scheduled air, etc.);
 - (b) mileage amount (if applicable);
 - (c) total amount paid for transportation (including PST/GST/other tax);
 - (d) accommodation type (e.g. hotel, motel, boarding home, private accommodation, etc.);
 - (e) number of nights;
 - (f) total amount paid for accommodation (including PST/GST/other tax);

- (g) description and number of meals provided;
 - (h) total amount paid for meals;
 - (i) description of other benefits provided (please specify);
 - (j) cost of other benefits provided (including PST/GST/other tax); and
 - (k) total cost of trip (including tax).
3. In addition to the elements outlined above, the annual report will include a general overview of the work being done, how the benefits are being delivered, a brief summary of any problems encountered and recommendations for improvement.
 4. The requested reports are to be sent to the following email address:
Financial Reports: fnha.reports@fnha.ca
Program Reports: fnha.reports@fnha.ca

APPENDIX “FNHB/MT-A” - FNHB Program Reports, Activity Reports Due Dates and Activity Report Requirements

1 st	2 nd	Annual report
For Period Apr 1 to Aug 31	For Period Sept 1 to Nov 30	For Period Apr 1 to Mar 31
Due Oct 15 th	Due Jan 15 th	Due within one hundred twenty (120) calendar days of the end of each Fiscal Year

Annual Report

Fiscal Year:	Recipient:	
Annual Funding Level:	Contribution Agreement #:	
# of requests:	# of exceptions requested:	# of appeals:
# of requests approved:	# of exceptions approved:	# of favourable appeals:

1. Along with the Program reporting requirements outlined in the Reporting Requirements Section of this Schedule, the Recipient will submit to FNHA a report which includes the following information:
 - (1) how are the benefits being provided: (contracted drivers, van system, individual approvals to clients, private mileage etc.);
 - (2) major accomplishments in the program during the reporting period;
 - (3) major challenges in delivering the program during the last reporting period;
 - (4) identification of factors that may be impacting the budget (e.g. high needs clients, change in service pattern); and
 - (5) other relevant observations, comments or information.

First Nations Health Benefits - Short Term Crisis Intervention Mental Health Counselling (FNHB/STCIMHC)

1. The Recipient will submit to FNHA, interim financial reports and year-end financial (Set) OR an Annual Audit (Block/Flexible) report on actual expenditures as set out in Schedule "3" entitled "**Summary of Reporting Requirements**" of the Agreement.
2. The Recipient will submit to FNHA program activity reports as per the schedule outlined in Appendix "FNHB/STCIMHC-A". The program activity reports will include the following data elements for each authorized claim for the reporting period. This report may be submitted in electronic or paper form.
 - (1) Client surname and given name;
 - (2) Client date of birth;
 - (3) Client identification number (Status Card number; Band name);
 - (4) prior approval number;
 - (5) name of service provider;
 - (6) type of service provided (depression, suicide counselling, childhood abuse, etc.);
 - (7) number of sessions provided;
 - (8) cost of service;
 - (9) total amount paid per claim; and
 - (10) total amount paid for reporting period.
3. For reporting and evaluation purposes, the Recipient will ensure that service providers:
 - (1) maintain appropriate clinical files for each Client; and
 - (2) obtain and retain on file, a signed "Release of Information" form from all Clients.
4. In addition to the elements outlined above, the annual report will include a general overview of the work being done, how the benefits are being delivered, a brief summary of effectiveness, outcomes, any problems encountered and recommendations for improvement.
5. The requested reports are to be sent to the following email address:
Financial Reports: fnha.reports@fnha.ca
Program Reports: fnha.reports@fnha.ca

APPENDIX “FNHB/STCIMHC-A” - FNHB Program Reports, Activity Reports Due Dates and Activity Report Requirements

1 st	2 nd	Annual report
For Period Apr 1 to Aug 31	For Period Sept 1 to Nov 30	For Period Apr 1 to Mar 31
Due Oct 15 th	Due Jan 15 th	Due within one hundred twenty (120) calendar days of the end of each Fiscal Year

Annual Report

Fiscal Year:	Recipient:	
Annual Funding Level:	Contribution Agreement #:	
# of requests:	# of exceptions requested:	# of appeals:
# of requests approved:	# of exceptions approved:	# of favourable appeals:

1. Along with the Program reporting requirements outlined in the Reporting Requirements Section of this Schedule, the Recipient will submit to FNHA a report which includes the following information:
 - (1) how are the benefits being provided;
 - (2) factors affecting the delivery of the program;
 - (3) major accomplishments/challenges in the program during the reporting period; and
 - (4) other relevant observations, comments or information.

First Nations Health Benefits - Dental Care Benefits (FNHB/DCB)

1. The Recipient will submit to FNHA, interim financial reports and year-end financial (Set) OR an Annual Audit (Block/Flexible) report on actual expenditures as set out in Schedule "3" entitled "**Summary of Reporting Requirements**" of the Agreement.
2. The Recipient will submit to FNHA program activity reports as per the schedule outlined in Appendix "FNHB/DCB-A". The program activity reports will include the following data elements for each authorized claim for the reporting period. This report may be submitted in electronic and/or paper form.
 - (1) Client surname and given names;
 - (2) Client date of birth;
 - (3) Client identification number (Status Card number, Band name);
 - (4) Pre-determination number;
 - (5) provider name;
 - (6) date of service;
 - (7) procedure code;
 - (8) tooth code;
 - (9) tooth surface;
 - (10) professional fee;
 - (11) laboratory fee; and
 - (12) total amount paid per claim.
3. In addition to the elements outlined above, the annual report will include a general overview of the work being done, how the benefits are being delivered, a brief summary of any problems encountered and recommendations for improvement.
4. The requested reports are to be sent to the following email address:
Financial Reports: fnha.reports@fnha.ca
Program Reports: fnha.reports@fnha.ca

APPENDIX “FNHB/DCB-A” - FNHB Program Reports, Activity Reports Due Dates and Activity Report Requirements

1 st	2 nd	Annual report
For Period Apr 1 to Aug 31	For Period Sept 1 to Nov 30	For Period Apr 1 to Mar 31
Due Oct 15 th	Due Jan 15 th	Due within one hundred twenty (120) calendar days of the end of each Fiscal Year

Annual Report

Fiscal Year:	Recipient:	
Annual Funding Level:	Contribution Agreement #:	
# of requests:	# of exceptions requested:	# of appeals:
# of requests approved:	# of exceptions approved:	# of favourable appeals:

1. Along with the Program reporting requirements outlined in the Reporting Requirements Section of this Schedule, the Recipient will submit to FNHA a report which includes the following information:
 - (1) how are the benefits being provided;
 - (2) factors affecting the delivery of the program;
 - (3) major accomplishments/challenges in the program during the reporting period; and
 - (4) other relevant observations, comments or information.

First Nations Health Benefits - Pharmacy Benefits (FNHB/PB)

1. The Recipient will submit to FNHA, interim financial reports and year-end financial (Set) OR an Annual Audit (Block/Flexible) report on actual expenditures as set out in Schedule "3" entitled "**Summary of Reporting Requirements**" of the Agreement.
2. The Recipient will submit to FNHA program activity reports as per the schedule outlined in Appendix "FNHB/PB-A". The program activity reports will include the following data elements for each authorized claim for the reporting period. This report may be submitted in electronic or paper form.
 - (1) Client surname and given names;
 - (2) Client date of birth;
 - (3) Client identification number (Status Card number, Band name);
 - (4) provider name;
 - (5) prescriber name;
 - (6) prescriber number;
 - (7) DIN number;
 - (8) quantity;
 - (9) prior approval number (where applicable);
 - (10) date of service; and
 - (11) total amount paid per claim.
3. In addition to the elements outlined above, the annual report will include a general overview of the work being done, how the benefits are being delivered, a brief summary of any problems encountered and recommendations for improvement.
4. The requested reports are to be sent to the following email address:
Financial Reports: fnha.reports@fnha.ca
Program Reports: fnha.reports@fnha.ca

APPENDIX “FNHB/PB-A” - FNHB Program Reports, Activity Reports Due Dates and Activity Report Requirements

1 st	2 nd	Annual report
For Period Apr 1 to Aug 31	For Period Sept 1 to Nov 30	For Period Apr 1 to Mar 31
Due Oct 15 th	Due Jan 15 th	Due within one hundred twenty (120) calendar days of the end of each Fiscal Year

Annual Report

Fiscal Year:	Recipient:	
Annual Funding Level:	Contribution Agreement #:	
# of requests:	# of exceptions requested:	# of appeals:
# of requests approved:	# of exceptions approved:	# of favourable appeals:

1. Along with the Program reporting requirements outlined in the Reporting Requirements Section of this Schedule, the Recipient will submit to FNHA a report which includes the following information:
 - (1) how are the benefits being provided;
 - (2) factors affecting the delivery of the program;
 - (3) major accomplishments/challenges in the program during the reporting period; and
 - (4) other relevant observations, comments or information.

First Nations Health Benefits - Medical Supplies and Equipment (FNHB/MSE)

1. The Recipient will submit to FNHA, interim financial reports and year-end financial (Set) OR an Annual Audit (Block/Flexible) report on actual expenditures as set out in Schedule "3" entitled "**Summary of Reporting Requirements**" of the Agreement.
2. The Recipient will submit to FNHA program activity reports as per the schedule outlined in Appendix "FNHB/MSE-A". The program activity reports will include the following data elements for each authorized claim for the reporting period. This report may be submitted in electronic or paper form.
 - (1) Client surname and given name;
 - (2) Client date of birth;
 - (3) Client identification number (Status Card number, Band name);
 - (4) prior approval number;
 - (5) prescriber name;
 - (6) provider name;
 - (7) benefit items purchased, item code;
 - (8) cost of benefit item(s) (include manufacturer's cost price);
 - (9) material cost (where applicable);
 - (10) professional fees (where applicable); and
 - (11) total amount paid per claim.
3. In addition to the elements outlined above, the annual report will include a general overview of the work being done, how the benefits are being delivered, a brief summary of any problems encountered and recommendations for improvement.
4. The requested reports are to be sent to the following email address:
Financial Reports: fnha.reports@fnha.ca
Program Reports: fnha.reports@fnha.ca

APPENDIX “FNHB/MSE-A” - FNHB Program Reports, Activity Reports Due Dates and Activity Report Requirements

1 st	2 nd	Annual report
For Period Apr 1 to Aug 31	For Period Sept 1 to Nov 30	For Period Apr 1 to Mar 31
Due Oct 15 th	Due Jan 15 th	Due within one hundred twenty (120) calendar days of the end of each Fiscal Year

Annual Report

Fiscal Year:	Recipient:	
Annual Funding Level:	Contribution Agreement #:	
# of requests:	# of exceptions requested:	# of appeals:
# of requests approved:	# of exceptions approved:	# of favourable appeals:

1. Along with the Program reporting requirements outlined in the Reporting Requirements Section of this Schedule, the Recipient will submit to FNHA a report which includes the following information:
 - (1) how are the benefits being provided;
 - (2) factors affecting the delivery of the program;
 - (3) major accomplishments/challenges in the program during the reporting period; and
 - (4) other relevant observations, comments or information.

First Nations Health Benefits - Vision Care (FNHB/VC)

1. The Recipient will submit to FNHA, interim financial reports and year-end financial (Set) OR an Annual Audit (Block/Flexible) report on actual expenditures as set out in Schedule "3" entitled "**Summary of Reporting Requirements**" of the Agreement.
2. The Recipient will submit to FNHA program activity reports as per the schedule outlined in Appendix "FNHB/VC-A". The program activity reports will include the following data elements for each authorized claim for the reporting period. This report may be submitted in electronic or paper form.
 - (1) Client surname and given names;
 - (2) Client date of birth;
 - (3) Client identification number (Status Card number, Band name);
 - (4) prior approval number;
 - (5) prescriber name;
 - (6) provider name;
 - (7) benefit items purchased; and
 - (8) total amount paid per claim.
3. In addition to the elements outlined above, the annual report will include a general overview of the work being done, how the benefits are being delivered, a brief summary of any problems encountered and recommendations for improvement.
4. The requested reports are to be sent to the following email address:
Financial Reports: fnha.reports@fnha.ca
Program Reports: fnha.reports@fnha.ca

APPENDIX “FNHB/VC-A” - FNHB Program Reports, Activity Reports Due Dates and Activity Report Requirements

1 st	2 nd	Annual report
For Period Apr 1 to Aug 31	For Period Sept 1 to Nov 30	For Period Apr 1 to Mar 31
Due Oct 15 th	Due Jan 15 th	Due within one hundred twenty (120) calendar days of the end of each Fiscal Year

Annual Report

Fiscal Year:	Recipient:	
Annual Funding Level:	Contribution Agreement #:	
# of requests:	# of exceptions requested:	# of appeals:
# of requests approved:	# of exceptions approved:	# of favourable appeals:

1. Along with the Program reporting requirements outlined in the Reporting Requirements Section of this Schedule, the Recipient will submit to FNHA a report which includes the following information:
 - (1) how are the benefits being provided;
 - (2) factors affecting the delivery of the program;
 - (3) major accomplishments/challenges in the program during the reporting period; and
 - (4) other relevant observations, comments or information.

First Nations Health Benefits - Community Dental Benefits (FNHB/CDB)

1. The Recipient will submit to FNHA, interim financial reports and year-end financial (Set) OR an Annual Audit (Block/Flexible) report on actual expenditures as set out in Schedule "3" entitled "**Summary of Reporting Requirements**" of the Agreement. The amounts listed in the financial report are to equal those of the four-month average level of dental services, as identified in Appendix "FNHB/CDB-B". (*The APPENDIX "FNHB/CDB-B" - Funding Work Sheet will be attached to the Program Plan for the Funding Agreement, if applicable*).
2. The Recipient will submit to FNHA program activity reports as per the schedule outlined in Appendix "FNHB/CDB-A". The annual report will include a general overview of the work being done, how the benefits are being delivered, a brief summary of any problems encountered and recommendations for improvement.
3. The Recipient will submit to FNHA, at the end of every month, a daily work report of all services provided. The information provided in the report will be used to validate and verify the budget and cash flow amounts. The report is due by the fifteenth (15) calendar day of the following month and will be submitted in electronic and/or paper form and will include the following data elements for each service provided to a Client in the reporting period:
 - (1) Client surname and given names;
 - (2) Client date of birth;
 - (3) Client identification number (Status Card number, Band name);
 - (4) provider name;
 - (5) date of service;
 - (6) procedure code;
 - (7) tooth code;
 - (8) tooth surface;
 - (9) professional fee (if billing through FCH);
 - (10) laboratory fee (if billing through FCH);
 - (11) predetermination number (if applicable); and
 - (12) other coverage indicator (if applicable).
4. The requested reports are to be sent to the following email address:
Financial Reports: fnha.reports@fnha.ca
Program Reports: fnha.reports@fnha.ca

APPENDIX “FNHB/CDB-A” - FNHB Program Reports, Activity Reports Due Dates and Activity Report Requirements

1 st	2 nd	Annual report
For Period Apr 1 to Aug 31	For Period Sept 1 to Nov 30	For Period Apr 1 to Mar 31
Due Oct 15 th	Due Jan 15 th	Due within one hundred twenty (120) calendar days of the end of each Fiscal Year

Annual Report

Fiscal Year:		Recipient:	
Annual Funding Level:		Contribution Agreement #:	
FNHB CLIENTS			
# of service requests:		# of appeals:	
# of requests approved:		# of favourable appeals:	
OTHER SERVICES			
# of non- FNHB patients treated:		Total amount of billings collected from non-FNHB patients:	\$
# of FNHB Clients with third party plan coverage:		Total amount of billings collected from third party plans:	\$

1. Along with the Program reporting requirements outlined in the Reporting Requirements Section of this Schedule, the Recipient will submit to FNHA a report which includes the following information:
 - (1) how the benefits are being provided;
 - (2) factors affecting the delivery of the program;
 - (3) major accomplishments/challenges in the program during the reporting period;
 - (4) other relevant observations, comments or information; and
 - (5) number of Dental Provider Service Hours.

First Nations Health Benefits - Visiting Health Care Professional Services (FNHB/VPS)

1. The Recipient will submit to FNHA, interim financial reports and year-end financial (Set) OR an Annual Audit (Block/Flexible) report on actual expenditures as set out in Schedule "3" entitled "**Summary of Reporting Requirements**" of the Agreement.
2. The Recipient will submit to FNHA program activity reports as per the schedule outlined in Appendix "FNHB/VPS-A". The program activity reports will include the following information for each month covered for the reporting period:
 - (1) total number of community visits per health professional;
 - (2) total number of Clients seen by each health professional per visit by age group and length of each visit (as per attached activity report);
 - (3) total expenditures during the reporting period; and
 - (4) a report on the activities of any third parties funded through this Agreement, if applicable.
3. In addition to the elements outlined above, the annual report will include a general overview of the work being done, how the services are being delivered, a brief summary of any problems encountered and recommendations for improvement.
4. The requested reports are to be sent to the following email address:
Financial Reports: fnha.reports@fnha.ca
Program Reports: fnha.reports@fnha.ca

APPENDIX “FNHB/VPS-A” - FNHB Program Reports, Activity Reports Due Dates and Activity Report Requirements

1 st	2 nd	Annual report
For Period Apr 1 to Aug 31	For Period Sept 1 to Nov 30	For Period Apr 1 to Mar 31
Due Oct 15 th	Due Jan 15 th	Due within one hundred twenty (120) calendar days of the end of each Fiscal Year

Annual Report

Fiscal Year:	Recipient:	
Annual Funding Level:	Contribution Agreement #:	
# of requests:	# of exceptions requested:	# of appeals:
# of requests approved:	# of exceptions approved:	# of favourable appeals:

1. Along with the Program reporting requirements outlined in the Reporting Requirements Section of this Schedule, the Recipient will submit to FNHA a report which includes the following information:
 - (1) how are the benefits being provided;
 - (2) factors affecting the delivery of the program;
 - (3) major accomplishments/challenges in the program during the reporting period; and
 - (4) other relevant observations, comments or information.

Other Reporting Requirements

Health Human Resources (HHR)

1. In addition to the financial reports required as set out in Schedule “3” entitled **“Summary of Reporting Requirements”** of the Agreement, the Recipient will provide to FNHA an annual report for the period from **April 1st** to **March 31st** due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year]. The annual report will include, but is not limited to, the following information:
 - (a) an executive summary of the project/initiative;
 - (b) a description of the activities completed and outcomes achieved as identified in the approved work plan;
 - (c) summary or project successes, barriers, lessons learned; and
 - (d) copies of any materials generated as a result of the project.

Accreditation Services (AS)

1. In addition to the financial reports required as set out in Schedule “3” entitled **“Summary of Reporting Requirements”** of the Agreement, the Recipient will provide to FNHA an annual report for the period from **April 1st** to **March 31st**, due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year]. The annual report will include, but is not limited to, the following information:
 - (1) a copy of the letter from Accreditation Canada or another approved accrediting body, acknowledging that the organization has been approved and registered;
 - (2) a calendar/schedule of the accreditation process as determined with Accreditation Canada or another approved accrediting body that includes the date(s) of all education sessions and survey visits; and
 - (3) a copy of the post survey letter from Accreditation Canada or another approved accrediting body, confirming the accreditation status, if applicable.

Capital Facilities - Operation and Maintenance (CF-O&M)

1. The Recipient will, at the reporting times specified in Schedule “3” entitled **“Summary of Reporting Requirements”** of the Agreement for operations and maintenance (if any) and otherwise within one hundred and twenty (120) calendar days of the end of each Fiscal Year during the term of the Agreement, provide a report as to all activities and expenditures for the Capital Facilities.

2. The Recipient will keep and maintain the following documents and provide copies to FNHA upon written request by FNHA:
 - (1) all paid fuel and utilities invoices for the Capital Facilities; and
 - (2) records for all disbursements for other operations, maintenance and repair activities for the Capital Facilities.

Environmental Public Health - Transportation of Dangerous Goods (EPH/TDG)

1. In addition to the financial reports required as set out in Schedule “3” entitled **“Summary of Reporting Requirements”** of the Agreement, the Recipient will provide to FNHA an annual report for the period from **April 1st** to **March 31st**, due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year]. The annual report will include, but is not limited to, the following information:
 - (1) the number of TDG training sessions delivered per Fiscal Year; and
 - (2) the name of trainee along with the date and type of training so that the data can be entered into Health Canada’s TDG Database.

e-Health Infostructure (Solutions) (e-HS)

1. In addition to the financial reports required as set out in Schedule “3” entitled **“Summary of Reporting Requirements”** of the Agreement, the Recipient will provide to FNHA an annual report for the period from **April 1st** to **March 31st**, due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year].

e-Health Infostructure (Coordinator) (e-HC)

1. In addition to the financial reports required as set out in Schedule “3” entitled **“Summary of Reporting Requirements”** of the Agreement, the Recipient will provide to FNHA an annual report for the period from **April 1st** to **March 31st**, due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year]. The annual report will include, but is not limited to, the following information:
 - (a) number of communities visited and the status of e-Health in those communities;
 - (b) presentations completed, meetings attended; and
 - (c) other activities undertaken relative to e-Health.

First Nations Home and Community Care (FNHCC) - Phase 1

1. In addition to the financial reports required as set out in Schedule “3” entitled ***“Summary of Reporting Requirements”*** of the Agreement, the Recipient will provide to FNHA an annual report for the period from **April 1st** to **March 31st**, due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year]. The annual report will include, but is not limited to, the following information:
 - (1) progress made in completing the Community Needs Assessment Summary; and
 - (2) progress made in completing the Service Delivery Plan.

First Nations Home and Community Care (FNHCC) - Phase 2

1. In addition to the financial reports required as set out in Schedule “3” entitled ***“Summary of Reporting Requirements”*** of the Agreement, the Recipient will provide to FNHA an annual report for the period from **April 1st** to **March 31st**, due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year]. The annual report will include, but is not limited to, the following information:
 - (1) evidence of policies and procedures for the delivery of the program, and personnel policies;
 - (2) progress to date on the implementation process to establish the essential service elements of the HCC program, including:
 - (a) structured client assessment;
 - (b) care coordination/case management;
 - (c) home care nursing services;
 - (d) home support services, personal care services, and home management;
 - (e) in-home respite care;
 - (f) access to medical supplies and equipment;
 - (g) a client records system maintained to include initial assessment, periodic reassessments and ongoing care plans and client documents;
 - (h) management and support (including professional supervision/consultation); and
 - (i) linkages established with other health care and social service sectors.

- (3) the Home and Community Care Human Resources Profile. Where connectivity exists, the Recipient will generate the “Home and Community Care Human Resource Profile” through the e-SDRT electronic tool. Where technical infrastructure precludes electronic uploading, a diskette with the Human Resource Profile data will be submitted. Details are available in the Human Resource User Training Guide which is available from the Regional Office and via <http://fnihis.org>.

First Nations Home and Community Care (FNHCC) - Phase 3

1. In addition to the financial reports required as set out in Schedule “3” entitled **“Summary of Reporting Requirements”** of the Agreement, the Recipient will provide to FNHA an annual report for the period from **April 1st** to **March 31st**, due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year]. The annual report will include, but is not limited to, the following information:
 - (1) statistical information based on the e-SDRT service delivery data uploaded monthly and the Home and Community Care Human Resources Profile. Where connectivity exists, the Recipient will generate the “Total Service Delivery Report” and the “Home and Community Care Human Resource Profile” through the e-SDRT electronic tool. Where technical infrastructure precludes electronic uploading, a diskette with the service delivery and Human Resource Profile data will be submitted. Details are available in the e-SDRT and Human Resource User Training Guide which is available from the Regional Office and via <http://fnihis.org>.

Health Consultation and Liaison (HCON&L)

1. In addition to the financial reports required as set out in Schedule “3” entitled **“Summary of Reporting Requirements”** of the Agreement, the Recipient will provide to FNHA an annual report for the period from **April 1st** to **March 31st**, due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year]. The annual report will include, but is not limited to, the following information:
 - (a) the status of the project;
 - (b) activities undertaken to date; and
 - (c) suggestions and recommendations for future projects or for continuation of the project.

Health Careers (HCR)

1. In addition to the financial reports required as set out in Schedule “3” entitled **“Summary of Reporting Requirements”** of the Agreement, the Recipient will provide to FNHA an annual report, for the period from **April 1st** to **March 31st**, due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year], including but not limited to the following information:
 - (a) status of activities identified in work plan;
 - (b) a copy of the student evaluation of the summer employment; and
 - (c) a copy of the employer evaluation completed for each student participating in the program.
2. The Recipient will utilize the Health Careers Reporting Template, available from the Regional Office, to complete the reports specified above.

Indian Residential Schools (IRS) Resolution Health Support Program (RHSP) Resolution Health Support Worker

1. In addition to the financial reports required as set out in Schedule “3” entitled **“Summary of Reporting Requirements”** of the Agreement, the Recipient will provide to FNHA quarterly activity reports for the period from **April 1st** to **June 30th**, due on or before **August 15th**, for the period from **July 1st** to **September 30th** due on or before **November 15th**, for the period from **October 1st** to **December 31st** due on or before **February 15th**, and for the period from **January 1st** to **March 31st** due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year]:
 - (1) Which will include, but is not limited to the following information broken down monthly:
 - (a) number of Former IRS Students provided with RHSW services;
 - (b) number of Former IRS Students’ immediate family member(s) and/or support person(s) provided with RHSW services;
 - (c) aggregated, non-identifiable information including age, gender, status (First Nation, Inuit, Métis, non-status, non-Aboriginal), residential school attended, whether they are resolving their claims through the Independent Assessment Process (IAP), Negotiated Settlement Procedure (NSP) or the Alternate Dispute Resolution Process (ADR);
 - (d) purpose of interactions between the RHSW and the former IRS Student and/or their immediate family member(s) and/or support person(s) (e.g. information about IRS abuse/trauma, crisis

counselling, referral, Truth and Reconciliation Commission, Common Experience Payment, etc.);

- (e) number and type of referrals (e.g. counselling or cultural support, FNHA IRS RHSP Program Consultant, Indian Residential Schools Resolution Canada, Adjudication Secretariat, Aboriginal Healing Foundation funded project, self-referral, etc.);
- (f) number of trips, made by the RHSW, requiring travel to IAP hearings, NSP's, ADR Process as well as Truth & Reconciliation Commission and Commemoration events including dates and location of the events attended; and
- (g) number of trips, made by the RHSW, requiring travel for IRS Resolution Health Support Program awareness / education / promotion including dates and locations of the events attended.

(2) Will also include, but is not limited to, the following information:

- (a) the status of the activities; and/or
- (b) activities undertaken to date; and/or
- (c) suggestions and recommendations for future activities or for continuation of the activities.

Indian Residential Schools (IRS) Resolution Health Support Program (RHSP) Cultural Support Provider

2. In addition to the financial reports required as set out in Schedule "3" entitled ***"Summary of Reporting Requirements"*** of the Agreement, the Recipient will provide to FNHA quarterly activity reports for the period from **April 1st to June 30th** due on or before **August 15th**, for the period from **July 1st to September 30th** due on or before **November 15th**, for the period from **October 1st to December 31st** due on or before **February 15th**, and for the period from **January 1st to March 31st** due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year]:

(1) Which will include, but is not limited to the following information broken down monthly:

- (a) number of Former IRS Students provided with cultural support services;
- (b) number of Former IRS Students' immediate family member(s) and/or support person(s) provided with cultural support services;
- (c) aggregated, non-identifiable information including age, gender, status (First Nation, Inuit, Métis, non-status, non-Aboriginal),

residential school attended, whether they are resolving their claims through the Independent Assessment Process (IAP), Negotiated Settlement Procedure (NSP) or the Alternate Dispute Resolution Process (ADR);

- (d) purpose of interactions between the cultural support provider and the Former IRS Student and/or their immediate family member(s) and/or support person(s) (e.g. information about IRS abuse/trauma, crisis counselling, referral, Truth and Reconciliation Commission, Common Experience Payment, etc.);
- (e) number and type of referrals (e.g. counselling or emotional support, FNHA IRS RHSP Program Consultant, Indian Residential Schools Resolution Canada, Adjudication Secretariat, Aboriginal Healing Foundation funded project, self-referral, etc.); and
- (f) number of trips, made by the cultural support provider, requiring travel to IAP hearings, NSP's, ADR Process as well as Truth & Reconciliation Commission and Commemoration events including dates and location of the events attended.

(2) Will also include, but is not limited to, the following information:

- (a) the status of the activities; and/or
- (b) activities undertaken to date; and/or
- (c) suggestions and recommendations for future activities or for continuation of the activities.

Security Services (SS)

1. In addition to the financial reports required as set out in Schedule "3" entitled "**Summary of Reporting Requirements**" of the Agreement, the Recipient will provide to FNHA an annual report for the period from **April 1st** to **March 31st**, due on or before **July 29th** [no later than one hundred and twenty (120) calendar days after the end of the Fiscal Year]. The annual report will include, but is not limited to, the following information:
 - (1) risk assessment report presenting the summary of findings and the conclusions of the risk assessment;
 - (2) number of days and hours of security guard services;
 - (3) number and description on the type of security incidents (e.g. workplace violence);
 - (4) report on any serious security incidents involving the health, safety and security of nursing staff (e.g. workplace related violence against the nurse);

- (5) number of nuisance telephone calls;
- (6) report of results when conducting periodic patrols of the nursing stations, residences and outlying buildings; and
- (7) total costs incurred during the period.

APPENDIX “A”

Please Note: The following schedules are for information purposes only. Please refer to Schedule “3” Summary of Reporting Requirements of your Funding Agreement for your specific reporting requirements.

Summary of Reporting Requirements – Block & Flexible

FUNDING	FINANCIAL REPORTING	PROGRAM REPORTING
For all levels of funding:	<p>An Annual Audit report due July 29th [no later than one hundred and twenty (120) calendar days after the end of each Fiscal Year].</p> <p><u>Annual Audit report</u> Apr-Mar due Jul 29th</p>	<p>BLOCK:</p> <p>An annual report to the FNHA and Recipient Members within one hundred and twenty (120) calendar days of the end of each Fiscal Year. The annual report, based on the Health Plan, will incorporate the <i>Community Based Reporting Template</i> and/or as per any Schedule.</p> <p>An evaluation report every 5 years.</p> <p>Report on Mandatory Programs.</p> <hr/> <p>FLEXIBLE:</p> <p>An annual report to the FNHA within one hundred and twenty (120) calendar days of the end of each Fiscal Year as per the <i>Community Based Reporting Template</i> and/or as per any Schedule.</p>
Set Funding:	<p>In addition to the Annual Audit report, one interim financial report.</p> <p><u>Interim report</u> Apr-Sep due Nov 15th</p>	As above.
First Nations Health Benefits:	<p>In addition to the Annual Audit report, two interim financial reports.</p> <p><u>1st report</u> Apr-Aug due Oct 15th</p> <p><u>2nd report</u> Sept-Nov due Jan 15th</p>	<p>In addition to the annual report, two interim program activity reports as per <i>Reporting Requirements Guide</i></p> <p><u>1st report</u> Apr-Aug due Oct 15th</p> <p><u>2nd report</u> Sept-Nov due Jan 15th</p>

FUNDING	FINANCIAL REPORTING	PROGRAM REPORTING
Indian Residential Schools Resolution Health Support Program:	In addition to the Annual Audit report, one interim financial report. <u>Interim report</u> <u>Apr-Sep due Nov 15th</u>	Four program activity reports as per <i>Reporting Requirements Guide</i> <u>1st report</u> <u>Apr-Jun due Aug 15th</u> <u>2nd report</u> <u>Jul-Sep due Nov 15th</u> <u>3rd report</u> <u>Oct-Dec due Feb 15th</u> <u>4th report</u> <u>Jan-Mar due Jul 29th</u>

Summary of Reporting Requirements – Set

FUNDING	FINANCIAL REPORTING	PROGRAM REPORTING
Set Funding:	<p>One interim financial report & one year end financial report.</p> <p><u>Interim report</u> <u>Apr-Sep due Nov 15th</u></p> <p><u>Year-end report</u> <u>Apr-Mar due Jul 29th</u></p>	<p>An annual report within one hundred and twenty (120) calendar days of the end of each Fiscal Year as per the <i>Community-Based Reporting Template</i> and/or as per any Schedule.</p>
First Nations Health Benefits:	<p>In addition to the year-end financial report, two interim financial reports.</p> <p><u>1st report</u> <u>Apr-Aug due Oct 15th</u></p> <p><u>2nd report</u> <u>Sept-Nov due Jan 15th</u></p>	<p>In addition to the annual report, two interim program activity reports as per <i>Reporting Requirements Guide</i></p> <p><u>1st report</u> <u>Apr-Aug due Oct 15th</u></p> <p><u>2nd report</u> <u>Sept-Nov due Jan 15th</u></p>
Indian Residential Schools Resolution Health Support Program:	<p>One interim financial report & one year-end financial report.</p> <p><u>Interim report</u> <u>Apr-Sep due Nov 15th</u></p> <p><u>Year-end report</u> <u>Apr-Mar due Jul 29th</u></p>	<p>Four program activity reports as per <i>Reporting Requirements Guide</i></p> <p><u>1st report</u> <u>Apr-Jun due Aug 15th</u></p> <p><u>2nd report</u> <u>Jul-Sep due Nov 15th</u></p> <p><u>3rd report</u> <u>Oct-Dec due Feb 15th</u></p> <p><u>4th report</u> <u>Jan-Mar due Jul 29th</u></p>