



First Nations Health Authority  
Health through wellness

# Reporting Requirements Guide



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## Table of Contents

Preface .....	4
How to Use This Guide .....	6
General Reporting Requirements .....	7
Set Agreements.....	8
Block and Flexible Agreements .....	10
Block Agreement Five-Year Evaluation Report.....	12
Program Evaluation Request .....	13
Mandatory Programs and their Reporting Requirements .....	13
Financial Reporting Accountabilities.....	14
Checklist of Financial Responsibilities .....	14
Unspent Funding .....	16
Annual Narrative Report.....	18
Program Activity Reporting Requirements .....	18
Accreditation Services (AS) .....	19
Capital Facilities: Operation and Maintenance (CF-O&M) .....	19
Children's Oral Health Initiative and Oral Health Professional Activities (OHPA).....	19
E-Health Infostructure (Solutions/Coordinator) (e-HS/e-HC) .....	19
First Nations Health Benefits: Community Dental Benefits (FNHB/CDB) & First Nations Health Benefits: Dental Care Benefits (FNHB/DCB) .....	20
Financial report deadlines .....	20
Program report deadlines .....	20
First Nations Health Benefits: Medical Transportation (FNHB/MT) .....	22
Financial report deadlines .....	22
Program report deadlines .....	22
Program reporting guidelines.....	22
First Nations Health Benefits: Short Term Crisis Intervention Mental Health.....	24
Counselling (FNHB/STCIMHC).....	24
Financial report deadlines .....	24
Program report deadlines .....	24
Program reporting guidelines.....	24

First Nations Health Benefits: Visiting Health Care Professional Services (FNHB/VPS) .....	26
Financial report deadlines .....	26
Program report deadlines .....	26
Program reporting guidelines .....	26
FNHB Healthy Medication Use (HMU) .....	27
First Nations Home and Community Care (FNHCC): .....	27
Health Consultation and Liaison (HCON&L) .....	28
Indian Residential Schools (IRS) Resolution Health Support Program (RHSP) .....	28
Resolution Health Support Worker .....	28
Financial report deadlines .....	28
Program report deadlines .....	28
Program reporting guidelines .....	28
Indian Residential Schools (IRS) Resolution Health Support Program (RHSP) .....	29
Cultural Support Provider .....	29
Financial report deadlines .....	29
Program reporting guidelines .....	30
National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centre.....	31
Financial report deadlines .....	31
Program report deadlines .....	31
Program reporting guidelines .....	31
National Native Alcohol and Drug Abuse Program – Mental Health Services.....	32
(Treatment Centres) .....	32
Financial report deadlines .....	32
Program report deadlines .....	33
Program reporting guidelines .....	33
National Youth Solvent Abuse Program (NYSAP) Treatment Centre .....	33
Financial report deadlines .....	33
Program report deadlines .....	33
Program reporting guidelines .....	34
Joint Project Board.....	35

Annual Narrative Project Report .....36  
Annual Project Financial Report .....36  
Carry-Forward Requests .....36

## Preface

Welcome to the First Nations Health Authority (FNHA) Reporting Guide.

In engagement sessions with communities and health service organizations 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 that a degree of predictability and familiarity supports the incremental changes in a way that is comfortable for our health providers and partners. We recognize and acknowledge that reporting and Health Funding Agreements are never static, and we are committed to implementing necessary and directed changes to allow for a steady and sustainable pace of transformation.

The reporting data we collect through the financial and program reports submitted by communities and health organizations is used to report back to community health and political leadership about where we are currently at and where we are going as a health authority. This data allows us to assess the quality and effectiveness of the work underway and supports the strategies we collectively use to work for and implement lasting changes in the health system for BC's First Nations people. FNHA accountability is tied to community accountability. When we all exemplify due diligence and show strong accountability, we are better able to work together.

One key change that took place in 2017/18 is the introduction of an audit report requirement for non-community based agreement holders with annual funding of \$150,000 or more.

Please be aware that if you are in receipt of \$150,000 or more of FNHA funding through a set non-community based agreement (i.e. Health Actions) audited financial statements are a requirement of this funding. Please note the cost associated with audits is the responsibility of the recipient.

Additionally, communities and health services organizations are reminded that the FNHA requires program schedules for non-community based agreement holders with annual funding of \$150,000 or more, in addition to the audited financial statements normally included in your audit. The reporting requirements outlined in this guide 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.

## How to Use This Guide

If your community or health service organization has a funding agreement with the FNHA, you are required to send us financial and program performance reports. These reporting requirements, which are explained in this guide, allow us to ensure that the services and programs funded are meeting high operational standards and that our work is accountable and transparent.

Your reporting requirements will depend on the funding model outlined within your funding agreement. FNHA uses various contribution agreements depending on funding type: Health Actions and Joint Project Board funding flow through set agreements. Whereas funding for community-based agreements may flow through set, flex or block agreements. While this program reporting guide touches on information regarding the contribution agreements (e.g. health actions, joint project board, grants), it will largely concentrate on reporting requirements found under your health funding agreement.

FNHA funding agreements follow one of three funding models: Set, Flexible and Block. A community or health service organization's block or flexible health funding agreement can support more than one funding model. For example, a block agreement can accommodate block funding as its primary funding model and set funding as a secondary funding model. This allows health funding agreement to adapt to the financial and reporting requirements of different program areas. The funding models also provide flexibility to address different levels of managerial capacity within a community or health service organization, as well as changes in that capacity during the period of an agreement. The Set, Flexible and Block funding models vary in:

- the type of plan required (i.e., program plan, health and wellness plan or community health plan)
- the extent of FNHA's involvement in program management and administration;
- the flexibility to move funding within and among programs
- the ability to use a surplus and/or to carry forward unspent funds from one fiscal year to the next
- duration
- financial and activity reporting requirements
- evaluation requirements

The types of financial and program reports you must send us depend on the funding model for your program as well as the program itself. To meet your reporting requirements for each FNHA-funded program:

1. Look at your funding agreement to identify if the funding is provided through Set, Flexible/Set or Block/Set funding.
2. Use the tables below to get an overview of the financial and program reporting requirements for your FNHA-funded programs. The specific reporting requirements depend on whether the funding is provided through a Set, Flexible/Set or Block/Set funding model.
3. Go to the [Program Activity Reporting Requirements](#) section of this guide to review the specific reporting requirements for your program(s).
4. Send all financial and program reports under the health funding agreement by the due **dates to [fnha.reports@fnha.ca](mailto:fnha.reports@fnha.ca)**.
5. Send all financial and program reports under the Joint Project Board and Health Actions agreements by the due **dates to [FAD@fnha.ca](mailto:FAD@fnha.ca)**.

### General Reporting Requirements

This section of the guide explains the general reporting requirements for FNHA-funded programs. The requirements are summarized here and followed by descriptions of the reports.

REPORTING REQUIREMENTS	AGREEMENT TYPES		
	SET	FLEXIBLE	BLOCK
Annual audit report (with program schedules)		√	√
Year-end financial report	√ <sup>1</sup>		
Interim financial report(s)	√	√ <sup>2</sup>	√ <sub>2</sub>
Annual narrative report	√	√	√ <sup>3</sup>
Report on the provision of mandatory programs, <i>(where applicable- must be included with the annual narrative report)</i>	√ <sup>4</sup>	√	√
Program specific activity report(s): interim & annual <i>(where applicable)</i>	√	√	√

<sup>1</sup> An annual audit report is required for Non-community based, Health Actions and JPB agreements for annual funding of \$150,000 or more. Please refer to your specific agreement and Schedule 3 entitled "Summary of Reporting Requirements" to see if this applies to you.

<sup>2</sup> Interim financial reports required for set program funding only.

<sup>3</sup> Under the block funding model, a recipient must also produce and make available an annual narrative report to its membership.

<sup>4</sup> Mandatory programs: Communicable Disease Control, Environmental Health, Home and Community Care



Evaluation Report every 5 years			√
<b>CONTRIBUTION AGREEMENTS/ GRANTS</b>			
JPB annual report(s) (financial & narrative)	<i>As per SET above (however, please refer to the terms and condition in your contribution agreement/ grant letter for your reporting requirements)</i>		
Health Actions reports			
Grants			

### Set Agreements

The following table outlines the reports your community or health service organization must submit for all programs funded within set funding agreements. You must submit:

- An interim and year-end financial report. See the [Financial Reporting Accountabilities](#) section of this guide.
- An annual narrative report: this report should be based on the Program Plan (excluding JPB and Health Actions) and will describe all FNHA funded programs, services and activities undertaken during the fiscal year.
- Additional reports depending on the program, as described in the [Program Activity Reporting Requirements](#) section of this guide.

PROGRAM	FINANCIAL REPORTS	PROGRAM REPORTS
Set Funding	<p>One year-end financial report &amp; one interim financial report (with the exception of Health Benefits, Medical Transportation):</p> <p>Year-end report : Due July 29 for the period April 1 – March 31</p> <p>Interim report: Due Nov. 15 for the period April 1 – Sept. 30</p>	<p>An annual narrative report: Due July 29 for the period April 1 – March 31. Based on the Program Plan (excluding Health Actions and JPB), the annual report will include a summary of the funded health programs and services, including mandatory programs; data on service operations and results; and any additional information required as per Program Activity Reporting Requirements section and/or any schedule.</p>

<sup>1</sup> An annual audit report is required for Non-community based, Health Actions and JPB agreements for annual funding of \$150,000 or more. Please refer to your specific agreement and Schedule 3 entitled "Summary of Reporting Requirements" to see if this applies to you.



Use the table below to determine the types of financial and program reports required for your community or health service organization’s programs funded through set health funding agreements. See the [Financial Reporting Accountabilities](#) and [Program Activity Reporting Requirements](#) sections for details specific to each program.

PROGRAM	FINANCIAL REPORTS	PROGRAM REPORTS
Indian Residential Schools Resolution Health Support Program Funding:	As Above.	<p>Four quarterly program activity reports</p> <p>Quarterly report 1: April 1 – June 30. Due Aug. 15.</p> <p>Quarterly report 2: Due Nov. 15, for the period July 1 – Sept. 30</p> <p>Quarterly report 3: Due Feb. 15, for the period Oct.1 – Dec. 31</p> <p>Quarterly report 4: Due June 30, for the period Jan. 1 – March 31</p>
National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centre and/or National Youth Solvent Abuse Program (NYSAP) Treatment Centre	As Above.	<p>In addition to an annual report, four quarterly program activity reports:</p> <p>Quarterly report 1: Due Aug. 15, for the period April 1 – June 30</p> <p>Activity report 2: Due Nov. 15, for the period July 1 – Sept. 30</p> <p>Activity report 3: Due Feb. 15, for the period Oct.1 – Dec. 31</p> <p>Activity report 4: Due July 29, for the period Jan. 1 – March 31</p>
First Nations Health Benefits	<p>In addition to year-end financial report, two interim financial reports:</p> <p>Interim report 1: Due Oct. 15, for the period April 1 – Aug. 31</p> <p>Interim report 2: Due January 15, for the period Sept 1 – Nov. 30</p>	<p>In addition to an annual report, two interim program activity reports:</p> <p>Interim report 1: Due Oct. 15, for the period April 1 – Aug. 31</p> <p>Interim report 2: Due Jan. 15, for the period Sept 1 – Nov. 30</p>
Joint Project Board Initiative	An annual financial report, as per JPB Reporting Template: Due July 29 for the period April 1 – March 31	An annual narrative report, as per JPB Reporting Template: Due July 29 for the period April 1 – March 31
Health Actions	One year-end financial report and audit <i>if</i> funding \$150,000 or more [audit to include program schedule(s)].	Year-end narrative report.

## Block and Flexible Agreements

The following table outlines the reports your community or health service organization must submit for all programs funded through Block and Flexible Health Funding Agreements. All programs funded through Block and Flexible funding in your agreement must submit:

- Audited annual financial statements with program schedules. See the guidelines described in the [Financial Reporting Accountabilities](#) section of this guide.
- An annual narrative report: this report should be based on your community health and wellness plan and will describe all funded programs, services and activities undertaken during the fiscal year.
- Additional reports depending on the program, as described in the [Program Activity Reporting Requirements](#) section of this guide.

Use the table below to find out the types of financial and program reports you need to submit for your community or health service organization's programs funded through Block and Flexible funding agreements. Check the [Financial Reporting Accountabilities](#) and [Program Activity Reporting Requirements](#) sections for details specific to each program.

PROGRAM	FINANCIAL REPORTS	PROGRAM REPORTS
Block and Flexible Funding	An annual audit report with program schedules: Due July 29 for the period April 1 – March 31	An annual narrative report: Due July 29 for the period April 1 – March 31.  Based on the Community Health and Wellness Plan, the annual report will include a summary of funded health programs and services, including mandatory programs; data on service operations and results; explanation for any deviations from the Community Health and Wellness Plan, as well as any additional information required as per Program Activity Reporting Requirements section and/or any Schedule. <b>Additional requirements for Block funding:</b> <ul style="list-style-type: none"> <li>• An annual narrative report to recipient membership.</li> <li>• An evaluation report every five years.</li> <li>• Evaluation plan within six months of agreement execution</li> </ul>

PROGRAM	FINANCIAL REPORTS	PROGRAM REPORTS
Set Funding	<p>In addition to an annual audit report, one interim financial report (<i>with the exception of Health Benefits, Medical Transportation</i>):</p> <p>Interim report: Due Nov. 15 for the period April 1 – Sept. 30</p>	As Above.
Indian Residential Schools Resolution Health Support Program Funding:	As above Set Funding.	<p>Four program activity reports</p> <p>Interim report 1: Due Aug. 15, for the period April 1 – June 30</p> <p>Interim report 2: Due Nov. 15, for the period July 1 – Sept. 30</p> <p>Interim report 3: Due Feb. 15, for the period Oct.1 – Dec. 31</p> <p>Interim report 4: Due June 30, for the period Jan. 1 – March 31</p>
National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centre and/or National Youth Solvent Abuse Program (NYSAP) Treatment Centre	As above Set Funding.	<p>In addition to an annual report, four interim program activity reports:</p> <p>Activity report 1: Due Aug. 15, for the period April 1 – June 30</p> <p>Activity report 2: Due Nov. 15, for the period July 1 – Sept. 30</p> <p>Activity report 3: Due Feb. 15, for the period Oct.1 – Dec. 31</p> <p>Activity report 4: Due July 29, for the period Jan. 1 – March 31</p>

First Nations Health Benefits	In addition to an annual audit report, two interim financial reports:  Interim report 1: Due Oct. 15, for the period April 1 – Aug. 31  Interim report 2: Due January 15, for the period Sept 1 – Nov. 30	In addition to an annual report, two interim program activity reports  Interim report 1: Due Oct. 15, for the period April 1 – Aug. 31  Interim report 2: Due Jan. 15, for the period Sept 1 – Nov. 30
<b>PROGRAM</b>	<b>FINANCIAL REPORTS</b>	<b>PROGRAM REPORTS</b>
Health Actions (provincial)	An annual financial report, due July 29 for the period April 1 – March 31	An annual narrative report, due July 29 for the period April 1 – March 31
Joint Project Board Initiative	An annual financial report, as per JPB Reporting Template: Due July 29 for the period April 1 – March 31	An annual narrative report, as per JPB Reporting Template: Due July 29 for the period April 1 – March 31

### Block Agreement Five-Year Evaluation Report

If your Community or Health Service Organization has received block funding, you must submit a five-year evaluation report once you reach the five-year funding mark. This requirement is identified in the terms and conditions of the agreement and summary of reporting schedule that are part of your health funding agreement.

The five-year evaluation report is tied to your community or health service organization's Community health plan and is meant to allow you to set effective service standards and assess the quality of your programs and services against those standards.

To prepare the evaluation report:

1. *Submit an evaluation plan to the FNHA.* Unless approved otherwise by the FNHA, during the term of the health funding agreement and before the evaluation process, prepare and submit an evaluation plan that outlines your community or health service organization's proposed strategy for conducting an evaluation of the effectiveness of the block health funding agreement and the effectiveness of the health programs and services funded under this agreement.
2. *Submit an evaluation report to the FNHA.* Conduct an evaluation and complete the evaluation report at least six months before the end of each five-year period of the health funding agreement. If you are not sure when your five-year evaluation report is due, please contact your funding arrangements advisor for guidance.

3. *Update the evaluation plan.* For any remaining term of your health funding agreement, or for use with future health funding agreements, update the evaluation plan after completing the five-year evaluation report. You must provide us with a copy of this updated evaluation plan before the end of each five-year period of your agreement.

### **Program Evaluation Request**

At any time, we might ask you to evaluate any or all of the health programs and services that you deliver under the terms of your health funding agreement with the FNHA.

As such, please retain all information and data that you are required to keep according to your health funding agreement or schedule for a period of seven years. Your community or health service organization must provide this information and data to the FNHA upon request, subject to and in accordance with applicable laws, including privacy laws.

### **Mandatory Programs and their Reporting Requirements**

Where the recipient is delivering or arranging for the provision of mandatory programs, the recipient must provide reports as specified in the Summary of Reporting Requirements Schedule, in its agreement. The mandatory programs are:

- Communicable Disease Control
- Environmental Health
- Home and Community Care

The recipient must provide copies of these reports to the FNHA office and to provincial authorities as required and if applicable as per your agreement. The information required in the reports and the method and frequency of reporting on mandatory programs are described in the following table.

<b>PROGRAM</b>	<b>INFORMATION REQUIRED</b>	<b>METHOD/ FREQUENCY OF REPORTING</b>
Communicable Disease Control	Immunization levels (by age, sex, antigen).	Annual according to the provincial immunization schedule <b>due July 29.</b>

	Report on communicable disease as required by provincial regulation; including contact-tracing and follow-up.	Notification to province and the FNHA within 24 hours of diseases with epidemic potential.  Annual Summary
Environmental Health	Total number and percentage of facilities meeting provincial health and environmental standards; food services; water supply; sewage and garbage; pollution; and hazardous substances.	Annual Summary  Notification within twenty-four (24) hours of environmental hazards or conditions which may have any significant environmental impact; including steps taken to remedy the situation.
Home and Community Care	4-Point Data Questions	Annual Summary

### Financial Reporting Accountabilities

The types of reports you must submit – and their frequency – depends on the funding model for your program and the type of health funding agreement you have. If there are unspent funds in your set health funding arrangement at year-end, a surplus reinvestment plan (SRP) needs to be provided, as described later in this section.

### Checklist of Financial Responsibilities

The following checklist describes the responsibilities of communities and health service organizations when preparing the required financial reports, as well as the responsibilities of the auditors reviewing those reports.

CHECKLIST OF FINANCIAL RESPONSIBILITIES	YES
Community or Health Service Organization	
Accurately record financial transactions and prepare all required financial reports and statements described in the health funding agreement, in accordance with these requirements and the agreement.	
Ensure that coding of expenditures is accurate and applied appropriately to programs listed in the schedule "Program Funding" of the health funding agreement.	

Make financial and administrative records and reports available to the auditor and/or FNHA and provide assistance to both as necessary.	
Submit a copy of the audit report to the FNHA within 120 days following the end of the fiscal year (July 29 for the period April 1 – March 31). Surplus reinvestment plans for SET agreement holders to be submitted upon request by FNHA following submission of annual audit with program schedules.	
First Nation's Auditor	
Conduct the audit and prepare an independent auditors report, which includes an Audit Opinion. As well as prepare audited financial statements in accordance with Canadian Auditing Standards of the CPA Canada Handbook – Assurance.	
Provide audited consolidated financial statements (including audit report) and highlight the FNHA's revenue and expenditures on separate schedules.	
<b>For Set Funding:</b> Ensure the report format used is consistent with the schedule " <i>Program Funding</i> " of the health funding agreement (program breakdown provided). Ensure the report format used is presented at the program group level (consistent with sub-sub activity level in the <i>FNHA Funding Model Activity Structure</i> ). <u>Please note all SET One-time-Funding streams will require its own separate schedules.</u>	
<b>For Flexible Funding:</b> Ensure the report format used is presented at the program group level (consistent with activity level in the <i>FNHA Funding Model Activity Structure</i> ). For example, Primary Health Care and Health Infrastructure Support program clusters.	
<b>For Block Funding:</b> Ensure the report format used is presented at the program group level (consistent with activity level in the <i>FNHA Funding Model Activity Structure</i> ). For example, Healthy Child Development, Mental Wellness, Communicable Disease Control and Management, etc. Please note all One-time Funding	
Provide notes as required to explain situations where there is a combination of funding or realization of expenses that are reported in combination but are related to more than one program that is listed in the Schedule "Program Funding" of the Health Funding Agreement.	



Resource documents and further information on FNHA Health Funding Arrangements can be found on the FNHA website: <https://www.fnha.ca/what-we-do/health-system/funding-arrangements>.

## Unspent Funding

Changes to health funding agreements since the transfer of service delivery from Health Canada to the FNHA give communities and health organizations the flexibility to carry forward unspent set funding into the next fiscal year to meet their health service delivery priorities. If you have unspent funding, you can submit a surplus reinvestment plan to request to carry forward your funding into the next fiscal year.

A surplus reinvestment plan also gives your community or health organization the opportunity to communicate spending pace and priorities to the FNHA. The data shared in this plan allows us to:

- establish the long term goals of First Nations health provider partners;
- identify resource gaps in programs and services (as illustrated by low/no carry over);
- identify surplus programs and opportunities for new funding models.

There is no better indicator of investment priorities than actual expenditures. The surplus reinvestment plan should be viewed as a communication tool through which you are expressing your community's emerging priorities. Program planning and transformation takes its cue from these reports and tools.

The guidelines for this flexibility are described below:

- **Set funding:** If you have unspent SET program funds exceeding \$1000, these can be carried forward for reinvestment to the following fiscal year if they are used for the same activity and with the FNHA's approval of a surplus reinvestment plan (see below for details). This does not apply to Indian Residential School (IRS) funding and separate process exists for Joint Project Board (JPB) and First Nations Health Benefits (FNHB) funding. However, SET one-time funding may not be eligible for carry-forward. Please inquire if your Funding Arrangement Advisor if unsure.
- **Flexible or Block funding:** If you have unspent flexible or block program funds, these can be automatically carried forward/retained to be spent by your community or health service organization on programs per your health funding agreement and community health and wellness plan. Surpluses can also be carried forward from an expiring agreement to a renewed health funding agreement.

If you have received SET program funding, you will need to submit a surplus reinvestment plan to be eligible to carry-forward unspent program funds greater than \$1000. This plan should describe the program area and the surplus amount, and the objectives, activities and timelines for reinvesting the surplus. Please contact your Funding Arrangements Advisor if you have surplus SET program funds and we will provide you with additional information. Note: Joint Project Board (JPB) and First Nations Health Benefits (FNHB) funding follow a separate carry-forward process.

Surplus reinvestment plans contribute to our goals of transparency and accountability. The more data we have, the greater our ability to identify resource gaps, enhance funding models and leverage additional resources from our government partners and other agencies.

## Annual Narrative Report

The FNHA, working in partnership with the First Nations Health Directors Association (FNHDA), has developed a suitable community-reporting: the Annual Narrative Report. You are asked to submit an annual narrative report outlining the programs, services and activities undertaken during the fiscal year. Where an annual report is already prepared for the community, FNHA will accept that report provided it includes the information below. The annual narrative report, based on the applicable plan, will contain the following information:

- 1) a summary of the Health Programs and Services, including mandatory programs;
- 2) data on service operations and results; and,
- 3) explanation for any deviations from the Health/Work Plan (for Block and Flexible agreements only)

All completed reports should be emailed to [fnha.reports@fnha.ca](mailto:fnha.reports@fnha.ca). If you would like to prepare your report on a template, please contact your respective Funding Arrangements Advisor. Please note that the usage of this template is optional and we receive annual narrative reports in formats that best suits the community/HSO, as long as they contain the information as outlined above.

## Program Activity Reporting Requirements

Your community/health service organization must complete a program report for each program area funded through a health funding agreement with FNHA.

The types of reports you must submit – and the information they include – also depends on the program itself.

Program activity reporting requirements are described below. FNHA may identify from time to time additional project specific reporting requirements. Please refer to your program plan to see if this applies to you.

Please email your reports by the due date to [fnha.reports@fnha.ca](mailto:fnha.reports@fnha.ca).

### Accreditation Services (AS)

Your **annual report** must include:

- a copy of the letter from an approved accrediting body, acknowledging that your organization has been approved and registered;
- a calendar/schedule of the accreditation process as determined with an approved accrediting body that includes the date(s) of all education sessions and survey visits; and
- a copy of the post-survey letter from an approved accrediting body, confirming the accreditation status, if applicable.

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

Your **annual report** must include:

- all activities and expenditures for the capital facilities.

Your Community/Health Service Organization must also keep and maintain the following documents and provide copies to FNHA upon written request:

- all paid fuel and utilities invoices for the Capital Facilities; and
- records for all disbursements for other operations, maintenance and repair activities for the Capital Facilities.

### Children's Oral Health Initiative and Oral Health Professional Activities (OHPA)

Your **annual report** must include:

- the number of children living in the community by age group, and the number participating in COHI activities.

### E-Health Infostructure (Solutions/Coordinator) (e-HS/e-HC)

Your **annual report** must include:

- the number of communities visited and the status of e-Health in those communities;
- presentations completed;
- meetings attended; and
- other activities undertaken relative to e-Health.

**First Nations Health Benefits: Community Dental Benefits (FNHB/CDB) & First Nations Health Benefits: Dental Care Benefits (FNHB/DCB)**

**Financial report deadlines**

Description	Period	Due
1 <sup>st</sup> Interim Financial Report	April to August	October 15
2 <sup>nd</sup> Interim Financial Report	September to November	January 15
Year-End Financial Report (Set agreement)  <b>OR</b>  Annual Audit Report (Flexible and Block agreement)	April to March	July 29

**Program report deadlines**

Description	Period	Due
1 <sup>st</sup> Interim Report	April to August	October 15
2 <sup>nd</sup> Interim Report	September to November	January 15
Annual Report	April to March	July 29

The **interim and annual report** should consist of 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 should include the following data elements for each service provided to a Client in the reporting period:

- Client surname and given names;
- Client date of birth;
- Client identification number (Status Card number, Band name);
- provider name;
- date of service;
- procedure code;
- tooth code;
- tooth surface;
- professional fee (if billing through FCH);
- laboratory fee (if billing through FCH);

- predetermination number (if applicable); and
- other coverage indicator (if applicable).

The **interim and annual reports** must include the following information:

Interim and annual report requirements	
Fiscal year:	Community/Health Service Organization:
Specific reporting period:	Contribution agreement #:
Annual funding level:	Program name:
# of requests:	# of appeals:
# of requests approved:	# of favorable appeals:
How are the benefits being provided?:	
What were the major accomplishments and challenges in delivering the program during the reporting period?:	
What factors affected the delivery of the program?:	
Other relevant observations, comments or information:	
Number of dental provider service hours:	
# 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: \$

## First Nations Health Benefits: Medical Transportation (FNHB/MT)

### Financial report deadlines

Description	Period	Due
1 <sup>st</sup> Interim Financial Report	April to August	October 15
2 <sup>nd</sup> Interim Financial Report	September to November	January 15
Year-End Financial Report (Set agreement) <b>OR</b> Annual Audit Report (Flexible and Block agreement)	April to March	July 29

### Program report deadlines

Description	Period	Due
1 <sup>st</sup> Interim Report	April to August	October 15
2 <sup>nd</sup> Interim Report	September to November short	January 15
Annual Report	April to March	July 29

### Program reporting guidelines

The **interim and annual** reports must include the following data elements for each authorized claim for the reporting period.

Client information:

- identification number (encrypted identifier may be accepted);
- gender (required only if providing encrypted identifier);
- date of birth or age range; and
- escort reason (see escort option list).

Appointment information:

- date and time of appointment/admission/discharge; and
- specialty of health-care professional.

Travel information:

- departure date;
- departure location;



- destination; and
- return date.

Benefit information (as applicable):

- transportation type (e.g. bus, taxi, medical van, private vehicle, scheduled air, etc.);
- mileage amount (if applicable);
- total amount paid for transportation (including PST/GST/other tax);
- accommodation type (e.g. hotel, motel, boarding home, private accommodation, etc.);
- number of nights;
- total amount paid for accommodation (including PST/GST/other tax);
- description and number of meals provided;
- total amount paid for meals;
- description of other benefits provided (please specify);
- cost of other benefits provided (including PST/GST/other tax); and
- total cost of trip (including tax).

Each **interim and annual report** must include the following information:

Interim and annual report requirements	
Fiscal year:	Community/Health Service Organization:
Specific reporting period:	Contribution agreement #:
Annual funding level:	Program name:
# of requests:	# of appeals:
# of requests approved:	# of favourable appeals:
# of exceptions requested:	# of exceptions approved:
How are the benefits being provided?:	
What were the major accomplishments/challenges in delivering the program during the reporting period?:	
What factors affected the delivery of the program?:	
Other relevant observations, comments or information:	
How are the benefits being provided for Medical Transportation? Please include information about contracted drivers, van systems, individual approvals to clients, private mileage, etc.	
Are there any factors impacting the budget (e.g., high-need clients, change in service pattern)?	

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

**Financial report deadlines**

Description	Period	Due
1 <sup>st</sup> Interim Financial Report	April to August	October 15
2 <sup>nd</sup> Interim Financial Report	September to November	January 15
Year-End Financial Report (Set agreement) <b>OR</b> Annual Audit Report (Flexible and Block agreement)	April to March	July 29

**Program report deadlines**

Description	Period	Due
1 <sup>st</sup> Interim Report	April to August	October 15
2 <sup>nd</sup> Interim Report	September to November	January 15
Annual Report	April to March	July 29

**Program reporting guidelines**

For reporting and evaluation purposes, the Community/Health Service Organization will ensure that service providers:

- maintain appropriate clinical files for each client; and
- obtain and retain on file a signed “Release of Information” form from all clients.

The **interim and annual reports** must include the following data elements for each authorized claim for the reporting period:

- Client surname and given name;
- Client date of birth;
- Client identification number (Status Card number; Band name);
- prior approval number;
- name of service provider;
- type of service provided (depression, suicide counselling, childhood abuse, etc.);

- number of sessions provided;
- cost of service;
- total amount paid per claim; and
- total amount paid for reporting period.

Each **interim and annual report** must include the following information:

Interim and annual report requirements	
Fiscal year:	Community/Health Service Organization:
Specific reporting period:	Contribution agreement #:
Annual funding level:	Program name:
# of requests:	# of appeals:
# of requests approved:	# of favourable appeals:
# of exceptions requested:	# of exceptions approved:
How are the benefits being provided?:	
What were the major accomplishments and challenges in delivering the program during the reporting period?:	
What factors affected the delivery of the program?:	
Other relevant observations, comments or information:	

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

### Financial report deadlines

Description	Period	Due
1 <sup>st</sup> Interim Financial Report	April to August	October 15
2 <sup>nd</sup> Interim Financial Report	September to November	January 15
Year-End Financial Report (Set agreement) <b>OR</b> Annual Audit Report (Flexible and Block agreement)	April to March	July 29

### Program report deadlines

Description	Period	Due
1 <sup>st</sup> Interim Report	April to August	October 15
2 <sup>nd</sup> Interim Report	September to November	January 15
Annual Report	April to March	July 29

### Program reporting guidelines

The **interim and annual reports** must include the following information for each month covered for the reporting period:

- total number of community visits per health professional;
- total number of Clients seen by each health professional per visit by age group and length of each visit (as per attached activity report);
- total expenditures during the reporting period; and
- a report on the activities of any third parties funded through this Agreement, if applicable.

Each **interim and annual report** must include the following information:

Interim and annual report requirements	
Fiscal year:	Community/Health Service Organization:
Specific reporting period:	Contribution agreement #:
Annual funding level:	Program name:

# of requests:	# of appeals:
# of requests approved:	# of favourable appeals:
# of exceptions requested:	# of exceptions approved:
How are the benefits being provided?:	
What were the major accomplishments/challenges in delivering the program during the reporting period?:	
What factors affected the delivery of the program?:	
Other relevant observations, comments or information:	

### FNHB Healthy Medication Use (HMU)

Description	Period	Due
HMU Report	April 1 to March 31	29th July

The Recipient will provide to FNHA a report outlining the activities this funding supported for the fiscal-year period from **April 1<sup>st</sup>** to **March 31<sup>st</sup>**. For convenience, we have developed an electronic “Reporting Survey” where the Recipient can quickly and easily provide the details of activities supported by this funding through this online link: [https://interceptum.com/s/en/HMU-PMM\\_Reporting\\_Survey](https://interceptum.com/s/en/HMU-PMM_Reporting_Survey)

Alternatively, a paper-based .pdf “Reporting Survey” can be requested from the Healthy Medication Use Project team at [HealthyMedicationUse@fnha.ca](mailto:HealthyMedicationUse@fnha.ca). Once completed it should be returned by e-mail to: [FNHA.Reports@fnha.ca](mailto:FNHA.Reports@fnha.ca) and cc [HealthyMedicationUse@fnha.ca](mailto:HealthyMedicationUse@fnha.ca)

### First Nations Home and Community Care (FNHCC):

Your **annual report** must include information on:

FNHCC - four (4) point data questions:

1. Home care nursing staff—total # that are licensed/registered in the province or territory of jurisdiction for regulated professionals;
2. Total # of newly hired nurses;

3. Total # of existing nurses; and
4. Total # of home care staff actively engaged in completing learning plan

### Health Consultation and Liaison (HCON&L)

Your **annual report** must include a description of:

- the status of the project;
- activities undertaken to date; and
- suggestions and recommendations for future projects or for continuation of the project.

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

#### Resolution Health Support Worker

#### Financial report deadlines

Description	Period	Due
Interim Financial Report	April to September	November 15
Year-End Financial Report (Set agreement with total amount under \$150,000)	April to March	July 29
<b>OR</b> Annual Audit Report (Flexible and Block agreement)		

#### Program report deadlines

Description	Period	Due
1 <sup>st</sup> Activity Report	April 1 to June 30	August 15
2 <sup>nd</sup> Activity Report	July 1 to September 30	November 15
3 <sup>rd</sup> Activity Report	October 1 to December 31	February 15
4 <sup>th</sup> Activity Report	January 1 to March 31	June 30

#### Program reporting guidelines

The interim **activity reports** will include, at a minimum, the following information, broken down monthly:

- number of former IRS students provided with RHSW services;
- number of former IRS students' immediate family member(s) and/or support person(s) provided with RHSW services;

- 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);
- 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.);
- 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.);
- number of trips made by the RHSW that required travel to IAP hearings, NSPs, ADR Process as well as Truth & Reconciliation Commission and Commemoration events including dates and location of the events attended; and
- number of trips made by the RHSW requiring travel for IRS Resolution Health Support Program awareness, education and promotion, including dates and locations of the events attended.

The **annual report** will also include the following information:

- the status of the activities;
- activities undertaken to date; and/or
- suggestions and recommendations for future activities or for continuation of the activities.

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

### Cultural Support Provider

#### Financial report deadlines

Description	Period	Due
Interim Financial Report	April to September	November 15
Year-End Financial Report (Set agreement) <b>OR</b> Annual Audit Report (Flexible and Block agreement)	April to March	July 29



### Program report deadlines:

Description	Period	Due
1 <sup>st</sup> Activity Report	April 1 to June 30	August 15
2 <sup>nd</sup> Activity Report	July 1 to September 30	November 15
3 <sup>rd</sup> Activity Report	October 1 to December 31	February 15
4 <sup>th</sup> Activity Report	January 1 to March 31	June 30

### Program reporting guidelines

**Quarterly activity reports** will include, at a minimum, the following information broken down monthly:

- number of former IRS students provided with cultural support services;
- number of former IRS students' immediate family member(s) and/or support person(s) provided with cultural support services;
- 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);
- 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.);
- 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
- 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.

The **annual report** will also include the following information:

- the status of the activities; and/or
- activities undertaken to date; and/or
- suggestions and recommendations for future activities or for continuation of the activities.

## National Native Alcohol and Drug Abuse Program (NNADAP) Treatment Centre

### Financial report deadlines

Description	Period	Due
Interim Financial Report	April to September	November 15
Year-End Financial Report (Set agreement) <b>OR</b> Annual Audit Report (Flexible and Block agreement)	April to March	July 29

### Program report deadlines

Description	Period	Due
1 <sup>st</sup> Interim Report	April to June	August 15
2 <sup>nd</sup> Interim Report	July to September	November 15
3 <sup>rd</sup> Interim Report	October to December	February 15
4 <sup>th</sup> Interim Report	January to March	July 29
Annual Report	April to March	July 29

### Program reporting guidelines

**Quarterly activity reports** must include the following monthly totals for:

- total number of applicants;
- total number of in-patient, out-patient, day patient, outreach and aftercare programs and clients;
- total number of provincially funded beds;
- total number of beds funded by other sources (excluding beds funded from provincial sources and FNHA);
- total number of operational and non-operational days;
- occupancy rates, including bed utilization rates and recidivism rates;
- reason for termination of treatment;
- cost of treatment per Client days;
- total number of Treatment Centre Addiction Counsellors;
- a list showing the substance abused, broken down by sex and age groups; and

- gender, age and status (i.e., status or non-status) for all clients.

The **annual report** must include the following information:

- a description of NNADAP treatment Health Programs and Services delivered;
- an explanation for any deviations from the Recipient’s Operational Policy and Procedures Manual;
- the number of NNADAP Treatment Centre Addiction Counsellors who are certified, or who have achieved certification, verified by the Treatment Centre through appropriate documentation (such as valid certificate or letter); and
- the number of NNADAP Treatment Centre Addiction Counsellors who have applied to one of Canada’s approved certification agencies.

If your program is engaging in an **accreditation process**, you must also send us:

- a copy of the registration form or letter from the accreditation body (or an alternate accreditation body with comparable national standards that is recognized by jurisdictional health authorities); and/or
- a copy of the post-survey letter from the accreditation body confirming the accreditation status.

We also require documentation on all activities and expenditures related to **capital facilities**. You must keep and maintain the following documents and provide copies upon written request by FNHA:

- all paid fuel and utilities invoices for the capital facilities; and
- records for all disbursements for other operations, maintenance and repair activities for the capital facilities.

## National Native Alcohol and Drug Abuse Program – Mental Health Services

### (Treatment Centres)

#### Financial report deadlines

Description	Period	Due
Interim Financial Report	April to September	November 15

Year-End Financial Report (Set agreement) <b>OR</b> Annual Audit Report (Flexible and Block agreement)	April to March	July 29
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### Program report deadlines

Description	Period	Due
Annual Report	April to March	July 29

### Program reporting guidelines

The **annual report** must include the following information:

- the current status of the project;
- all activities undertaken to date; and
- suggestions and recommendations for future projects or for continuation of the project.

Please send us:

- one unbound copy of the annual report, including all end products and deliverables; and
- two copies of any resource materials generated and developed as a result of this project.

### National Youth Solvent Abuse Program (NYSAP) Treatment Centre

#### Financial report deadlines

Description	Period	Due
Interim Financial Report	April to September	November 15
Year-End Financial Report (Set agreement) <b>OR</b> Annual Audit Report (Flexible and Block agreement)	April to March	July 29

### Program report deadlines

Description	Period	Due
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1 <sup>st</sup> Interim Report	April to June	August 15
2 <sup>nd</sup> Interim Report	July to September	November 15
3 <sup>rd</sup> Interim Report	October to December	February 15
4 <sup>th</sup> Interim Report	January to March	July 29
Annual Report	April to March	July 29

## Program reporting guidelines

**Quarterly activity reports** must include the following **monthly** totals for:

- total number of applicants;
- total number of in-patient, out-patient, day patient, outreach and aftercare programs and clients;
- total number of provincially funded beds;
- total number of beds funded by other sources (excluding beds funded from provincial sources and FNHA);
- total number of operational and non-operational days;
- occupancy rates, including bed utilization rates, recidivism rates;
- reason for termination of treatment;
- cost of treatment per client days;
- total number of Treatment Centre Addiction Counsellors;
- a list showing the substance abused, broken down by sex and age groups; and
- gender, age and status (i.e., status, non-status) for all clients.

The **quarterly reports** will also include:

- the following information related to clients that received treatment, including:
  - intake date;
  - program completion date;
  - actual date of discharge; and
  - reason for discharge;
- information related to the number of clients that were denied access to treatment, such as:
  - number of clients; male or female; and
  - reason for denial of treatment;
- information related to the outreach services provided, such as:

- name of community;
  - dates of service or number of services provided;
  - type of outreach activity; and
  - number of participants.
- Your **annual report** must include the following information: a summary of NYSAP treatment Health and Treatment Programs and Services;
  - an explanation for any deviations from your Operational Policy and Procedures Manual;
  - a summary of service operations and results;
  - the number of NYSAP Treatment Centre Addiction Counsellors who have applied to one of Canada's approved certification agencies; and
  - a copy of your licence from the Province of British Columbia (if applicable) to operate a residential youth centre.

If you are engaging in an **accreditation process**, you must also send us:

- a copy of the registration form or letter from the accreditation body detailed in your Schedule or an alternate accreditation body with comparable national standards that is recognized by jurisdictional health authorities; and
- a copy of the post-survey letter from the accreditation body confirming the accreditation status.

We also require documentation on all activities and expenditures related to **capital facilities**. You must keep and maintain the following documents and provide copies upon written request by FNHA:

- all paid fuel and utilities invoices for the capital facilities; and
- records for all disbursements for other operations, maintenance and repair activities for the capital facilities.

## Joint Project Board

This section describes the reporting requirements for Joint Project Board (JPB) Initiatives.

## **Annual Narrative Project Report**

Your Community/Health Service Organization must submit an annual narrative project report using a standard reporting template provided by the FNHA. This annual report is due on July 29 of each year to report on key aspects of the project. The annual narrative project report requirements have been updated for the fiscal year ending March 31, 2017 and will be sent to you in separate communications.

## **Annual Project Financial Report**

Your Community/Health Service Organization must submit a detailed financial report on the JPB project finances to FNHA on July 29 of each year if you received funding in the previous fiscal year. The FNHA has prepared customized financial reporting templates for the fiscal year ending March 31, 2017 and these have been sent to you in separate communication.

## **Carry-Forward Requests**

If your Community/Health Service Organization has not fully spent its allocated funding within a given fiscal year, you can work with your regional team and project partners to develop a request to carry forward unspent funds to the next fiscal year for the same project. To do so, you will use a standard JPB carryforward template provided by FNHA as part of your customized financial reporting template. The completed Carry Forward request will then be submitted to the Joint Project Board for review and approval.

Carry forward funds can be used for:

- costs aligned with the original JPB project;
- costs aligned within the overall program in which the JPB funds operate;
- short-term costs for regulated health professionals not included in the original project plan

Health Actions funding is provided by the BC Ministry of Health in support of the Health Actions commitments set out in the tripartite agreements. This funding is intended to support the seven health actions strategy areas:

1. primary care and public health
2. mental wellness and substance use
3. maternal and child health



4. e-health
5. health human resources
6. health knowledge & information
7. health planning

FNHA is required to provide annual and interim reports to the Ministry of Health on the expenditure of the Health Action funds.

Reporting requirements for projects are determined on a case-by-case basis depending on the amount of funding provided. These requirements are described in a separate funding agreement. At the minimum, it will require the following:

- Final financial report: Due 30 days after the end of the project
- Annual audit report (only applicable if funding amount is \$150,000, and is submitted in addition to final financial report): Due 120 days after the end of the project
- Final project report/Closing report: Due 30 days after the end of the project

A template for the final project report is included with your agreement.