

DEPARTMENT FOR BEHAVIORAL HEALTH,
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

Department Periodic Reports – General Information

Report Due Dates

Please reference the Department Periodic Reports (DPR), 2026 Master List within the DBHDID Central Login web-based application for the specific due dates of your Center's DPR. To access the Master List, log into Central Login, select the "Reports and Upload-Region XX" role, then select the report from the Reports dropdown menu. For more detailed instructions, please see the document titled *Department Periodic Reports Processing Instructions*, which is linked on the Department Periodic Reports Information Page at <https://dbhdid.ky.gov/cmhc/dpr>. **Please note that the URL of the DPR page has changed slightly due to the recent reconstruction of the DBHDID website.** However, the URL for the Central Login system is still the same at <https://login.dbhdid.ky.gov/Secure/Login.aspx>.

Contact Tracey Mulder at Tracey.Mulder@ky.gov if you have any submission problems with DPR or need assistance accessing your region's Master List.

FY 2026 Information

New Form

The following form is new for DPR FY 2026:

- Form 152-Plan of Safe Care Report (regions 1, 2, 3, 4, 5, 6, 11, 12, 13, 14)

Form 012 – Financial Statement

Form 012 is not a specific DBHDID form to be completed but should consist of a PDF or Excel file that contains both the Balance Sheet and the Revenue and Expense Report. **During the submission process, Form 012 will have monthly options to select for which month the report is due. Please be sure to select the appropriate due date of the report, not the date of the data (i.e., August data has a due date of September 30th, therefore select September).**

Any questions concerning the Financial Statement can be directed to Larry Hacker at LarryR.Hacker@ky.gov.

Form 013 – A-133 Audit Report

The A-133 Audit Report will cover the period of July 1, 2024, to June 30, 2025. A PDF file of the center's A-133 Audit Report should be submitted through Central Login for the Form 013 requirement. If the file is too large to submit through the system, then it can be emailed to Larry Hacker at LarryR.Hacker@ky.gov and cc: Tracey Mulder at Tracey.Mulder@ky.gov. Additionally, a paper copy needs to be mailed to Larry Hacker at the following address: DBHDID/AFM, 275 East Main Street, 4C-D, Frankfort, KY, 40621. This report is due December 31, 2025.

Form 015 – Audited Cost Report

The Audited Cost Report will cover the period of July 1, 2024, to June 30, 2025. A PDF file of the center's Audited Cost Report should be submitted through Central Login for the Form 015 requirement. If the file is too large to submit through the system, then it can be emailed to Larry Hacker at LarryR.Hacker@ky.gov and cc: Tracey Mulder at Tracey.Mulder@ky.gov. Additionally, a paper copy needs to be mailed to Larry Hacker at the following address: DBHDID/AFM, 275 East Main Street, 4C-D, Frankfort, KY, 40621. This report is due December 31, 2025.

Form 016 – Unreimbursed Activities

DPR Form 016 should represent unreimbursed activity from July 1, 2024, to June 30, 2025. This report is due December 31, 2025.

DEPARTMENT FOR BEHAVIORAL HEALTH,
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

Department Periodic Reports – General Information

Form 102B – BSCA FAIR Team School-Based Behavioral Health Report (regions 6 and 12)

Form 102B captures data related to services provided to FAIR Team youth by the 1.0 FTE Clinician and 1.0 FTE Youth Peer Support Specialist.

For information on this form, please contact Diane Gruen-Kidd at Diane.Gruen-Kidd@ky.gov for assistance.

Form 102H – TAYLRD Drop-In Center Site Quarterly Report (regions 1, 3, 5, 6, 10, 11, and 12)

Form 102H captures data related to the operation of and services provided by the TAYLRD

(Transition Age Youth Launching Realized Dreams) Drop-In Center Site(s).

For information on this form, please contact Janice Johnston at Janice.Johnston@ky.gov for assistance.

Form 110 Series – Regional Prevention Center (RPC)

Form 110C-Regional Prevention Center focuses on Regional Prevention Centers (RPC) and is used for Plan & Budget, as well as quarterly reporting requirements. It reflects the budget, quarterly and YTD figures for State General funds, Block Grant funds, and SOR funds used by the RPC for services provided. *Form 110D-RPC Staffing Form* should be submitted quarterly and submitted to the Prevention Branch Manager or their designee by email within 30 days of a new hire. Per the contract, the Prevention Manager or their designee must be notified of all new hires prior to an official offer. *Form 110E – RPC Materials Form* is used to report new materials created by the RPC and should be submitted quarterly.

For questions, clarification, or assistance on these forms, please contact Paula Brown at Paulab@ky.gov.

Form 113D-Crisis Services Planning and Implementation Report

Form 113D includes the following updates for SFY 2026:

- Two questions about Assisted Outpatient Treatment orders and evaluations have been deleted.
- “Year End” columns have been revised to collect data for January 1 – June 30.
- A “Total” column has been added for each program to collect data for July 1 – June 30.
- Comment boxes have been added for each program.

Please see the ***Crisis Services Instructions and Objectives*** for detailed information about Form 113D and Crisis Services.

For information on this form, please contact Christie Penn at Christie.Penn@ky.gov or Courtney Welsch at Courtney.Welsh@ky.gov.

Form 113E – Deaf and Hard of Hearing Services

This DPR form focuses on Deaf and Hard of Hearing Services (DHHS) and is to be submitted semi-annually. Part A can be completed by accounting or data staff. Part B must be completed by the DHHS Point Person. Parts C and D are to be completed by the DHHS specialists at New Vista and Seven Counties only.

For further clarification or assistance please contact Michelle Niehaus at Michelle.Niehaus@ky.gov.

DEPARTMENT FOR BEHAVIORAL HEALTH,
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

Department Periodic Reports – General Information

Form 113H – Early Interventions for First Episode Psychosis iHOPE Project Report Form

Detailed instructions for this form can be found on the DPR Information page of the DBHID website under the section of Mental Health/Instructions. Form 113H captures information about first episode psychosis programming related to the iHOPE Program and is specific to the above regions. The report has become necessary due to specified funding for iHOPE. This DPR is due quarterly by regions 1, 4, 5, 6, 10, 11, 13, and 15.

Please contact David O'Daniel at David.Odaniel@ky.gov or Kim Reeder at Kimberly.Reeder@ky.gov with any questions.

Form 117 – MH Financial Planning and Implementation Report

Form 117 will be collected for Plan and Budget and quarterly thereafter and includes mental health related components. Report planned and actual expenditures on form 117 for SMI and SED, by service as indicated by row and by funding source indicated by column headings. See Form **117A–MH Financial Planning and Implementation Report Instructions** for details specific to Form 117.

For further clarification or assistance, please contact Joy Botkins at Joy.Botkins@ky.gov.

Form 131 – IMPACT Region-Wide RIAC Funds

Form 131 is due with Plan and Budget and semi-annually thereafter. This form must be signed by the LRC signifying RIAC approval prior to submission. Form **131A–IMPACT Region-Wide RIAC Funds Instructions** includes detailed instructions for completing Form 131.

Please contact Vanessa Brewer at VanessaC.Brewer@ky.gov for additional assistance.

Form 140 – DID Financial Implementation Report

Form 140 shall be submitted during Plan and Budget and quarterly thereafter. Instructions for completing Form 140 can be found within the Start and Instruction tab of the spreadsheet as the Form 140 Overall Instructions PDF.

Information on the form includes restricted and crisis funds combined into a single restricted funding source, a Cumulative Client List sheet for each CMHC to enter a non-duplicative list of who they serve throughout the fiscal year, and to mark the quarter(s) they served them and what services were provided. The quarterly sheets have the distinct clients per service being auto calculated based on the entries into the Cumulative Client List sheet. The SGF client quarterly listing is within the form so that the separate DPR 201-SGF Client Service Listing is not needed. The PASRR specialized services report is now integrated into this report as a separate tab.

For clarification or assistance, please contact David Wheeler at David.Wheeler@ky.gov; or for assistance with the form, please contact James Kimble at James.Kimble@ky.gov.

Form 145 – PASRR

The DPR Form 145 reports PASRR expenditures on a quarterly basis and is cumulative for the fiscal year. Instructions for completion are now included on the form. For any additional assistance, please contact Crystal Adams at PASRR@ky.gov. (Please see PASRR reporting regarding additional reporting information.)

For assistance with form 145, you may contact Lindsey Hensley at Lindsey.Hensley@ky.gov.

DEPARTMENT FOR BEHAVIORAL HEALTH,
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

Department Periodic Reports – General Information

Form 152 – Plan of Safe Care Financial and Performance Progress Report

New for SFY 2026, form 152 reports Plan of Safe Care quarterly expenditures and information regarding the region's Plan of Safe Care Committee. Form 152 is due quarterly by regions 1, 2, 3, 4, 5, 6, 11, 12, 13, and 14.

For further assistance regarding Plan of Safe Care, please contact Katie Stratton at Katie.Stratton@ky.gov.

Form 155B – KY-Moms MATR Prevention and Case Management Quarterly Report (Pregnant & Parenting Women Substance Use Services)

This form is for regions with KY-Moms MATR programs. This form serves as the quarterly update for substance use funds allocated to the region to support the KY-Moms MATR program (including Project Link). This form serves as a quarterly update tool and should represent the current status of prevention and case management services for pregnant individuals and individuals not greater than 60 days postpartum for prevention clients and 1-year postpartum for case management clients, within KY Moms MATR. Additional budget documents include forms *155A – KY-Moms MATR Application*, *155E – KY-Moms MATR Budget Justification and Proposed Expenditures*, and *155C- Pregnant and Parenting Women Substance Use Services Project Budget and Financial Report*. Forms 155A and 155B should correspond with one another. The 155B should also correspond with the Prevention Work Plan that is entered into the PDS. Form 155B is submitted 30 days following the close of each quarter.

For further assistance, please contact Katie Stratton at Katie.Stratton@ky.gov.

Form 155C Pregnant & Parenting Women Substance Use Services Project Budget and Financial Report

This form serves as the financial quarterly update for substance use funds allocated to the region to support the KY-Moms MATR program (including Project Link). This form serves as a financial quarterly update tool and should represent the current program status for prevention and case management services for pregnant individuals and individuals not greater than 60 days postpartum for prevention clients and 1-year postpartum for case management clients, within KY-Moms MATR. Requirements include timely submission of case management and prevention data within the PDS, CDAR CAT and CDAR CIS. Form 155C is submitted 30 days following the close of each quarter.

For further assistance, please contact Katie Stratton at Katie.Stratton@ky.gov.

Form 160 – Substance Use Financial Planning and Implementation Report

Form 160 includes a list of substance use treatment and prevention components to identify and report anticipated expenditures for Plan and Budget, and the actual expenditures quarterly thereafter. Instructions for completing this form can be found on the Plan and Budget Information page of the DBHDID website, Form **160A-Substance Use Financial Planning and Implementation Report Instructions**.

For further clarification or assistance, please contact Joy Botkins at Joy.Botkins@ky.gov.

Form 171-TCM Targeted Case Management, Form 172-Assertive Community Treatment, Form 173-Adult Mental Health Peer Support, and Form 174-IPS Supported Employment

All regions must submit the following forms quarterly: *Form 171-TCM Targeted Case Management*, *Form 172-Assertive Community Treatment*, *Form 173-Adult Mental Health Peer Support*, and *Form 174-IPS Supported Employment*. The actual funding allocation line has been removed from these forms. All expenses related to DIVERTS and Consumer Operated Services Programs must be included on Form 117, which is submitted quarterly.

DEPARTMENT FOR BEHAVIORAL HEALTH,
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

Department Periodic Reports – General Information

When reporting outcomes on these forms for each Evidence Based Practice, please note the following guidelines: Individuals served as part of the Second Amended Settlement Agreement (SASA) are defined as the following: Adults with SMI who are transitioning from personal care homes or at risk of being admitted to a personal care home. Individuals served under DIVERTS are defined as the following: Adults with SMI who are transitioning from hospitals/other institutions not PCHs or at risk of being admitted to a hospital/other institution not PCHs.

When reporting outcomes on form *173-Adult Mental Health Peer Support*, please note the following guidelines: Individuals served or working in Consumer Operated Programs (COSP) should only be reported by regions who received Mental Health Block Grant funding from DBHDID to develop consumer run programs as described in the SAMHSA Consumer Operated Services Toolkit. Individuals working as peers on ACT teams should not be listed on Form 173 but should be listed on *Form 172-Assertive Community Treatment* as part of the ACT team. Peer Support Supervisors should be listed with their name, title (licensure status), location, and should include the schedule (frequency) and type (individual or group or both) of supervision. Objective Statement 1 requests specific names, FTE status and location by program/population for all hired Peer Specialists. (EX: 2.5 FTE at COSP in Mayfield; 2.5 FTE at COSP in Paducah; 2.75 FTE for DIVERTS; 6.0 FTE for outpatient.) For questions or clarification, you may contact the DBHDID Program Administrator listed below.

Form 171-TCM Targeted Case Management: David O'Daniel at David.ODaniel@ky.gov

Form 172-Assertive Community Treatment: Nicole Cropper at Nicole.Cropper@ky.gov

Form 173-Adult Mental Health Peer Support: Amber Collins at Amber.Collins@ky.gov

Form 174-IPS Supported Employment: Deborah Davidson at DeborahT.Davidson@ky.gov

Form 174B – Supported Employment Client Service Listing

The client level data table has been removed from 174 and is now its own form required by all Centers. The form is a data collection spreadsheet that is intended to identify individuals receiving Supported Employment, service dates and associated job starts per each quarterly reporting period.

Please contact Maranda Perkins at MarandaK.Perkins@ky.gov for assistance on completing form 174B.

Form 214 – Early Childhood Mental Health Program Budget Form

Form 214 reports the Early Childhood Mental Health (ECMH) budget and expenditures. The program description, deliverables, reporting, and monitoring requirements for ECMH can be found in Section 2.00.04 (Children/Youth and Families Services) of the CMHC contract.

If you have any questions about the completion of the form, please contact Brittany Barber at BrittanyA.Barber@ky.gov.

Guidance Documents

The Adult Services, Child Services, Crisis Services, and Substance Use Treatment Instructions and Objectives documents contain valuable information to assist with reporting throughout the year. Please refer to these documents prior to completing the required applications and reports. These along with other guidance documents are located on the DPR Information page of the DBHDID website at <https://dbhdid.ky.gov/cmhc/dpr>.

PASRR Reporting

Centers must submit to DBHDID accurate, complete, and timely client, event, and human resources data according to the DBHDID Data Implementation Guide. Specific to PASRR, all clients receiving the PASRR services are to be

DEPARTMENT FOR BEHAVIORAL HEALTH,
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

Department Periodic Reports – General Information

reported in the Client file submitted monthly to BHID and all PASRR services are to be reported in the Event file submitted monthly to BHID. Details of the DBHID Data Implementation Guide are at

<https://dbhid.ky.gov/cmhc/dataguide>.

For additional clarification or assistance, please contact PASRR@ky.gov. The monthly reports should not be confused with DPR Form 145-PASRR, which reports PASRR expenditures on a quarterly basis.

Rewrites

If a revision/modification is made to a DPR form after an initial submission has been completed through the Central Login system, the revised report can be re-submitted through the system. Central Login attaches the date of a submission to the title of the file and prevents over-write of the previous submission. DBHID staff can manually upload revised submissions to the appropriate folder, if needed, for same day revisions.

If you have any submission related issues, please contact Tracey Mulder at Tracey.Mulder@ky.gov.