

## **NECESSARY MATERIALS CHECKLIST**

California Opioid Settlement Expenditure Reporting

1. General Information
$\square$ Name of your Participating Subdivision/Local Government.
$\square$ Address of your Participating Subdivision/Local Government.
$\hfill\square$ Name, title, and contact information for the person preparing the form.
2. Payments
$\square$ A list of all settlement and bankruptcy agreements that your Participating Subdivision/Local Government participates in.
$\hfill\Box$ Determine if your Participating Subdivision/Local Government is a Plaintiff Subdivision.
$\Box$ The total payments received from the CA Abatement Accounts Fund. This is a combined total of payments received from all settlements during SFY 2024-25.
$\Box$ The total payments received from the Special Master Award of Subdivision Costs during SFY 2024-25, if applicable (Plaintiff Subdivisions).
$\Box$ The total payments received from the CA Subdivision Fund. This is a combined total of payments received from all settlements during SFY 2024-25. This amount should not include any Special Master Award funds.
$\Box$ The total amount of interest earned during SFY 2024-25 on all funds received from the various settlement and bankruptcy agreements.
3. Reallocations
Reallocations Sent
☐ Any reallocation of <b>CA Abatement Account Funds to</b> another Participating Subdivision/Local Government during SFY 2024-25 including:
$\hfill\Box$ Which Participating Subdivision/Local Government the funds were reallocated to.

	funds were initially disbursed to your Participating Subdivision/Local Government).
	$\hfill \square$ Amount reallocated to the other Participating Subdivision/Local Government (excluding interest).
	y reallocation of <b>CA Subdivision Funds to</b> another Participating Subdivision/Local rnment during SFY 2024-25 including:
	$\hfill\square$ Which Participating Subdivision/Local Government the funds were reallocated to.
	$\hfill\Box$ Amount reallocated to the other Participating Subdivision/Local Government (excluding interest).
	y reallocation of <b>Mallinckrodt Bankruptcy Funds to</b> another Participating vision/Local Government during SFY 2024-25 including:
	$\hfill\square$ Which Participating Subdivision/Local Government the funds were reallocated to.
	$\hfill\Box$ Amount reallocated to the other Participating Subdivision/Local Government (excluding interest).
	y reallocation of <b>interest earned</b> from <b>all settlements and bankruptcy funds to</b> er Participating Subdivision/Local Government during SFY 2024-25 including:
	$\hfill\square$ Which Participating Subdivision/Local Government the interest earned were reallocated to.
	$\hfill \square$ Amount reallocated to the other Participating Subdivision/Local Government.
Rea	llocations Received
	y reallocation of <b>CA Abatement Account Funds from</b> another Participating vision/Local Government during SFY 2024-25 including:
	$\hfill\square$ Which Participating Subdivision/Local Government the funds were reallocated from.
	$\Box$ Which state fiscal year funds were reallocated from (that is, the fiscal year funds were initially disbursed to the other Participating Subdivision/Local Government).
	☐ Amount you received from the other Participating Subdivision/Local Government (excluding interest).

<ul> <li>Any reallocation of CA Subdivision Funds from another Participating</li> <li>Subdivision/Local Government during SFY 2024-25 including:</li> </ul>
$\hfill\square$ Which Participating Subdivision/Local Government the funds were reallocated from.
$\hfill \square$ Amount you received from the other Participating Subdivision/Local Government (excluding interest).
□ Any reallocation of <b>Mallinckrodt Bankruptcy Funds from</b> another Participating Subdivision/Local Government during SFY 2024-25 including:
$\hfill\square$ Which Participating Subdivision/Local Government the funds were reallocated from.
$\hfill \square$ Amount you received from the other Participating Subdivision/Local Government (excluding interest).
☐ Any reallocation of <b>interest earned</b> to include <b>all settlements and bankruptcy funds from</b> another Participating Subdivision/Local Government during SFY 2024-25 including:
$\hfill\square$ Which Participating Subdivision/Local Government the funds were reallocated from.
$\hfill\square$ Amount you received from the other Participating Subdivision/Local Government.
4. CA Abatement Accounts Fund – Allowable Expenses
Reporting
$\square$ Total number of activities/programs funded by the CA Abatement Accounts Fund during SFY 2024-25.
$\square$ Name and description for each individual program/activity funded by your CA Abatement Accounts Fund allocation.
$\square$ Total direct costs expended from the CA Abatement Accounts Fund for each activity.
$\square$ Total indirect costs expended from the CA Abatement Accounts Fund for each activity.
$\Box$ Determine if you previously reported encumbered funds for each activity to DHCS. If yes, you will need to report any portion of the direct or indirect costs expended from the previously encumbered funds.

□ Determine if there are funds newly encumbered in the SFY 2024-25. If "Yes", then list the total amount of funds newly encumbered from the CA Abatement Accounts Fund, for each activity.
$\Box$ For each activity, list the local agencies or organizations who were given funds to implement the activity.
$\Box$ Indication of the opioid remediation use listed in Exhibit E that best matches each individual program/activity funded.
☐ Indication of the High Impact Abatement Activity (HIAA) that best matches each individual program/activity funded, if applicable, including rationale for an activity meeting that HIAA.
☐ If HIAA #1 is selected, please provide the <u>Behavioral Health Continuum</u> <a href="mailto:line">Infrastructure Program (BHCIP)</a> facility name, facility address, and award letter.
5. CA Subdivision Fund – Future Opioid-Related
Expenses (if applicable)
$\Box$ Total number of opioid remediation activities/programs funded by the CA Subdivision Fund during SFY 2024-25.
$\square$ Total funds expended from the CA Subdivision Fund for each activity.
$\square$ Indication of the opioid remediation use that best matches each individual program/activity funded.
6. CA Subdivision Fund – Reimbursements for Past
Opioid-Related Expenses (if applicable)
☐ Determine if your Plaintiff Subdivision has spent any CA Subdivision Funds on past opioid remediation during SFY 2024-25, including legal costs.
$\square$ Total amount expended on past opioid-related legal expenses from the California Subdivision Fund.
$\square$ Total number of past opioid-related activities (non-legal expenses) being reimbursed with CA Subdivision Funds.
$\Box$ Total CA Subdivision Funds expended on reimbursements for past opioid-related activities (non-legal expenses) for each activity.
$\square$ Indication of the opioid remediation use that best matches each individual reimbursement.

## 7. Mallinckrodt Bankruptcy – Allowable Expenses Reporting

☐ Determine if your Local Government has spent any Mallinckrodt Bankruptcy funds during the SFY 2024-25.
$\square$ For each program/activity funded, select an Exhibit 4 (Exhibit E) opioid remediation use.
$\Box$ Total direct costs for each Exhibit 4 (Exhibit E) use for the Mallinckrodt Bankruptcy Reporting Periods (July-December 2024 and January-June 2025).
$\square$ Total indirect costs for each Exhibit 4 (Exhibit E) use for the Mallinckrodt Bankruptcy Reporting Periods (July-December 2024 and January-June 2025).
8. Attestations
☐ Attestation of the <u>DHCS' Reasonable Administrative Costs Policy</u> (indirect costs) for
funds received from the California Abatement Accounts Fund.
☐ Attestation of the California Subdivision Fund Expenditure Policy pursuant to the National Opioid Settlement Agreements and the California State-Subdivision Agreements.
☐ Attestation of the California Subdivision Fund Expenditure Policy pursuant to the National Opioid Settlement Agreements and the California State-Subdivision