## EXHIBIT B: REQUIRED REPORTS

Report Name Attestation - Completion of Auxiliary Aids Service and Monitoring Plan	Sub-renerts	Citation	Freesewar	Due (Calendar days unless	Annlinghility
uxiliary Aids Service and Nonitoring Plan	Sub-reports	Citation	Frequency	otherwise specified)	Applicability
Monitoring Plan		Section 504, ADA		30 days after contract execution and July 30 annually	Ves - regardless of number of
		CFOP 60-10	Appually	thereafter	-
Attestation - Completion of		CFOP 60-10	Annually	30 days after contract	employees
Risk Analysis as per HIPAA				execution and July 30 annually	
Security Rule		45 CFR § 164.308(a)(1)(ii)(A)	Annually	thereafter	Yes
Attestation - Effective		45 CFK § 104.508(a)(1)(II)(A)	Annually	30 days after contract	Tes
Communication training for		Section 504, ADA		execution and July 30 annually	
direct service employees		CFOP 60-10	Annually	thereafter	Yes - if 15 or more employees
Attestation - Emergency			Annually	therealter	res - II 15 of more employees
Preparedness Plan training for				30 days after contract	
staff		CFCHS Specific	Annually	execution	Yes
		Сгенз эреспис	Annually	May 30 each year of the	Yes - if contracted for anything
Block Grant Report - Narrative		Template 3	Annually	contract period	EXCEPT for profit, UCF, CRS
BNET Statement of Program			Annually	September 1 each year of the	Yes - if contracted for BNET
Costs		Guidance 12	Annually	contract period	services
20313			Annually	30 days after contract	361 11623
Civil Rights Compliance		45 CFR, Part 80		execution and July 30 annually	
Checklist		45 CFOP 60-16	Annually	thereafter	Yes - if 15 or more employees
			Annually	30 days after contract	res - II 15 of more employees
Contract Provider Property		Guidance 2		execution and July 30 annually	
Inventory Form		Template 1	Annually	thereafter	Yes
CRS Financial Report and		Guidance 27	Annually	September 1 each year of the	Yes - if contracted for CRS
reconciliation		CF-MH 1037	Annually	contract period	services
		G 1011 1037	Annually		301 11003
EOG/OPB Return on Investment - Projected				July 20 each year of the	Yes - if contracted for an EOG
		GHME1 (2 2 2 1	Annually	July 20 each year of the	
Estimates		GHME1 C2-3.2.1	Annually	contract period	project
Final data submission for fiscal		CECUS Specifie	Annualt	July 31 each year of the	Vac
year end		CFCHS Specific	Annually	contract period	Yes
				180 days after end of provider	Yes - if receive over \$700,000
a deve and and Einemaint Audit			A	fiscal year, submitted in	annually in state or federal
Independent Financial Audit	to all a litely litely and a set	65E-14.003, FAC	Annually	accordance with Attachment II	funds
	includes liability, auto, and			20 dave often southeast	
	medical malpractice with DCF			30 days after contract	
	and CFCHS named as	GHME1 Section D.1		execution and ongoing upon	
Insurance Certificates	additionally insured	CFCHS Specific	Annually	renewal of expired certificates	Yes
				July 30 each year of the	Yes - if CFCHS contract requires
Local Match Form - Actuals		Template 9	Annually	contract period	local match
				November 17 annually,	
				submitted to	Yes - if contracted for PATH
PATH Annual Report		Guidance 15	Annually	https://www.pathpdx.org/	services
				March 1 of each year during	Yes - if contracted for PATH
PATH Intended Use Plan (IUP)		Guidance 15	Annually	the contract period	services
				September 1 each year of the	Yes - if contracted for PPG
PPG Financial Status Report		Guidance 14	Annually	contract period	services
				September 1 each year of the	Yes - if contracted for PPG
PPG Program Status Report		Guidance 14	Annually	contract period	services
Security Agreement Forms and				30 days after contract	
Training Certificates for staff				execution and July 30 annually	
that touch CFCHS data systems		CFOP 50-2	Annually	thereafter	Yes
Sliding Fee Scale - Annual	reflecting annual Federal	65E-14.018, FAC		February 1 each year of the	
Revision	Poverty Guidelines revisions	CFCHS Sliding Fee P&P	Annually	contract period	Yes
	includes:				
	Schedule of State Earnings				
	Schedule of Related Party				
	Transaction Adjustments			With Independent Financial	
	Program/Cost Center Actual			Audit. Or within 45 days of	
	Expenses & Revenues Schedule			end of provider fiscal year if no	
	Schedule of Bed-Day			Independent Financial Audit	
	Availability Payments	65E-14.003, FAC	Annually	required.	Yes
Special Audit Schedules			,	July 20 each year of the	Yes - if contracted for FEP
•	CE MUL 1037	CFCHS Specific	Annually	contract period	services
EP fiscal year-end financial	CF-MH 1037		,	· · · · · · · · · · · · · · · · · · ·	
FEP fiscal year-end financial	CF-MH 1037 Report only those incidents				
FEP fiscal year-end financial	Report only those incidents				
FEP fiscal year-end financial	Report only those incidents that involve clients that are			Within 1 husiness day of	
FEP fiscal year-end financial report	Report only those incidents that involve clients that are funded partially or in whole by	CEOP 215-6	As Needed	Within 1 business day of	Yes
FEP fiscal year-end financial report Incident Report–	Report only those incidents that involve clients that are	CFOP 215-6	As Needed	Within 1 business day of occurrence, submitted to IRAS	Yes
FEP fiscal year-end financial report Incident Report– Invoice Review Supporting	Report only those incidents that involve clients that are funded partially or in whole by	CFOP 215-6			Yes
FEP fiscal year-end financial report Incident Report– Invoice Review Supporting	Report only those incidents that involve clients that are funded partially or in whole by	CFOP 215-6	As Needed As Needed	occurrence, submitted to IRAS	Yes
FEP fiscal year-end financial report Incident Report– Invoice Review Supporting	Report only those incidents that involve clients that are funded partially or in whole by	CFOP 215-6		occurrence, submitted to IRAS 30 days after contract	Yes
Special Audit Schedules FEP fiscal year-end financial report Incident Report– Invoice Review Supporting Documentation	Report only those incidents that involve clients that are funded partially or in whole by		As Needed	occurrence, submitted to IRAS 30 days after contract execution and ongoing upon	
FEP fiscal year-end financial report Incident Report– Invoice Review Supporting Documentation Current licenses	Report only those incidents that involve clients that are funded partially or in whole by	CFOP 215-6 65E-14.021, FAC	As Needed	occurrence, submitted to IRAS 30 days after contract	Yes
FEP fiscal year-end financial report Incident Report– Invoice Review Supporting Documentation Current licenses Other Reports as Requested	Report only those incidents that involve clients that are funded partially or in whole by		As Needed	occurrence, submitted to IRAS 30 days after contract execution and ongoing upon	
FEP fiscal year-end financial report Incident Report– Invoice Review Supporting Documentation Current licenses Other Reports as Requested Response to Monitoring	Report only those incidents that involve clients that are funded partially or in whole by		As Needed	occurrence, submitted to IRAS 30 days after contract execution and ongoing upon	
FEP fiscal year-end financial report Incident Report– Invoice Review Supporting Documentation Current licenses	Report only those incidents that involve clients that are funded partially or in whole by		As Needed	occurrence, submitted to IRAS 30 days after contract execution and ongoing upon	Yes

## EXHIBIT B: REQUIRED REPORTS

		EXHIBIT D. REQU			
Report Name	Sub-reports	Citation	Frequency	Due (Calendar days unless otherwise specified)	Applicability
Risk Assessment as per Breach			,	Within 5 business days	
Notification Rule		45 CFR §§ 164.400-414	As Needed	following a breach	Yes
				by the fifth (5th) <b>business</b> day	
				following the month of	
				services, submitted to HHS	
				Compliance Database, with	
		Section 504, ADA		copy of HHS receipt submitted	
Auxiliary Aid Service Record		CFOP 60-10	Monthly	to CFCHS	Yes - if 15 or more employees
				by the tenth (10th) day	
Behavioral Health Consultant				following the month of	
(BHC) Monthly Report		CFCHS BHC Protocol	Monthly	services, submitted to PBPS	Yes - if contracted for BHC
BNET Alternative Service		Guidance 12		by the tenth (10th) day	Yes - if contracted for BNET
Forms		Template 7	Monthly	following the month of services	
		0.11 00		by the tenth (10th) day	Yes - if contracted for CAT
CAT Data Report (C1)		Guidance 32	Monthly	following the month of services	
		Guidance 7		by the tenth (10th) day	Yes - If contracted for Civil
Civil Client Information Report		DCF Request	Monthly	following the month of services	Liaison services
Community Competency					
Restoration Training Tracking				by the tenth (10th) day	Yes - If contracted for CCR
Report		DCF Request	Monthly	following the month of services	
FACT monthly census to				by the tenth (10th) day	Yes - if contracted for FACT
include waitlist		CFCHS Specific	Monthly	following the month of services	
FACT Monthly Vacant Position		Cuidenes 1C	Manual	by the tenth (10th) day	Yes - if contracted for FACT
Report		Guidance 16	Monthly	following the month of services	
Family Intensive Treatment		Guidance 18	Manual	by the tenth (10th) day	Yes - if contracted for FIT
Team Services (FIT) Report	indudos	Template 17	Monthly	following the month of services	services
	includes:				
	Forensic Pre-Post				
	Commitment Diversion				
	Tracking Report				
	Forensic Individuals Waiting				
	to Return Report				
	Forensic Conditional Release			by the tenth (10th) day	Yes - if contracted for Forensic
Forensic Census Report	Report	CFOP 155-18	Monthly	following the month of services	
Grant Report - Pregnant		GHME1, Attachment I		by the tenth (10th) day	Yes - if contracted for PPW
Woman Expansion		B.1.a.(5)(n)	Monthly	following the month of services	
		GHME1, Attachment I		by the tenth (10th) day	Yes - if contracted for STR
Grant Report - STR		B.1.a.(5)(n)	Monthly	following the month of services	
Invoice Support - Outreach		050100 :0		by the tenth (10th) day	Yes - if contracted for Outreach
Activity Report		CFCHS Specific	Monthly	following the month of services	services
				by the tenth (10th) day	
				following the month of	
Monthly Data			Monthly	services, submitted to	Vec
Monthly Data		PAM 155-2	Monthly	cfchsdata.org	Yes
Narcan Monthly Summary		DCC De sus et	Manathly	by the tenth (10th) day	
Report		DCF Request	Monthly	following the month of services	Yes -If distribute Narcan kits
				by the tenth (10th) day	v
		0.11 10		following the month of	Yes - if contracted for
Prevention Data		Guidance 10	Monthly	services, submitted to PBPS	prevention services
CAT Consus			Marth	by the tenth (10th) day	Yes - if contracted for CAT
CAT Census		CFCHS Specific	Monthly	following the month of services	
			Marth	by the tenth (10th) day	Yes - if contracted for CAT
CAT Vacant Position Report		CFCHS Specific	Monthly	following the month of services	SEIVILES
				by the eighteenth (18th) day	Voc if contracted for COAD
SOAR Data		Guidance 0	Monthly	following the month of	Yes - if contracted for SOAR
SOAR Data		Guidance 9	Monthly	services, submitted to OATS	services
MDT Consul-			Marth	by the tenth (10th) day	Yes - if contracted for MRT
MRT Census		CFCHS Specific	Monthly	following the month of services	
MDT Vecent Desitien D			Marth	by the tenth (10th) day	Yes - if contracted for MRT
MRT Vacant Position Report		CFCHS Specific	Monthly	following the month of services	
			Manual	by the tenth (10th) day	Yes - if contracted for FEP
FEP Invoice		CFCHS Specific	Monthly	following the month of services	
Community Competency					Yes - if contracted for
Restoration Training Tracking		DCE Doguiset	Marth	by the tenth (10th) day	Competency Restoration
Report		DCF Request	Monthly	following the month of services	-
		CECUC C+	Ma. 111	by the tenth (10th) day	Yes - if contracted for FMT
FMT Vacant Position Report		CFCHS Specific	Monthly	following the month of services	
					Yes - if contracted for Child
Child Welfare Referral Tracking				by the tenth (10th) day	Welfare State Opioid Response
Report		CFCHS Specific	Monthly	following the month of services	
First Episode Psychosis (FEP)				by the tenth (10th) day	Yes - if contracted for FEP
Monthly Report		CFCHS Request	Monthly	following the month of services	
				by the tenth (10th) day	Yes- if contracted for TANF
TANF SAMH Participating Log		Guidance 16	Monthly	following the month of services	
					Osceola Mental H

		EXHIBIT B: REQUIR			
		LANDIT D. NEQUIN		Due (Calendar days unless	
Report Name	Sub-reports	Citation	Fraguanay	otherwise specified)	Applicability
Report Name	Sub-reports	65E-14.021(5)(b), FAC	Frequency	30 days after contract	Applicability
Cost Allocation Plan - Final		Template 14	Once	•	Yes
		65E-14.021(5)(b), FAC	Unce	execution	res
Cost Allocation Dian Dranacad			0.000	120 days before contract	Yes
Cost Allocation Plan - Proposed		Template 14	Once	expiration	Yes
	includes:				
	Personnel Detail Record				
	Projected Cost Center				<b>V ( ( ) ( ) ( )</b>
	Operating & Capital Budget			120 days before contract	Yes - if annual contract amount
Fiscal Reports - Proposed	Agency Capacity Report	65E-14.021(5)(e)1, FAC	Once	expiration	is over \$200,000
		<b>T</b>		30 days after contract	Yes - if CFCHS contract requires
Local Match Form - Projected		Template 9	Once	execution	local match
	includes:				
Program Description -	Organizational Profile			120 days before contract	
Proposed	Service Activity Description	65E-14.021(5)(e)1, FAC	Once	expiration	Yes
	reflecting the uniform schedule				
	of discounts referenced in Rule		_	30 days after contract	
Sliding Fee Scale - Original	65E-14.018, FAC	CFCHS Sliding Fee P&P	Once	execution	Yes
	includes:				
	Personnel Detail Record			30 days after contract	
	Projected Cost Center			execution and after any	
	Operating & Capital Budget		Once and as	negotiated rate or funding	Yes - if annual contract amount
Fiscal Reports - Final	Agency Capacity Report	65E-14.021(5)(e)1, FAC	Needed	changes	is over \$200,000
				30 days after contract	
	includes:			execution and 10 calendar days	
	Organizational Profile		Once and as	before the end of the quarter if	
Program Description - Final	Service Activity Description	65E-14.021(5)(e)1, FAC	Needed	something changes	Yes
·····	,, _,, _				Yes - if paid on a cost
					reimbursement basis or if
					reconciliation to 1/12
Invoice Support - Form CF-MH				Quarterly by October 10,	payments required (FITT, FEP,
1040		65E-14.020, FAC	Quartarly		
1040		03E-14.020, FAC	Quarterly	January 10, April 10, July 10 Quarterly by October 10,	FMT, CAT, SERG)
Attactation Evention Depart		CECUS Evention Depart DPD	Quartarly		Vec
Attestation - Exception Report		CFCHS Exception Report P&P	Quarterly	January 10, April 10, July 10	Yes
		0.11.07	<b>a</b>	Quarterly by October 10,	Yes - if contracted for CRS
CRS Program Status Report		Guidance 27	Quarterly	January 10, April 10, July 10	services
EOG/OPB Return on				Quarterly by October 10,	Yes - if contracted for an EOG
Investment - Actuals		GHME1 C2-3.2.2	Quarterly	January 10, April 10, July 10	project
FACT Ad Hoc Quarterly Report,					
Enhancement Reconciliation				Quarterly by October 10,	Yes - if contracted for FACT
Report		Guidance 16	Quarterly	January 10, April 10, July 10	services
				Quarterly by October 10,	
				January 10, April 10, July 10,	
				submitted to	Yes - if contracted for PATH
PATH Summary Information		Guidance 15	Quarterly	https://www.pathpdx.org/	services
Report of aggregate quarterly		Guidance 25		Quarterly by October 5,	Yes - if required by Attachment
NVRA activities		(form DS-DE13)	Quarterly	January 5, April 5, July 5	I of CFCHS contract
Representative Payee				Quarterly by October 10,	
accounting documentation		1 CFR § 305.91-3	Quarterly	January 10, April 10, July 10	Yes - LifeStream Only
le l				Quarterly by October 10,	Yes - if contracted for FMT
FMT Quarterly Report		CFCHS Specific	Quarterly	January 10, April 10, July 10	services
Clubhouse Supported		c. c. is specific	Quarterry	Quarterly by October 10,	Yes - if contracted for
Employment Report		Template 31	Quarterly	January 10, April 10, July 10	Clubhouse services
		remplate 51	quarterry		CIUDITOUSE SELVICES
				February 15 and August 15	Vec. if contract-d for and t
		Townslate 2	Const An II	each year of the contract	Yes - if contracted for anything
Block Grant Report - Data		Template 2	Semi-Annually	period	EXCEPT for profit, UCF, CRS
			Upon Admission		
FACT Admission and Discharge			and Discharge of	Upon Admission and Discharge	
Certificates		CFCHS Specific	all clients	of all clients	services
					Yes - if contracted for FMT
FMT weekly census		CFCHS Specific	Weekly	Thursday	services
					Yes - if contracted for SRT
SRT Census and Waitlist		CFCHS Specific	Weekly	Monday	services
<u>L</u>		•		•	