		EVHIDIT D. DEOLUI	ED BEDORT		
		EXHIBIT B: REQUIF	RED REPORTS		
Report Name	Sub-reports	Citation	Frequency	Due (Calendar days unless otherwise specified)	Applicability
Attestation - Completion of	300-1epoi ts	Citation	riequelicy	30 days after contract	Аррисавину
Auxiliary Aids Service and		Section 504, ADA		execution and July 30 annually	Yes - regardless of number of
Monitoring Plan		CFOP 60-10	Annually	thereafter	employees
Attestation - Completion of				30 days after contract	
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		C .: 504 4D4		30 days after contract	
Communication training for		Section 504, ADA	Ammuallu	execution and July 30 annually	Vac if 1F as mare ampleyees
direct service employees Attestation - Emergency		CFOP 60-10	Annually	thereafter	Yes - if 15 or more employees
Preparedness Plan training for				30 days after contract	
staff		CFCHS Specific	Annually	execution	Yes
		or or to opcome	7	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		·		September 1 each year of the	Yes - if contracted for BNET
Costs		Guidance 12	Annually	contract period	services
				30 days after contract	
Civil Rights Compliance		45 CFR, Part 80		execution and July 30 annually	
Checklist		CFOP 60-16	Annually	thereafter	Yes - if 15 or more employees
				30 days after contract	
Contract Provider Property		Guidance 2		execution and July 30 annually	v
Inventory Form		Template 1	Annually	thereafter	Yes if control to differ CRC
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
EOG/OPB Return on Investment - Projected				July 20 each year of the	Yes - if contracted for an EOG
Estimates		GHME1 C2-3.2.1	Annually	contract period	project
Final data submission for fiscal		GHWEI CZ S.Z.I	7 till daily	July 31 each year of the	project
year end		CFCHS Specific	Annually	contract period	Yes
,			,	180 days after end of provider	Yes - if receive over \$700,000
				fiscal year, submitted in	annually in state or federal
Independent Financial Audit		65E-14.003, FAC	Annually	accordance with Attachment II	funds
	includes liability, auto, and				
	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	
l				July 30 each year of the	Yes - if CFCHS contract require
Local Match Form - Actuals		Template 9	Annually	contract period	local match
				November 17 annually,	Vac if contracted for DATII
PATH Annual Report		Guidance 15	Annually	submitted to https://www.pathpdx.org/	Yes - if contracted for PATH services
PATH Allilual Report		Guidance 15	Allitually	March 1 of each year during	Yes - if contracted for PATH
PATH Intended Use Plan (IUP)		Guidance 15	Annually	the contract period	services
Trimmineended ose main (i.e., y		Guidaniec 15	7	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	
Special Audit Schedules	Availability Payments	65E-14.003, FAC	Annually	required.	Yes
FEP fiscal year-end financial	· ·	<u> </u>		July 20 each year of the	Yes - if contracted for FEP
report	CF-MH 1037	CFCHS Specific	Annually	contract period	services
	Report only those incidents				
	that involve clients that are				
l	funded partially or in whole by			Within 1 business day of	
Incident Report-	CFCHS or local match	CFOP 215-6	As Needed	occurrence, submitted to IRAS	Yes
Invoice Review Supporting					
Documentation			As Needed	20 days often enter t	
				30 days after contract	
Current licenses		65E-14 021 EAC	As Neodod	execution and ongoing upon	Voc
Other Reports as Requested		65E-14.021, FAC	As Needed As Needed	renewal of expired licenses	Yes
Response to Monitoring			הא ווכבעבע		
Reports and Corrective Action					
Plans		402.7306, F.S.	As Needed	30 days after receipt of report	Yes
					munity Based Care of Brevard.

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		EXHIBIT B: REQU	JIKED KEPOKT	Due (Calendar days unless	
Report Name	Sub-reports	Citation	Frequency	otherwise specified)	Applicability
Risk Assessment as per Breach	- Can reports	- Citation	ricquency	Within 5 business days	7 ip productively
Notification Rule		45 CFR §§ 164.400-414	As Needed	following a breach	Yes
				by the fifth (5th) business 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
Behavioral Health Consultant				by the tenth (10th) day	
(BHC) Monthly Report		CFCHS BHC Protocol	Monthly	following the month of services, submitted to PBPS	Yes - if contracted for BHC
BNET Alternative Service		Guidance 12	IVIOITETTY	by the tenth (10th) day	Yes - if contracted for BNET
Forms		Template 7	Monthly	following the month of services	
			,	by the tenth (10th) day	Yes - if contracted for CAT
CAT Data Report (C1)		Guidance 32	Monthly	following the month of services	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	<u> </u>	<u> </u>	·		<u> </u>
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		050110.0 10		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	Marrately.	by the tenth (10th) day	Yes - if contracted for FACT
Report Family Intensive Treatment		Guidance 16 Guidance 18	Monthly	following the month of services	Yes - if contracted for FIT
Team Services (FIT) Report		Template 17	Monthly	by the tenth (10th) day following the month of services	
ream services (i'i') Report	includes:	remplace 17	IVIOITATITY	Tollowing the month of services	Scrvices
	Forensic Pre-Post				
	Commitment Diversion				
	Tracking Report				
	Forensic Individuals Waiting				
	to Return Report				
	Forensic Conditional Release	Guidance 6		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	
C . D . CTD		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 Activity Report		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for Outreach
Activity Report		сгспэ эреспіс	ivioritiny	by the tenth (10th) day	services
				following the month of	
				services, submitted to	
Monthly Data		PAM 155-2	Monthly	cfchsdata.org	Yes
Narcan Monthly Summary			,	by the tenth (10th) day	
Report		DCF Request	Monthly	following the month of services	Yes -if distribute Narcan kits
		·	,	by the tenth (10th) day	
				following the month of	Yes - if contracted for
Prevention Data		Guidance 10	Monthly	services, submitted to PBPS	prevention services
				by the tenth (10th) day	Yes - if contracted for CAT
CAT Census		CFCHS Specific	Monthly	following the month of services	
				by the tenth (10th) day	Yes - if contracted for CAT
CAT Vacant Position Report		CFCHS Specific	Monthly	following the month of services	services
				by the eighteenth (18th) day	v .cc .
COAR Data		Cuidanaa C	Marrielle.	following the month of	Yes - if contracted for SOAR
SOAR Data		Guidance 9	Monthly	services, submitted to OATS	services
MRT Census		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for MRT
IVIIVI CEIISUS		ст стіз эреспіс	iviolitiily	by the tenth (10th) day	Yes - if contracted for MRT
MRT Vacant Position Report		CFCHS Specific	Monthly	following the month of services	
vacant i osition nepolit		3. 313 Specific	Wiending	by the tenth (10th) day	Yes - if contracted for FEP
FEP Invoice		CFCHS Specific	Monthly	following the month of services	
Community Competency		p======			Yes - if contracted for
Restoration Training Tracking				by the tenth (10th) day	Competency Restoration
Report		DCF Request	Monthly	following the month of services	
		·	· ·	by the tenth (10th) day	Yes - if contracted for FMT
FMT Vacant Position Report		CFCHS Specific	Monthly	following the month of services	
Child Welfare Referral Tracking				by the tenth (10th) day	Yes - if contracted for Child
Report		CFCHS Specific	Monthly	following the month of services	Welfare State Opioid Response
First Episode Psychosis (FEP)				by the tenth (10th) day	Yes - if contracted for FEP
Monthly Report		CFCHS Request	Monthly	following the month of services	services
				Com	munity Based Care of Brevard. I

		EXHIBIT B: REQUIRED REPORTS				
		EXITIDIT D. REQUIR	LED IVEL OVIVI	Due (Calendar days unless		
Report Name	Sub-reports	Citation	Frequency	otherwise specified)	Applicability	
nepore nume	Sub reports	Citation	rrequency	other mise specimea,	дрысавшеу	
				by the tenth (10th) day	Yes- if contracted for TANF	
TANF SAMH Participating Log		Guidance 16 65E-14.021(5)(b), FAC	Monthly	following the month of services 30 days after contract	services.	
Cost Allocation Plan - Final		Template 14	Once	execution	Yes	
		CEE 14 031/EV/b) EAC		120 days before contrast		
Cost Allocation Plan - Proposed		65E-14.021(5)(b), FAC Template 14	Once	120 days before contract expiration	Yes	
	includes:	- P		- р		
	Personnel Detail Record			120 days before contract	Yes - if annual contract amount	
Fiscal Reports - Proposed	Projected Cost Center	65E-14.021(5)(e)1, FAC	Once	expiration	is over \$200,000	
Local Match Form - Projected		Template 9	Once	30 days after contract execution	Yes - if CFCHS contract requires 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:		Once and as	30 days after contract	Yes - if annual contract amount	
Fiscal Reports - Final	Personnel Detail Record	65E-14.021(5)(e)1, FAC	Needed	execution and after any	is over \$200,000	
	includes:		Once and as	30 days after contract		
Program Description - Final	Organizational Profile	65E-14.021(5)(e)1, FAC	Needed	execution and 10 calendar days		
Invoice Support - Form CF-MH		CFF 14 020 FAC	Overterly	Quarterly by October 10,	Yes - if paid on a cost	
1040		65E-14.020, FAC	Quarterly	January 10, April 10, July 10	reimbursement basis or if	
				Quarterly by October 10,		
Attestation - Exception Report		CFCHS Exception Report P&P	Quarterly	January 10, April 10, July 10	Yes	
				Quarterly by October 10,	Voc. if contracted for CDS	
CRS Program Status Report		Guidance 27	Quarterly	January 10, April 10, July 10	Yes - if contracted for CRS services	
EOG/OPB Return on		Guidance 27	Quarterly	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,				Quarterly by October 10,	Yes - if contracted for FACT	
Enhancement Reconciliation		Guidance 16	Quarterly	January 10, April 10, July 10	services	
				Quarterly by October 10,	Yes - if contracted for PATH	
PATH Summary Information		Guidance 15	Quarterly	January 10, April 10, July 10,	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	
ENT Quartarly Parast		CECHS Specific	Quartorle	Quarterly by October 10,	Yes - if contracted for FMT	
FMT Quarterly Report		CFCHS Specific	Quarterly	January 10, April 10, July 10 February 15 and August 15	services Yes - if contracted for anything	
Block Grant Report - Data		Template 2	Semi-Annually	each year of the contract	EXCEPT for profit, UCF, CRS	
FACT Admission and Discharge		p.010 2	Upon Admission	Upon Admission and Discharge	<u> </u>	
Certificates		CFCHS Specific	and Discharge of	of all clients	services	
FMT weekly census		CFCHS Specific	Weekly	Thursday	Yes - if contracted for FMT services	
SRT Census and Waitlist		CFCHS Specific	Weekly	Monday	Yes - if contracted for SRT services	
SINT CETISUS ATIU WAILIISL		ст стіз эреспіс	VVCCNIY	ivioliuay	JCI VICES	