EXHIBIT B: REQUIRED REPORTS

| | | EXHIBIT B: REQUIE | | Due (Calendar days unless | |
|--|---|-------------------------------------|------------|---|------------------------------------|
| Report Name | Sub-reports | Citation | Frequency | otherwise specified) | Applicability |
| Attestation - Completion of | | | | 30 days after contract | |
| 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 | | Castian FOA ADA | | 30 days after contract | |
| Communication training for | | Section 504, ADA CFOP 60-10 | Annually | execution and July 30 annually thereafter | Voc. if 1E or more employees |
| direct service employees Attestation - Emergency | | CFOP 60-10 | Allitually | therealter | Yes - if 15 or more employees |
| Preparedness Plan training for | | | | 30 days after contract | |
| staff | | CFCHS Specific | Annually | execution | Yes |
| | | p | | 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 | Annually | execution and July 30 annually | Voc |
| Inventory Form CRS Financial Report and | | Template 1 Guidance 27 | Annually | thereafter September 1 each year of the | Yes Yes - if contracted for CRS |
| reconciliation | | CF-MH 1037 | Annually | contract period | services |
| EOG/OPB Return on | | 2007 | | | |
| 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 | | | | July 31 each year of the | |
| 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 | |
| Insurance Certificates | and CFCHS named as additionally insured | GHME1 Section D.1 CFCHS Specific | Annually | execution and ongoing upon renewal of expired certificates | Voc |
| | | сгопо эреснис | Annually | July 30 each year of the | Yes - if CFCHS contract requires |
| Local Match Form - Actuals | | Template 9 | Annually | contract period | local match |
| | | - complate 5 | , unidally | 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 that touch CFCHS data systems | | CFOP 50-2 | Appually | execution and July 30 annually thereafter | Yes |
| Sliding Fee Scale - Annual | reflecting annual Federal | 65E-14.018, FAC | Annually | February 1 each year of the | Tes |
| 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 | | | | 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 | | | Within 1 husiness day of | |
| Incident Report– | funded partially or in whole by CFCHS or local match | CFOP 215-6 | As Needed | Within 1 business day of occurrence, submitted to IRAS | Voc |
| Invoice Review Supporting | | 0.01 213 0 | AS NECUCU | Securicice, submitted to IKAS | 103 |
| Documentation | | | As Needed | | |
| | | | | 30 days after contract | |
| | | | | execution and ongoing upon | |
| Current licenses | | 65E-14.021, FAC | As Needed | renewal of expired licenses | Yes |
| Other Reports as Requested | | , | As Needed | | |
| Response to Monitoring | | | | | |
| Reports and Corrective Action | | | | | |
| Plans | | 402.7306, F.S. | As Needed | 30 days after receipt of report | Yes |
| | | | | | Osceola Mental Health |

EXHIBIT B: REQUIRED REPORTS

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|---|---|-------------------------------------|------------------|---|--|--|--|--|
| | | | | Due (Calendar days unless | | | | |
| Report Name | Sub-reports | Citation | Frequency | 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) business day following the month of services, submitted to HHS Compliance Database, with | | | | |
| Auxiliary Aid Service Record | | Section 504, ADA CFOP 60-10 | Monthly | copy of HHS receipt submitted to CFCHS | Yes - if 15 or more employees | | | |
| Behavioral Health Consultant | | | | by the tenth (10th) day 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 by the tenth (10th) day | services Yes - if contracted for CAT | | | |
| CAT Data Report (C1) | | Guidance 32 | Monthly | following the month of services | services | | | |
| Civil Client Information Report | | Guidance 7 DCF Request | Monthly | by the tenth (10th) day following the month of services | Yes - If contracted for Civil Liaison services | | | |
| Community Competency | | Der nequest | wontiny | Tonowing the month of services | | | | |
| 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 | | bei nequest | montany | by the tenth (10th) day | Yes - if contracted for FACT | | | |
| include waitlist | | CFCHS Specific | Monthly | following the month of services | | | | |
| FACT Monthly Vacant Position | | er en s speeme | wontiny | by the tenth (10th) day | Yes - if contracted for FACT | | | |
| Report | | Guidance 16 | Monthly | following the month of services | | | | |
| Family Intensive Treatment | | Guidance 18 | wontiny | by the tenth (10th) day | Yes - if contracted for FIT | | | |
| Team Services (FIT) Report | | Template 17 | Monthly | following the month of services | | | | |
| | includes: Forensic Pre-Post | | mentany | | | | | |
| | 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 | | | | |
| Grant Report - STR | | GHME1, Attachment I B.1.a.(5)(n) | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for STR services | | | |
| Invoice Support - Outreach | | | | by the tenth (10th) day | Yes - if contracted for Outreach | | | |
| Activity Report | | CFCHS Specific | Monthly | following the month of services | services | | | |
| Monthly Data | | PAM 155-2 | Monthly | by the tenth (10th) day following the month of services, submitted to 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 by the tenth (10th) day | prevention services Yes - if contracted for CAT | | | |
| CAT Census | | CFCHS Specific | Monthly | following the month of services | services Yes - if contracted for CAT | | | |
| CAT Vacant Position Report | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services by the eighteenth (18th) day | services | | | |
| SOAR Data | | Guidance 9 | Monthly | following the month of services, submitted to OATS | Yes - if contracted for SOAR services | | | |
| MRT Census | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for MRT services | | | |
| MRT Vacant Position Report | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for MRT services | | | |
| FEP Invoice | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for FEP | | | |
| Community Competency Restoration Training Tracking | | | · · · · / | by the tenth (10th) day | Yes - if contracted for Competency Restoration | | | |
| Report | | DCF Request | Monthly | following the month of services | Training | | | |
| FMT Vacant Position Report | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services | | | | |
| Child Welfare Referral Tracking Report | | CFCHS Specific | Monthly | by the tenth (10th) day following the month of services | Yes - if contracted for Child 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 | 3C1 VILES | | | |

| | EXHIBIT B: REQUIR | ED REPORTS | 5 | |
|---|--|--|---|--|
| | | | Due (Calendar days unless | |
| Sub-reports | Citation | Frequency | otherwise specified) | Applicability |
| | | | by the tenth (10th) day | Yes- if contracted for TANF |
| | Guidance 16 | Monthly | | services. |
| | Template 14 | Once | execution | Yes |
| | 65E-14.021(5)(b), FAC Template 14 | Once | 120 days before contract expiration | Yes |
| includes: Personnel Detail Record Projected Cost Center | 65E-14.021(5)(e)1, FAC | Once | 120 days before contract expiration | Yes - if annual contract amount is over \$200,000 |
| | | | 30 days after contract | Yes - if CFCHS contract requires |
| | Template 9 | Once | execution | local match |
| includes: Organizational Profile | | 0.500 | 120 days before contract | Ves |
| Service Activity Description | 65E-14.021(5)(e)1, FAC | Unce | expiration | Yes |
| | 65E-14.018, FAC | | 30 days after contract | |
| | CFCHS Sliding Fee P&P | | | Yes Yes - if annual contract amount |
| Personnel Detail Record | 65E-14.021(5)(e)1, FAC | Needed | execution and after any | is over \$200,000 |
| | 65E-14 021(5)(e)1 EAC | | • | Vec |
| organizational Fronte | 65E-14.020, FAC | Quarterly | Quarterly by October 10, January 10, April 10, July 10 | Yes - if paid on a cost reimbursement basis or if |
| | CFCHS Exception Report P&P | Quarterly | Quarterly by October 10, January 10, April 10, July 10 | Yes |
| | Guidance 27 | Quarterly | Quarterly by October 10, January 10, April 10, July 10 Quarterly by October 10. | Yes - if contracted for CRS services Yes - if contracted for an EOG |
| | GHME1 C2-3.2.2 | Quarterly | January 10, April 10, July 10 | project |
| | Guidance 16 | Quarterly | January 10, April 10, July 10 | Yes - if contracted for FACT services |
| | Guidance 15 | Quarterly | Quarterly by October 10, January 10, April 10, July 10, | Yes - if contracted for PATH services |
| | Guidance 25 (form DS-DE13) | Quarterly | Quarterly by October 5, January 5, April 5, July 5 | Yes - if required by Attachment I of CFCHS contract |
| | 1 CFR § 305.91-3 | Quarterly | Quarterly by October 10, January 10, April 10, July 10 | Yes - LifeStream Only |
| | CFCHS Specific | Quarterly | Quarterly by October 10, January 10, April 10, July 10 February 15 and August 15 | Yes - if contracted for FMT services Yes - if contracted for anything |
| | Template 2 | Semi-Annually | each year of the contract | EXCEPT for profit, UCF, CRS |
| | CFCHS Specific | Upon Admission and Discharge of | Upon Admission and Discharge of all clients | services |
| | CFCHS Specific | Weekly | Thursday | Yes - if contracted for FMT services |
| | | 14/ | Monday | Yes - if contracted for SRT |
| | CFCHS Specific | Weekly | Monday by the tenth (10th) day | services Yes - if contracted for NAS/SEN |
| | Projected Cost Center includes: Organizational Profile Service Activity Description reflecting the uniform schedule of discounts referenced in Rule 65E-14.018, FAC includes: | Sub-reports Citation Guidance 16 65F-14.021(5)(b), FAC Template 14 65F-14.021(5)(b), FAC includes: Personnel Detail Record Projected Cost Center 65F-14.021(5)(e)1, FAC Template 14 Template 14 includes: Organizational Profile Organizational Profile Service Activity Description officients referenced in Rule 65F-14.021(5)(e)1, FAC reflecting the uniform schedule of 5F-14.021(5)(e)1, FAC of discounts referenced in Rule 65F-14.021(5)(e)1, FAC of discounts referenced in Rule 65F-14.021(5)(e)1, FAC -Organizational Profile 65F-14.021(5)(e)1, FAC -Organizational Profile 65F-14.021(5)(e)1, FAC -Organizational Profile 65F-14.021(5)(e)1, FAC -Organizational Profile 65F-14.020, FAC Guidance 27 Guidance 27 Guidance 15 Guidance 15 Guidance 15 Guidance 25 (form DS-DE13) 1 CFR § 305.91-3 ICFCHS Specific Template 2 CFCHS Specific CFCHS Specific | Sub-reports Citation Prequency Guidance 16 65E-14.021(5)(b), FAC Template 14 Monthly 65E-14.021(5)(b), FAC Template 14 Once Personnel Detail Record Personnel Detail Record Once Projected Cost Center 65E-14.021(5)(e)1, FAC Once Projected Cost Center 65E-14.021(5)(e)1, FAC Once Personnel Detail Record Personnel Detail Record Once Progenizational Profile Once Once Organizational Profile Once Once and as Personnel Detail Record 65E-14.021(5)(e)1, FAC Once includes: Once and as Once and as Personnel Detail Record 65E-14.021(5)(e)1, FAC Needed Personnel Detail Record 65E-14.021(5)(e)1, FAC Needed Organizational Profile GE-14.021(5)(e)1, FAC Needed Org | Sub-reports Citation Prequency otherwise specified) Sub-reports Guidance 16 Monthly by the tenth (10th) day following the month of services GE-14.021(5)(b), FAC Template 14 Once execution 65E-14.021(5)(b), FAC Template 14 Once execution Preport 65E-14.021(5)(e)1, FAC Template 14 Once execution Projected Cost Center 65E-14.021(5)(e)1, FAC Once expiration Projected Cost Center 65E-14.021(5)(e)1, FAC Once execution Includes: Organizational Profile 120 days before contract execution Projected Cost Center 65E-14.021(5)(e)1, FAC Once execution Contract Service Activity Description 65E-14.021(5)(e)1, FAC Once execution So days after contract Service Activity Description 65E-14.021(5)(e)1, FAC Once execution and after any includes: Organizational Profile 65E-14.021(5)(e)1, FAC Needed execution and after any includes: Organizational Profile 65E-14.021(5)(e)1, FAC Needed execution and after any includes: Organizational Profil |