EXHIBIT B Required Reports

				Due (Calendar days unless	
Report Name	Sub-reports	Citation	Frequency	otherwise specified)	Applicability
Attestation - Completion of	Jub reports	Citation.	rrequency	30 days after contract	7.ppeu.2ey
Auxiliary Aids Service and		Section 504, ADA		execution and July 30 annually	Vos - regardless of number of
•			Ammunallu		•
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				30 days after contract	
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			,		
				20 days after contract	
Preparedness Plan training for staff		CECITO Con a sifin	A	30 days after contract	V
		CFCHS Specific	Annually	execution	Yes
				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
CHECKIST			, amuany		103 II 13 Of More employees
Contract Duridden D		Cuidanas 3		30 days after contract	
Contract Provider Property		Guidance 2		execution and July 30 annually	
Inventory Form		Template 1	Annually	thereafter	Yes
CRS Financial Report and		Guidance 27		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		GHIVIET CZ 5.2.1	Ailitually	July 31 each year of the	project
		CECITO Con a sifin	A		V
year end		CFCHS Specific	Annually	contract period	Yes
				180 days after end of provider	
				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	Ves
	additionally insured	Ci ci is specific	Aillidally	· · · · · · · · · · · · · · · · · · ·	
Local Match Form - Actuals		T 1.0	. "	July 30 each year of the	Yes - if CFCHS contract requires
		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
Transitional discrete from (101)			, , , , , , , , , , , , , , , , , , ,	September 1 each year of the	Yes - if contracted for PPG
PPG Financial Status Report		Guidance 14	Annually	contract period	services
PPG Financial Status Report		Guidance 14	Ailitually	<u> </u>	
DDG D		Cuidana 14	A II	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
Special Addit Schedules	,,			30 days after contract	- *
				execution and ongoing upon	
Comment linear		CEE 44 024 EAC	A - NI 1		V
Current licenses		65E-14.021, FAC	As Needed	renewal of expired licenses	Yes
	Report only those incidents				
	that involve clients that are				
	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
, 		-			·

EXHIBIT B Required Reports

				5 (6)	
Poport Namo	Sub raparts	Citation	Fraguancy	Due (Calendar days unless	Applicability
Report Name Invoice Review Supporting	Sub-reports	Citation	Frequency	otherwise specified)	Applicability
Documentation			As Needed		
			As Needed		
Other Reports as Requested			As Needed		
Response to Monitoring					
Reports and Corrective Action		102 7205 5.5		20.1 6 6	~
Plans		402.7306, F.S.	As Needed	30 days after receipt of report	Yes
Risk Assessment as per Breach		45.050.05.464.400.444		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	
		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	
				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	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	services
FACT Monthly Vacant Position				by the tenth (10th) day	Yes - if contracted for FACT
Report		Guidance 16	Monthly	following the month of services	services
Family Intensive Treatment		Guidance 18		by the tenth (10th) day	Yes - if contracted for FIT
Team Services (FIT) Report		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	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	1	by the tenth (10th) day	Yes - if contracted for PPW
Woman Expansion		B.1.a.(5)(n)	Monthly	following the month of services	
топпан дараполоп		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	
2.2c. 10port 5111				The many the month of services	Yes - if paid on a cost
					reimbursement basis or if
					remindracing hyppa of it
					reconciliation to 1/12
Invoice Support Form CE MIL				hy the tenth (10th) day	reconciliation to 1/12
Invoice Support - Form CF-MH		CEE 14 020 EAC	Month	by the tenth (10th) day	payments required (FITT, FMT,
1040		65E-14.020, FAC	Monthly	following the month of services	payments required (FITT, FMT, CAT, SERG)
1040 Invoice Support - Outreach		•	·	following the month of services by the tenth (10th) day	payments required (FITT, FMT, CAT, SERG) Yes - if contracted for Outreach
1040		65E-14.020, FAC CFCHS Specific	Monthly Monthly	following the month of services by the tenth (10th) day following the month of services	payments required (FITT, FMT, CAT, SERG) Yes - if contracted for Outreach
1040 Invoice Support - Outreach		•	·	following the month of services by the tenth (10th) day following the month of services by the tenth (10th) day	payments required (FITT, FMT, CAT, SERG) Yes - if contracted for Outreach
1040 Invoice Support - Outreach		•	·	following the month of services by the tenth (10th) day following the month of services by the tenth (10th) day following the month of	payments required (FITT, FMT, CAT, SERG) Yes - if contracted for Outreach
1040 Invoice Support - Outreach Activity Report		CFCHS Specific	Monthly	following the month of services by the tenth (10th) day following the month of services by the tenth (10th) day following the month of services, submitted to	payments required (FITT, FMT, CAT, SERG) Yes - if contracted for Outreach services
1040 Invoice Support - Outreach Activity Report Monthly Data		•	·	following the month of services by the tenth (10th) day following the month of services by the tenth (10th) day following the month of services, submitted to cfchsdata.org	payments required (FITT, FMT, CAT, SERG) Yes - if contracted for Outreach
1040 Invoice Support - Outreach Activity Report		CFCHS Specific	Monthly	following the month of services by the tenth (10th) day following the month of services by the tenth (10th) day following the month of services, submitted to cfchsdata.org by the tenth (10th) day	payments required (FITT, FMT, CAT, SERG) Yes - if contracted for Outreact services Yes
1040 Invoice Support - Outreach Activity Report Monthly Data		CFCHS Specific	Monthly	following the month of services by the tenth (10th) day following the month of services by the tenth (10th) day following the month of services, submitted to cfchsdata.org by the tenth (10th) day following the month of services	payments required (FITT, FMT CAT, SERG) Yes - if contracted for Outreac services
1040 Invoice Support - Outreach Activity Report Monthly Data Narcan Monthly Summary		CFCHS Specific PAM 155-2	Monthly Monthly	following the month of services by the tenth (10th) day following the month of services by the tenth (10th) day following the month of services, submitted to cfchsdata.org by the tenth (10th) day following the month of services by the tenth (10th) day	payments required (FITT, FMT, CAT, SERG) Yes - if contracted for Outreach services Yes
1040 Invoice Support - Outreach Activity Report Monthly Data Narcan Monthly Summary		CFCHS Specific PAM 155-2	Monthly Monthly	following the month of services by the tenth (10th) day following the month of services by the tenth (10th) day following the month of services, submitted to cfchsdata.org by the tenth (10th) day following the month of services	payments required (FITT, FMT, CAT, SERG) Yes - if contracted for Outreach services Yes
1040 Invoice Support - Outreach Activity Report Monthly Data Narcan Monthly Summary		CFCHS Specific PAM 155-2	Monthly Monthly	following the month of services by the tenth (10th) day following the month of services by the tenth (10th) day following the month of services, submitted to cfchsdata.org by the tenth (10th) day following the month of services by the tenth (10th) day	payments required (FITT, FMT, CAT, SERG) Yes - if contracted for Outreact services Yes Yes -if distribute Narcan kits
1040 Invoice Support - Outreach Activity Report Monthly Data Narcan Monthly Summary Report		CFCHS Specific PAM 155-2 DCF Request	Monthly Monthly Monthly	following the month of services by the tenth (10th) day following the month of services by the tenth (10th) day following the month of services, submitted to cfchsdata.org by the tenth (10th) day following the month of services by the tenth (10th) day following the month of of services by the tenth (10th) day following the month of	payments required (FITT, FMT, CAT, SERG) Yes - if contracted for Outreach services Yes Yes - if distribute Narcan kits Yes - if contracted for
1040 Invoice Support - Outreach Activity Report Monthly Data Narcan Monthly Summary Report		CFCHS Specific PAM 155-2 DCF Request	Monthly Monthly Monthly	following the month of services by the tenth (10th) day following the month of services by the tenth (10th) day following the month of services, submitted to cfchsdata.org by the tenth (10th) day following the month of services by the tenth (10th) day following the month of services, submitted to PBPS	payments required (FITT, FMT, CAT, SERG) Yes - if contracted for Outreach services Yes Yes - if distribute Narcan kits Yes - if contracted for

EXHIBIT B Required Reports

			Due (Calendar days unless	
Sub-reports	Citation	Frequency		Applicability
Sub reports		rrequency		дрисавину
		Onco		Yes
	<u>'</u>	Office		163
		0000	•	Vac
	Template 14	Once	expiration	Yes
•			120	v :6 1
			•	Yes - if annual contract amount
Agency Capacity Report	65E-14.021(5)(e)1, FAC	Once	<u> </u>	is over \$200,000
				Yes - if CFCHS contract requires
	Template 9	Once	execution	local match
Organizational Profile			120 days before contract	
Service Activity Description	65E-14.021(5)(e)1, FAC	Once	expiration	Yes
reflecting the uniform schedule				
of discounts referenced in Rule	65E-14.018, FAC		30 days after contract	
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
	65E-14.021(5)(e)1. FAC	Needed	•	is over \$200,000
0 , 1 , 1	,,,,			,
includes:				
		Once and as	,	
· ·	65F-14 021(5)(e)1 FAC		•	Yes
Service Activity Description	03L 14.021(3)(C)1, TAC	Necucu		163
	CECHS Exception Papart P&P	Quarterly		Yes
	CI CI 3 Exception Report F&F	Quarterly		Yes - if contracted for CRS
	Guidance 27	Quartorly		services
	Guidance 27	Quarterly		Yes - if contracted for an EOG
	CUMEN CO 2 2 2	O		
	GHME1 C2-3.2.2	Quarterly	January 10, April 10, July 10	project
				Yes - if contracted for FACT
	Guidance 16	Quarterly		services
			submitted to	Yes - if contracted for PATH
	Guidance 15	Quarterly	https://www.pathpdx.org/	services
	Guidance 25		Quarterly by October 5,	Yes - if required by Attachment
	form DS-DE13)	Quarterly	January 5, April 5, July 5	I of CFCHS contract
			Quarterly by October 10,	
	1 CFR § 305.91-3	Quarterly	January 10, April 10, July 10	Yes - LifeStream Only
			E-b	
			February 15 and August 15	
			each year of the contract	Yes - if contracted for anything
	Template 2	Semi-Annually	, -	Yes - if contracted for anything EXCEPT for profit, UCF, CRS
	Template 2	Semi-Annually	each year of the contract	, -
	reflecting the uniform schedule of discounts referenced in Rule 65E-14.018, FAC includes:Personnel Detail RecordProjected Cost Center Operating & Capital BudgetAgency Capacity Report includes:Organizational ProfileService Activity Description	65E-14.021(5)(b), FAC Template 14 65E-14.021(5)(b), FAC Template 14 includes:Personnel Detail RecordProjected Cost Center Operating & Capital BudgetAgency Capacity Report includes:Organizational ProfileService Activity Description 65E-14.021(5)(e)1, FAC Template 9 includes:Organizational ProfileService Activity Description 65E-14.021(5)(e)1, FAC FERCENTIAL SIding Fee P&P includes:Personnel Detail RecordProjected Cost Center Operating & Capital BudgetAgency Capacity Report 65E-14.021(5)(e)1, FAC includes:Organizational ProfileService Activity Description 65E-14.021(5)(e)1, FAC GEFORM Exception Report P&P Guidance 27 GHME1 C2-3.2.2 Guidance 16	65E-14.021(5)(b), FAC Template 14 Once 65E-14.021(5)(b), FAC Template 14 Once includes:Personnel Detail RecordProjected Cost Center Operating & Capital BudgetAgency Capacity Report 65E-14.021(5)(e)1, FAC Once Includes:Organizational ProfileService Activity Description 65E-14.021(5)(e)1, FAC Once Includes:Organizational ProfileService Activity Description 65E-14.021(5)(e)1, FAC Once Includes:Personnel Detail RecordProjected Cost Center Operating & Capital BudgetAgency Capacity Report 65E-14.021(5)(e)1, FAC Needed Includes:Organizational ProfileService Activity Description 65E-14.021(5)(e)1, FAC Needed CFCHS Exception Report P&P Quarterly Guidance 27 Quarterly Guidance 16 Quarterly Guidance 15 Quarterly Guidance 25	65E-14.021(5)(b), FAC Template 14 Once execution