| | | EXHIBIT B: REQUIF | RED REPORTS | 5 | |
|---------------------------------------|---------------------------------|-------------------------------|-------------|---------------------------------------|----------------------------------|
| | | | | 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 | | - (,,,,,,, | • | 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 | | CI 01 00 10 | Ailliually | thereafter | Tes il 15 di more employees |
| , | | | | 20 days ofter contrast | |
| Preparedness Plan training for | | CECING C | . " | 30 days after contract | V |
| staff | | 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 |
| , , , , , , , , , , , , , , , , , , , | | - | , | 30 days after contract | |
| Contract Provider Property | | Guidance 2 | | execution and July 30 annually | |
| | | | Annually | | Voc |
| Inventory Form | | Template 1 | Annually | thereafter | Yes if contracted for CDC |
| CRS Financial Report and | | Guidance 27 | A !! | 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 | | | | 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 | • |
| independent i maneiai Addit | includes liability, auto, and | 05L 14.003, TAC | Ailliually | accordance with Attachment ii | Tulius |
| | | | | 20 days of an acceptance | |
| | medical malpractice with DCF | CU11454 C 1: D4 | | 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 require |
| 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 |
| FFG Financial Status Report | | Guidance 14 | Allitually | | Yes - if contracted for PPG |
| | | 6 11 44 | . " | September 1 each year of the | |
| 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 | |
| | • | | | · · · · · · · · · · · · · · · · · · · | |
| Connected Audits Caland | Schedule of Bed-Day | CEE 14 003 54C | Ammuslin | Independent Financial Audit | Vas |
| 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 | | | | |
| | 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 | | |
| | | | | 30 days after contract | |
| | | | | | |
| C | | CEE 44 024 540 | A - N - 1 1 | execution and ongoing upon | V |
| 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 |
| | | | | | Circles of |

| | | EVILIDIT D. DEOL | UDED DEDODE | ··· | |
|--------------------------------------|------------------------------|----------------------------|--------------|---|----------------------------------|
| | | EXHIBIT B: REQU | IIRED REPORT | | |
| Report Name | Sub-reports | Citation | Frequency | Due (Calendar days unless otherwise specified) | Applicability |
| Risk Assessment as per Breach | Sub-reports | Citation | Frequency | Within 5 business days | Applicability |
| Notification Rule | | 45 CFR §§ 164.400-414 | As Needed | following a breach | Yes |
| Trocincación naic | | 13 61 11 33 10 11 100 11 1 | 7.57700000 | by the fifth (5th) business day | 100 |
| | | | | 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 | |
| Civil Client Information Depart | | Guidance 7 | Monthly | 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 | | | | hu tha tanth (10th) day | Yes - If contracted for CCR |
| Restoration Training Tracking Report | | DCF Request | Monthly | by the tenth (10th) day following the month of services | |
| FACT monthly census to | | DCI Nequest | iviolitilly | by the tenth (10th) day | Yes - if contracted for FACT |
| include waitlist | | CFCHS Specific | Monthly | following the month of services | |
| FACT Monthly Vacant Position | | o. ono opecinic | Wiending | by the tenth (10th) day | Yes - if contracted for FACT |
| Report | | Guidance 16 | Monthly | following the month of services | |
| Family Intensive Treatment | | Guidance 18 | y | 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 | | | | |
| | 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 | Liaison 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 | 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 | | | | 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 | |
| Manthly Data | | PAM 155-2 | Monthly | services, submitted to | Vac |
| Monthly Data | | PAM 155-2 | Monthly | cfchsdata.org | Yes |
| Narcan Monthly Summary | | DCE Poquest | Monthly | by the tenth (10th) day | Voc. if distribute Narean kits |
| Report | | DCF Request | Monthly | following the month of services by the tenth (10th) day | res -ii distribute Narcan Kits |
| | | | | following the month of | Yes - if contracted for |
| Prevention Data | | Guidance 10 | Monthly | services, submitted to PBPS | prevention services |
| Trevention Bata | | Guidance 10 | Widitally | by the tenth (10th) day | Yes - if contracted for CAT |
| CAT Census | | CFCHS Specific | Monthly | following the month of services | |
| | | p====== | | by the tenth (10th) day | Yes - if contracted for CAT |
| CAT Vacant Position Report | | CFCHS Specific | Monthly | following the month of services | |
| | | | , | by the eighteenth (18th) day | |
| | | | | following the month of | Yes - if contracted for SOAR |
| SOAR Data | | Guidance 9 | Monthly | services, submitted to OATS | services |
| | | | | by the tenth (10th) day | Yes - if contracted for MRT |
| MRT Census | | CFCHS Specific | Monthly | following the month of services | services |
| | | | | by the tenth (10th) day | Yes - if contracted for MRT |
| MRT Vacant Position Report | | CFCHS Specific | Monthly | following the month of services | services |
| | | | | 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 | | | | 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 | |
| | | | | | 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 | services. |
| | | | | | |

| | | EXHIBIT B: REQUIR | ED REPORTS | , | |
|---------------------------------|---------------------------------|----------------------------|------------------|----------------------------------|----------------------------------|
| | | EXHIBIT B. REQUIR | KLD KLI OKIS | Due (Calendar days unless | |
| Report Name | Sub-reports | Citation | Frequency | otherwise specified) | Applicability |
| Report Name | Sub-reports | 65E-14.021(5)(b), FAC | Frequency | 30 days after contract | Аррисавину |
| Cost Allocation Plan - Final | | | 0000 | • | Vas |
| Cost Allocation Plan - Final | | Template 14 | Once | execution | Yes |
| | | 65E-14.021(5)(b), FAC | | 120 days before contract | |
| Cost Allocation Plan - Proposed | | Template 14 | Once | expiration | Yes |
| | includes: | | | | |
| | Personnel Detail Record | | | | |
| | Projected Cost Center | | | | |
| | 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 |
| | | | | 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 |
| Sharing rec Scare Original | includes: | S. S. IS SHAINE I CC I KI | Silice | CACCUCION | |
| 1 | Personnel Detail Record | | | 20 days ofter contract | |
| | | | | 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 | Quarterly | January 10, April 10, July 10 | FMT, CAT, SERG) |
| 1040 | | 032 14.020,1710 | Quarterly | Quarterly by October 10, | TWIT, CAT, SERGY |
| Attestation Exception Penert | | CECHS Execution Bonart DOD | Quartorly | | Yes |
| Attestation - Exception Report | | CFCHS Exception Report P&P | Quarterly | January 10, April 10, July 10 | |
| CDC Data and a Charles Data and | | Cuidenes 27 | 0 | 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, | 2. 2 |
| accounting documentation | | 1 CFR § 305.91-3 | Quarterly | January 10, April 10, July 10 | Yes - LifeStream Only |
| accounting accumentation | | 1 Ci II 3 303.31-3 | Quarterly | Quarterly by October 10, | Yes - if contracted for FMT |
| ENAT Quartorly Banart | | CECUS Specific | Quartorh | | |
| FMT Quarterly Report | | CFCHS Specific | Quarterly | January 10, April 10, July 10 | services |
| | | | | February 15 and August 15 | Var if annual 15 |
| | | T 1.0 | | 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 | Yes - if contracted for FACT |
| 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 |
| | | • | | | |