

## EXHIBIT B: REQUIRED REPORTS

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

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Risk Assessment as per Breach Notification Rule		45 CFR §§ 164.400-414	As Needed	Within 5 business days following a breach	Yes
Auxiliary Aid Service Record		Section 504, ADA CFOP 60-10	Monthly	by the fifth (5th) <b>business</b> day following the month of services, submitted to HHS Compliance Database, with copy of HHS receipt submitted to CFCHS	Yes - if 15 or more employees
Behavioral Health Consultant (BHC) Monthly Report		CFCHS BHC Protocol	Monthly	by the tenth (10th) day following the month of services, submitted to PBPS	Yes - if contracted for BHC
BNET Alternative Service Forms		Guidance 12 Template 7	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for BNET services
CAT Data Report (C1)		Guidance 32	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for CAT services
Civil Client Information Report		Guidance 7	Monthly	by the tenth (10th) day following the month of services	Yes - If contracted for Civil Liaison services
Community Competency Restoration Training Tracking Report		DCF Request	Monthly	by the tenth (10th) day following the month of services	Yes - If contracted for CCR services
FACT monthly census to include waitlist		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for FACT services
FACT Monthly Vacant Position Report		Guidance 16	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for FACT services
Family Intensive Treatment Team Services (FIT) Report		Guidance 18 Template 17	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for FIT services
Forensic Census Report	includes: --Forensic Pre-Post Commitment Diversion Tracking Report --Forensic Individuals Waiting to Return Report --Forensic Conditional Release Report	Guidance 6 CFOP 155-18	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for Forensic Liaison services
Grant Report - Pregnant Woman Expansion		GHME1, Attachment I B.1.a.(5)(n)	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for PPW 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 Activity Report		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for Outreach 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 Report		DCF Request	Monthly	by the tenth (10th) day following the month of services	Yes -if distribute Narcan kits
Prevention Data		Guidance 10	Monthly	by the tenth (10th) day following the month of services, submitted to PBPS	Yes - if contracted for prevention services
CAT Census		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for CAT services
CAT Vacant Position Report		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for CAT services
SOAR Data		Guidance 9	Monthly	by the eighteenth (18th) day 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 services
Community Competency Restoration Training Tracking Report		DCF Request	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for Competency Restoration Training
FMT Vacant Position Report		CFCHS Specific	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for FMT 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 services
First Episode Psychosis (FEP) Monthly Report		CFCHS Request	Monthly	by the tenth (10th) day following the month of services	Yes - if contracted for FEP services
TANF SAMH Participating Log		Guidance 16	Monthly	by the tenth (10th) day following the month of services	Yes- if contracted for TANF services.

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Cost Allocation Plan - Final		65E-14.021(5)(b), FAC Template 14	Once	30 days after contract execution	Yes
Cost Allocation Plan - Proposed		65E-14.021(5)(b), FAC Template 14	Once	120 days before contract expiration	Yes
Fiscal Reports - Proposed	includes: --Personnel Detail Record --Projected Cost Center Operating & Capital Budget --Agency Capacity Report	65E-14.021(5)(e)1, FAC	Once	120 days before contract expiration	Yes - if annual contract amount is over \$200,000
Local Match Form - Projected		Template 9	Once	30 days after contract execution	Yes - if CFCHS contract requires local match
Program Description - Proposed	includes: --Organizational Profile --Service Activity Description	65E-14.021(5)(e)1, FAC	Once	120 days before contract expiration	Yes
Sliding Fee Scale - Original	reflecting the uniform schedule of discounts referenced in Rule 65E-14.018, FAC	65E-14.018, FAC CFCHS Sliding Fee P&P	Once	30 days after contract execution	Yes
Fiscal Reports - Final	includes: --Personnel Detail Record --Projected Cost Center Operating & Capital Budget --Agency Capacity Report	65E-14.021(5)(e)1, FAC	Once and as Needed	30 days after contract execution and after any negotiated rate or funding changes	Yes - if annual contract amount is over \$200,000
Program Description - Final	includes: --Organizational Profile --Service Activity Description	65E-14.021(5)(e)1, FAC	Once and as Needed	30 days after contract execution and 10 calendar days before the end of the quarter if something changes	Yes
Invoice Support - Form CF-MH 1040		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 reconciliation to 1/12 payments required (FITT, FEP, FMT, CAT, SERG)
Attestation - Exception Report		CFCHS Exception Report P&P	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes
CRS Program Status Report		Guidance 27	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - if contracted for CRS services
EOG/OPB Return on Investment - Actuals		GHME1 C2-3.2.2	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - if contracted for an EOG project
FACT Ad Hoc Quarterly Report, Enhancement Reconciliation Report		Guidance 16	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - if contracted for FACT services
PATH Summary Information Report of aggregate quarterly NVRA activities		Guidance 15	Quarterly	Quarterly by October 10, January 10, April 10, July 10, submitted to <a href="https://www.pathpdx.org/">https://www.pathpdx.org/</a>	Yes - if contracted for PATH services
Representative Payee accounting documentation		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
FMT Quarterly Report		1 CFR § 305.91-3	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - LifeStream Only
Block Grant Report - Data		CFCHS Specific	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - if contracted for FMT services
FACT Admission and Discharge Certificates		CFCHS Specific	Semi-Annually	February 15 and August 15 each year of the contract period	Yes - if contracted for anything EXCEPT for profit, UCF, CRS
FMT weekly census		CFCHS Specific	Upon Admission and Discharge of all clients	Upon Admission and Discharge of all clients	Yes - if contracted for FACT services
SRT Census and Waitlist		CFCHS Specific	Weekly	Thursday	Yes - if contracted for FMT services
		CFCHS Specific	Weekly	Monday	Yes - if contracted for SRT services