

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 https://www.pathpdx.org/ | 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 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-14.018, FAC CFCHS Sliding Fee P&P | Annually | February 1 each year of the contract period | Yes |
| Special Audit Schedules | | 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 |

EXHIBIT B: REQUIRED REPORTS

| Report Name | Sub-reports | Citation | Frequency | Due (Calendar days unless otherwise specified) | Applicability |
|---|---|-------------------------------------|-----------|--|---|
| 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) business 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 DCF Request | 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 |
| 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 |

EXHIBIT B: REQUIRED REPORTS

| Report Name | Sub-reports | Citation | Frequency | Due (Calendar days unless otherwise specified) | Applicability |
|--|---|--|---------------------------------|---|--|
| TANF SAMH Participating Log | | Guidance 16 | Monthly | by the tenth (10th) day following the month of services | Yes- if contracted for TANF services. |
| 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 | 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 | 65E-14.021(5)(e)1, FAC | Once and as Needed | 30 days after contract execution and after any | Yes - if annual contract amount is over \$200,000 |
| Program Description - Final | includes: --Organizational Profile | 65E-14.021(5)(e)1, FAC | Once and as Needed | 30 days after contract execution and 10 calendar days | 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 |
| 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 | | Guidance 16 | Quarterly | Quarterly by October 10, January 10, April 10, July 10 | Yes - if contracted for FACT services |
| PATH Summary Information | | Guidance 15 | Quarterly | Quarterly by October 10, January 10, April 10, July 10, | Yes - if contracted for PATH services |
| Report of aggregate quarterly NVRA activities | | 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 |
| Representative Payee accounting documentation | | 1 CFR § 305.91-3 | Quarterly | Quarterly by October 10, January 10, April 10, July 10 | Yes - LifeStream Only |
| FMT Quarterly Report | | CFCHS Specific | Quarterly | Quarterly by October 10, January 10, April 10, July 10 | Yes - if contracted for FMT services |
| Block Grant Report - Data | | Template 2 | Semi-Annually | February 15 and August 15 each year of the contract | Yes - if contracted for anything EXCEPT for profit, UCF, CRS |
| FACT Admission and Discharge Certificates | | CFCHS Specific | Upon Admission and Discharge of | Upon Admission and Discharge of all clients | Yes - if contracted for FACT 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 |