Report Name  Repor			EXHIBIT B: REQUIR	RED REPORTS	5	
Microston Completion of   Section 50A, ADA   CPO 60-10   Annually   Standard (1998)   Standard (1998					Due (Calendar days unless	
Available   Avai		Sub-reports	Citation	Frequency		Applicability
Monitoring Pan	Attestation - Completion of				•	
Missalario Completion of   Missalario Completi	'				·	•
Machanish as part HPMA   Security Rule   45 CFR \$ 184 308(0)(10)(N)   Annually   Mineralter   Yes   Minera	Monitoring Plan		CFOP 60-10	Annually	thereafter	employees
Security Full   SCR   \$6.00   \$0.00	Attestation - Completion of				30 days after contract	
Attention - Ffective complayers   School 504, ADA   Annually   therendre   Ves. if 3 or more employed   CTCHS Specific   Annually   therendre   Ves. if 3 or more employed   Ves. if 3 or more	Risk Analysis as per HIPAA				execution and July 30 annually	
Communication training for	Security Rule		45 CFR § 164.308(a)(1)(ii)(A)	Annually	thereafter	Yes
direct service employes Peparedirect service employes Preparedirects and relating for CPGH 5 Specific Annually Peparedirect SP CPGH 5 Specific Contract period of the CPGH 5 Specific Contract period CPGH 5 Specific CP	Attestation - Effective				30 days after contract	
Attensation - Energency Perparendense Nan Training for CFOHS Specific Annually and execution - Ves - Contracted for anythe perparendense Nan Training for CFOHS Specific Annually - Contract period - Contract per	Communication training for		Section 504, ADA		execution and July 30 annually	
Attentation Friengemy Preparadrices Pia Training for staff Contract Property staff Contract Property Sold Rights Compliance United Rights United Rights Compliance United Rights United	direct service employees		CFOP 60-10	Annually	thereafter	Yes - if 15 or more employees
Temperatures   Secretary   S				•		. ,
Self	· ·				30 days after contract	
Secret Scann Report - Narrative   Template 3	'		CECHS Specific	Annually	·	Yes
Stock Staff Report - Narrative   Templas 3   Annually   Contract period   DECEPT for profit, U.G. Co. Staff Staf	- Starr		c. c. is specific	7		
BRES Statement of Program Costs  Guidance 12 Annually Ann	Block Grant Penort - Narrative		Tomplato 2	Annually		, ,
Section   Sect	· · · · · · · · · · · · · · · · · · ·		Template 3	Allitually	<u>'</u>	
Lovi Rights Compliance  As CFR, Part 80  Crowder Property Montroad Provider Property Montroad Property Provider Property Montroad Property Property Montroad Property Property Montroad Property Montroad Property Montroad Property Property Montroad Property	_		Cuidones 12	Ammunallu	· ·	
Civil Rights Compliance   SC FIP, Part 80   Secution and July 30 annually   Template   So CPOP 60-16   Annually   So centract   So CPOP 60-16   So CPOP 60-1	Costs		Guidance 12	Annually	<u>'</u>	services
Checklist   CPO PO-16   Annually   thereafter   Ves - If 25 or more employs   Southwest   Contract Provider   Template   Annually   Contract Provider   Ves - If contracted for CRS Foreign Report and   CPC MR 1937   Annually   Contract period   Ves - If contracted for CRS   CPC MR 1937	l				•	
Contract Provider Property Contract Provider Con	· '				·	
Contract Provider Property   Guidance 2   Emplaite 1   Annually   Contracted for CRS Financial Report and   Contracted for CRS Financial Report and   Contracted for CRS Financial Report and   Contract Provider   Contract Pro	Checklist		CFOP 60-16	Annually		Yes - if 15 or more employees
Inventory Form					•	
CRS Francial Report and contract period contract period services reconciliation (CF-MH 1037 Annually contract period services services reconciliation (CF-MH 1037 Annually contract period services) services reconciliation (CF-MH 1037 Annually contract period project fictionates (CF-MH 1037 Annually contract period project fictionates (CF-MH 1037 Annually contract period project filting the contract period filting the contract period project filting the contract period period project filting the contract period project filting the	Contract Provider Property		Guidance 2		execution and July 30 annually	
reconcilation	Inventory Form		Template 1	Annually	thereafter	Yes
Estimates GHME1 C2-3.2.1 Annually contract period project Estimates GHME1 C2-3.2.1 Annually contract period project project Estimates GHME1 C2-3.2.1 Annually contract period project	CRS Financial Report and		Guidance 27		September 1 each year of the	Yes - if contracted for CRS
CEO/OPE Return on microstment - Projected Estimates   GHME1 C2-3.2.1   Annually contract period   Yes - if contracted for an Education of Final data submission for fiscal year end   CFCHS Specific   Annually   Contract period   Yes - if contracted for an Education of Final data submission for fiscal year, submitted in annually in state or federal and provider   Yes - if receive over \$70,0.0	reconciliation		CF-MH 1037	Annually	contract period	services
Investment - Projected Statistance - GMME 1 C2-3.2.1 Annually contract period project	EOG/OPB Return on			-		
Estimates   GMBE CZ-3.2.1 Annually contract period project   Proje	Investment - Projected				July 20 each year of the	Yes - if contracted for an EOG
Final data submission for fiscal year end year end of provider yes on the contract period yes end of provider yes of the contract period yes on the provider yes of the contract period yes on the provider yes of the contract period yes on the provider yes of the contract period yes on the provider yes of the yes of the provider yes of the yes of the provider yes of the ye	Estimates		GHME1 C2-3.2.1	Annually		
year end   CFCHS Specific   Annually   CFCHS Specific   Annually   CFCHS Specific   Spec					<u>'</u>	1
Independent Financial Audit  65F-14.003, FAC  Annually  includes liability, auto, and medical malpractice with DCF and CFCHS smear as includes additionally insured  CFCHS specific  GIMME1 Section D.1  Annually  Annua			CECHS Specific	Δnnually		Ves
includes liability, auto, and medical malpractice with DCF and CPHS named a double medical malpractice with DCF and CPHS named as additionally insured of CPHS named as additionally insured of CPHS formed as additionally insured of CPHS formed as additionally insured of CPHS named as additionally insured of CPHS formed formed and insured insured formed	year end		er er is specific	7 iiii uuny	<u>'</u>	
Independent Financial Audit includes liability, auto, and medical malpractice with DCF and CFCHS named as additionally insured CFCHS Specific Annually requested expired certificates additionally insured CFCHS Specific Annually requested for pATH specific and particle with DCF and CFCHS specific Annually requested for particle additionally insured CFCHS Specific Annually requested for pATH specific and particle additionally insured CFCHS Specific Annually requested for pATH specific and particle					· ·	
includes liability, auto, and medical malpractice with DCF and CFCHS named as additionally insured CFCHS Specific Annually results of the contract period specificates additionally insured CFCHS Specific Annually contract period local match November 17 annually. Submitted to Yes - if CFCHS contract required for particle of the contract period of the contract period of the contract period in the contract period	Indonesial Audit		CEE 14 003 EAC	Ammunallu	•	·
medical malpractice with DCF and CFUS Pamed as GHME1 Section D.1 execution and negoing upon local mature of CFUS Specific annually renewal of expired certificates (Yes - If CFUS Contract required proposed propo	independent Financial Addit	to divide a Balatta.	65E-14.003, FAC	Annually	accordance with Attachment if	Turius
and GCHS named as GHME1 Section 0.1 execution and ongoing upon renewal of expired certificates Ves July 30 each year of the Contract period local match Form - Actuals Template 9 Annually contract period local match Form - Actuals Template 9 Annually contract period local match PATH Section 1 Sec		**				
Insurance Certificates   additionally insured   CFCHS Specific   Annually   renewal of expired certificates   Ves   July 30 each year of the   Yes - if CFCHS Contract required   Local Match Form - Actuals   Template 9   Annually   Contract period   Local match   November 17 annually   Submitted to   Yes - if contracted for PATH   Annual Report   Guidance 15   Annually   Expirement Path Intended Use Plan (IUP)   Guidance 15   Annually   Contract period   Services   September 1 each year of the   Yes - if contracted for PATH   September 1 each year of the   Yes - if contracted for PATH   September 1 each year of the   Yes - if contracted for PATH   Yes - if contracted for PATH   September 1 each year of the   Yes - if contracted for PATH		•			·	
Local Match Form - Actuals						
Local Match Form - Actuals	Insurance Certificates	additionally insured	CFCHS Specific	Annually	renewal of expired certificates	Yes
PATH Annual Report   Guidance 15   Annually   Submitted to   Yes - if contracted for PATH services					July 30 each year of the	Yes - if CFCHS contract require
Annually https://www.pathdx.org/ PATH Annual Report	Local Match Form - Actuals		Template 9	Annually	contract period	local match
PATH Annual Report   Guidance 15   Annually   https://www.pathpdx.org/ services PATH Intended Use Plan (IUP)   Guidance 15   Annually   March 1 of each year of unity   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH services   September 1 each year of the   Yes - if contracted for PATH ser					November 17 annually,	
PATH Intended Use Plan (IUP) Guidance 15 Annually PATH Intended Use Plan (IUP) Guidance 15 Annually September 1 each year of the Ves - if contracted for PATH services  September 1 each year of the Ves - if contracted for PATH services  September 1 each year of the Ves - if contracted for PPG services  September 1 each year of the Ves - if contracted for PPG services  Security Agreement Forms and Training Certificates for staff that touch CFCHS data systems  CFOP 50-2 Annually Training Certificates for staff that touch CFCHS data systems  Includes:Schedule of State EarningsSchedule of Related Party Transaction AdjustmentsSchedule of Related Party Transaction AdjustmentsSched					submitted to	Yes - if contracted for PATH
PATH Intended Use Plan (IUP)	PATH Annual Report		Guidance 15	Annually	https://www.pathpdx.org/	services
PATH Intended Use Plan (IUP)					March 1 of each year during	Yes - if contracted for PATH
PPG Financial Status Report Guidance 14 Annually contract period services  PPG Frogram Status Report Guidance 14 Annually contract period services  September 1 each year of the year-vices September 1 each year of the year-vices September 1 each year of the year-vices Security Agreement Forms and Training Certificates for staff that touch CFCHS data systems  CFOP 50-2 Annually thereafter Yes- if contracted for PPG Security Agreement Forms and Training Certificates for staff that touch CFCHS data systems  CFOP 50-2 Annually thereafter Yes- if contracted for PPG Security Agreement Forms and Training Certificates for staff that touch CFCHS data systems  Includes: Schedule of State EarningsSchedule of State EarningsSchedule of State EarningsSchedule of State EarningsSchedule of Related Party Transaction AdjustmentsProgram/Cost Center Actual Expenses & Revenues ScheduleSchedule of Bed-DaySchedule of Bed-DaySched	PATH Intended Use Plan (IUP)		Guidance 15	Annually	,	
PPG Financial Status Report				,	<u>'</u>	
September 1 each year of the contracted for PPG September 1 each year of the services  Security Agreement Forms and Training Certificates for staff that touch CFCHS data systems  CFOP 50-2  Annually thereafter Security 1 execution and July 30 annually thereafter Security 1 execution and July 30 annually thereafter Security 1 execution and July 30 annually thereafter Security 1 each year of the contract period Services  Revision Poverty Guidelines revisions CFCHS Sliding Fee P&P Annually Contract period Yes  Includes: Schedule of State EarningsSchedule of Related Party Transaction AdjustmentsProgram/Cost Center Actual Expenses & Revenues ScheduleSchedule of Bed-DaySchedule of Bed-DaySchedule of Bed-DaySchedule of Sed-DaySchedule of Sed-D	PPG Financial Status Report		Guidance 14	Annually	· ·	
PRG Program Status Report Security Agreement Forms a	Tr G i maneiar status neport		Galdanice 14	7 till daily		
Security Agreement Forms and Training Certificates for staff that touch CFCHS data systems  CFOP 50-2  Annually thereafter Yes  Sliding Fee Scale - Annual reflecting annual Federal Powerty Guidelines revisions  Includes:Schedule of State EarningsSchedule of State EarningsSchedule of State EarningsSchedule of Related Party Transaction AdjustmentsProgram/Cost Center Actual Expenses & Revenues ScheduleSchedule of Bed-Day Availability Payments  Special Audit Schedules  Availability Payments  SEE-14.003, FAC Annually  CFCHS Specific Annually Contract period  With Independent FinancialProgram/Cost Center Actual Expenses & Revenues ScheduleSchedule of Bed-Day Availability Payments  SEE-14.003, FAC Annually Annually Contract period  Services  FEP fiscal year-end financial report  CF-MH 1037 CFCHS Specific Annually Contract period Services  FEP fiscal year-end financial report  CF-MH 1037 CFCHS Specific Annually Contract period Services  Within 1 business day of Courrence, submitted to IRAS Yes  Invoice Review Supporting Documentation  As Needed  Total Payments  As Needed Total Payments  SEE-14.021, FAC As Needed Total Payments As Needed Total Payments Total	DDC Dragram Status Banant		Cuidanaa 14	Ammunallu		
Training Certificates for staff that touch CFCHS data systems  CFOP 50-2  Annually  thereafter  Yes  Sickiding Fee Scale - Annual Revision  Poverty Guidelines revisions  Includes: Schedule of State EarningsSchedule of Related Party Transaction AdjustmentsPorgram/Cost Center Actual Expenses & Revenues ScheduleSchedule of Bed-Day Special Audit Schedules  Availability Payments  GFCHS Specific  Annually  Tequired.  Fee Furuary 1 each year of the CFCHS Sliding Fee P&P Annually  With Independent Financial Audit. Or within 45 days of Audit. Or within 45 days of CFCHS Center Actual  Expenses & Revenues ScheduleSchedule of Bed-Day Special Audit Schedules  Availability Payments  GFEP fiscal year-end financial report  CF-MH 1037  CFCHS Specific  Annually  Tequired.  Fee Firancial Audit Transaction Adjustments Transaction Adjustmen			Guidance 14	Annually	<u>'</u>	Services
that touch CFCHS data systems CFOP 50-2 Annually thereafter Yes    CFOP 50-2	' -				•	
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includes:Schedule of State EarningsSchedule of Related Party Transaction AdjustmentsProgram/Cost Center Actual Expenses & Revenues ScheduleSchedule of Bed-Day Special Audit Schedules Availability Payments 65E-14.003, FAC Annually Report Annually Annual		· ·	,			
Schedule of State EarningsSchedule of Related Party Transaction AdjustmentsProgram/Cost Center ActualProgram/Cost Center ActualProgram/Cost Center ActualSchedule of Bed-DaySchedule of Bed-DaySchedu	Revision		CFCHS Sliding Fee P&P	Annually	contract period	Yes
Schedule of Related Party Transaction AdjustmentsProgram/Cost Center ActualProgram/Cost Center Actual						
Transaction AdjustmentsProgram/Cost Center ActualProgram/Cost Center Actual Expenses & Revenues ScheduleSchedule of Bed-DaySchedule of Bed-Day		Schedule of State Earnings				
Program/Cost Center Actual Expenses & Revenues ScheduleSchedule of Bed-Day Special Audit Schedules Availability Payments Special Audit Schedules Annually required. Yes Services Annually contract period services Within 1 business day of Within 1 business day of Occurrence, submitted to IRAS Yes Special Audit Schedules As Needed As Needed Response to Monitoring Reports and Corrective Action  Audit. Or within 45 days of end of provider fiscal year in to		Schedule of Related Party				
Expenses & Revenues ScheduleSchedule of Bed-Day Availability Payments  FEP fiscal year-end financial report  CF-MH 1037  CFCHS Specific  Report only those incidents that are funded partially or in whole by Invoice Review Supporting Documentation  CFCHS or local match  CFOP 215-6  As Needed  As Needed  CFOR 215-6  As Needed  CCFURS Specific  As Needed  CFOR 215-6  As Needed  CFOR 215-6  As Needed  CFOR 215-6  As Needed  CCFURS Specific  As Needed  CCFURS Specific  As Needed  CFOR 215-6  As Needed  CCFURS Specific  CCFURS Specific  CCFURS Specific  Annually  CCFURS Specific  Annually  Contract period  CCFURS Specific  Annually  CCFURS Specific  Annually  CONTRACT  CCFURS Specific  Annually  CONTRACT  CCFURS Specific  Annually  CONTRACT  CONTRACT  CCFURS Specific  Annually  CCFURS Specific  Annually  CONTRACT  CCFURS Specific  Annually  CCFURS Specific  Annually  CCFURS Specific  Annually  Contract period  CCFURS Specific  Annually		Transaction Adjustments			With Independent Financial	
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Schedule of Bed-Day Availability Payments 65E-14.003, FAC Annually required. Yes FEP fiscal year-end financial report CF-MH 1037 CFCHS Specific Annually CF-MH 1037 CFCHS Specific Annually CF-MH 1037 CFCHS Specific Annually Contract period Services  Report only those incidents that involve clients that are funded partially or in whole by CFCHS or local match CFCHS or local match CFOP 215-6 As Needed  As Needed  As Needed  CFCHS or local match As Needed  CFCHS or local match As Needed  CFCHS or local match CFCHS or local match As Needed  CFCHS or local match As Needed  CFCHS or local match As Needed  As Needed  CFCHS or local match As Needed  CFCHS or local matc		<b>o</b> ,			•	
Special Audit Schedules Availability Payments 65E-14.003, FAC Annually required. Yes FEP fiscal year-end financial 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 OFCHS or local match CFOP 215-6 As Needed occurrence, submitted to IRAS Yes  Invoice Review Supporting Documentation As Needed  CFURS or local match CFOP 215-6 As Needed OFCHS or local match CFOP 215-6 As Needed  As Needed  CFURS or local match CFOP 215-6 As Needed OFCHS or local match CFOP 215-6 As Needed  As Needed  CFURS or local match CFOP 215-6 As Needed OFCHS or local match CFOP 215-6 As Needed  As Needed  CFURS or local match CFOP 215-6 As Needed OFCHS or local match CFOP 215-6 As Needed  As Needed  CFOP 215-6 As Needed OFCHS or local match CFOP 215-6 As Needed OFCHS or local match CFOP 215-6 As Needed OFCHS or local match CFOP 215-6 As Needed  CFOP 215-6 As Needed  As Needed  CFOP 215-6 As Needed OFCHS or local match CFOP 215-6 As Needed OFCHS or local match CFOP 215-6 As Needed  CFO		•			'	
FEP fiscal year-end financial 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 CFCHS or local match CFOP 215-6 As Needed occurrence, submitted to IRAS Yes  Invoice Review Supporting Documentation As Needed Supporting 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	Special Audit Schedules	•	65F-14 003 FAC	Δnnually	·	Ves
Report OF-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 occurrence, submitted to IRAS Yes  Invoice Review Supporting Documentation As Needed  CFCHS or local match CFOP 215-6 As Needed  As Needed  As Needed  CFCHS or local match CFOP 215-6 As Needed  As Needed  As Needed  CFCHS or local match CFOP 215-6 As Needed  As Needed  As Needed  CFCHS or local match CFOP 215-6 As Needed  As Needed  CFCHS or local match CFOP 215-6 As Needed  As Needed  CFCHS or local match CFOP 215-6 As Needed  As Needed  CFCHS or local match CFOP 215-6 As Needed  As Needed  CFCHS or local match CFOP 215-6 As Needed  As Needed  CFCHS or local match CFOP 215-6 As Needed  As Needed  CFCHS or local match CFOP 215-6 As Needed  As Needed		anabiney rayments	552 17.003, I AC	, unidally	<u> </u>	
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funded partially or in whole by 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 execution and ongoing upon  Current licenses  Current licenses  Current Reports as Requested Response to Monitoring Reports and Corrective Action						
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 execution and ongoing upon Current licenses 65E-14.021, FAC As Needed renewal of expired licenses Yes Other Reports as Requested Response to Monitoring Reports and Corrective Action						
Invoice Review Supporting 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 Response to Monitoring Reports and Corrective Action	l				•	
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 Response to Monitoring Reports and Corrective Action	Incident Report-	CFCHS or local match	CFOP 215-6	As Needed	occurrence, submitted to IRAS	Yes
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	Invoice Review Supporting					
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	Documentation			As Needed		
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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					execution and ongoing upon	
Other Reports as Requested As Needed Response to Monitoring Reports and Corrective Action	Current licenses		65E-14.021, FAC	As Needed		Yes
Response to Monitoring Reports and Corrective Action						-
Reports and Corrective Action						
	' <del>-</del>					
riaiis 402./300, r.S. As ineeded 30 days after receipt of report Yes	· '		402 7206 E.S	As Noodod	20 days after receipt of remain	Vos
	1 10113		704.1300, F.J.	As Needed	30 days after receipt of report	103

Behavioral Health Consultant (BICK) Monthly Report  SERF Alternative Service Guidance 12 Guidance 12 Guidance 27 Monthly Guidance 28 Monthly Guidance 29 Monthly Guidance 28 Monthly Guida			EVUIDIT D. DEOLI	IDED DEDODT	c	
Region Name  Read Ascessment at spir Brotish  Notification Rule  4 S CER 89 154 A00-114  A liveded  Notification Rule  4 S CER 89 154 A00-114  A liveded  Notification Rule  5 Section 504, ADA  Compliance Database sky  Services, submitted to HHS  Compliance Database, with  Copy of His Freezest admitted  Applicability Add Service Record  CHO FG 10  Monthly  Shape and Explanation of His Compliance Database, with  COPY FG 10  Monthly  Shape and Health Consultant  Shape and Health			EXHIBIT B. REQU	IKED KEPOKI		
Million Subjects   Million Sub	Report Name	Sub-reports	Citation	Frequency		Applicability
Section 504 ADA Auxilliary Add Service Record GPOP 60.10 Monthly Complained Sealeshee, with recombined of services, submitted to 81% Complained Sealeshee, with Complained Sealeshee, w						
Section 504 ADA	Notification Rule		45 CFR §§ 164.400-414	As Needed	<u>-</u>	Yes
Apellary Ad Service Record CPO 60-10 Moenthy Complained bashase, with C						
Compliance Database, with   Compliance Database					· ·	
Acadillary Ad Service Record CPO 60 10 Monthly C						
Ausiliary and Services Record  Behavioral Health Consultant  Benavioral Health Consultant  Benavioral Health Consultant  Belavioral Health Consultant  Belav			Section 504 ADA			
Behavioral Health Consultant (BitC) Monthly Report  CFO15 BitC Protocol  Monthly Monthly Report  Forms  Tomas  Tomas  Tomas  Guidance 12  Guidance 27  Beport  Guidance 28  Beport (CT)  Guidance 28  Guidance 38  Guidance 38  Guidance 38  Guidance 38  Guidance 38  Guidance 38  Guidance 48  Formatic Preparati  Guidance 38  Guidance 48  Formatic Preparati  Guidance 48  Formatic Commitment Diversions  Tracking Report  Formatic Commitment Diversions  Trackin	Auxiliary Aid Service Record			Monthly		Yes - if 15 or more employees
(BICK) Monthly Report  BICK Abernative Service  Guidance 12  Forms Template 7  Monthly Including the month of services services  Template 7  Monthly Including the month of services services  Template 7  Monthly Including the month of services services  Work and the month of services	,			,	by the tenth (10th) day	. ,
BREF Alternative Service Forms Template 7 Monthly Monthly BREF Alternative Service Forms Template 7 Monthly Mo	Behavioral Health Consultant				following the month of	
Template 7   Monthly   Collowing the month of services services   Very 1   Contracted for CAT   CAT Oat oa Report (C.1)   Call Guidance 32   Monthly   Callowing the month of services services   Very 1   Contracted for CAT   Call Client Information Report (C.1)   Coll Client Information R	, ,		CFCHS BHC Protocol	Monthly	· · · · · · · · · · · · · · · · · · ·	
ACT Data Report (C.1)  Guidance 32  Monthly following the month of services services  Community Competency Report REPORET REPORT REPORT REPORT REPORT REPORT REPORT REPORT REPORT REPORE						
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by the tenth (10th) day Yes - if contracted for MRT following the month of services services  What Vacant Position Report CFCHS Specific Monthly following the month of services services  By the tenth (10th) day Yes - if contracted for MRT following the month of services services  By the tenth (10th) day Yes - if contracted for MRT following the month of services services  By the tenth (10th) day Yes - if contracted for FEP following the month of services services  Community Competency  Restoration Training Tracking  Report DCF Request Monthly following the month of services Training  By the tenth (10th) day Competency Restoration following the month of services Training  By the tenth (10th) day Yes - if contracted for FMT following the month of services services  CFCHS Specific Monthly following the month of services services  Child Welfare Referral Tracking  Report CFCHS Specific Monthly following the month of services Welfare State Opioid Respon for State Opioid Respon for FEP	SOAR Data		Guidance 9	Monthly	•	
by the tenth (10th) day Yes - if contracted for MRT following the month of services services  Where the following the month of services services by the tenth (10th) day Yes - if contracted for FEP fer Invoice  Community Competency Restoration Training Tracking  Report  DCF Request  Monthly					·	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  fel Invoice  CFCHS Specific  Monthly  following the month of services services  Yes - if contracted for  Yes - if contracted for  Bestoration Training Tracking  Report  DCF Request  Monthly  following the month of services services  Yes - if contracted for  by the tenth (10th) day  Competency Restoration  FMT Vacant Position Report  CFCHS Specific  Monthly  following the month of services Training  following the month of services services  What is the tenth (10th) day  Yes - if contracted for FMT  FMT Vacant Position Report  CFCHS Specific  Monthly  following the month of services services  by the tenth (10th) day  Yes - if contracted for Child  Report  CFCHS Specific  Monthly  following the month of services Welfare State Opioid Respon  First Episode Psychosis (FEP)  by the tenth (10th) day  Yes - if contracted for FEP	MRT Census		CFCHS Specific	Monthly	following the month of services	
by the tenth (10th) day Yes - if contracted for FEP fel nvoice  Community Competency Restoration Training Tracking Report  DCF Request  Monthly  Mo						
FEP Invoice CFCHS Specific Monthly following the month of services services  Community Competency Restoration Training Tracking Report DCF Request Monthly following the month of services Training  FMT Vacant Position Report CFCHS Specific Monthly following the month of services Training  FMT Vacant Position Report CFCHS Specific Monthly following the month of services services  Child Welfare Referral Tracking Report CFCHS Specific Monthly following the month of services Welfare State Opioid Resport  FIST Episode Psychosis (FEP)  Type - if contracted for FMT following the month of services Welfare State Opioid Resport  Wester - if contracted for FEP	MRT Vacant Position Report		CFCHS Specific	Monthly		
Community Competency Restoration Training Tracking Report  DCF Request Monthly FMT Vacant Position Report  CFCHS Specific Monthly FMI						
Restoration Training Tracking Report  DCF Request  Monthly  following the month of services Training by the tenth (10th) day Yes - if contracted for FMT FMT Vacant Position Report  CFCHS Specific  Monthly  following the month of services services  When tenth (10th) day Yes - if contracted for FMT following the month of services services  by the tenth (10th) day Yes - if contracted for Child Report  CFCHS Specific  Monthly  following the month of services Welfare State Opioid Respor  First Episode Psychosis (FEP)  by the tenth (10th) day Yes - if contracted for FEP			CFCHS Specific	Monthly	tollowing the month of services	
Report DCF Request Monthly following the month of services Training by the tenth (10th) day Yes - if contracted for FMT FMT Vacant Position Report CFCHS Specific Monthly following the month of services services Child Welfare Referral Tracking by the tenth (10th) day Yes - if contracted for Child Report CFCHS Specific Monthly following the month of services Welfare State Opioid Respo First Episode Psychosis (FEP) by the tenth (10th) day Yes - if contracted for FEP					by the tenth (10th)	
by the tenth (10th) day Yes - if contracted for FMT following the month of services services  Child Welfare Referral Tracking  Report  CFCHS Specific  Monthly  by the tenth (10th) day  Yes - if contracted for FMT following the month of services services  by the tenth (10th) day  Yes - if contracted for Child following the month of services Welfare State Opioid Responsties Episode Psychosis (FEP)  by the tenth (10th) day  Yes - if contracted for FEP			DCE Request	Monthly		
FMT Vacant Position Report CFCHS Specific Monthly following the month of services services  Child Welfare Referral Tracking Report CFCHS Specific Monthly following the month of services Welfare State Opioid Respor  First Episode Psychosis (FEP) by the tenth (10th) day Yes - if contracted for FEP	νεροιτ		DCF nequest	iviontiny		
Child Welfare Referral Tracking by the tenth (10th) day Yes - if contracted for Child Report CFCHS Specific Monthly following the month of services Welfare State Opioid Respor First Episode Psychosis (FEP) by the tenth (10th) day Yes - if contracted for FEP	FMT Vacant Position Report		CECHS Specific	Monthly		
Report CFCHS Specific Monthly following the month of services Welfare State Opioid Respo First Episode Psychosis (FEP) by the tenth (10th) day Yes - if contracted for FEP	<u>'</u>		ст стіз эреспіс	iviolitiny		
First Episode Psychosis (FEP) by the tenth (10th) day Yes - if contracted for FEP	_		CFCHS Specific	Monthly		
	· ·		p <del>-</del>	··· <b>1</b>		<u> </u>
Monthly Report CFCHS Request Monthly following the month of services services			CFCHS Request	Monthly		

		EXHIBIT B: REQUIR	ED REPORTS	5	
				Due (Calendar days unless	
Report Name	Sub-reports	Citation	Frequency	otherwise specified)	Applicability
				by the tenth (10th) day	Yes- if contracted for TANF
TANF SAMH Participating Log		Guidance 16	Monthly	following the month of services	services.
Cost Allocation Plan - Final		65E-14.021(5)(b), FAC Template 14	Once	30 days after contract execution	Yes
- COSE / MICCOLLOTT FULL FINAL		Template 21		CACCULION	100
		65E-14.021(5)(b), FAC		120 days before contract	
Cost Allocation Plan - Proposed		Template 14	Once	expiration	Yes
	includes:Personnel Detail Record			120 days hefore contract	Yes - if annual contract amount
Fiscal Reports - Proposed	Projected Cost Center	65E-14.021(5)(e)1, FAC	Once	120 days before contract expiration	is over \$200,000
Tiscar reports Troposed	r rojected bost belite.	052 2 11022(5)(6)2) 1716	<u> </u>	Спричения	3 6 7 6 1 7 2 6 6 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
				20.1 6	v record
Local Match Form - Projected		Template 9	Once	30 days after contract execution	Yes - if CFCHS contract requires local match
2000 Material Projected		Template 5		CACCULION	Toda matan
	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	2			
	of discounts referenced in Rule	65E-14.018, FAC		30 days after contract	
Sliding Fee Scale - Original	65E-14.018, FAC	CFCHS Sliding Fee P&P	Once	execution	Yes
	includes:		Once and as	30 days after contract	Yes - if annual contract amount
Fiscal Reports - Final	Personnel Detail Record	65E-14.021(5)(e)1, FAC	Needed	execution and after any	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	Ves
Invoice Support - Form CF-MH	Organizational Fronte	03L 14.021(3)(c)1, 1AC	Necucu	Quarterly by October 10,	Yes - if paid on a cost
1040		65E-14.020, FAC	Quarterly	January 10, April 10, July 10	reimbursement basis or if
Attacketics Forestics Bosset		CECIIC Formation Domain DOD	O and a select	Quarterly by October 10,	V
Attestation - Exception Report		CFCHS Exception Report P&P	Quarterly	January 10, April 10, July 10	Yes
				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		Guidance 16	Quarterly	Quarterly by October 10, January 10, April 10, July 10	Yes - if contracted for FACT services
Emiliarie meconemication		Galdanice 10	quarterly	Quarterly by October 10,	Yes - if contracted for PATH
PATH Summary Information		Guidance 15	Quarterly	January 10, April 10, July 10,	services
Report of aggregate quarterly		Guidance 25	Ougstt-	Quarterly by October 5,	Yes - if required by Attachment
NVRA activities Representative Payee		(form DS-DE13)	Quarterly	January 5, April 5, July 5  Quarterly by October 10,	I of CFCHS contract
accounting documentation		1 CFR § 305.91-3	Quarterly	January 10, April 10, July 10	Yes - LifeStream Only
				2230. y 20,	. 22 Encod can only
				Quarterly by October 10,	Yes - if contracted for FMT
FMT Quarterly Report		CFCHS Specific	Quarterly	January 10, April 10, July 10	services
		T 1. 2		February 15 and August 15	Yes - if contracted for anything
Block Grant Report - Data		Template 2	Semi-Annually	each year of the contract	EXCEPT for profit, UCF, CRS
FACT Admission and Discharge Certificates		CFCHS Specific	Upon Admission and Discharge of	Upon Admission and Discharge of all clients	services
CCI diffeates		ст стіз эреспіс	and Discharge Of	or all clichts	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
NAS/SEN Program		CECIIC C:6:-	N. A. a. a. a. la. la.	by the tenth (10th) day	Yes - if contracted for NAS/SEN
Performance Reports		CFCHS Specific	Monthly	following the month of services	services