

EXHIBIT A - SCOPE OF SERVICES: PROGRAM REPORTING

Reporting

| DOCUMENT TITLE | DUE DATE | WHERE SUBMITTED | SUBMISSION FORMAT |
|---|-------------------------------------|--|-----------------------|
| Monthly Submission | | | |
| <i>Prevention Providers Only: Prevention Data Template/Ecco</i> | By the 5 th of the month | DHCS: Ecco HHS Prevention Coordinator (Roxy Yekta) | Electronic Submission |
| Annual Submission | | | |
| Provider Self Audit | Projected January 2027 | BHRS Office – Contract Manager | Electronic Submission |
| Annual Report | Projected June 30, 2027 | BHRS Office – Contract Manager | Electronic Submission |
| Provider Fiscal Monitoring and Cost Reports | To Be Determined | Marin HHS - Fiscal | TBD |