

Ohio Department of Mental Health and Addiction Services
Ohio SBIRT GRANT
SFY 2015 REPORTING REQUIREMENTS

General Information

- ◆ Instructions for reporting requirements are being provided to assist the grantee in completing progress and expenditure reports and budget and program revisions. Expenditure reports are due on a **mid-year and annual** basis. Progress reports are due on a **quarterly** basis. Contact the OhioMHAS Ohio SBIRT Project Director coordinator, identified in the Notice of Sub-Award (NOSA), for programmatic questions or Grants Coordinator for expenditure reports or budget revision questions.

- ◆ Progress and expenditure reports must be accompanied with a face sheet that identifies the last four (4) digits of the grant number provided on the NOSA and is signed and dated by the implementing agency executive director. A copy of the reports must be submitted by the appropriate date to:

Ohio Department of Mental Health and Addiction Services
Community Funding Operations Unit, Division of Fiscal Services
30 E. Broad Street, 11th Floor
Columbus, Ohio 43215

You will also need to send a copy of your reports to the Ohio SBIRT Project Director. However, it should be noted, reports are not considered received until in the possession of Community Funding Operations Unit.

REPORTING REQUIREMENTS

- ◆ The SUB-AWARDEE will collect the applicable GPRA data and submit the data to the Department through the GPRA collection system within five (5) days of collection. The SUB-AWARDEE will ensure there is only unduplicated patient GPRA data collected and reported.

- ◆ The SUB-AWARDEE will submit its proposed patient satisfaction survey and reporting plan to the Department for approval by January 31, 2015.

- ◆ The SUB-AWARDEE will submit to the Department, as part of the quarterly report, results or key learnings from the patient satisfaction survey that may serve as a basis to improve SBIRT services.

- ◆ The SUB-AWARDEE will maintain data on the number of records exchanged electronically, including through CliniSync.

- ◆ If applicable, SUB-AWARDEE will maintain data on the number of patients provided access to the web-portal and the number of patients accessing the web-portal.

- ◆ The SUB-AWARDEE will set annual targets for the reduction of past month (30-day) tobacco use by January 31, 2015 (measured by the tobacco screening tool) among patients who complete a full screen and submit past 30-day and past year tobacco product use data as part of the quarterly report.
- ◆ The SUB-AWARDEE is to submit the cost of delivering SBIRT services. The costs will be compared to the established cost parameters and an action plan is to be included if these costs do not match or as applicable.

Progress Report

REQUIRED REPORTS Quarterly Program Summary Report

Please create the Quarterly Program Summary Report using the outline below and submit it with a completed Ohio SBIRT Face Sheet to OhioMHAS according to the following schedule:

<u>Reporting Period</u>	<u>Date Due to OhioMHAS</u>
November 1, 2014 to January 31, 2015	February 14, 2015
February 1, 2015 to April 30, 2015	May 16, 2015
May 1, 2014 to June 30, 2015	July 18, 2015

For questions regarding the Quarterly Program Summary Report please contact the Ohio SBIRT Project Director.

OhioMHAS - SFY 2015 Ohio SBIRT Program Summary Report

Provider:
Grant Number:
Reporting Period:

NUMBER SERVED

By month, please provide the number of unduplicated patients served in the following categories:

- Prescreens completed;
- Brief Intervention sessions (and length of sessions);
- Brief Treatment sessions (and length of sessions); and
- Referral to Treatment by admitting level of care.

Data will be reported by race; ethnicity; gender; and by other subpopulations as applicable:

- Older adults (65 or older);
- Pregnant women;
- Lesbian, gay, bisexual and transgender (LGBT) status;
- and Military status (service member or veteran).

WORKFLOW/PATIENT FLOW

Please report any issues or changes in the workflow or patient flow. Include information such as readiness of patients to participate; cultural, linguistically or literacy concerns; personnel/staffing issues; trends with patients' scoring; concerns with providing motivational interviewing; training and technical assistance needs; obstacles to referral for mental health services or to specialty

treatment.

SERVICE DELIVERY COSTS

Please provide the costs for the delivery of prescreening, full screening and brief intervention by mean and median.

HEALTH INFORMATION TECHNOLOGY

Please provide the number of records that were exchanged electronically through electronic health records and number of records exchanged through CliniSync.

If applicable, please provide the number of patients who were provided access to the web-portal and the number of patients accessing the web-portal.

Please report any issues with the health information technology (HIT) or use of CliniSync and/or provide information how HIT and CliniSync has facilitated care coordination, care continuity and cost reimbursement as applicable.

GPRA

Please provide any issues with or suggestions to enhance GPRA data collection or reporting.

TOBACCO

Please identify the annual target for reduction in past month (30-day) use of tobacco products.

By month, please provide the number of patients who indicated they used tobacco products in the Past Year by the following categories: ▪ Never; ▪ Once or Twice; ▪ Monthly; ▪ Weekly; ▪ Daily or Almost Daily.

By month, please provide the number of patients who indicated they used tobacco products in the Past Month by the following categories: ▪ Never; ▪ Once or Twice; ▪ Weekly; ▪ Daily; ▪ Almost Daily.

QUALITY IMPROVMENT

Please discuss the results or key learnings from the patient satisfaction survey and how these results or key learnings may serve as a basis to improve SBIRT services along with any other information that can be used for quality improvement.

Expenditure Report

- ◆ The expenditure report is a management tool used to assist the grantee and OhioMHAS in monitoring the approved budget. The expenditures must be properly tracked and match appropriate agency accounting records. The mid-year report includes expenditures from the first and second quarters of the state fiscal year. The final report includes expenditures from all four quarters of the state fiscal year. Expenditure reports are due to the Department as follows:

Reporting Period

Mid Year: July 1, 2014 to December 31, 2014
Final: July 1, 2014 to June 30, 2015

Date Due to OhioMHAS

January 31, 2015
September 30, 2015

- ◆ The **Final** expenditure report is due to the Department by **September 30, 2015**. This

report will reflect all expenditures to date including payments for items previously encumbered for the budgeted period. ***This report is considered the official record of final expenditures for the grant and OhioMHAS may adjust future funds based on the amount of funds reported as remaining on the final expenditure form.*** In the event that there are unexpended funds, OhioMHAS will review the circumstances and determine the proper course of action. Do not return the funds to OhioMHAS unless instructed.

- ◆ An **approved** program budget is enclosed with the Notice of Award. Expenditure reports are to be completed based on the line items in the approved budget. The SFY 2015 Budget/Expenditure Form can be downloaded from the OhioMHAS web site at www.mha.ohio.gov. Select Funding / Grants / Grant Reporting Forms/ SFY 2015 Reporting Requirements/ SFY 2015 Budget/Expenditure Form.
- ◆ Follow the instructions below when completing expenditure reports:
 - Identify the name of the implementing agency, program title, Federal tax identification number, last four digits of the state grant number, fiscal year and appropriate reporting period for the expenditure report.
 - List the line items in the appropriate categories based on the approved budget included with the NOSA. Report actual funds expended with either OhioMHAS funds or "Other Funds" for the appropriate reporting period.
 - Indicate the person's name and telephone number who completed the report. The agency fiscal officer must sign and date the expenditure report indicating approval with the identified expenditures.
 - When equipment/furniture is purchased with OhioMHAS grant funds, programs are required to submit a list of the type of equipment/furniture, serial number, and cost for each item to OhioMHAS. Please use the **OhioMHAS Equipment/Furniture Purchase Form** to submit this list. This form is to be submitted with the final expenditure report. The OhioMHAS Equipment/Furniture Purchase Form is available on the OhioMHAS website at www.mha.ohio.gov under Funding / Grants / Grant Reporting Forms then "SFY 2015 Reporting Requirements."

For questions regarding expenditure reports, please contact the Grants Coordinator identified in the SFY 2015 Notice of Sub-Award.

REVISIONS

Budget Revision

- ◆ **A Budget Revision to the Budget is required if a program is requesting a change in the OhioMHAS Budget Categories I (Personnel Costs), II (Non-Personnel Costs), III (Motor Vehicle/Travel/Food/Conference), or IV (Equipment/ Furniture Costs) that is greater than 10% in either of the Total Categories.** For example, your agency has been approved for \$10,000 for the Category I line items. The program decides to transfer \$2,500 to line items in Category II. Therefore, a budget revision would be required because the decrease exceeds 10% of Category I. If the program decided to transfer \$450 to the Personnel line item from the Fringe Benefits line item, no budget revision would be necessary as they are both line items in Category I.
- ◆ **Any changes or additions in OhioMHAS Budget Categories IV (Equipment/Furniture Costs) must be pre-approved by OhioMHAS with the submission of a Budget Revision. The request must include justification for the purchase of the Equipment and/or Furniture in relation to the program's performance targets. A Budget Revision Approval Notice must be received from OhioMHAS before the purchase(s) can be made.**
- ◆ **A Budget Revision Approval Notice from OhioMHAS with the Director's signature is the official pre-approval the Agency must receive before incurring costs for a change in the Budget Categories.**
- ◆ Changes in the program's budgeted "Other Funds", which will impact planned services, also must be reported.
- ◆ Follow the instructions below to request a budget revision:
 - Complete Face Sheet signed by the Agency Executive Director and Agency Board Member. Check "Revision" box for Face Sheet type.
 - Include a proposed revised budget using a "SFY 2014 Budget/Expenditure Form." Check "Budget Revision" box.
 - Attach a detailed "Budget Narrative" indicating how each line item was calculated for each section and a) the amount of the change, b) reason for the change, c) fiscal impact of the change (if any), and d) resulting impact on the program accomplishments and services to be delivered.
 - The SFY 2015 Budget/Expenditure Form can be downloaded from the OhioMHAS web site at www.mha.ohio.gov. Select "Services," "Fiscal," "Grant Guidance," and "SFY 2015 Grants Documents." The Excel Budget/Expenditure Form is entitled "SFY 2015 Budget/Expenditure Form."

- ◆ Submit budget revision to:

**Ohio Department of Mental Health and Addiction Services
Community Funding Operations Unit, Division of Fiscal Services
30 E. Broad Street, 11th Floor
Columbus, Ohio 43215**

- ◆ The Department will respond to the budget revision request within twenty (20) calendar days. Programs must receive **prior written approval** from OhioMHAS before incurring costs for a change in the budget.
- ◆ Budget revisions for SFY 2015 must be received no later than **April 30, 2015**. **Requests received after this date will not be processed and therefore will not be considered for review and approval.**

For questions regarding budget revisions, please contact the Grants Coordinator identified in the SFY 2015 Notice of Sub-Award.