

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

<b>General Information</b>
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- ◆ 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**

- ◆ Monthly reports regarding the number of GPRA intake, discharge and follow-up interviews conducted by each provider site, progress toward annual goals, and process evaluation will be submitted to Project Director.
  
- ◆ Monthly reports regarding the number of SBIRT patients served in telehealth and the amount of billable funds used. These reports will be used in conjunction with the Department's weekly reports regarding number of SBIRT patients served, the projected expenditures and amount of funding remaining.
  
- ◆ The SUB-AWARDEE agrees to submit via the Web Based Behavioral Health Module admission and discharge records to the ADAMHS Board on Ohio SBIRT patients within sixty (60) days of the date of admission or discharge, respectively.
  
- ◆ The SUB-AWARDEE will maintain data on the number of records exchanged electronically, including through CliniSync.
  
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**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:

**Reporting Period**

November 1, 2014 to January 31, 2015  
February 1, 2015 to April 30, 2015  
May 1, 2015 to June 30, 2015

**Date Due to OhioMHAS**

February 14, 2015  
May 16, 2015  
July 18, 2015

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

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**OhioMHAS - SFY 2015**  
**Ohio SBIRT Program Summary Report**

**Provider:**  
**Grant Number:**  
**Reporting Period:**

**SUMMARY OF GPRA's**

Please provide a summary of the monthly number intake, discharge and follow-up GPRA interviews that were completed by provider and each provider location if applicable.

**GPRA**

Please provide any issues with or suggestions to enhance GPRA data collection or reporting, including training and technical assistance needs.

**NUMBER SERVED**

By month, please provide the number of unduplicated patients who received telehealth services. 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) and amount of funds that have been expensed.

**SERVICE DELIVERY COSTS**

Please provide the costs for the delivery of telehealth by mean and median.

**HEALTH INFORMATION TECHNOLOGY**

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

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.

## QUALITY IMPROVEMENT

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](http://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](http://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% of 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 2015 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](http://www.mha.ohio.gov). Select “Services,” “Fiscal,” “Grants,” “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.***