Cohort VIII Nuts & Bolts Webinar

SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

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Questions?

Please type your questions into the question box and we will address them.

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Agenda

Grant Management
Grant Reporting & Requirements
Frequently Asked Data Questions

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What is Grants Management's Role?
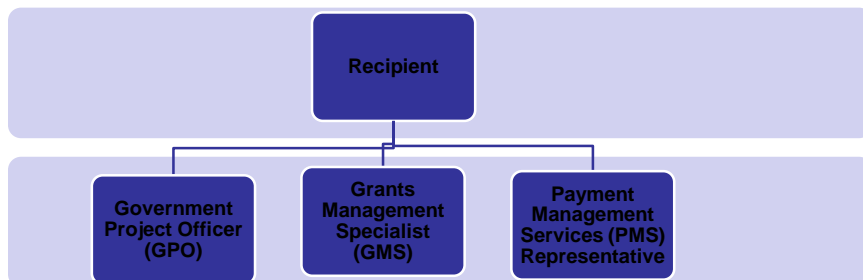
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TOPICS

- ➤ **Partners**
- ➤ **Roles (GPO, DGM, PMS)**
- ➤ **Actions Requiring Prior Approval**
- ➤ **Process for Requesting Prior Approval**
- ➤ **Reporting Requirements**
- ➤ **Annual Budget Constraints**
- ➤ **How to Apply For The Next 12 Months**
- ➤ **SAMHSA Grants Management website**

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Partners

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                    ┌────────────┐
                    │ Recipient  │
                    └────────────┘
        ┌──────────────┼──────────────┐
┌──────────────┐ ┌──────────────┐ ┌──────────────┐
│ Government   │ │ Grants       │ │ Payment      │
│ Project      │ │ Management   │ │ Management   │
│ Officer      │ │ Specialist   │ │ Services(PMS)│
│ (GPO)        │ │ (GMS)        │ │Representative│
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Government Project Officer's Role

Government Project Officer (GPO): The GPO is responsible for the programmatic, and technical aspects of the grants. The GPO works in partnership with the Grants Management Specialist (GMS) throughout the duration of the grant cycle.

Division of Grants Management/GMS Role

➢ Partners with **SAMHSA Government Project Officers**

➢ Responsible for business and financial management matters:

❖ Award Negotiations
❖ Official Signatory for Obligation of Federal Funds
❖ Official Signatory for Prior Approvals
❖ Monitor fiscal/compliance issues
❖ Close-out of the grant

Payment Management Services' Role

Drawdown of Funds are made through another Federal office:

Payment Management Services(PMS)

Website Address: **www.dpm.psc.gov**

Please visit the "Contact Us" section on the above website to search for recipient's account representative based on organizational entity status.

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Actions Requiring Prior Approval

➤ **Key Staff changes:** Any replacement or substantial reduction in effort of the Program Director (PD) or other key staff; positions designated as key staff are defined in the Notice of Award (NoA).

➤ **Re-budgeting of funds**: Cumulative amount of transfers among direct/indirect cost categories exceeding **25%** of the total award amount or **$250,000**, whichever is less.

➤ **Transfer of Substantive Programmatic Work to a Contractor**

➤ **Carryover of Un-obligated Funds above 10%** of the total federal share of the current budget period.

➤ **Change in Scope**: i.e. reduction in services originally proposed, reduction in number of clients, etc.

➤ **No Cost Extension:** To permit an orderly phase-out of a project or program.

http://www.samhsa.gov/grants/grants-management/post-award-changes

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Process for Requesting Prior Approval

➢ **Request should be submitted via email by Recipient to GMS/GPO:**

  ❖ Address to Grants Management Specialist (GMS) and Government Project Officer (GPO)
  ❖ Reference Grant Number **(e.g. SM-12345)**
  ❖ Provide Programmatic and Budget Justification
  ❖ Signed by both **Program Director** and **Business Official**

➢ Reviewed by Grants Management Specialist in consultation with Government Project Officer.

➢ **Approval will be official with a <u>revised Notice of Award.</u>**

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Reporting Requirements

REPORTS	RESPONSIBILITY	SENT TO
Quarterly Programmatic Progress Reports	Recipient Organization	**DGMProgressReports@samhsa.hhs.gov and copy your Government Project Officer (GPO)**
Quarterly Federal Cash Transaction Report (FCTR) http://www.dpm.psc.gov/grant_recipient/ffr_(fctr)_due_dates.aspx	Recipient Organization	**Payment Management Services (PMS)** **- submitted online through recipient's PMS account**
Annual Federal Financial Report (SF-425 FFR)	Recipient Organization http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/SF-425.pdf	**Grants Management Specialist (GMS)** **– scanned signed copy may be emailed to GMS**

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Annual Budget Constraints

Project Period: 9/30/2015 – 9/29/2019

YEAR 1   9/30/2015 - 9/29/2016
YEAR 2   9/30/2016 - 9/29/2017
YEAR 3   9/30/2017 - 9/29/2018
YEAR 4   9/30/2018 – 9/29/2019

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How to apply for the next 12 months

a) Annually funded recipients:
- Submission of a non-competing continuation application via Grants.gov is required. Detailed instructions will be posted on the SAMHSA Continuation Grants website and will also be electronically mailed to the designated Business Official.
http://www.samhsa.gov/grants/continuation-grants

b) Multi-Year funded recipients:
- Refer to Multi-Year Special Condition of Award for detailed guidance (do not submit via Grants.gov).
- A Federal Financial Report (SF-425) must be submitted semi-annually to the Division of Grants Management (DGM) which reflects the federal, program income and match expenditures, if applicable. ***This applies only to Multi-Year funded recipients.***

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SAMHSA Grants Management Website

Everything you need to know about managing a grant can be found at the following link:

http://www.samhsa.gov/grants/grants-management

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GRANT NUMBER

➤ Please remember to include your Grant Number (i.e. SM012345-01) on all correspondence (emails, letters, etc.) submitted to SAMHSA.

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Contact Information – Signature Line

➢ In all email communications with SAMHSA, include the following:

  ➢ Name
  ➢ Position title
  ➢ Organization name
  ➢ Contact information (phone number, address)

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Questions & Answers ????

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PBHCI: Grant Reporting Requirements

- **QUARTERLY REPORTS – narrative (include CLAS attachment & staffing profile) due to GPO, PBHCI@samhsa.hhs.gov and to DGMProgressReports@samhsa.hhs.gov - *3 emails***
- *Per OMB requirements, quarterly progress reports are due 30 days after the reporting period. Please send to your GPO and to DGMProgressReports@samhsa.hhs.gov. Please include the SM# in the subject line of the email, otherwise DGM cannot file your report as part of your official grant file. Please remember to **LABEL** your report correctly. The report title should be saved as "**SM# - Name of Org – FFY# – Qtr#.doc or pdf.**"*

Dates of the Quarter	Grantee Due Date	GPO Review and Approval Due Date
1st quarter – Oct 1 through Dec 31	Jan 31	Feb 28
2nd quarter – Jan 1 through March 30	April 30	May 31
3rd quarter – April 1 through June 30	July 31	August 31
4th quarter – July 1 through Sept 30	Oct 31	Nov 30

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PBHCI: Grant Reporting Requirements

- **National Outcome Measures (NOMS) and Section H (Physical Health) Data – please enter NOMS and Section H data ASAP during the quarter into TRAC**
- Every time a NOMS interview is completed (baseline, reassessment or discharge) and entered into TRAC, the *following reports* can be generated: the number of clients served, the reassessment rate of NOMS, and the overall status of the NOMS (aka services outcome measures) in your organization.

Dates of the Quarter	Grantee Due Date	TRAC LOCK OUT DATE (tentative)
1st quarter – Oct 1 through Dec 31	Jan 31	March 1
2nd quarter – Jan 1 through March 30	April 30	June 1
3rd quarter – April 1 through June 30	July 31	Sept 1
4th quarter – July 1 through Sept 30	Oct 31	Dec 1

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PBHCI: Grant Reporting Requirements

- **There are <u>12 Infrastructure, Prevention and Promotion (IPP)</u> indicators that the PBHCI program collects.** There are 12 guidance documents on how to report on the indicators. Please remember to report on **PRIMARY CARE** results, unless otherwise specified in the guidance documents. The default in TRAC is to collect data on "mental health" but the grant pays for <u>primary care</u>.
- Please enter your IPP results into the TRAC system at the same time of filling out your quarterly report. Most of the IPP indicators can be included in the narrative quarterly report in greater detail, such as the number and types of specialty referrals (i.e. R1).

Dates of the Quarter	Grantee Due Date	GPO Review and Approval Due Date	TRAC LOCK OUT DATE (tentative)
1st quarter – Oct 1 through Dec 31	Jan 31	March 31	April 1
2nd quarter – Jan 1 through March 30	April 30	June 3	July 1
3rd quarter – April 1 through June 30	July 31	Sept 30	Oct 1
4th quarter – July 1 through Sept 30	Oct 31	Dec 31	Jan 1

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PBHCI: Grant Reporting Requirements

- <u>**Annual Goals and Budget (AGB)**</u> – please enter your ANNUAL PROJECTIONS on the number of clients served each year and by the end of the 4 years, all 12 IPP projections per year, and the budget across all 4 years into TRAC
- Please remember that you will get a chance to review and make changes to your AGB once a year, but contact your GPO if you are making changes to the *number of consumers served*, as this can be considered a scope change depending on the original number proposed in your application.

| AGB is open in TRAC	Grantee Due Date	GPO Review and Approval Due Date	TRAC LOCK OUT DATE (tentative)
Oct 1 through Dec 31	Dec 31	March 30	April 1

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PBHCI: Grant EPB Requirements

- In the FY 2015 Funding Opportunity Announcement (FOA)/ Request for Application (RFA), awarded applicants are expected to select from a list of required evidence based practices (EBPs) to better effectively improve the overall health of the PBHCI clients.

- Prevention & Health Promotion: Grantees are expected to implement *evidence-based tobacco cessation and nutrition/exercise interventions*, in addition to other health promotion programs (e.g. wellness consultation, health education and literacy, self-help/ management programs). These programs should *incorporate recovery principles and peer leadership and support,* and must be included in the integrated person-centered care plan.

- The two categories that are required to select a EBP from the list are tobacco cessation and nutrition/exercise. The third category, chronic disease self-management is strongly encouraged.
- **Tobacco Cessation (*required*)**
  - Peer-to-Peer Tobacco Dependence Recovery Program
  - Learning About Healthy Living
  - Intensive Tobacco Dependence Intervention for Persons Challenged by Mental Illness: Manual for Nurses

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PBHCI: Grant EPB Requirements

- **Nutrition/Exercise (*required*)**
  - Nutrition and Exercise for Wellness and Recovery (*NEW-R)*
  - Diabetes Awareness and Rehabilitation Training (DART)
  - Solutions for Wellness
  - Weight Watchers
  - In SHAPE
  - Stoplight Diet
  - Achieving Healthy Lifestyles in Psychiatric Rehabilitation (ACHIEVE)

- ***Chronic Disease Self-Management***
  - Whole Health Action Management (WHAM)
  - Health and Recovery Peer (HARP) Program

- We also are aware that some of the EBPs are currently not available by the developer and that some have a cost associated with it. Please contact your GPO if you are making any changes to your EBPs.

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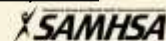
CDC Million Hearts Initiative

•**HHS/CMS Million Hearts Initiative ™**: Supports cardiovascular disease prevention activities across the public and private sectors to prevent 1 million heart attacks and strokes by 2017. The targeted focus is on the "ABCS" – aspirin for people at risk, blood pressure control, cholesterol management and smoking cessation.

•In alignment with the initiative, the PBHCI collects physical health data that the CDC Million Hearts initiative requests every quarter.

•**Data collection:** Grantees are expected to collect and report on the following health outcomes: blood pressure, body mass index (BMI), waist circumference, breath CO (carbon monoxide), plasma glucose (fasting) and/or HgbA1c, and the lipid profile (HDL, LDL, triglycerides). Grantees will be expected to use one of the four hypertension protocols recommended by the CDC. Grantees are also expected to collect the National Outcomes Measures (NOMS).

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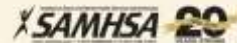
CDC's Million Hearts Initiative & Treatment Protocols

- The PBHCI grant program supports the goals of the Million Hearts™ Initiative in that people with behavioral health disorders are disproportionally impacted by many chronic primary care health conditions, including heart disease and hypertension.

- As part of the HHS' initiative to prevent 1 million heart attacks and strokes by 2017, the Million Hearts Campaign has issued treatment protocols.

- Grantees (cohort 8 and beyond) will be expected to use <u>one</u> of the four protocols recommended by the CDC, which are listed on the next slide. *Please identify which protocol will be used in your quarterly report, under question 6.*

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Treatment Protocols

1. National Heart, Lung and Blood Institute, National Institutes of Health. *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure - Complete Report*. National Heart, Lung, and Blood Institute, National Institutes of Health. NIH Publication No. 04-5230, 2004. **(http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7/)**	2. Elements Associated with Effective Adoption and Use of a Protocol Insights from Key Stakeholder. (http://millionhearts.hhs.gov/resources/protocols.html)
3. An Effective Approach to High Blood Pressure Control A Science Advisory From the American Heart Association, the American College of Cardiology, and the Centers for Disease Control http://www.sciencedirect.com/science/article/pii/S0735109713060774)	4. Protocol-Based Treatment of Hypertension : A Critical Step on the Pathway to Progress; *JAMA January 1, 2014 Volume 311, Number 1* (http://jama.jamanetwork.com/journal.aspx)

PBHCI: Grant Requirements

• **Health Home Services Categories** • Care coordination • Health promotion • Comprehensive transitional care from inpatient to other settings, including appropriate follow-up • Individual and family support, which includes authorized representatives • Referral to community and social support service, including appropriate follow-up	• **Health Information Technology** • Submit at least 40% of prescriptions electronically • Receive structured lab results electronically • Share a standard continuity of care record between BH providers and physical health providers; and • Participate in the regional extension center program

PBHCI Evaluation: Grant Reporting Requirements

- The PBHCI grant program funded a 5 year evaluation to demonstrate effectiveness and positive impact and outcomes on the overall health of adults living with a serious mental illness and have or are at risk for chronic physical health conditions.
- It is **critical** that all grantees provide accurate data to our evaluators (Mathematica) as this will inform Congress, the White House and the nation on whether integrating primary care into a community mental health or behavioral health organization is effective for our clients' health.
- There have been several webinars conducted by Mathematica introducing you to the evaluation and the data reporting requirements.
- This data (registry with data elements requested by Mathematica) should be uploaded quarterly (at the same time as your IPP indicators) into the secure website hosted by Mathematica. The link is https://www.pbhcieval.com/Grantee/SitePages/Home.aspx . Mathematica will provide each grantee with a unique ID and password when this data collection effort begins in the summer of 2016. If you need support or assistance with setting up the data collection process or questions about the evaluation, please email pbhcieval@mathematica-mpr.com

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PBHCI Evaluation: Grant Reporting Requirements

Dates of the Quarter	Grantee Due Date
1st quarter – Oct 1 through Dec 31	Jan 31
2nd quarter – Jan 1 through March 30	April 30
3rd quarter – April 1 through June 30	July 31
4th quarter – July 1 through Sept 30	Oct 31

For more information about the PBHCI evaluation, please go to
http://www.integration.samhsa.gov/pbhci-learning-community/PBHCI_Evaluation_FAQ_for_CIHS_Website.pdf

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Enrollment

Enter baseline interviews into TRAC within 30 days of completing interview

Consumers do not need to agree to attend wellness activities before enrollment

Consumers should be encouraged to enroll, despite perceptions of future non-compliance

A consumer can have private insurance and still obtain services

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NOMS Interview

You must contact your GPO for permission to conduct NOMs interviews over the phone in extenuating circumstances. Any NOMs interview done over the phone must be approved by the GPO beforehand and is done on a case-by-case basis.

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What are the collection expectations for H Indicators?

On target = collected and recorded H Indicator data for 80%-100% of enrolled consumers

Below target = 50%-79%

Significantly below target = less than 50%

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How do I indicate missing H Indicator data in TRAC?

Select either 'refused' or 'missing,' depending on the situation.

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Reassessments

Reassessments are due every 180 days from the baseline interview until the individual is discharged.

There is a 30 day window before & after the due date to collect the NOMs and Mechanical indicators.

There is a 60 day window before & after the due date for blood labs.

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TRAC | **Transformation Accountability**
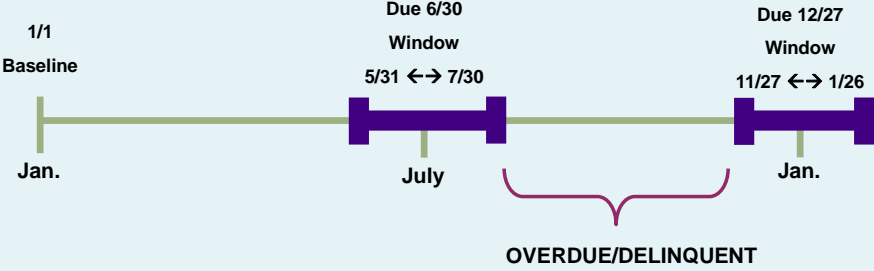Center for Mental Health Services

Due Dates and Interview Windows

- Reassessment interviews should be conducted:
  - ✓ Every 180 calendar days from baseline (actual due date)
  - ✓ Every 6 months (180 days) for the <u>duration of the consumer's treatment</u>
- Window of eligibility for completing interview
  - ✓ 30 calendar days before and after the due date

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Reassessment Interview:
Sample Window of Eligibility

	Due 6/30		Due 12/27
1/1	Window		Window
Baseline	5/31 ←→ 7/30		11/27 ←→ 1/26

Jan.   July   Jan.

OVERDUE/DELINQUENT

Please note: If a reassessment interview is conducted after an administrative reassessment was entered for the same reassessment, the grantee must delete the admin record before entering the interview record.

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What are the reassessment requirements?

- On target = reassessed 80%-100% of enrolled consumers

- Below target = 60%-79%

- Eligible for administrative review = less than 60%

How do I know if someone is due for reassessment?

TRAC has a report called "Services Notification Report" that lists all consumers who are due for reassessment. You should also develop the capacity to create this report with your registry.

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Services Notification Report
Program: PBHCI
Grant ID: SM59518
Reassessment Interviews Due
Interview these consumers every 6 months (180 days) until discharged.
(Note: Administrative Reassessments will not remove the consumer from the Reassessment Interviews Due section.

Consumer ID	Baseline Interview Date	Reassessment	Earliest Date of Eligibility	Due Date	Latest Date of Eligibility
2016309	01/28/2015	12th-month	12/24/2015	01/23/2016	02/22/2016
2016938	08/07/2013	30th-month	12/25/2015	01/24/2016	02/23/2016
1330007	02/08/2013	36th-month	12/25/2015	01/24/2016	02/23/2016
2002720	01/29/2015	12th-month	12/25/2015	01/24/2016	02/23/2016
1901151	02/08/2013	36th-month	12/25/2015	01/24/2016	02/23/2016
2012321	08/13/2012	42nd-month	12/26/2015	01/25/2016	02/24/2016
2015031	01/30/2015	12th-month	12/26/2015	01/25/2016	02/24/2016
2013730	02/04/2014	24th-month	12/26/2015	01/25/2016	02/24/2016
2016133	08/09/2013	30th-month	12/27/2015	01/26/2016	02/25/2016
1905389	08/14/2012	42nd-month	12/27/2015	01/26/2016	02/25/2016
1023226	02/16/2012	48th-month	12/27/2015	01/26/2016	02/25/2016
2003931	08/14/2012	42nd-month	12/27/2015	01/26/2016	02/25/2016
2010584	02/11/2013	36th-month	12/28/2015	01/27/2016	02/26/2016
1005556	08/15/2012	42nd-month	12/28/2015	01/27/2016	02/26/2016
1050610	02/12/2013	36th-month	12/29/2015	01/28/2016	02/27/2016
1901244	08/17/2012	42nd-month	12/30/2015	01/29/2016	02/28/2016

Discharge From PBHCI

Discharge from PBHCI =/= discharge from your organization

Most organizations initiate discharge if the person has not been seen for 90 days <u>or</u> if you know they will no longer receive services at your organization

Obtaining a final client-DCI interview at discharge is required if possible

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Data Collection Requirements

Month	Intake	3	6	9	12*	Discharge
MI-EHR	●	●	●	●	●	●
MI-TRAC	●		●		●	●
BW	●				●	●
NOMs	●		●		●	●

MI-EHR: Collect mechanical Indicators; store in electronic health record
MI-TRAC: Collect mechanical Indicators; **enter in TRAC**
BW: Collect blood work; store in electronic health record, **enter in TRAC**
NOMs: Conduct NOMs interview, **enter in TRAC**

*Continue same pattern until discharge

What happens if we miss collecting a lab for a consumer within the window?

Collect the lab as soon as you can and record it in TRAC.

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Data Resources

CIHS - Aaron Surma AaronS@thenationalcouncil.org
and our website
(http://www.integration.samhsa.gov/pbhci-learning-community/resources#data_collection)

TRAC - TRAC helpdesk (TRAChelp@westat.com)

Other grantees – listserv, evaluation affinity group calls, regional meetings

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