

County of Summit ADM Board
SFY 2020 Funding Application
Frequently Asked Questions (FAQs)
(updated 2/20/19)



Question 1: Item # 24 on the Assurance Statement: Will there be any further guidance as to the frequency requirement the ADM Board will be requesting for this?

Yes, ADM will be providing guidance about the frequency of this reporting. For Addiction Agencies reference OAC 5119.362. It can be anticipated that MH providers may have a similar requirement - FAQ

Question 2: Continuity of Operations Plan: Does this need to be in a specific format that all agencies will submit the same way?

No, agencies may submit the plan in the format in which it exists in the agency.

Question 3: Continuity of Operations Plan: Does it have to be named “Continuity of Operations Plan?”

No, a plan that contains all of the information defined as a COOP (see definition within the application) is sufficient to meet the requirement. If the plan is named something other than a COOP, indicate that in the application.

Question 4: Regarding the COOP: Is it possible that ADM not require the COOP Plan to be included but rather to have it available on-site for inspection if an ADM representative should want to review it.

The agency is required to have a COOP, or its equivalent, on file with the ADM. The board is updating all records this year. Only changes to existing COOPs will be required for submission with future funding applications.

Question 5: Attachment B. Agency Professions: Does ADM only want clinical positions this year and not all positions as in previous years?

Yes, include only professionals listed on Attachment B.

Question 6: What is the value of detailing out by position title the costs associated with our labor force? Providers can title someone one way and the comparable person in another agency can fall under a different category.

ADM will use the information in several analyses. One such analysis will relate to reviewing the costs of personnel as it is spread across the provider’s programs. Another analysis will allow ADM to develop a database with information about the cost of professionals employed across ADM providers. This information will be de-identified in the database. Also, the titles may be different, but position credentials are defined by the drop down which will help with comparability.

Question 7: Schedule A. “non-allowable expenses”: What are non-allowable expenses?

ADM sometimes funds start-up costs and capital improvements within agencies that expect unit cost reimbursement for services that do not have capped unit rates. These costs are normally invoiced outside the claims processing system. In this case the one-time start - up cost or capital improvement cost would be considered non allowable/un- allowable. This ensures that the costs are not paid for more than one time.

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Question 8: It is difficult to put our agency's work into the Summit 2020 Project Goals. What is ADM's expectation about this report?

This section of the application is a requirement for Summit County Levy funded organizations, so we need all providers to select the most relevant Summit 2020 goals that your agency impacts. ADM realizes that there may not be a one to one match of the goals.

Question 9: For Prevention, we do not find the NOMS helpful for some of our programs since they are related to mental health prevention. How should we address this?

At least one NOM must be selected.

Question 10: We have programs that are considered Best Practices and other programs that are promising practices that do not fit into an Evidence Based Practice definition. How should we address this?

The program matrix was modified to include Research Based and Promising Practice options.

Question 11: How do we address the use of Motivational Interviewing, Dialectic Behavior Therapy and similar therapeutic techniques within the program narrative since these practices are integrated throughout our outpatient program treating multiple diagnoses, different ages, genders, races, ethnicities, and types of complex cases. These cannot easily be programmatically distinguished.

If you indicated in the program matrix that you are utilizing a research based, promising practice or an adapted EBP, please indicate whether your outcomes are have been consistent with intent of the program.

Question 12: Regarding timeline for submission, the ADM Board is no longer granting extensions for submission. Previously, requesting an extension was made available, and historically, we have asked for and received extension(s). The initial timeline will present a significant issue for us to get Board approval due to the time needed to prepare all information once final application forms are received.

Due to state reporting requirements, the timeline for submission cannot be extended. Any changes necessary post submission that may be requested due to a decision by the provider's Board of Directors will be addressed on a case by case basis.

Question 13: Program Information: If there is a program with multiple payers, does the ADM Board want outcomes for all patients, or just for the patients that the Board funds?

We would like outcomes for all patient/clients.

Question 14: Program Budget: How do we distinguish between administrative and direct service staff?

Administrative cost are those personnel and non-personnel cost that benefit the agency as a whole and cannot be allocated to a specific service or services. Support services personnel costs include direct care staff time allocated to the provision of clinical supervision, program oversight, administration or quality assurance by a clinician who has primary or significant responsibility in these areas. Support service personnel costs also include but are not limited to clerical staff for an outpatient program or dietary staff for a residential program.

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Question 15: Do agencies have to list all individual sub-contractors and services provided if the services provided are the same?

No. If the services provided are the same for a group of contracts (e.g. psychiatry or group home operation etc.) then a combined contract description may be used, however each contractor must be listed individually inclusive of the contract time frame.

Question 16: What services will need to be reported for waitlist tracking?

As outlined in the budget application, AoD agencies will be required to report to the Board monthly in accordance with [OAC 5119.362](#) (effective 7/1/17). If AoD agencies are already providing this information to the Board or to the Helpline more frequently, this will be acceptable to meet this requirement.

For mental health agencies and AoD agencies that are not currently reporting on the above listed services, this information should be emailed to the Care Management and Compliance Coordinator at logand@admboard.org by the 5th of every month. The information to be included is outlined in OAC 5119.632 (A)(3)(e-f)

The information that will need to be reported at least monthly for both mental health and addiction include any delays of 5 days or more for the access to the following services: **assessment, treatment or support services.**

Per [OAC 5119.362](#), an individual qualifying to be on the waiting list is someone who has "...not begun to receive the clinically necessary treatment or support service within five days of the individual's application for the service because the provider lacks an available slot for the individual."

The agencies will receive more communication information about these requirements at a later date.

Question 17: What AoD clients are required for reporting in OHBH?

The submission of OHBH admission, discharge and transfer data is a requirement for certified substance abuse treatment programs for any client paid in whole or in part by public dollars.

Question 18: How do you submit items not billed as service codes (e.g. medications)?

A line item should be added to Form 4 Revenue with the description of the item and the expected revenue for that item listed in the appropriate source of funds column (e.g. ADM Board). If this item is included in program costs it should be specifically mentioned in the budget narrative.

Question 19: Where should revenue for grants from OMHAS that are passed through the ADM Board be listed?

A line item should be added to Form 4 Revenue with the description of the item (e.g. OMHAS Women's grant, OMHAS CFRO, OMHAS TASC, etc.) and the expected revenue for that item listed in the appropriate source of funds column (e.g. Federal grants or state grants as applicable). If this item is included in program costs it should be specifically mentioned in the budget narrative.

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Question 20: What reimbursement rates is ADM using for Medicaid covered services provided to clients that are not eligible for Medicaid?

The rates as published by the Ohio Department of Medicaid will be used for service dates beginning January 1, 2018. The rates are found in the Provider Reimbursement section in the

Behavioral Health Redesign Work Book (Coding and Reimbursement Rate Chart) Updated 12/04/2017 – Excel. <http://bh.medicaid.ohio.gov/manuals>

Question 21: Are prevention programs required to fill out Section C Program specific information as well as # 18, Prevention Programs Only? Or just the Prevention Program Only section?

Yes, prevention programs are required to complete both sections. For #18, prevention programs should identify at least one NOM and one objective.

Question 22: Our agency submits an EEO report annually in September to the U.S. EEOC. Is this form/format acceptable for use toward our budget application submission?

Yes, that is acceptable.

Question 23: Do we complete this for the new program Quick Response Team?

Yes, the Quick Response Team is a distinct program, so it should have separate funding application documents prepared

Question 24: On page 22, question 8 asked if there are delays to services within the program (e.g. psychiatry, individual counseling, etc.) and then question 9 asks for average wait time. Is this looking at delays after the client is admitted to the program or while waiting to get into the program?

This is looking for delays in admission to the program and delays within the program.

Question 25: What are you looking for under the Source of Funds on Schedule D? Should I enter total revenue again here or are you looking for something else?

Schedule D provides the detail by service code and funding source. Columns for funding sources can be added to match Form 4 as needed. Schedule D is meant to be a worksheet that has detailed information that is linked to Form 4. Adding rows for service codes that will be used including modifiers will allow ADM to build your rates in GOSH to start July 1. Placing an "X" in the boxes to the far right of the spreadsheet for all of the categorized service providers that you plan to have providing services during the budget period also assists us in making sure that the rate table is complete for your agency and ready for a July 1 start date. This will ensure that cash flow is uninterrupted due to the coding change.

Question 26: Under Board Service Priorities letter ...

G. Do you want MOUs as well?

H. Summit Goals 2020 – None of these are our focus, however as a result of our services some of the outcomes may be impacted. Please advise on how to complete the form.

With regard to item "G." There is no need to include the MOUs.

With regard to item "H." Please mark those that are directly or indirectly impacted by your services.

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Question 27: On the Table of Contents (TOC), some items have WORD/PDF next to them. Does that mean we can submit the item in WORD or PDF format?

This note means that the information is completed in Word and converted to PDF for submission.

Question 28: Financial Forms are listed in two places on the TOC. They are mentioned in Part IV and Part V under Required Additional Application Attachments. Where should the completed forms actually be placed?

The budget forms should be completed in Excel and remain in Excel for submission. The forms should not be attached to the funding application pdf documents. There should be one budget for each program that ADM is being asked to fund.

Question 29: Based on various requested submission formats and multiple programs, we will need to submit numerous files, as some will be too large for transmission if combined. What is the best way to do this?

We understand that due to file size several emails may be necessary. Please indicate in the emails that you are “sending a total of ___ emails,” or designate each submission as “(Agency) file ___ of ___,” so that we can see that we have received as many separate emails as you intended to send.

Question 30: What is the difference between the following:

Part II – Administration: Inter-Agency Contracts/Agreements (Sub-contracts)

These contracts/agreements (sub-contracts) are related to agency administrative functions like providers sharing a common billing company to get a better rate. Maybe providers have gone together to seek a bid on using the same accounting firm and have an interagency agreement
and

Part III – Service and Program: Subcontracts?

These agreements would be where a provider was subcontracting for service and program related functions like peer supporters. The peer supporters are employed by another agency, but providing service that can be included in the contracting agency’s cost and billable revenue. (2/20/19)

