

Report Questions for Integrated Care Programs

Enter Organization Name: _____

Grant ID Number: _____

In five pages or less, provide responses to the appropriate report questions listed below. Questions relating to *Behavioral Health integrated into Primary Care* are listed on page 1 and questions relating to *Primary Care integrated into Behavioral Health* are located on page 3.

- Restate each question.
- Please refer to your application when responding to these questions.
- Provide information about the most recent grant year as well as a summary of the grant so far.

Behavioral Health integrated into Primary Care Questions

Your Participants

1. Describe the participants who were included in your program. How many were financially needy?

Your Impact

2. Describe the level of integrated care at your practice. (Describe the culture of integrated care in the practice. Is integrated care considered a special project or a shared philosophy in the practice? Describe the steps you are taking in providing the administration, staff, providers, and patients to change the practice culture toward integrated care.)
3. What impact were you committed to achieving at the time of your application? How many of the participants achieved that impact? How do you know?

Your Program

4. Describe how often and in what way are the behavioral health counselors and medical providers communicating about shared patient care (i.e. through medical records, huddles, meetings, consults)? What percentage of the time is the behavioral health counselors schedule is open for “floating” time to be called into exam rooms for health and behavior interventions?
5. Describe how you are using your electronic medical record and data for integrated care including if the screening tools are in the medical records.

6. Are you billing for your behavioral health counselor? And what billing code are you using for screenings and brief interventions? If you are not billing, describe the barriers and rationale.
7. Please complete the following regarding screening, brief intervention, and referral to treatment.

Time period	From _____ to _____
Number of patients served in your practice.	
Circle/highlight the screening tools used in the practice.	PHQ-9 GAD-7 BDI-PC MDQ AUDIT DAST CALM CAGE
Circle/highlight who administers the screening tool.	The front desk Built into the electronic medical record Nurse or CMA Behavioral health counselor Medical provider Other:
Frequency of the screening tool?	Only new patient visits / at every visit / follow up after positive screen Please explain:
Number of patients screened?	
Number of patients who had a positive result?	
Number of Health & Behavior Interventions?	
How are you following up on no show appointments?	
How are you tracking referral to treatment?	

Learning

8. Describe how you plan to use the technical assistance Integrated Care Dash Board for goal setting and learning strategies in your practice.
9. Please indicate any significant changes in activities from what was proposed in the application.

Next Steps (for final reports only)

10. What happens now? Will the program be continued? If so, at what level?

Primary Care integrated into Behavioral Health

Your Participants

1. Describe the participants who were included in your program. How many were financially needy?

Your Impact

2. Describe the level of integrated care at your practice. (Describe the culture of integrated care in the practice. Is integrated care considered a special project or a shared philosophy in the practice? Describe the steps you are taking in providing the administration, staff, providers, and patients to change the practice culture toward integrated care.)
3. What medical services are provided? What impact were you committed to achieving at the time of your application? How many of the participants achieved that impact? How do you know?

Your Program

4. Describe the how clients are identified for a referral for medical services. For example, what triggers the referral? Does the clinic use of a screening questionnaire or are questions asked at intake or therapy appointments?
5. Describe how often and in what way the behavioral health counselors and medical providers communicate about shared patient care (i.e. through medical records, huddles, meetings, consults). Describe the schedule of the integrated care medical appointments. Are walk-in same day appointments available?
6. Describe how you are using your electronic medical record and data for integrated care including if the medical documentation is in the records.
7. Are you billing for your medical provider? What billing codes are you using? If you are not billing, describe the barriers and rationale. What processes have you taken to work with local primary care providers to authorize Medicaid visits?

Learning

8. Describe how you plan to use the technical assistance Integrated Care Dash Board for goal setting and learning strategies in your practice.
9. Please indicate any significant changes in activities from what was proposed in the application.

Next Steps (for final reports only)

10. What happens now? Will the program be continued? If so, at what level?

Expenditure Report Instructions for Operating Programs

Develop an expenditure report showing the actual expenditures and income for your operating program during the most recent year of the grant period.

- The expenditure report should be done in a comparable format to the application budget.
- The expenditure report should include *budgeted* figures for each expense and income line item as well as *actual* figures for each expense and income line item.
- Indicate for which expense line items KBR funding was used. Invoices or backup documentation is not needed.
- Are there any unexpended KBR funds? If so, clearly indicate the amount.
- If any of your expense line-items would benefit from additional explanation, please provide the details at the bottom of the expenditure report.
- Your expenditure report must be signed and dated by your organization's CEO/Executive Director or other authorized individual.

The Trust adds 10% for indirect expenses to most operating grants. You do not need to include the additional 10% in your expenditure report.