

# OHIC Profiles Data Collection



## OHIC Profiles Data Collection Form Instructions

The data collection form includes questions from ACL about your organization/agency’s SHIP, SMP, and/or MIPPA programs and requires you to prepare information ahead of time. This document is intended to serve as a quick guide to help you prepare that information.

ACL will use the information gathered from this form to create an updated set of grantee profiles that are accessible, visually appealing, and consistent across the SHIP, SMP, and MIPPA programs. As you recall, ACL developed profiles for SHIP programs in 2016.

Please make sure to submit the most current data in this data collection.

General Instructions:

- The form should be completed in one sitting. You will not be able to save your progress and return to the form later.
- Please note that additional sections and questions will populate throughout the form based on your responses to previous questions. For this reason, the form may appear shorter when you first open it, but this is not an adequate representation of the length of the form.
- Depending on the number of programs your agency/organization manages, the form will take you approximately 20 minutes to complete, with 30 minutes of preparation time.

The table below lists the questions in the order they appear on the form and information you may need to have handy before completing the form:

<b>All Respondents</b>	
<b>What we will ask about</b>	<b>What we need from you</b>
Agency/Organization Name	The official name of your agency/organization as it appears on your grant application.
Agency/Organization Type	Select the type of agency/organization and explain your selection. Selection options include State Department of Aging (Health and Human Services), State Department of Insurance, Non-Profit Organization, or Other.  You will be asked to add an explanation to your selection in an open-ended response. If you select “Other”, you will be asked to describe the agency/organization type in an open-ended response.
Program Funding Type	Identify <b>all</b> types of OHIC program funding (e.g., SHIP, SMP, MIPPA Priority 1 (SHIP), MIPPA Priority 2 (AAA), MIPPA Priority 3 (ADRC)).
OHIC Program Management	Identify all types of OHIC programs that you currently manage (e.g., SHIP, SMP, MIPPA Priority 1 (SHIP), MIPPA Priority 2 (AAA), MIPPA Priority 3 (ADRC)).

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<b>All Respondents</b>	
<b>What we will ask about</b>	<b>What we need from you</b>
Operational Model (Centralized/Decentralized)	<p>Identify if your agency/organization is centralized, decentralized, or another model of operation.</p> <p><i>Centralized</i> is defined as a "federally funded grantee agency/organization doing all program work out of central office(s)".</p> <p><i>Decentralized</i> is defined as a "federally funded grantee agency/organization primarily regranting or subcontracting to do program work."</p> <p>If you select "Other", you will be asked to describe the operational model in an open-ended response.</p>
Funding Sources (Federal and Non-Federal)	<p>Identify <b>all</b> funding from federal and non-federal sources from the provided list.</p> <p>Federal funding sources include Aging and Disability Resource Center/No Wrong Door (ADRC/NWD), Older Americans Act (OAA), Center for Independent Living (CIL), University Centers for Excellence in Developmental Disabilities (UCEDD), or Other.</p> <p>Non-federal funding sources include State, Local, or Other.</p> <p>If you select "Other" for either question, you will be asked to enter the source in an open-ended response.</p>

<b>For each SHIP, SMP, or MIPPA Grant Award</b>	
<b>What we will ask about</b>	<b>What we need from you</b>
Year Grant Received	<p>If this is not your first SHIP/SMP/MIPPA grant award, provide the year your agency/organization first received the grant award in the YYYY format.</p>
Partnerships	<p>Does your agency/organization have any partnerships for the SHIP/SMP/MIPPA grant?</p> <p>If you work with partners, you will be asked to identify the types of partners such as pharmacies, providers, community health centers, Area Agencies on Aging, local or regional CMS, etc.</p> <p>Partners may be provided funding to participate in shared work or may work in-kind.</p> <p>If you select "Other", you will be asked to print the partner organization's name in an open-ended response.</p>
Populations Served	<p>Identify <b>all</b> populations served by this OHIC grant such as low-income (150% FPL), rural, under 65, Hispanic or Latino, etc.</p>

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<b>For each SHIP, SMP, or MIPPA Grant Award</b>	
<b>What we will ask about</b>	<b>What we need from you</b>
Subrecipients (SMP and MIPPA only)	<p><b>If you share SMP or MIPPA grant money with subrecipients, please prepare in advance then upload an Excel file with subrecipients' names and contact information.</b> Use the Annual SMP/MIPPA Sub-Recipients Report Template included in your invitation email. This template includes the following fields:</p> <ul style="list-style-type: none"> <li>• Grantee Name</li> <li>• State</li> <li>• Report Period</li> <li>• Total # of Sub-Recipients</li> <li>• Total Annual Sub-Recipient Amount (Federal SMP/MIPPA Dollars Only)</li> <li>• Subrecipient Name, Address, City, State, ZIP Code, and Annual Federal SMP/MIPPA Amount</li> <li>• If you have both SMP and MIPPA subrecipients, you will need to prepare and upload two separate files, one for SMP and one for MIPPA.</li> </ul>
Goals for Grant	<p><b>Have ready the goals your agency/organization listed in your grant application.</b> If you do not have access to your grant application, please contact your ACL Project Officer.</p> <p>If your goals have not changed since the original application, you can copy and paste your response into the form. If your goals have changed since the original application, please enter updated goals in the same format utilized in the application.</p>
Best Practices	<p>Select best practices learned from the SHIP/SMP/MIPPA program(s) from the following list of categories:</p> <ul style="list-style-type: none"> <li>• Team Member Training</li> <li>• Open Enrollment Practices</li> <li>• Volunteers and/or Team Member Management</li> <li>• Use of Technology</li> <li>• Outreach Practices</li> <li>• Intake Process</li> <li>• Team Member Certification Process</li> <li>• Counseling Practices</li> <li>• Grant Management</li> <li>• Data Collection and/or Management</li> <li>• Program Management</li> <li>• Casework (<i>SMP Only</i>)</li> </ul> <p>Describe what your agency/organization has learned on the topic.</p> <p><b>If you need guidance, review Best Practices responses from the most recent semi-annual report.</b></p>

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### For each SHIP, SMP, or MIPPA Grant Award

<b>What we will ask about</b>	<b>What we need from you</b>
Lessons Learned from Challenges	<p>Select lessons learned from challenges from the SHIP/SMP/MIPPA program(s), using the following list of categories:</p> <ul style="list-style-type: none"><li>• Team Member Training</li><li>• Open Enrollment Practices</li><li>• Volunteers and/or Team Member Management</li><li>• Use of Technology</li><li>• Outreach Practices</li><li>• Intake Process</li><li>• Team Member Certification Process</li><li>• Counseling Practices</li><li>• Grant Management</li><li>• Data Collection and/or Management</li><li>• Program Management</li><li>• Casework (<i>SMP Only</i>)</li></ul> <p>Describe what your agency/organization has learned on the topic.</p> <p><b>If you need guidance, review Lessons Learned responses from the most recent semi-annual report.</b></p>