Office of Healthcare Information and Counseling (OHIC)

OHIC Profiles
Data Collection Form

Instructions

Thank you for taking time to enter your program information into this data collection form.

The form includes questions from ACL about your SHIP, SMP, and/or MIPPA grants and requires you to prepare some information ahead of time.

Sections and questions appear based on your responses to previous questions. The form will appear short when you first open it, but this is not adequate representation of the length of the form. Please refer to the supplemental instructions attached to your invitation email for more information.

We understand your time constraints and want to be cognizant of your multiple obligations. Depending on how many programs you manage, this form is expected to take 20 minutes to complete, with 30 minutes of preparation time. *The form must be completed in one sitting*. You will not be able to save your progress and return to the form later.

Grant Manager Information

1. First Name *
Please print your first name.

2. Last Name *
Please print your last name.

3. Email Address *
Please print your email address.

Agency/Organization Information

1. What is the name of your agency/organization? *

OHIC Profiles-Data Collection Form

Your agency/organization is the direct recipient of SHIP, SMP, and/or MIPPA funding. If your agency/organization receives more than one of these grants, please complete this survey with all in mind.

Please enter the name of your agency/organization.

2. How would you describe your agency/organization? *
Please select the most appropriate response.

Please add additional explanation after you make your selection.

- ○ State Department of Aging (Health and Human Services)
- ○ State Department of Insurance
- ○ Non-Profit Organization
- ○ Other (Please Specify)

2a. [If selected] **Please print the name of the State Department of Aging (Health and Human Services)***

2b. [If selected] **Please print the name of the State Department of Insurance.***

2c. [If selected] **Please print the name of the Non-Profit Organization. ***

2d. [If selected] **What is the "other" agency/organization that supports these grants?***
Please print the name of the "other" agency/organization.

3. Does your agency/organization receive SHIP, SMP, and/or MIPPA program funding?*
Select all that apply.

- ☐ SHIP
- ☐ SMP
- ☐ MIPPA Priority 1 (SHIP)
- ☐ MIPPA Priority 2 (AAA)
- ☐ MIPPA Priority 3 (ADRC)

4. Which OHIC programs do you currently manage?*
Select all that apply.

- ☐ SHIP
- ☐ SMP
- ☐ MIPPA Priority 1 (SHIP)
- ☐ MIPPA Priority 2 (AAA)
- ☐ MIPPA Priority 3 (ADRC)

5. Which model best describes your agency/organization?*
Centralized is defined as a "federally funded grantee agency/organization doing program work out of central office(s)" and *Decentralized* is defined as a "federally funded grantee agency/organization regranting or subcontracting to do program work."

Select the most appropriate category.

- ○ Centralized
- ○ Decentralized
- ○ Other (Please Specify)

5a. [If Other] **Please specify the "other" model that best describes your agency/organization.***

6. Does your agency/organization receive federal funding from any of the following?*
Select all that apply, unless selecting "Not Applicable".

- ☐ 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)
- ☐ Other (Please Specify)
- ☐ Not Applicable

6a. [If Other] **Please specify the other federal funding source.***

7. Does your agency/organization receive non-federal from any of the following?*
Select all that apply, unless selecting "Not Applicable".

- ☐ State
- ☐ Local
- ☐ Other (Please Specify)
- ☐ Not applicable

7a. [If Other] **Please specify the “other” non-federal funding source.***

SHIP Program

Questions for this section will populate if you indicate that your agency/organization receives SHIP program funding.

1. Is this your agency/organization's first SHIP grant from ACL?*

- ○ Yes
- ○ No

1a. [If No] **What year did your agency/organization first receive the SHIP grant from ACL?***
Please enter the year in YYYY format (e.g., 2010).

2. Does your agency/organization have any partnerships for the SHIP program?*
These may be paid or unpaid partnerships.

- ○ Yes
- ○ No

2a. [If Yes] **Which type(s) of agencies/organizations do you partner with?***
Please select all that apply.

- ☐ Local Community-based Organizations
- ☐ Federally Qualified Health Centers (FQHC)/Community Health Centers
- ☐ Pharmacies
- ☐ Providers
- ☐ State Medicaid Office
- ☐ Other State Agencies
- ☐ Local or Regional Social Security Administration (SSA)
- ☐ Local or Regional Centers for Medicare & Medicaid Services (CMS)
- ☐ Local or Regional Federal Bureau of Investigation (FBI)
- ☐ Local or Regional Office of Inspector General (OIG)
- ☐ Area Agencies on Aging
- ☐ Navigators
- ☐ U.S. Department of Housing and Urban Development (HUD)
- ☐ Aging and Disability Resource Center/No Wrong Door (ADRC/NWD)
- ☐ Center for Independent Living (CIL)
- ☐ Older American Act (OAA) Programs
- ☐ State or Local AARP
- ☐ Other (Please Specify)

2b. [If Other] **Please specify the "other" agency/organization you partner with.***

3. What population(s) does your SHIP program serve?*
Select all that apply.

- ☐ Low-Income (150% FPL)
- ☐ Rural
- ☐ English as a Second Language
- ☐ Under 65
- ☐ American Indian or Alaskan Native
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian or Asian American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other (Please Specify)

3a. [If Other] **Please specify the "other" population(s) your SHIP program serves if not listed above.***

4. What are your agency/organization's goals for this grant?*
Refer to the goals in your grant application (If you do not have access to your grant application, please contact your Project Officer).

If your goals have changed since the original application, please enter updated goals. Please make sure your goals are in the same format as your grant application.

5. What best practices has your agency/organization learned in these program areas?*
Select all that apply.

Please add an explanation to your selection(s) below.

- ☐ Team Member Training
- ☐ Open Enrollment Practices
- ☐ Volunteers and/or Team Member Management
- ☐ Use of Technology
- ☐ Outreach Practices
- ☐ Intake Process
- ☐ Team Member Certification Process
- ☐ Counseling Practices
- ☐ Grant Management
- ☐ Data Collection and/or Management
- ☐ Program Management

5a. [If selected] **Please describe the best practices for Team Member Training.***

5b. [If selected] **Please describe the best practices for Open Enrollment Practices.***

5c. [If selected] **Please describe the best practices for Volunteers and/or Team Member Management.***

5d. [If selected] **Please describe the best practices for Use of Technology.***

5e. [If selected] **Please describe the best practices for Outreach Practices.***

5f. [If selected] **Please describe the best practices for Intake Process.***

5g. [If selected] **Please describe the best practices for Team Member Certification Process.***

5h. [If selected] **Please describe the best practices for Counseling Practices.***

5i. [If selected] **Please describe the best practices for Grant Management.***

5j.[If selected] **Please describe the best practices for Data Collection and/or Management.***

5k. [If selected] **Please describe the best practices for Program Management.***

6. What lessons has your agency/organization learned from challenges in these program areas?*
Select all that apply.

Please add an explanation to your selection(s) below.

- ☐ Team Member Training
- ☐ Open Enrollment Practices
- ☐ Volunteers and/or Team Member Management
- ☐ Use of Technology
- ☐ Outreach Practices
- ☐ Intake Process
- ☐ Team Member Certification Process
- ☐ Counseling Practices
- ☐ Grant Management
- ☐ Data Collection and/or Management
- ☐ Program Management

6a. [If selected] **Please describe the lessons learned from Team Member Training.***

6b. [If selected] **Please describe the lessons learned from Open Enrollment Practices.***

6c. [If selected] **Please describe the lessons learned from Volunteers and/or Team Member Management.***

6d. [If selected] **Please describe the lessons learned from Use of Technology.***

6e. [If selected] **Please describe the lessons learned from Outreach Practices.***

6f. [If selected] **Please describe the lessons learned from Intake Process.***

6g. If selected] **Please describe the lessons learned from Team Member Certification Process.***

6h. [If selected] **Please describe the lessons learned from Counseling Practices.***

6i. [If selected] **Please describe the lessons learned from Grant Management.***

6j. [If selected] **Please describe the lessons learned from Data Collection and/or Management.***

6k. [If selected] **Please describe the lessons learned from Program Management.***

Thank you!

Thank you for taking the time to complete the SHIP program section. If you manage another OHIC program, please fill out all applicable sections of this form.

Once you complete all applicable sections, please hit "Submit".

SMP Program

Questions for this section will populate if you indicate that your agency/organization receives SMP program funding.

1. Is this your agency/organization's first SMP grant from ACL?*

- ○ Yes
- ○ No

1a. [If No] **What year did your agency/organization first receive the SMP grant from ACL?***

Please enter the year in YYYY format (e.g., 2010).

2. Does your agency/organization have any partnerships for the SMP program?*

These may be paid or unpaid partnerships.

- ○ Yes
- ○ No

2a. [If Yes] **Which type(s) of agencies/organizations do you partner with?***
Please select all that apply.

- ☐ Local Community-based Organizations
- ☐ Federally Qualified Health Centers (FQHC)/Community Health Centers
- ☐ Pharmacies
- ☐ Providers
- ☐ State Medicaid Office
- ☐ Other State Agencies
- ☐ Local or Regional Social Security Administration (SSA)
- ☐ Local or Regional Centers for Medicare & Medicaid Services (CMS)
- ☐ Local or Regional Federal Bureau of Investigation (FBI)
- ☐ Local or Regional Office of Inspector General (OIG)
- ☐ Area Agencies on Aging
- ☐ Navigators
- ☐ U.S. Department of Housing and Urban Development (HUD)
- ☐ Aging and Disability Resource Center/No Wrong Door (ADRC/NWD)
- ☐ Center for Independent Living (CIL)
- ☐ Older American Act (OAA) Programs
- ☐ State or Local AARP
- ☐ Other (Please Specify)

2b. [If Other] **Please specify the "other" agency/organization you partner with.***

3. What population(s) does your SMP program serve?*
Select all that apply.

- ☐ Low-Income (150% FPL)
- ☐ Native American
- ☐ Non-English Speaking
- ☐ People with Disabilities
- ☐ Racial/Ethnic Minority
- ☐ Rural
- ☐ Other (Please Specify)

3a. [If Other] **Please specify the "other" population(s) your SMP program serves if not listed above.***

4. Do you share grant money with any subrecipients?*

- ○ Yes
- ○ No

4a. [If Yes] **How many subrecipients do you share grant money with?***
Please enter a number.

Please upload an Excel file that lists your SMP subrecipients in Question 4b in the MIPPA Grant section of this form.

5. What are your agency/organization's goals for this program?*
Refer to the goals in your grant application (If you do not have access to your grant application, please contact your Project Officer).

If your goals have changed since the original application, please enter updated goals. Please make sure your goals are in the same format as your grant application.

6. What best practices has your agency/organization learned in these program areas?*
Select all that apply.

Please add an explanation to your selection(s) below.

- ☐ Team Member Training
- ☐ Open Enrollment Practices
- ☐ Volunteers and/or Team Member Management
- ☐ Use of Technology
- ☐ Outreach Practices
- ☐ Intake Process
- ☐ Team Member Certification Process
- ☐ Counseling Practices
- ☐ Grant Management
- ☐ Data Collection and/or Management
- ☐ Program Management
- ☐ Casework

6a. [If selected] **Please describe the best practices for Team Member Training.***

6b. [If selected] **Please describe the best practices for Open Enrollment Practices.***

6c. [If selected] **Please describe the best practices for Volunteers and/or Team Member Management.***

6d. [If selected] **Please describe the best practices for Use of Technology.***

6e. [If selected] **Please describe the best practices for Outreach Practices.***

6f. [If selected] **Please describe the best practices for Intake Process.***

6g. [If selected] **Please describe the best practices for Team Member Certification Process.***

6h. [If selected] **Please describe the best practices for Counseling Practices.***

6i. [If selected] **Please describe the best practices for Grant Management.***

6j.[If selected] **Please describe the best practices for Data Collection and/or Management.***

6k. [If selected] **Please describe the best practices for Program Management.***

6l. Please describe the best practices for Casework.*

7. What lessons has your agency/organization learned from challenges in these program areas?*
Select all that apply, unless selecting "None".

Please add an explanation to your selection(s) below.

- ☐ Team Member Training
- ☐ Open Enrollment Practices
- ☐ Volunteers and/or Team Member Management
- ☐ Use of Technology
- ☐ Outreach Practices
- ☐ Intake Process
- ☐ Team Member Certification Process
- ☐ Counseling Practices
- ☐ Grant Management
- ☐ Data Collection and/or Management
- ☐ Program Management
- ☐ Casework

7a. [If selected] **Please describe the lessons learned from Team Member Training.***

7b. [If selected] **Please describe the lessons learned from Open Enrollment Practices.***

7c. [If selected] **Please describe the lessons learned from Volunteers and/or Team Member Management.***

7d. [If selected] **Please describe the lessons learned from Use of Technology.***

7e. [If selected] **Please describe the lessons learned from Outreach Practices.***

7f. [If selected] **Please describe the lessons learned from Intake Process.***

7g. If selected] **Please describe the lessons learned from Team Member Certification Process.***

7h. [If selected] **Please describe the lessons learned from Counseling Practices.***

7i. [If selected] **Please describe the lessons learned from Grant Management.***

7j. [If selected] **Please describe the lessons learned from Data Collection and/or Management.***

7k. [If selected] **Please describe the lessons learned from Program Management.***

7l. [If selected] **Please describe the lessons learned from Casework.***

Thank you!

Thank you for taking the time to complete the SMP program section. If you manage another OHIC program, please fill out all applicable sections of this form.

Once you complete all applicable sections, please hit "Submit".

MIPPA Program

Questions for this section will populate if you indicate that your agency/organization receives MIPPA program funding.

1. Is this your agency/organization's first MIPPA grant from ACL?*

- ○ Yes
- ○ No

1a. [If No] **What year did your agency/organization first receive the MIPPA grant from ACL?***
Please enter the year in YYYY format (e.g., 2010).

2. Does your agency/organization have any partnerships for the MIPPA program?*
These may be paid or unpaid partnerships.

- ○ Yes
- ○ No

2a. [If Yes] **Which type(s) of agencies/organizations do you partner with?***
Please select all that apply.

- ☐ Local Community-based Organizations
- ☐ Federally Qualified Health Centers (FQHC)/Community Health Centers
- ☐ Pharmacies
- ☐ Providers
- ☐ State Medicaid Office
- ☐ Other State Agencies
- ☐ Local or Regional Social Security Administration (SSA)
- ☐ Local or Regional Centers for Medicare & Medicaid Services (CMS)
- ☐ Local or Regional Federal Bureau of Investigation (FBI)
- ☐ Local or Regional Office of Inspector General (OIG)
- ☐ Area Agencies on Aging
- ☐ Navigators
- ☐ U.S. Department of Housing and Urban Development (HUD)
- ☐ Aging and Disability Resource Center/No Wrong Door (ADRC/NWD)
- ☐ Center for Independent Living (CIL)
- ☐ Older American Act (OAA) Programs
- ☐ State or Local AARP
- ☐ Other (Please Specify)

2b. [If Other] **Please specify the "other" agency/organization you partner with.***

3.What population(s) does your MIPPA program serve?*
Select all that apply.

- ☐ Under 65
- ☐ Rural
- ☐ Native American
- ☐ English as a Second Language
- ☐ American Indian or Alaskan Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other (Please Specify)

3a. [If Other] **Please specify the "other" population(s) your MIPPA program serves if not listed above.***

4. Do you share grant money with any subrecipients?*

- ○ Yes
- ○ No

4a. [If Yes] **How many subrecipients do you share grant money with?***
Please enter a number.

4b. [If Yes] **Please upload an Excel file that lists your subrecipients for SMP and/or MIPPA.***
Please upload an individual Excel file for SMP and MIPPA (if applicable).

Please follow the format provided in the supplemental instructions.

Drag and drop files here or browse files

5. What are your agency/organization's goals for this program?*
Refer to the goals in your grant application (If you do not have access to your grant application, please contact your Project Officer).

If your goals have changed since the original application, please enter updated goals. Please make sure your goals are in the same format as your grant application.

6. What best practices has your agency/organization learned in these program areas?*
Select all that apply.

Please add an explanation to your selection(s) below.

- ☐ Team Member Training
- ☐ Open Enrollment Practices
- ☐ Volunteers and/or Team Member Management
- ☐ Use of Technology
- ☐ Outreach Practices

- ☐ Intake Process
- ☐ Team Member Certification Process
- ☐ Counseling Practices
- ☐ Grant Management
- ☐ Data Collection and/or Management
- ☐ Program Management

6a. [If selected] **Please describe the best practices for Team Member Training.***

6b. [If selected] **Please describe the best practices for Open Enrollment Practices.***

6c. [If selected] **Please describe the best practices for Volunteers and/or Team Member Management.***

6d. [If selected] **Please describe the best practices for Use of Technology.***

6e. [If selected] **Please describe the best practices for Outreach Practices.***

6f. [If selected] **Please describe the best practices for Intake Process.***

6g. [If selected] **Please describe the best practices for Team Member Certification Process.***

6h. [If selected] **Please describe the best practices for Counseling Practices.***

6i. [If selected] **Please describe the best practices for Grant Management.***

6j. [If selected] **Please describe the best practices for Data Collection and/or Management.***

6k. [If selected] **Please describe the best practices for Program Management.***

7. What lessons has your agency/organization learned from challenges in these program areas?*
Select all that apply.

Please add an explanation to your selection(s) below.

- ☐ Team Member Training
- ☐ Open Enrollment Practices
- ☐ Volunteers and/or Team Member Management
- ☐ Use of Technology
- ☐ Outreach Practices
- ☐ Intake Process
- ☐ Team Member Certification Process
- ☐ Counseling Practices
- ☐ Grant Management
- ☐ Data Collection and/or Management
- ☐ Program Management

7a. [If selected] **Please describe the lessons learned from Team Member Training.***

7b. [If selected] **Please describe the lessons learned from Open Enrollment Practices.***

7c. [If selected] **Please describe the lessons learned from Volunteers and/or Team Member Management.***

7d. [If selected] **Please describe the lessons learned from Use of Technology.***

7e. [If selected] **Please describe the lessons learned from Outreach Practices.***

7f. [If selected] **Please describe the lessons learned from Intake Process.***

7g. If selected] **Please describe the lessons learned from Team Member Certification Process.***

7h. [If selected] **Please describe the lessons learned from Counseling Practices.***

7i. [If selected] **Please describe the lessons learned from Grant Management.***

7j. [If selected] **Please describe the lessons learned from Data Collection and/or Management.***

7k. [If selected] **Please describe the lessons learned from Program Management.***

Thank you!

Thank you for taking the time to complete the MIPPA program section. If you have completed all applicable sections, please hit "Submit".