

BHA Web Financial Reporting Training

BHA.dhmf.maryland.gov/BHA Divisions/Grants Management/Financial Reporting
Revised January 2015

Access the BHA Financial Reporting Web Application from the BHA website

- A computer with access to the Internet and a web browser is required. Go to the BHA website (www.bha.dhmh.maryland.gov) and click on the “BHA Web and Paper Forms” link of the left side under Need Services or Resources.

The screenshot shows the homepage of the Maryland Department of Health and Mental Hygiene (DHMH). The header includes the state seal and the department name. A navigation menu at the top has 'BHA' highlighted. Below the menu is an alphabetical index and a 'Home' link. The main content area features a welcome message and a news section titled 'BHA Latest Information' with several articles. A sidebar on the left provides links to various services and resources.

Access the BHA Financial Reporting Web Application from the BHA website

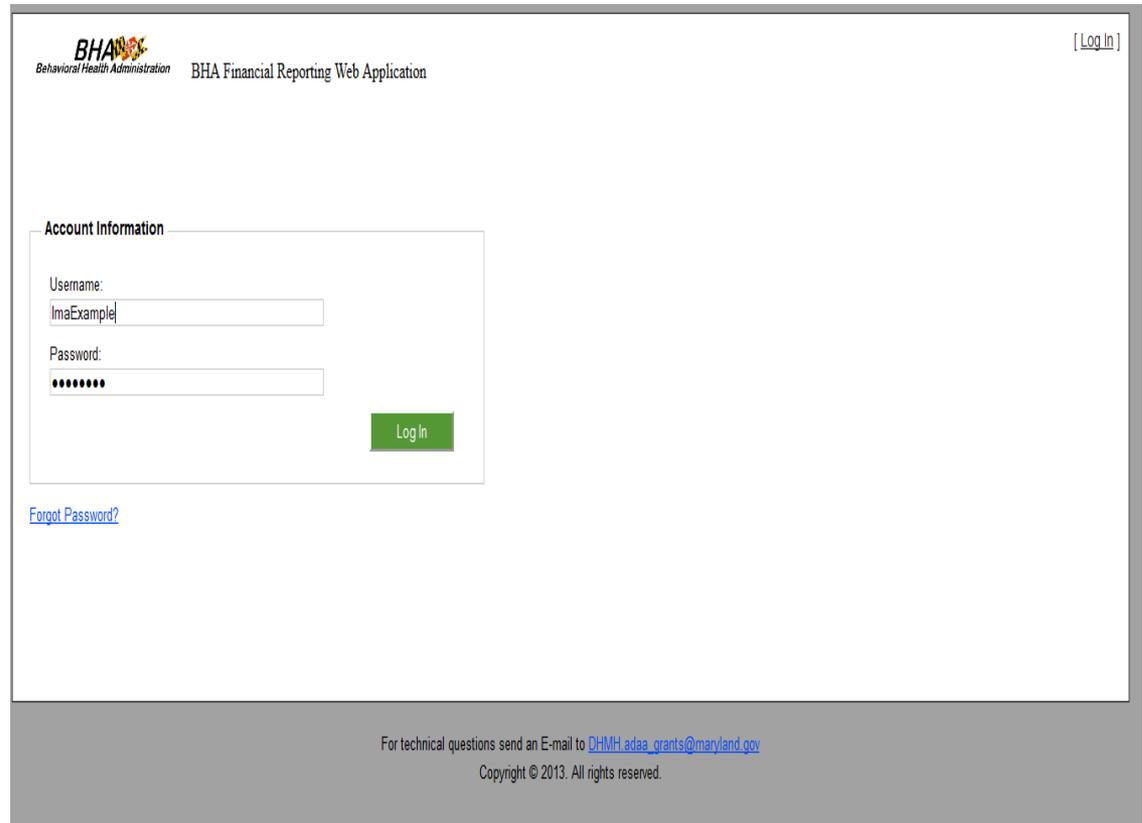
- Once on the BHA Web and Paper Forms page, click on “Financial Reporting Form”

The screenshot displays the website for the Maryland Department of Health and Mental Hygiene. At the top left is the Maryland state logo with the text 'MARYLAND'. To its right is the department name 'DEPARTMENT OF HEALTH AND MENTAL HYGIENE'. On the top right, there are links for 'Maryland.gov', 'Phone Directory', 'State Agencies', and 'Online Services', along with a search bar and 'Email Friend' and 'print page' options. A navigation menu includes 'BHA', 'ABOUT US', 'BHA DIVISIONS', 'PUBLICATIONS', 'TRAINING', and 'CONTACT US'. Below this is an 'A - Z Index' and a breadcrumb trail 'BHA > BHA Web and Paper Forms'. The main content area lists several forms: 'Grant Monitoring Form', 'Record Review Form', 'Financial Reporting Form', 'RRP Application', and 'Paper Forms'. On the left side, there is a sidebar with categories like 'DHMH', 'BHD', and 'HOT TOPICS', followed by a list of links including 'Information For Consumers', 'Information for Providers', 'Firearm Safety Act-Relief Process', 'Maryland DataLink', 'Maryland Commitment to Veterans', 'Network of Care', 'Frequently Asked Questions', 'Physicians Corner', and 'Ebola'. At the bottom of the sidebar is a 'NEED SERVICES OR RESOURCES' section with a link for 'BHA Web and Paper Forms' highlighted in blue, and other links like 'Employment Opportunities (Facilities)', 'Directories', 'Health Homes', 'Need Help', 'Need Services', 'Parents Corner', and 'Prescription Drop-Off Collection Sites'.

Logging into the BHA Financial Reporting Web Application

Logging in: Enter the Username and Password assigned by BHA in the appropriate fields. Once the Username and Password is entered, click **Log In**

Note: If you have forgotten your password click the **Forgot Password?** link then type in your Username and click **Reset Password**.



The screenshot shows the login interface for the BHA Financial Reporting Web Application. At the top left is the BHA logo with the text "Behavioral Health Administration". To its right is the application title "BHA Financial Reporting Web Application". In the top right corner, there is a "[Log In]" link. The main content area is titled "Account Information" and contains two input fields: "Username:" with the text "ImaExample" and "Password:" with masked characters. A green "Log In" button is positioned to the right of the password field. Below the input fields is a blue link for "Forgot Password?". At the bottom of the page, there is a footer with technical support information: "For technical questions send an E-mail to DHMH.ladaa_grants@maryland.gov" and "Copyright © 2013. All rights reserved."

To Change BHA Financial Reporting Password

Change Password

Click the [Change Password](#) link. Enter your **Old Password**; enter your **New Password** and then **Confirm New Password**.

Reset Password

Click the [Reset Password](#) button and a temporary password will be sent to your e-mail address.

The screenshot shows the BHA Financial Reporting Web Application interface. At the top left is the BHA logo and the text "Behavioral Health Administration BHA Financial Reporting Web Application". At the top right, it says "Welcome kjohnson ! [Log Out]" and "User Access: Administrator" with links for "Account Information" and "Change Password". Below this is a navigation bar with buttons for "Home", "Treatment Services", "Prevention Services", "Financial Report Review", and "Users". The main content area is titled "Reset/Change Password". It displays the user's information: "Username: kjohnson" and "E-mail: kristen.johnson@maryland.gov". There are two main sections: "Change Password" and "Reset Password". The "Change Password" section has three input fields: "Old Password" (with masked characters), "New Password" (with a note "Passwords are required to be a minimum of 8 characters in length."), and "Confirm New Password". A "Change Password" button is at the bottom right of this section. The "Reset Password" section has a message "Temporary password will be sent to user account's e-mail address." and a "Reset Password" button. A "Cancel" button is located at the bottom left of the entire form area.

Change Account Information

- To change account information, click **Account Information**. Once the information has been changed click the **Update Information** button to save the changes.

 BHA Financial Reporting Web Application

Home Treatment Services Prevention Services Financial Report Review Users

Change Account Information

Account Information

First Name: *

Last Name: *

E-mail Address: * Example: johnny@yahoo.com

Jurisdiction: ▼

User Access: ▼

Cancel Update Information

For technical questions send an E-mail to DHMH.adaa_grants@maryland.gov
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Welcome Screen



BHA Financial Reporting Web Application

Welcome **kjohnson** ! [[Log Out](#)]

User Access: Administrator

[[Account Information](#)] [[Change Password](#)]

[Home](#)

[Treatment Services](#)

[Prevention Services](#)

[Financial Report Review](#)

[Users](#)



Please contact a member of the ADAA Grants and Contracts Section listed below for:

Questions or concerns regarding submission information

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For technical questions send an E-mail to DHMH.adaa_grants@maryland.gov

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Treatment Services/ Prevention Services

Click the **Treatment Services** or **Prevention Services** tab. Either **the Treatment Financial Report List** or **Prevention Financial Report List** will appear.

To search for an existing financial report form enter the **Grant Name**, **Fiscal Year**, **Jurisdiction**, or **Grant #** and click the **Search** button.

The “Order By “ dropdown can be used to sort records by the following:

- **Status & Submit Date (default)**
- **Fiscal Year DESC**
- **Grant Name**
- **Grant #**
- **Status**

You may change the order of the list as necessary.

The screenshot displays the BHA Financial Reporting Web Application interface. At the top left is the BHA logo (Behavioral Health Administration) and the application title. At the top right, it shows a user login for 'kjohanson' with a 'Log Out' link and 'User Access: Administrator'. Below the header is a navigation menu with tabs for Home, Treatment Services, Prevention Services, Financial Report Review, and Users. The main content area is titled 'Treatment Financial Report List'. It features a search section with input fields for Grant Name, Grant #, Fiscal Year, and Jurisdiction, along with a Search button and a note: 'To search All, leave the field's blank or select All.' Below the search section is an 'Order By' dropdown menu set to 'Status & Submit Date (default)'. A link for 'Create New Record' is located above a table. The table has columns for Budget Action, #, Fiscal Year, Grant Name, Grant #, Jurisdiction Name, Submit Date, and Status. Two records are listed: one for 'Final' (Grant # TBA, Statewide, 1/1/0001, Draft) and one for 'Original' (Grant # AMBS, Statewide, 1/1/0001, Draft).

BHA
Behavioral Health Administration

BHA Financial Reporting Web Application

Welcome kjohanson ! [Log Out]
User Access: Administrator
[Account Information](#) [Change Password](#)

Home Treatment Services Prevention Services Financial Report Review Users

Treatment Financial Report List

Search

Grant Name: Grant #: Fiscal Year: Jurisdiction:

Search.

To search All, leave the field's blank or select All.

Order By: Status & Submit Date (default) ▼

[Create New Record](#)

	Budget Action	#	Fiscal Year	Grant Name	Grant #	Jurisdiction Name	Submit Date	Status
Update View Delete	Final	1	2015	To Be Awarded	TBA	Statewide	1/1/0001	Draft
Update View Delete	Original	1	2016	Ambulatory Services	AMBS	Statewide	1/1/0001	Draft

Treatment Services Tab

Treatment Financial Report List

Search

Grant Name: Grant #: Fiscal Year: Jurisdiction:

To search All, leave the field/s blank or select All.

Order By:

[Create New Record](#)

	Budget Action	#	Fiscal Year	Grant Name	Grant #	Jurisdiction Name	Submit Date	Status
Update View Delete	Final	1	2015	To Be Awarded	TBA	Statewide	1/1/0001	Draft
Update View Delete	Original	1	2016	Ambulatory Services	AMBS	Statewide	1/1/0001	Draft
Update View	Final	1	2013	Federal Substance Abuse Treatment	AS219FED	Calvert County	9/17/2013	Accepted
Update View	Final	1	2013	Federal Substance Abuse/Co. Commissioner	AL005OPE	Calvert County Commissioners	9/17/2013	Accepted
Update View	Final	1	2013	General Treatment Grant	AS027SAS	Calvert County	9/18/2013	Accepted
Update View	Final	1	2013	Recovery Support Service Expansion	AS264RSS	Calvert County	9/23/2013	Accepted
Update View	Original	1	2014	Recovery Support Service Expansion	AS264RSS	Calvert County	9/23/2013	Accepted
Update View	Original	1	2014	Federal Substance Abuse/Co. Commissioner	AL005OPE	Calvert County Commissioners	9/23/2013	Accepted

The Treatment Services Tab is the home of the Treatment Financial Report List. Once records have been created, one will be able to search by Grant Name, Grant #, or Fiscal Year.

Press the [Create New Record](#) link to begin a new financial reporting form. **A new record should be created every time there is a change in Budget Action.**

Creating a New Record - Treatment Services Tab

From the Treatment Services Tab, when the **Create New Record** link is clicked, this form will appear.

1. Select proper information in the top portion of the form for the following:

- Budget Action
- Budget Action #
- Fiscal Year
- Grant Name/Grant Number

By entering this information the form will automatically generate the project code and the DHMH/BHA grant award amount.

2. The bottom portion of the form is now ready for completion.

3. Click the **Add Row** link to add new rows.

4. Click the **Delete** link next to the row you would like to delete.

5. Click the **Save** button to save any changes or to create a Draft version.

Tip: After the original award data has been accepted for the Fiscal Year, the saved data will be shown for any revisions or edits. Rows should be edited as necessary.

BHA Behavioral Health Administration BHA Financial Reporting Web Application

Welcome kjohnson ! [Log Out]
User Access: Administrator
[Account Information](#) [Change Password](#)

Home Treatment Services Prevention Services Financial Report Review Users

ADA A Treatment Financial Report Form

NOTE: Please fill-out the form accordingly.

Budget Action : Original # : 1 Fiscal Year : 2016
Jurisdiction : Statewide
Grant Name : To Be Awarded
Grant # : TBA
Project Code :
Total DHMH/ADAA
Grant Award : \$ 2,911,523

Provider Services:

Row	Provider Name	ISATs	Level of Care/Service	Comment	Type	# Slots	Bed/Days	# Served	Funding Method	DHMH/ADAA Funding	Collections	County Contribution	Total	
1			Other		N/A	0	0	0	N/A	\$0	\$0	\$0	\$0	Delete
TOTAL:						0	0	0		\$0	\$0	\$0	\$0	

[Add Row](#)

# Slots	Bed/Days	# Served	DHMH/ADAA Funding	Collections	County Contribution	Total Program Budget
0	0	0	\$0	\$0	\$0	\$0

Interest Income 1600	Bad Debt 1602	Self-Pay 1603	Medicaid 1606	Other 1608	Total Collections	County Contribution 1612
\$0	\$0	\$0	\$0	\$0	\$0	\$0

Comments:

Submit Save Cancel

Creating a New Record -Treatment Services Tab (Continued...)

6. For Each Row, please identify the Provider Name. (e.g. Health Department or Vendor)

7. Please complete the ISATs number for **ALL** Levels of Care/Service. **This field is mandatory for all Levels of Care.**

Tip: Every certified provider location in Maryland is assigned a unique Inventory of Substance Abuse Treatment Services (ISATS) ID. If you do not know the ISATs number for the provider, please contact Erik Gonder at erik.gonder@maryland.gov

for assistance.

Provider Services:

Row	Provider Name	ISATs	Level of Care/Service	Comment	Type	# Slots	# Bed Days	# Served	Funding Method	DHMH/ADAA Funding	Collections	County Contribution	Total		
1	Bon Secours	MD987654	Level I: Outpatient Tr		Adults	50	0	150	Fee for Service	\$362,507	\$12,000	\$0	\$374,507	Delete	
2	Daybreak House	MD123456	Level II.1: Intensive C		Adults	50	0	155	Fee for Service	\$215,082	\$0	\$25,000	\$240,082	Delete	
3	Broadway House	MD456789	Level III.3: Long Term		Women & Ct	0	30	90	Cost Reimburse	\$241,358	\$7,500	\$0	\$248,858	Delete	
4	Co Health Department		BUP: Buprenorphine		Buprenorphir	0	0	150	N/A	\$166,337	\$0	\$0	\$166,337	Delete	
5	Co Health Department		JC: Jurisdictional Cos		N/A	0	0	0	N/A	\$149,996	\$0	\$0	\$149,996	Delete	
						Add Row..									
						# Slots	# Bed Days	# Served			DHMH/ADAA Funding	Collections	County Contribution	Total Program Budget	
						TOTAL:	100	30	545			\$1,135,280	\$19,500	\$25,000	\$1,179,780
				Interest Income 1600	Bad Debt 1602	Self-Pay 1603	Medicaid 1606	Other 1608	Total Collections	County Contribution 1612					
				TOTAL:	\$0	\$0	\$19,500	\$0	\$0	\$19,500	\$25,000				

Comments:

Submit Save Cancel

Creating a New Record - Treatment Services Tab (Continued...)

8. Select the Level of Care/Service

Tip: Level of Care and service totals must correspond with information provided in the Program Budget (Performance Measures, Salary, Special Payments detail, and Purchase of Care pages). This information must correspond with the each budget action.

Total DHMH/ADAA Grant Award: \$0

Provider Services:

Row	Provider Name	ISATs	Level of Care/Service	Comment	Type	# Slots	# Served	Funding Method	DHMH/ADAA Funding	Collections	County Contribution	Total
			<ul style="list-style-type: none"> BUP: Buprenorphine Cont: Continuing Care JC: Jurisdictional Costs Level 0.5: Early Intervention Level I: Outpatient Treatment Level I.D: Outpatient - Detoxification Level II.1: Intensive Outpatient Level II.5: Partial Hospitalization Level II.D: Intensive Outpatient - Detoxification Level III.1: Halfway House Level III.3: Long Term Residential Care Level III.5: Therapeutic Community Level III.7: Medically Monitored Inpatient (ICF) Level III.7.D: Medically Monitored Inpatient (ICF) - Detoxification OMT: Opioid Maintenance Therapy Other: REC: Recovery Services Set Aside: HIV Services TCA: Temporary Cash Assistance 			0	0	Cost Reimburse	\$0	\$0	\$0	\$0

[Add Row.](#)

# Slots	# Served	DHMH/ADAA Funding	Collections	County Contribution	Total Program Budget
0	0	\$0	\$0	\$0	\$0

Self-Pay	Medicaid	Other	Total Collections	County Contribution
1603	1606	1608		1612
	\$0	\$0	\$0	\$0

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Creating a New Record - Treatment Services Tab (Continued...)

9. The Comments field can be utilized to provide detail for the Level of Care/Services when needed. Please always provide comments when **“Other”** or **“Jurisdictional Costs”** is selected. Please utilize this field to provide a detailed explanation.

Tip: The text in the comments field will wrap when printed.

Level of Care/Service	Comment
JC: Jurisdictional Cos ▼	LDAAC
Other: ▼	Assessments
Level I: Outpatient Tr ▼	
Level II.1: Intensive C ▼	
Other: ▼	Urinalysis
REC: Recovery Servi ▼	Housing

Creating a New Record -Treatment Services Tab (Continued...)

The Comments field is also made available for **REC: Recovery Services**. The comments field could list one of the following for Recovery Services:

- Care Coordination
- Continuing Care
- Peer Support
- Recovery Housing
- Recovery Community Center
- Adolescent Community Center/Clubhouse

Level of Care/Service	Comment
JC: Jurisdictional Cos ▾	LDAAC
Other: ▾	Assessments
Level I: Outpatient Tr ▾	
Level II.1: Intensive C ▾	
Other: ▾	Urinalysis
REC: Recovery Servi ▾	Housing

Creating a New Record - Treatment Services Tab (Continued...)

10. Identify the Type for the Level of Care/Service for each row.

The funds allocated to a Level of Care/Service must be categorized to identify programming targeting issues specific to each population.

Jurisdiction: Statewide
 Grant Name: To Be Awarded
 Grant #: TBA
 Project Code:
 Total DHMH/ADAA Grant Award: \$ 1,459,535

Provider Services:

Row	Provider Name	ISATs	Level of Care/Service	Comment	Type	# Slots	# Served	Funding Method	DHMH/ADAA Funding	Collections	County Contribution	Total				
	Statewide HD		JC: Jurisdictional Cos	LDAAC	N/A			N/A	\$5,000	\$0	\$0	\$5,000	Delete			
	Statewide HD		Other.	Assessments	N/A Adolescents			N/A	\$2,000	\$0	\$0	\$2,000	Delete			
	Statewide Vendor	MD123456	Level I: Outpatient Tr		Adults			Fee for Service	\$56,000	\$0	\$0	\$56,000	Delete			
	Statewide Vendor	MD123456	Level II.1: Intensive C		Buprenorphine/LBL Co-Occurring			Fee for Service	\$45,000	\$0	\$0	\$45,000	Delete			
	Statewide Vendor		Other.	Urinalysis	Criminal Justice Drug Court			Fee for Service	\$1,500	\$0	\$0	\$1,500	Delete			
	Recovery Vendor		REC: Recovery Servi	Housing	Drug Court - Adolescents			Cost Reimburse	\$25,000	\$0	\$0	\$25,000	Delete			
Add Row																
									DHMH/ADAA Funding	Collections	County Contribution	Total Program Budget				
									\$ 134,500	\$ 0	\$ 0	\$ 134,500				
									Interest Income 1600	Bad Debt 1602	Self-Pay 1603	Medicaid 1606	Other 1608	Total Collections	County Contribution 1612	
TOTAL:									\$0	\$0	\$0	\$0	\$0	\$0	\$0	

Submit Save Cancel

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Creating a New Record - Treatment Services Tab (Continued...)

11. After the patient type is identified for each Level of Care, please enter the total number of Slots and the number of Patients Served as disclosed in the performance measures of the corresponding budget.

Provider Name	ISATs	Level of Care/Service	Comment	Type	# Slots	# Served
Statewide HD		JC: Jurisdictional Cos ▼	LDAAC	N/A ▼	0	0
Statewide HD		Other: ▼	Assessments	N/A ▼	0	0
Statewide Vendor	MD123456	Level I: Outpatient Tr ▼		Adults ▼	12	56
Statewide Vendor	MD123456	Level II.1: Intensive C ▼		Adults ▼	8	16
Statewide Vendor		Other: ▼	Urinalysis	Adults ▼	0	100
Recovery Vendor		REC: Recovery Servi ▼	Housing	Women & Cr ▼	0	50

Tip: Year End FINAL Web Forms should reflect actual services, slots, and persons served.

Creating a New Record - Treatment Services Tab (Continued...)

12. Identify the Funding Method for each Row. The drop down provides the following 3 options:

Cost Reimbursement – should be used when a purchase agreement has been established with the sub-vendor. Only a #served estimate is needed.

Fee for Service – services are purchased via fee-for-service reimbursement with the actual or expected amount of funds to be used for this service.

N/A – should be used when the treatment or services are provided directly by the grantee Health Department. No vendor is utilized.

Provider Services:

Row	Provider Name	ISATs	Level of Care/Service	Comment	Type	# Slots	# Served	Funding Method	DHMH/ADAA Funding
1	Statewide HD		JC: Jurisdictional Cos ▼	LDAAC	N/A ▼	0	0	N/A ▼	\$5,000
2	Statewide HD		Other: ▼	Assessments	N/A ▼	0	0	N/A ▼	\$2,000
3	Statewide Vendor	MD123456	Level I: Outpatient Tr ▼		Adults ▼	12	56	Fee for Service ▼	\$56,000
4	Statewide Vendor	MD123456	Level II.1: Intensive C ▼		Adults ▼	8	16	Fee for Service ▼	\$45,000
5	Statewide Vendor		Other: ▼	Urinalysis	Adults ▼	0	100	Fee for Service ▼	\$1,500
6	Recovery Vendor		REC: Recovery Servi ▼	Housing	Women & Ct ▼	0	50	Cost Reimburse ▼	\$25,000

[Add Row..](#)

Creating a New Record - Treatment Services Tab (Continued...)

13. Amounts input for the 1600, 1602, 1603, 1606, 1608 and 1612 should match the amounts reported on the grant budget submission. These total amounts should then match the total of the Collections and County Contributions reported by line item.

Tip: Collections amounts should be combined and reported by Level of Care. Amount totals will update as you input the data.

Provider Services:

Row	Provider Name	ISATs	Level of Care/Service	Comment	Type	# Slots	# Bed Days	# Served	Funding Method	DHMH/ADAA Funding	Collections	County Contribution	Total	
1	Bon Secours	MD987654	Level I: Outpatient Tr		Adults	50	0	150	Fee for Service	\$362,507	\$12,000	\$0	\$ 374,507	Delete
2	Daybreak House	MD123456	Level II.1: Intensive C		Adults	50	0	155	Fee for Service	\$215,082	\$0	\$25,000	\$ 240,082	Delete
3	Broadway House	MD456789	Level III.3: Long Terr		Women & Ct	0	30	90	Cost Reimburse	\$241,358	\$7,500	\$0	\$ 248,858	Delete
4	Co Health Department		BUP: Buprenorphine		Buprenorphir	0	0	150	N/A	\$166,337	\$0	\$0	\$ 166,337	Delete
5	Co Health Department		JC: Jurisdictional Cos		N/A	0	0	0	N/A	\$149,996	\$0	\$0	\$ 149,996	Delete

[Add Row](#)

	# Slots	# Bed Days	# Served	DHMH/ADAA Funding	Collections	County Contribution	Total Program Budget
TOTAL:	100	30	545	\$ 1,135,280	\$ 19,500	\$ 25,000	\$ 1,179,780

	Interest Income 1600	Bad Debt 1602	Self-Pay 1603	Medicaid 1606	Other 1608	Total Collections	County Contribution 1612
TOTAL:	\$0	\$0	\$19,500	\$0	\$0	\$19,500	\$25,000

Comments:

Submit

Save

Cancel

Creating a New Record - Treatment Services Tab (Continued...)

14. Click the “Save” button to save the changes. (This should be done periodically when entering data).

15. The DHMH/BHA Grant Award must equal the TOTAL DHMH/BHA Funding amount (Red Column). If the amounts do not match you will receive an error message when you attempt to ‘Submit’ the form.

16. The “Submit” button should only be used when the form is complete. Clicking on the “Submit” button will submit the form to BHA .

NOTE: Please fill out the form accordingly.

Budget Action: Original # : 1 Fiscal Year : 2014
 Jurisdiction : Statewide
 Grant Name : To Be Awarded
 Grant # : TBA
 Project Code :
 Total DHMH/ADAA
 Grant Award : \$ 2,635,621

Provider Services:

Row	Provider Name	ISATs	Level of Care/Service	Comment	Type	# Slots	# Served	Funding Method	DHMH/ADAA Funding	Collections	County Contribution	Total	
1	Co Health Dept	MD99999	Level I: Outpatient Tre		Adults	50	200	Fee for Service	\$1,500,000	\$1,500	\$0	\$ 1,501,500	Delete
2	Co Health Dept	MD99999	Level I: Outpatient Tre		Adolescents	25	100	Fee for Service	\$500,000	\$0	\$25,000	\$ 525,000	Delete
3	ABC Provider	MD19999	Level III.3: Long Term		Women & Ch	30	60	Fee for Service	\$550,000	\$7,500	\$0	\$ 557,500	Delete
4	Co Health Dept	MD1999	BUP: Buprenorphine		Buprenorphin	0	100	Fee for Service	\$50,000	\$0	\$0	\$ 50,000	Delete
5	Co Health Dept		JC: Jurisdictional Cos	Treatment System	Adolescents	0	0	NA	\$35,621	\$0	\$0	\$ 35,621	Delete

[Add Row.](#)

	# Slots	# Served	DHMH/ADAA Funding	Collections	County Contribution	Total Program Budget
TOTAL:	105	460	\$ 2,635,621	\$ 9,000	\$ 25,000	\$ 2,669,621

	Interest Income 1600	Bad Debt 1602	Self-Pay 1603	Medicaid 1606	Other 1608	Total Collections	County Contribution 1612
TOTAL:	\$0	\$0	\$9,000	\$0	\$0	\$9,000	\$25,000

Submit Save Cancel

Creating a New Record - Prevention Services Tab

1. From the Prevention Services Tab, when the **Create New Record** link is clicked, this form will appear.

2. Select proper information in the top portion of the form for the following:

- Budget Action
- Budget Action #
- Fiscal Year
- Grant Name/Grant Number

Tip: Rows can be added or deleted as necessary just like in the Treatment Services Tab.

BHA Behavioral Health Administration BHA Financial Reporting Web Application

Welcome **kjohnson** ! [Log Out]
User Access: Administrator
[Account Information](#) [Change Password](#)

Home Treatment Services Prevention Services Financial Report Review Users

ADAA Prevention Financial Report Form

NOTE: Please fill-out the form accordingly.

Budget Action : Original # : 1 Fiscal Year : 2015
 Jurisdiction : Statewide
 Grant Name : Statewide Allocation
 Grant # : TBA-PRV
 Project Code :
 Total DHMH/ADAA Grant Award : \$ 10,625

Provider Services:

Row	Provider Name	Program/Service	Program Desc.	Env. Strategy	# Cycles	# Served	DHMH/ADAA Funding	Other Funds	County Contribution	Total	
1		Environmental Strategies		Yes	0	0	\$ 0	\$ 0	\$ 0	\$ 0	Delete

[Add Row.](#)

	# Cycles	# Served	DHMH/ADAA Funding	Other Funds	County Contribution	Total Program Budget
TOTAL:	0	0	\$ 0	\$ 0	\$ 0	\$ 0

	Interest Income 1600	Other 1608	Total Other Funds	Total County Contribution 1612
TOTAL:	\$ 0	\$ 0	\$ 0	\$ 0

Comments:

Submit Save Cancel

Creating a New Version – Prevention Services Tab (continued...)

4. For each row, complete the Provider Name then choose the Program/Service from the dropdown:

- NREPP Programs - Programs from the SAMHSA National Registry of Evidence-based Programs and Practices list.
- Non-NREPP Programs – Any non-evidence-based recurring prevention program
- Single Services – all funded activities that are non-recurring one time prevention services, events, or activities. (Ex – presentations, health fairs, training services, etc.)
- Environmental Strategies – interventions that are designed to change certain community conditions (laws, policies, procedures, practices, attitudes, etc.) that will potentially impact all people in the community and result in population-level reductions in ATOD use. These strategies reflect our upcoming Population Based Behavioral Health unit name and focus.
- Jurisdictional Costs - Formerly Provider System Management Costs
- Other

ADAA Prevention Financial Report Form

NOTE: Please fill-out the form accordingly.

Budget Action : # : Fiscal Year :

Jurisdiction : Prince George's County

Grant Name :

Grant # :

Project Code : F842N

Total DHMH/ADAA Grant Award : \$ 33,475

Provider Services:

Row	Provider Name	Program/Service	Program Desc.	Env. Strategy	# Cycles	# Served	DHMH/ADAA Funding	Other Funds	County Contribution	Total		
1	PG Health Department	NREPP Programs	Communities for Change	Yes	2	300	\$ 33,475	\$ 0	\$ 0	\$ 33,475	Delete	
					# Cycles	# Served	DHMH/ADAA Funding	Other Funds	County Contribution	Total Program Budget		
TOTAL:					2	300	\$ 33,475	\$ 0	\$ 0	\$ 33,475		
							Interest Income	Other	Total Other Funds	Total County Contribution		
							1600	1608	\$ 0	1612		
TOTAL:							\$ 0	\$ 0	\$ 0	\$ 0		

Creating a New Version – Prevention Services Tab (continued...)

5. Next complete the Program Description – provide the name of the program or detailed description
6. Identify whether the Program is an Environmental Strategy.

Tip: For FY14 50% of all prevention block grant funds must be used to support environmental strategies.

ADAA Prevention Financial Report Form

NOTE: Please fill-out the form accordingly.

Budget Action : **# :** **Fiscal Year :**

Jurisdiction : Prince George's County

Grant Name :

Grant # :

Project Code : F842N
Total DHMH/ADAA Grant Award : \$ 33,475

Provider Services:

Row	Provider Name	Program/Service	Program Desc.	Env. Strategy	# Cycles	# Served	DHMH/ADAA Funding	Other Funds	County Contribution	Total	
1	PG Health Department	NREPP Programs	Communities for Change	Yes	2	300	\$33,475	\$0	\$0	\$ 33,475	Delete
					Add Row..						
					# Cycles	# Served	DHMH/ ADAA Funding	Other Funds	County Contribution	Total Program Budget	
TOTAL:					2	300	\$ 33,475	\$ 0	\$ 0	\$ 33,475	
					Interest Income	Other	Total Other	Total			
					1600	1608	Funds	County			
					1612			Contribution			
TOTAL:					\$0	\$0	\$0	\$0			

Submit

Save

Cancel

Creating a New Version – Prevention Services Tab (continued...)

7. Next, please identify the total number of Cycles and the number of Individuals Served.

Tip: these numbers should be estimates until the FINAL web form is submitted at the end of the Fiscal Year.

8. Input the DHMH/BHA Funding amount and any Collections and/or County Contribution amounts as applicable.

Tip: Just as in Treatment, Collection amounts should be combined. Both Collection and County Contribution amounts should be reported for the provided service. Amount totals will update as you input the data.

ADAA Prevention Financial Report Form

NOTE: Please fill-out the form accordingly.

Budget Action : # : Fiscal Year :

Jurisdiction : Prince George's County

Grant Name :

Grant # :

Project Code : F842N

Total DHMH/ADAA Grant Award : \$ 33,475

Provider Services:

Row	Provider Name	Program/Service	Program Desc.	Env. Strategy	# Cycles	# Served	DHMH/ADAA Funding	Other Funds	County Contribution	Total	
1	PG Health Department	NREPP Programs	Communities for Change	Yes	2	300	\$33,475	\$0	\$0	\$ 33,475	Delete
					TOTAL:	2	300	\$ 33,475	\$ 0	\$ 0	\$ 33,475

Add Row...

	Interest Income	Other	Total Other Funds	Total County Contribution	Total Program Budget
	1600	1608		1612	
TOTAL:	\$0	\$0	\$0	\$0	

Submit Save Cancel

Creating a New Version – Prevention Services Tab (continued...)

Click the **Submit** button when you are ready to submit the form for approval.

The Total DHMH/BHA Grant Amount must equal the DHMH/BHA Funding amount. If the amounts do not match you will receive an error message when you attempt to 'Submit' the form.

Tip: Only when submitting the Budget Action: Final, will this error message not appear when the grant award amount and The DHMH/BHA funding column total does not match.

ADAA Prevention Financial Report Form

NOTE: Please fill-out the form accordingly.

Budget Action : # : **Fiscal Year :**

Jurisdiction : Prince George's County *

Grant Name :

Grant # :

Project Code : F842N

Total DHMH/ADAA Grant Award : \$ 33,475

Provider Services:

Row	Provider Name	F
1	PG Health Department	NREPP

[Add Row..](#)

# Cycles	# Served	DHMH/ADAA Funding	Other Funds	County Contribution	Total
	300	\$ 30,000	\$ 0	\$ 0	\$ 30,000
TOTAL:					
	2	300	\$ 30,000	\$ 0	\$ 30,000

Interest Income	Other	Total Other Funds	Total County Contribution
1600	1608		1612
TOTAL:			
\$ 0	\$ 0	\$ 0	\$ 0

Message from webpage

ERROR: Total Award should be equal to ADAA Funding. For further details, please contact your Grant Manager.

Accessing a submitted Financial Reporting Form

Status Report

Once a decision has been made by the Grants Manager, an email will be sent to the jurisdiction. However, from the Financial Report List (Treatment or Prevention) the status of all submissions can also be determined.

Clicking on [View](#) will show whether the information reported was accepted or denied.

Once the Financial Report Form is accepted, the grant managers will proceed in processing the submitted budget action for approval.

[Create New Record](#)

	Budget Action	#	Fiscal Year	Grant Name	Grant #	Submit Date	Status
View	Original	1	2014	Prevention Services	MU525ADP	9/3/2013	Accepted
View	Original	1	2014	Maryland Strategic Prevention Framework	MU212SPF	9/3/2013	Accepted
View	Original	1	2014	Prevention Services	MU509ADP	9/3/2013	Accepted
Update View	Original	1	2013	Maryland Strategic Prevention Framework	MU244SPF	9/4/2013	Denied
Update View	Original	1	2013	Prevention Services	MU530ADP	9/4/2013	Denied

Home Treatment Services Prevention Services **Financial Report Review** Users

ADAA Prevention Financial Report Form

Budget Action : Original # : 1 Fiscal Year : 2013
 Jurisdiction : Prince George's County
 Grant Name : Maryland Strategic Prevention Framework
 Grant # : MU244SPF
 Project Code : F842N
 Total DHMH/ADAA Grant Award : \$ 33,475

Provider Services:

Row	Provider Name	Program/Service	Program Desc.	Env. Strategy	# Cycles	# Served	DHMH/ADAA Funding	Other Funds	County Contribution	Total
1	City of Bowie	Single Services		Yes	0	500	\$ 33,475	\$ 0	\$ 0	\$ 33,475
					# Cycles	# Served	DHMH/ADAA Funding	Other Funds	County Contribution	Total Program Budget
TOTAL:					0	500	\$ 33,475	\$ 0	\$ 0	\$ 33,475
							Interest Income	Other	Total Other Funds	Total County Contribution
							1600	1608	\$ 0	1612
TOTAL:							\$ 0	\$ 0	\$ 0	\$ 0

Accept or Deny ADAA Financial Reporting Form

Status : Denied
 Reviewed by : kjohnson on 09/04/2013 10:22 AM
 Comments : No Program Description

[Back to List](#)

Accessing a submitted Financial Reporting Form (continued).

Viewing a Denied Form

Clicking the **View** link of a 'Denied' form will allow you to view the denied form along with the reason for denial in the yellow **Accept or Deny BHA Financial Reporting** portion of the form.

This area shows the Status, Reviewed by, and any **Comments** from the Grants Manager. The **Comments** section provides the reason for denial and what changes are needed.

Updating a Denied Form

Clicking the **Update** link will open the form for updates and/or changes. Once corrected, the form may be resubmitted.

[Create New Record](#)

	Budget Action	#	Fiscal Year	Grant Name	Grant #	Submit Date	Status
View	Original	1	2014	Prevention Services	MU525ADP	9/3/2013	Accepted
View	Original	1	2014	Maryland Strategic Prevention Framework	MU212SPF	9/3/2013	Accepted
View	Original	1	2014	Prevention Services	MU509ADP	9/3/2013	Accepted
Update View	Original	1	2013	Maryland Strategic Prevention Framework	MU244SPF	9/4/2013	Denied
Update View	Original	1	2013	Prevention Services	MU530ADP	9/4/2013	Denied

Home Treatment Services Prevention Services **Financial Report Review** Users

ADAA Prevention Financial Report Form

Budget Action : Original # : 1 Fiscal Year : 2013
 Jurisdiction : Prince George's County
 Grant Name : Maryland Strategic Prevention Framework
 Grant # : MU244SPF
 Project Code : F842N
 Total DHMH/ADAA Grant Award : \$ 33,475

Provider Services:

Row	Provider Name	Program/Service	Program Desc.	Env. Strategy	# Cycles	# Served	DHMH/ADAA Funding	Other Funds	County Contribution	Total
1	City of Bowie	Single Services		Yes	0	500	\$ 33,475	\$ 0	\$ 0	\$ 33,475

# Cycles	# Served	DHMH/ADAA Funding	Other Funds	County Contribution	Total Program Budget
TOTAL: 0	500	\$ 33,475	\$ 0	\$ 0	\$ 33,475

Interest Income	Other	Total Other Funds	Total County Contribution
1600	1608	\$ 0	1612
TOTAL: \$ 0	\$ 0	\$ 0	\$ 0

Accept or Deny ADAA Financial Reporting Form

Status : Denied
 Reviewed by : kjohnson on 09/04/2013 10:22 AM
 Comments : No Program Description

[Back to List](#)



If you have any questions or concerns regarding these new Web Financial Report Procedures, please contact your grants manager for assistance.

