|  |
| --- |
| **PROJECT WORK PLAN** |

|  |
| --- |
|  |

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration   PROJECT WORK PLAN** | **FOR HRSA USE ONLY** | |
| Application Tracking Number | Grant Number |
|  |  |

|  |
| --- |
| **Section A - Training and Technical Assistance (T/TA) in Fiscal and Program Management (Program Requirements)** |
| |  |  | | --- | --- | | **Goal A1:** **Percent** of Health Center Program grantees in the state/region with no program conditions on their Notice of Awards (NoAs). | | | Projected Goal Percentage |  | | Numerator Description | Total number of Health Center Program grantees with no program conditions. | | Denominator Description | Total number of Health Center Program grantees in the State or region. | | Data Source | HRSA Program Reports | | **Notes:**   * Minimum of 3 and maximum of 5 Key Factors can be added under the goal. * Minimum of 1 restricting key factor and 1 contributing key factor is required for the goal. | | | Key Factor #1 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | | Key Factor #2 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | | Key Factor #3 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | | Key Factor #4 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | | Key Factor #5 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** |  |  | | --- | | **Activity Details**  **Notes**:   * Propose activities under at least 3 of the required T/TA Focus Areas listed below. * Minimum of 2 and maximum of 5 Activities can be added under each proposed T/TA Focus Area. * If the activities you propose do not belong to the pre-defined T/TA Focus Areas listed below, propose additional focus areas under ‘Other Focus Areas’. Maximum of 2 Other Focus Areas can be proposed under this section. | | |  | | --- | | Select a Training and Technical Assistance (T/TA) Focus Area | | **[**\_**] Need**: Provide T/TA in the development and implementation of periodic community and/or population needs assessments focusing on overcoming access issues, minimizing barriers to care and maximizing community collaboration. | | **[**\_**] Services**: Provide T/TA in the development and implementation of quality improvement/quality assurance (QI/QA) systems (i.e., appropriate risk management, medical malpractice including Federal Tort Claims Act (FTCA), credentialing, patient satisfaction and quality of care reporting). (NOTE: excludes the UDS T/TA sessions hosted by PCAs). | | **[**\_**] Management and Finance**: Provide T/TA on fiscal operations/system requirements (i.e., billing systems, coding, Medicare and Medicaid, cost reports, budget tracking, financial reports, and financial audits). | | **[**\_**] Management and Finance**: Provide T/TA on workforce recruitment and retention of health center staff (i.e., health center managers, providers/staff, and board members). | | **[**\_**] Governance**: Provide T/TA on governance requirements for health centers (i.e., board authority, functions/responsibilities, composition, training, recruitment and evaluation tools). | | **Other Focus Area(s)**:   |  |  | | --- | --- | | Focus Area | Details | | Other Focus Area 1: | **Focus Area Title:** (100 characters maximum limit)   |  | | --- | | **Focus Area Description:** (200 characters maximum limit) | | | Other Focus Area 2: | **Focus Area Title:** (100 characters maximum limit)   |  | | --- | | **Focus Area Description:** (200 characters maximum limit) | | |  | | | **Note:** If you update the title or description of any previously proposed ‘Other Focus Area’, system will automatically update the focus area details for all the activities for which this ‘Other Focus Area’ was selected. | | |  |  | | --- | | Activity Description (200 characters maximum limit) | |  |  |  | | --- | | Progress Report (1000 characters maximum limit) | |  |  |  |  | | --- | --- | | Person/Area Responsible (200 characters maximum limit for each entry) | | | Serial Number | Description | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  |  |  |  | | --- | --- | | Time Frame (200 characters maximum limit for each entry) | | | Serial Number | Description | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  |  |  |  | | --- | --- | | Expected Outcome (200 characters maximum limit for each entry) | | | Serial Number | Description | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  |  |  | | --- | | Comments (500 characters maximum limit) | |  | | |
|  | |
| **Section B - Training and Technical Assistance (T/TA) in Performance Improvement (Clinical)** | |
| |  |  | | --- | --- | | **Goal B1:** Improvements in Clinical Measures a) **Percent** of Health Center Program grantees in the State/region that meet or exceed performance on one or more Healthy People 2020 performance measure goal(s). b) **Percent** of Health Center Program grantees with Patient-Centered Medical Home (PCMH). | | | Projected Goal Percentage for B1.a |  | | Numerator Description | Total number of Health Center Program grantees in the State/region that meet or exceed performance on one or more Healthy People 2020 performance measure goal(s). | | Denominator Description | Total number of Health Center Program grantees in the State or region. | | Data Source | HRSA Program Reports | | Projected Goal Percentage for B1.b |  | | Numerator Description | Total number of Health Center Program grantees in the State/region that receive PCMH recognition. | | Denominator Description | Total number of Health Center Program grantees in the State or region. | | Data Source | HRSA Program Reports | | **Notes:**   * Minimum of 3 and maximum of 5 Key Factors can be added under the goal. * Minimum of 1 restricting key factor and 1 contributing key factor is required for the goal. | | | Key Factor #1 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | | Key Factor #2 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | | Key Factor #3 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | | Key Factor #4 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | | Key Factor #5 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | |  | |  |  | | --- | | **Activity Details**  **Notes**:   * Propose activities under the required T/TA Focus Areas listed below. * Minimum of 2 and maximum of 5 Activities can be added under each proposed T/TA Focus Area. * If the activities you propose do not belong to the pre-defined T/TA Focus Area listed below, propose additional focus areas under ‘Other Focus Areas’. Maximum of 2 Other Focus Areas can be proposed under this section. | | |  | | --- | | Select a Training and Technical Assistance (T/TA) Focus Area | | **[**\_**] Clinical Performance Measures:** Provide T/TA to Health Center Program grantees on how to improve clinical performance on one or more clinical performance measures (e.g. outreach/quality of care and health outcomes/disparities). | | **Other Focus Area(s)**:   |  |  | | --- | --- | | Focus Area | Details | | Other Focus Area 1: | **Focus Area Title:** (100 characters maximum limit)   |  | | --- | | **Focus Area Description:** (200 characters maximum limit) | | | Other Focus Area 2: | **Focus Area Title:** (100 characters maximum limit)   |  | | --- | | **Focus Area Description:** (200 characters maximum limit) | | |  | | | **Note:** If you update the title or description of any previously proposed ‘Other Focus Area’, system will automatically update the focus area details for all the activities for which this ‘Other Focus Area’ was selected. | | |  |  | | --- | | Activity Description (200 characters maximum limit) | |  |  |  | | --- | | Progress Report (1000 characters maximum limit) | |  |  |  |  | | --- | --- | | Person/Area Responsible (200 characters maximum limit for each entry) | | | Serial Number | Description | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  |  |  |  | | --- | --- | | Time Frame (200 characters maximum limit for each entry) | | | Serial Number | Description | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  |  |  |  | | --- | --- | | Expected Outcome (200 characters maximum limit for each entry) | | | Serial Number | Description | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  |  |  | | --- | | Comments (500 characters maximum limit) | |  | | | |
|  | |
| **Section B - Training and Technical Assistance (T/TA) in Performance Improvement (Financial)** | |
| |  |  | | --- | --- | | **Goal B2:** Improvements in Financial Measures a) **Percent** of Health Center Program grantees with cost increase less than National average. b) **Percent** of Health Center Program grantees without going concern issues. | | | Projected Goal Percentage for B2.a |  | | Numerator Description | Total number of Health Center Program grantees in the State/region that have cost increase less than the National average. | | Denominator Description | Total number of Health Center Program grantees in the State or region. | | Data Source | HRSA Program Reports | | Projected Goal Percentage for B2.b |  | | Numerator Description | Total number of Health Center Program grantees in the State/region that do not have going concern issues. | | Denominator Description | Total number of Health Center Program grantees in the State or region. | | Data Source | HRSA Program Reports | | **Notes:**   * Minimum of 3 and maximum of 5 Key Factors can be added under the goal. * Minimum of 1 restricting key factor and 1 contributing key factor is required for the goal. | | | Key Factor #1 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | | Key Factor #2 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | | Key Factor #3 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | | Key Factor #4 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | | Key Factor #5 | **Type: [\_]** Contributing **[\_]** Restricting **Description:** | |  | |  |  | | --- | | **Activity Details**  **Notes**:   * Propose activities under the required T/TA Focus Areas listed below. * Minimum of 2 and maximum of 5 Activities can be added under each proposed T/TA Focus Area. * If the activities you propose do not belong to the pre-defined T/TA Focus Area listed below, propose additional focus areas under ‘Other Focus Areas’. Maximum of 2 Other Focus Areas can be proposed under this section. | | |  | | --- | | Select a Training and Technical Assistance (T/TA) Focus Area | | **[**\_**] Financial Performance Measures:** Provide T/TA to Health Center Program grantees to improve financial performance on one or more financial performance measures (e.g. costs/ financial viability). | | **Other Focus Area(s)**:   |  |  | | --- | --- | | Focus Area | Details | | Other Focus Area 1: | **Focus Area Title:** (100 characters maximum limit)   |  | | --- | | **Focus Area Description:** (200 characters maximum limit) | | | Other Focus Area 2: | **Focus Area Title:** (100 characters maximum limit)   |  | | --- | | **Focus Area Description:** (200 characters maximum limit) | | |  | | | **Note:** If you update the title or description of any previously proposed ‘Other Focus Area’, system will automatically update the focus area details for all the activities for which this ‘Other Focus Area’ was selected. | | |  |  | | --- | | Activity Description (200 characters maximum limit) | |  |  |  | | --- | | Progress Report (1000 characters maximum limit) | |  |  |  |  | | --- | --- | | Person/Area Responsible (200 characters maximum limit for each entry) | | | Serial Number | Description | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  |  |  |  | | --- | --- | | Time Frame (200 characters maximum limit for each entry) | | | Serial Number | Description | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  |  |  |  | | --- | --- | | Expected Outcome (200 characters maximum limit for each entry) | | | Serial Number | Description | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  |  |  | | --- | | Comments (500 characters maximum limit) | |  | | | |
|  | |
| **Section C - Statewide/Regional Program Assistance** | |
| |  | | --- | | **Activity Details**  **Notes**:   * Propose activities under all the required T/TA Focus Areas listed below. * Minimum of 2 and maximum of 5 Activities can be added under each proposed T/TA Focus Area. * If the activities you propose do not belong to the pre-defined T/TA Focus Areas listed below, propose additional focus areas under ‘Other Focus Areas’. Maximum of 2 Other Focus Areas can be proposed under this section. | | |  | | --- | | Select a Training and Technical Assistance (T/TA) Focus Area | | **[**\_**] Information on Available Resources:** Provide T/TA to all interested organizations seeking, regardless of PCA membership or grant status, section 330 resources and how they can be used to meet community health needs. | | **[**\_**] T/TA Needs Assessment:** Conduct T/TA needs assessment of existing health centers in the State/region with annual updates. | | **[**\_**] Special Populations:** Develop strategies for addressing the unique health needs and barriers to care for Special Populations in the State/region including identifying a Special Population Point of Contact, as appropriate. | | **[**\_**] Collaboration:** Support collaboration and coordination among existing health centers and other safety-net providers seeking to improve and expand access to services throughout the State/region. | | **[**\_**] Emergency Preparedness:** Provide statewide or regional T/TA on emergency preparedness and response plans, including participation with State and local emergency planners. | | **[\_] Statewide/Regional Surveillance Analysis:** Statewide/regional surveillance analysis on emerging primary care issues affecting health centers and their patients, including key regional and State regulatory and administrative activities. | | **[\_] Newly Funded Health Centers:** Provide T/TA on implementation start up needs for newly funded health centers in the State/region (e.g., recruitment, billing number, site enrollments). | | **Other Focus Area(s)**:   |  |  | | --- | --- | | Focus Area | Details | | Other Focus Area 1: | **Focus Area Title:** (100 characters maximum limit)   |  | | --- | | **Focus Area Description:** (200 characters maximum limit) | | | Other Focus Area 2: | **Focus Area Title:** (100 characters maximum limit)   |  | | --- | | **Focus Area Description:** (200 characters maximum limit) | | |  | | | **Note:** If you update the title or description of any previously proposed ‘Other Focus Area’, system will automatically update the focus area details for all the activities for which this ‘Other Focus Area’ was selected. | | |  |  | | --- | | Activity Description (200 characters maximum limit) | |  |  |  | | --- | | Progress Report (1000 characters maximum limit) | |  |  |  |  | | --- | --- | | Person/Area Responsible (200 characters maximum limit for each entry) | | | Serial Number | Description | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  |  |  |  | | --- | --- | | Time Frame (200 characters maximum limit for each entry) | | | Serial Number | Description | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  |  |  |  | | --- | --- | | Expected Outcome (200 characters maximum limit for each entry) | | | Serial Number | Description | | 1 |  | | 2 |  | | 3 |  | | 4 |  | | 5 |  |  |  | | --- | | Comments (500 characters maximum limit) | |  | | | |