

Implementation Plan

OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

Goal On separate rows, identify the goals for each focus area. Goals should describe measureable results.	Key Action Steps Identify the action steps that must occur to accomplish each goal.	Person/Area Responsible Identify who will be responsible and accountable for carrying out each action step.	Time Frame Identify the expected time frames for carrying out each action step.	Comments As desired, provide supplementary information.
Focus Area: Operational Service Delivery Program				
Goal A1	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal A2	1. Action Step	1. Person Responsible	1. Time Frame	
	1. Action Step	2. Person Responsible	2. Time Frame	
Goal A3	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Focus Area: Key Management Staff/Systems/Arrangements				
Goal B1	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal B2	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal B3	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Focus Area: Operational Site(s) within 120 Days				
Goal C1	1. Action Step	1. Person Responsible	1. Time Frame	

Goal On separate rows, identify the goals for each focus area. Goals should describe measureable results.	Key Action Steps Identify the action steps that must occur to accomplish each goal.	Person/Area Responsible Identify who will be responsible and accountable for carrying out each action step.	Time Frame Identify the expected time frames for carrying out each action step.	Comments As desired, provide supplementary information.
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal C2	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal C3	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Focus Area: Implementation of Sliding Fee Discount Program and Billing and Collections System				
Goal D1	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal D2	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal D3	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Focus Area: Quality Improvement/Quality Assurance (QI/QA) Program				
Goal E1	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal E2	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal E3	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	

Goal On separate rows, identify the goals for each focus area. Goals should describe measureable results.	Key Action Steps Identify the action steps that must occur to accomplish each goal.	Person/Area Responsible Identify who will be responsible and accountable for carrying out each action step.	Time Frame Identify the expected time frames for carrying out each action step.	Comments As desired, provide supplementary information.
Focus Area: Governing Board				
Goal F1	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal F2	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal F3	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Focus Area: Other				
Goal G1	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal G2	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	
Goal G3	1. Action Step	1. Person Responsible	1. Time Frame	
	2. Action Step	2. Person Responsible	2. Time Frame	

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39 Rockville, Maryland, 20857