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PERFORMANCE REPORT FOR GRANTS AND COOPERATIVE AGREEMENTS

FORM NAME: State Primary Care Offices (PCOs)

SECTION A. Number of NHSC Site Application State Recommendation Forms Submitted.

Block 1. Indicate the Total Number of complete forms submitted by state PCO to NHSC within 21 calendar days (15 business days) from site submission date

Block 2. Total Number of complete forms submitted by state PCO to NHSC

SECTION B. Number of federal and state obligated health care providers addressing identified shortages in HPSAs.

Indicate the following for each obligated health care provider serving in a HPSA:

Block 3. Indicate primary care HPSA Name

Block 4. Indicate primary care HPSA ID#

Block 5. Indicate primary care provider discipline

Block 6. Indicate full-time equivalent hours for obligated providers per week.

Block 7. Indicate name of federal or state recruitment program supporting primary care FTE

Block 8. Indicate dental care HPSA Name

Block 9. Indicate dental care HPSA ID#

Block 10. Indicate dental care provider discipline

Block 11. Indicate full-time equivalent hours for obligated providers per week.

Block 12. Indicate name of federal or state recruitment program supporting dental care FTE

Block 13. Indicate mental health care HPSA Name

Block 14. Indicate mental health care HPSA ID#

Block 15. Indicate mental health care provider discipline

Block 16. Indicate full-time equivalent hours for obligated providers per week.

Block 17. Indicate name of federal or state recruitment program supporting mental health care FTE

(To Be Collected in Chart Format)

Primary Care HPSA Name	HPSA ID#	Provider Discipline	Provider FTE/week	Federal or state program supporting FTE
Dental HPSA Name	HPSA ID#	Provider Discipline	Provider FTE/week	Federal or state program supporting FTE
Mental HPSA Name	HPSA ID#	Provider Discipline	Provider FTE/week	Federal or state program supporting FTE

SECTION C. Number of individuals and communities who received technical assistance by requestor type and topic.

Block 18. Indicate the type of clients who received technical assistance by requestor type and topic:

Types of Requestor:

Community

Provider

J-1 Waiver

CHC

Health Dept

State Agency

DRO

Medicaid

PCA

SLRP

RHC

NHSC

Other

Total

Topics of Technical Assistance:

NHSC

Expansion

Data Share

Designation

Needs Assessment

Other TA Types (Specify)

(To Be Collected in Chart Format)

	<u>TA Topic</u>						
<u>TA Requestor</u>	<u>NHSC</u>	<u>Expansion</u>	<u>Data Share</u>	<u>Designation</u>	<u>Needs Assessment</u>	<u>Other TA Types</u>	<u>Specify Other Types</u>
Community							
Provider							
J-1 Waiver							
CHC							
Health Dept							
State Agency							
DRO							
Medicaid							
PCA							
SLRP							
RHC							
NHSC							
Other							
Total							

SECTION D: Number of groups who received technical assistance by setting and type.

Block 19: Technical Assistance Numbers by Setting:

- High school students
- Students in health professions training programs (undergraduate)
- Students in health professions training programs (graduate)
- Residency program participants
- Professional Meeting
- Community Meeting
- State sponsored Meeting
- Other Outreach (specify)

Numbers Reached by Technical Assistance Outreach:

- Indicate number of group sessions conducted annually
- Indicate number of individuals reached in all group sessions
- Indicate brief description of setting

(To Be Collected In Chart Format)

Setting	<u># of sessions annually</u>	<u>Total #'s reached annually</u>	<u>Describe outreach setting*</u>
High school students			
Students in health professions training programs (undergraduate)			
Students in health professions training programs (graduate)			
Residency program participants			
Professional Meeting			
Community Meeting			
State sponsored Meeting			
Other Outreach (specify)			
Total			

INSTRUCTIONS

Purpose: The State Primary Care Offices form captures information about activities conducted through BHW-funded grant programs. The State Primary Care Offices form is divided into four sections: Section A measures number of NHSC Site Application State Recommendation Forms Submitted within 21 days; Section B measures the impact of federal and state obligated health care providers on addressing identified shortages in HPSAs; Section C captures information about number of individuals and communities who received technical assistance; Section D captures information about number of groups reached by technical assistance. Please complete the applicable sections and blocks using the instructions below.

SECTION A

Number of Site Application Recommendation State Recommendation Forms Submitted

Block 1. Indicate the total number of National Health Service Corps' (NHSC) Site application state recommendation forms submitted by the state Primary Care Office to the NHSC within 14 days (10 business days).

Block 2. Indicate the number of National Health Service Corps' (NHSC) Site application state recommendation forms submitted by the State Primary Care Office to the NHSC.

SECTION B

Number of federal and state obligated health care providers addressing identified shortages in HPSAs.

Block 3. Indicate primary care HPSA Name

Block 4. Indicate primary care HPSA ID#

Block 5. Indicate primary care provider discipline

Block 6. Indicate full-time equivalent hours for obligated providers per week.

Block 7. Indicate name of federal or state recruitment program supporting primary care FTE

Block 8. Indicate dental care HPSA Name

Block 9. Indicate dental care HPSA ID#

Block 10. Indicate dental care provider discipline

Block 11. Indicate full-time equivalent hours for obligated providers per week.

Block 12. Indicate name of federal or state recruitment program supporting dental care FTE

Block 13. Indicate mental health care HPSA Name

Block 14. Indicate mental health care HPSA ID#

Block 15. Indicate mental health care provider discipline

Block 16. Indicate full-time equivalent hours for obligated providers per week.

Block 17. Indicate name of federal or state recruitment program supporting mental health care FTE

Disciplines include:

Non-psychiatric Physician (MD or DO)

Dentist (DDS/DMD)

Nurse Practitioner (NP)

Nurse Midwife

(NM)

Physician Assistant (PA)

Dental Hygienist (DH)

Psychiatrist (MD&DO)

Clinical Psychologist (CP)

Licensed Clinical Social Worker (LCSW)

Psychiatric Nurse Specialist (PNS)

Other Mental Health Clinician (specify)

Licensed Professional Counselor (LPC)

Marriage and Family Therapist (MFT)

Other (specify)

Only count providers that were obligated as of September 30th each reporting year. This measure does not have a start and end data collection date. This measure ONLY has an end date.

SECTION C

Number of individuals and communities who received technical assistance reported by requestor type and topic
Block 18. Select the type of clients who received technical assistance from the type and requestor options below:

Types of Requestor:

Community
Provider
J-1 Waiver
CHC
Health Dept
State Agency
DRO
Medicaid
PCA
SLRP
RHC
NHSC
Other
Total

Topics of Technical Assistance:

NHSC
Expansion
Data Share
Designation
Needs Assessment
Other TA Types (Specify)

SECTION D

Number of Groups who received technical assistance reported by setting and type.

Block 19. Indicate the number of clients who received technical assistance by setting and type from the options below:

Technical Assistance Numbers by Setting:

High school students
Students in health professions training programs (undergraduate)
Students in health professions training programs (graduate)
Residency program participants
Professional Meeting
Community Meeting
State sponsored Meeting
Other Outreach (specify)
Total

Numbers Reached by Technical Assistance Outreach:

Indicate number of group sessions conducted annually
Indicate number of individuals reached in each group session
Indicate brief description of group session setting

When finished, click on "Save and Continue" to be routed to the appropriate form(s).