Federal Office of Rural Health Policy

Community-Based Division

Rural Northern Border Region Outreach Program Performance Measures

The purpose of this collection is to collect data from grantees that have been awarded funds for the Rural Northern Border Outreach program through the Health Resources and Services Administration. The following measures will ask information about ongoing program activities on an annual basis. Information collected will be utilized by the Federal Office of Rural Health Policy to monitor and assess the impact of this program. 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 information collection is 0906-XXXX and it is valid until MM/DD/YYYY. This information collection is required to obtain or retain a benefit (42 U.S.C. 254c(e); GPRA Modernization Act of 2010, P.L 113-352, Section 1116). Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 17 hours per response, including paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.

1. CAPACITY/ORGANIZATIONAL INFORMATION

1. Counties served by this consortium/network under the Rural Northern Border Region Outreach Program.

2. How many organizations are members of your Rural Northern Border Region Outreach Program consortium/network during the [specify] budget period? You will be responsible for answering Questions 3–12 for each consortium/network member, regardless of whether the organization receives funding from the Rural Northern Border Region Outreach Program.

For each consortium/network member organization, provide the following information regarding the organization's location and services provided. If the organization is not funded by the Rural Northern Border Region Outreach Program, indicate "Not funded" where applicable.

3. If this organization does not receive funds directly paid for from the Rural Northern Border Region Outreach Program select "Not funded".
4. Organization Name
5. Street Address
6. City
7. State/Territory
8. Zip code
9. Organization Type
    - Hospital - Critical Access Hospital (CAH)
    - Hospital – Rural non-CAH (including SCH, PPS, MDH, etc.)
    - Hospital – Urban
    - Rural Emergency Hospital
    - Health Center (including FQHCs, LALs)
    - Rural Health Clinic
    - Mental and/or behavioral health organization, practice, or provider
    - State Office of Rural Health (SORH)

- School/Higher Ed (e.g. high school, community college, technical school, university)
- Community-based organization
- Faith-based organization
- Tribe/Tribal organization/Tribal healthcare facility
- Other (Specify)

10. What is your CMS Certification Number? (Hospitals, RHCs)
11. Is this organization a service delivery site for the Rural Northern Border Region Outreach Program?
12. If services are delivered at this site for the Rural Northern Border Region Outreach Program, indicate whether the listed service is offered at the site within the current reporting period. Select all that apply.
    - Clinical services
    - Health, social support, or wrap around services
    - Clinical services, maternal health specifically
    - Clinical services, mental and behavioral health specifically
    - Other (specify)

13. Report the number of positions supported and number of newly hired unduplicated personnel funded by the Rural Northern Border Region Outreach Program (during this report's budget period).
    Total number of positions supported:
        Full-Time Equivalents (FTEs):
        Partial FTEs:
    Total number of newly hired personnel:
        Full-Time Equivalents (FTEs):
        Partial FTEs:
14. How many clinicians does this funding support (during this report's budget period)?
15. How many behavioral health providers does this funding support (during this report's budget period)?

WORKFORCE TRAINING

1. During this report's budget period, how many trainings have been offered?
2. During this report's budget period, how many trainees have completed trainings that have been offered through this grant?

2. ACCESS/POPULATION DEMOGRAPHICS

1. Report the total number of individual people served/trained. (*Report the number of unique, unduplicated patients/clients/individuals that received direct services from your organization during this budget period*.)
2. Number of people in the target population. Note: This is the number of people in your target population, but not the number of people who actually received your direct services. This should be consistent with the figures reported in your grant application.
3. Number of individuals served by ETHNICITY:
   - Hispanic or Latino
   - Not Hispanic or Latino
   - Unknown
4. Number of individuals served by RACE:
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Native Hawaiian or Other Pacific Islander
   - White
   - More than one race
   - Unknown
5. Total number of people served by age:
   - 0-17
   - 18-64
   - 65+
   - Unknown
5. Total number of people served by insurance status:
   - Private Insurance (Employer, Individual Health Insurance, Marketplace)
   - Medicaid/CHIP
   - Medicare, Medicare Advantage
   - Dual Eligible (covered by both Medicaid and Medicare)
   - VA, IHS, TRICARE
   - Uninsured
   - Unknown

3. DIRECT CLINICAL SERVICES

	Types of Clinical Measure	**Is this measure applicable to your program? (Yes/No)**	**Numerator** ***Number***	**Denominator** ***Number***	**Percentage** ***Number***
1	NQF1789: Hospital-Wide All Cause Readmission				

2	CMS138v13: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention				
3	CMS0002v15: Preventive Care and Screening: Screening for Depression and Follow-Up Plan				
4	NQF0059/CMS122v14: Diabetes: Glycemic Status Assessment Greater Than 9%				
5	NQF0024/CMS155v14: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents				
6	NQF0421/CMS69v13: Body Mass Index (BMI) Screening and Follow-Up				
7	CMS50v14: Closing the referral loop: receipt of specialist report				
8	NQF0097: Medication Reconciliation Post-Discharge				
9	NQF0018/CMS165v14: Controlling High Blood Pressure				
10	CMS137v14: Initiation and Engagement of substance Use Disorder Treatment				
11	NQF0102: Chronic Obstructive Pulmonary Disease (COPD)				
12	NQF0419/CMS68v15: Care Coordination (Documentation of Current Medications in the Medical Record)				
13	CMS347v9: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease				
14	Please provide any additional NQF/CMS measures that your program is collecting for this specific Rural Northern Border Region Outreach Program. Indicate which measures you are collecting and provide the clinical data collected for each measure. (This request applies only to measures that are already being reported and does not require the collection of any new measures.)				
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4. SUSTAINABILITY

Instructions: This section collects information/data about the grant's programmatic sustainability. There should not be N/A (not applicable) response since the measures are applicable to all grantees.

1. Annual program revenue: Report the amount of annual program revenue made through the services offered through the program. Program revenue is defined as payments received for the services provided by the program that the grant supports. These services should be the same services outlined

in your grant application work plan. Do not include donations. If the total amount of annual revenue made is zero (0), put zero in the appropriate section. [Text box, numerical value]

2. Additional Funding Secured: Report the total amount of additional funding secured during the reporting period to assist in sustaining your funded grant project after funding ends. [Text box, numerical value]
3. Sources of Sustainability: Select the type(s) of sources of funding for sustainability. Check all that apply.
    - Absorption of services or other means of in-kind support
    - Reimbursement by third party payers
    - Grant funding
    - Fees
    - Other: Describe
4. Which of the following activities have you engaged in to enhance your sustained impact? Check all that apply. *If applicable, specify the related activities for items selected in the form comment box.*
    - Local, State and Federal Policy changes
    - Media Campaigns
    - Community Engagement Activities
    - Other – Specify activity

Final Year only

5. What is your ratio for Economic Impact vs. HRSA Program Funding for the current reporting period? Specify the ratio for economic impact vs. HRSA program funding for this reporting period. Use the Economic Impact Analysis Tool (https://www.ruralhealthinfo.org/econtool) to identify your ratio for the annual economic impact for your grant project's current reporting period. [Ratio]
6. Will the network/consortium sustain after the Rural Northern Border Region Outreach Program grant period ends? [Yes/No]
7. Number of program activities that will be sustained after the Rural Northern Border Region Outreach Program grant period is over. [Text box, numerical value]
8. If there is at least one program activity that will be sustained after the Rural Northern Border Region Outreach Program grant period is over, select how the program activities will be sustained.[check all that apply]
    - Absorption of services or other means of in-kind support
    - Reimbursement by third party payers
    - FORHP grant funding
    - HRSA grant funding (not including FORHP grants)
    - Other grant funding (not including HRSA and FORHP grant funding)
    - Fees
    - Applying for an 11-15 waiver
    - Changing Medicaid formularies
    - Increasing insurance reimbursement (both costs covered and new insurance payers)
    - Becoming a line item in a state or local budget
    - Creating certification/licensing programs to facilitate workforce payments (e.g., peer recovery specialists)
    - Other: describe (text box)
9. Select the following indicators of sustainability experienced by the network/consortium as a result of this funding. If you have any additional comments, enter into the comments box below.
    - Ability of the network/consortium to adapt to regional or national healthcare trends

- Collaboration across traditional and non-traditional healthcare members within the network/consortium
- Incorporation of the health needs of the community into the network/consortium's decision-making strategies
- Creation of varied products and services that meet the needs of the target population and network/consortium members
- Creation of varied revenue streams that include member dues, fee for services and product sales
- Utilization of an evaluation plan to assess progress towards program goals and objectives
- Absorption of the services provided from this funding into the routine operations of network/consortium members, without requiring additional funding support
- Participation in the Rural Health Public-Private Partnership and/or Rural Health Aligned Funding Initiative
- Other indicator(s) (Specify)