

Rural Health Network Development Planning Program Performance Measures

Public Burden Statement: The purpose of this collection is to collect data from grantees that have been awarded funds for the Rural Health Network Development Planning Program. The measures will ask information about 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 0915-0384 and it is valid until 4/30/2026. This information collection is required to obtain or retain a benefit (Government Performance and Results Act of 1993, P.L 113-62, 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 11.25 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.

SECTION: CAPACITY/ORGANIZATIONAL INFORMATION

Instructions: Please provide information about the network/consortium members and network operations. Network/consortium members are defined as members who have signed a Memorandum of Understanding or Memorandum of Agreement or have a letter of commitment to participate in the network.

1. Is this your organization's first time receiving FORHP community-based funding? [Yes/No]
2. Counties served by this consortium/network under the Rural Health Network Development Planning Program. [Drop-down menu]
3. How many organizations are part of your Network Planning consortium/network during the (during this report's budget period)? You will be responsible for answering questions 4-10 for each consortium/network member regardless of whether the organization receives funding from the Rural Health Network Development Planning Program. [Text box, numerical value]

For each consortium/network funded by the Rural Health Network Development Planning Program (during this report's budget period), please provide the following information on the organization's location and services provided. If the organization is not funded by the Rural Health Network Development Planning Program, please indicate "Not funded" where applicable.

4. If this organization does not receive funds directly paid from the Rural Health Network Development Planning Program select "Not funded." [Funded/Not funded check boxes]
5. Organization Name
6. Street Address

7. City
8. State/Territory
9. Zip code
10. 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)
 - Community-based organization
 - Faith-based organization
 - Tribe/Tribal organization/Tribal healthcare facility
 - Other (Specify)

SECTION: SUSTAINABILITY

1. 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]
2. Will the network/consortium sustain after the FORHP grant period ends? [Yes/No]
3. Number of program activities that will be sustained after the FORHP grant period is over. [Text box, numerical value]
4. If there is at least one program activity that will be sustained after the FORHP grant period is over, please select how the program activities will be sustained.
 - 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: please describe (text box)
5. Please select the following indicators of sustainability experienced by the network/consortium as a result of this funding. If you have any additional comments, please 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)