

Protocol for Primary Care Association Site Visits

Primary Care Association (PCA) Site Visits are intended to review and assess PCA activities, as outlined in their work plans and the funding guidance, share key PCA accomplishments, strengthen the relationship between BPHC and PCAs, and identify promising practices in supporting the training and technical assistance (T/TA) needs of health centers. PCA site visits will be conducted once every project period by one-two consultants and a site visit report will be shared with the BPHC PCA Project Officer (PO) and PCA. The report will inform ongoing monitoring and negotiations between the PO and PCA to assure the PCA is implementing its approved work plan and fulfilling T/TA requirements.

Site Visit Purpose and Focus Areas:

The PCA site visit process¹ will verify whether and to what extent:

- ❖ The statewide/regional T/TA activities conducted by the PCA are based on the identified T/TA needs of existing health centers
- ❖ The PCA is conducting statewide/regional T/TA activities that improve the program compliance of existing health centers in the state/region
- ❖ The PCA is conducting statewide/regional T/TA activities that strengthen the clinical and financial performance and enhance the operations of existing health centers in the state/region
- ❖ The PCA is conducting statewide/regional program assistance activities based on statewide/regional and/or national priorities (as defined in the most recent PCA Funding Opportunity Announcement (FOA) and approved work plan) for existing health centers and other interested organizations, where appropriate, regardless of PCA membership or grant status

¹ As part of its ongoing program oversight responsibilities, U.S. Department of Health and Human Services (HHS) regulations (45 CFR Part 74.51, see: <http://go.usa.gov/B3hd>) permit HRSA to “make site visits, as needed.” In addition, 45 CFR part 74.53 states that “HHS awarding agencies, the HHS Inspector General, the U.S. Comptroller General, or any of their duly authorized representatives, have the right of timely and unrestricted access to any books, documents, papers, or other records of recipients that are pertinent to the awards, in order to make audits, examinations, excerpts, transcripts and copies of such documents. This right also includes timely and reasonable access to a recipient's personnel for the purpose of interview and discussion related to such documents.” Therefore, if appropriate as part of the site visit, HRSA staff and/or consultants conducting site visits as HRSA's authorized representatives, may review a PCA's relevant documents in order to assess and verify PCA requirements. It is permissible to have HRSA staff or consultants sign confidentiality statements or related documents. However, to avoid delays in the process, requests should be made prior to the start of the site visit .

Site-Visit Process Overview

- ❖ Site Visit Components include:
 - Kick-Off call: introduce site visit process, roles, and responsibilities
 - Pre-Site Review: document review of approved work plan, activities, and performance measures
 - Health Center Interviews: phone interview(s) with randomized health centers in a PCA's state/region to assess the perceived impact and quality of PCA T/TA
 - On-Site Visit: conversation to assess and verify specific PCA activities; opportunity for PCA to present new initiatives, tools and analytics supporting its work, etc.
 - Reporting and follow up: summary of site visit findings, PO monitoring with PCA
- ❖ Frequency:
 - Each PCA will receive one site visit during its project period
 - When possible, the PCA Project Officer (PO) and/or other BPHC staff will attend the site visit. In all cases the BPHC PCA PO will work and communicate with the consultant site visit team, and serve as the PCA's ongoing primary point of contact for all questions and areas related to their Cooperative Agreement and the Health Center Program.
 - PCAs awarded less than a three year project period may receive more frequent site visits
- ❖ Site Visit Team:
 - One-two HRSA consultant(s) to conduct visit
 - PCA PO will facilitate communications between PCA and consultant(s)
 - PCA leadership, consultants and other PCA Staff as deemed appropriate
 - Selected health centers in PCA state/region will be interviewed
 - PCA Board Chairperson will be invited to the on-site portion of the site visit

Kick-Off Call

Procedure

1. The site visit request will be submitted in TATS a minimum of eight weeks prior to the target site visit date.
 2. PCA PO will coordinate and schedule a pre-site visit call with consultant(s) and PCA.
 3. PCA PO will send consultant(s) and PCA the PCA Protocol and PCA Showcase Template.
 4. The kick-off call should occur a minimum of six weeks prior to the site visit.
 5. PCA PO will meet with the consultants prior to kick-off call to provide an overview of the PCA.
 6. PCA PO and consultants will meet with PCA to provide a review of the site visit process and discuss logistics (see Appendix A).
 7. Consultant(s) will identify documents needed from the PCA and PCA PO to facilitate the Pre-Site Visit Review.
 8. If consultant(s) changes during the site visit process a new kickoff call should be scheduled between the PCA and new consultant(s).
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Pre-Site Visit

Procedure

1. Consultant(s) will confirm all documents have been received and follow up as needed.
2. Consultant(s) will conduct the Pre-Site Visit Analysis described below.
3. Consultants will review the documents listed below and provided by PCA PO (BPHC) and the PCA.
4. All questions are intended as a preparation for the On-Site Visit and consultant(s) may identify follow up questions to ask while on-site.

Pre-Site Visit Documents to Review:

BPHC Documents	PCA Documents
<ol style="list-style-type: none"> 1. Original cooperative agreement application 2. All prior work plans from the project period, including work plan from the most recent NCC 3. State performance profiles <ol style="list-style-type: none"> a. Clinical performance measures- past and present b. Financial performance measures- past and present 4. Most recent progress report 5. State conditions report 6. Budget details form (425) 7. Most recent budget narrative 	<ol style="list-style-type: none"> 1. PCA website 2. Most recent organization chart, staffing plan, position descriptions, and staffing bios 3. Compliance and clinical/financial performance data 4. Needs assessments documents* 5. PCA strategic plan (if available) 6. T/TA tools for two T/TA activities for each of the following areas (total 4-6 sample TA activities): <ol style="list-style-type: none"> a. Program requirements b. Performance improvement measure c. Newly funded health center** TA and support (if applicable) d. T/TA tools submitted should include: <ol style="list-style-type: none"> i. Evaluations ii. Attendance iii. All materials shared with participants 7. Statement of work and budget for contracts paid with BPHC funding

**Needs assessment documents refer to any mechanisms the PCA uses to assess need, and not necessarily to a single formalized report or survey*

***Newly funded health center (NF)- received H80 funding for the first time during the current project period. If the PCA does not distinguish New Access Point (NAP) and NF TA, please indicate this and provide a summary of NAP activities.*

Pre-Site Visit Analysis:

Task I: Verify that PCA T/TA activities are based on identified T/TA needs

T/TA Requirement: *Conduct statewide/regional T/TA activities based on the identified T/TA needs of existing health centers in the following areas: (a) Program Requirements to improve program compliance of existing health centers in the state/region and (b) Performance Improvement to strengthen the clinical and financial performance and enhance the operations of existing health centers in the state/region.*

Question	Response
1) Does the PCA work plan contain T/TA activities that address needs identified in the annual needs assessment materials*?	
2) Review two T/TA activities related to program compliance and two T/TA activities related to performance improvement.	

Question	Response
a) Does training objectives/goals/subject matter address identified T/TA needs? b) Is there participant evaluation data from these trainings? If so, review.	
3) Review the PCA budget details and narrative. a) Is the budget reasonable in relation to the PCA's planned activities and staffing plan for the budget period? b) Is the budget within the targeted funding level?	
4) If applicable, review T/TA contracts and/or agreements obtained with BPHC funding. a) Does the purpose and scope of contracts and/or agreements accomplish PCA FOA requirements? b) Does the timeframe for the contract and/or agreement correlate with the BPHC funding project period?	
5) If applicable, review position description(s) and biographical sketch(es) for any key management positions that have changed since the last PCA application. If position descriptions are provided, they should include full-time/part time status, roles, and responsibilities and qualifications for each position, request clarification as needed.	

***NOTE:** *If a recent needs assessment has not been conducted, the PCA must provide a written justification. Needs materials refer to any mechanisms the PCA uses to assess need, and not necessarily to a single formalized report or survey*

Task II: Determine whether PCA is conducting T/TA activities that improve program compliance

T/TA Requirement: *PCAs are expected to assist existing health center grantees and Look-Alikes in the state/region meet Health Center Program Requirements. PCAs must provide T/TA in at least three of the following focus areas 1. Need, 2. Service, 3. Management and Finance, 4. Governance. The selected T/TA focus areas must align with the identified needs from the state/region.*

Question	Response
1) Does the PCA website have T/TA opportunities for all health centers interested in TA and not just PCA members?	
2) Does the work plan include T/TA activities in at least three of the following areas: need, services, management and finance, and governance?	

Question	Response
3) Do program requirement T/TA goals in the work plan address identified compliance needs?	
4) Review materials from two random T/TA activities around program requirements. a) Do these materials address compliance with BPHC health center program requirements?* b) If materials offer compliance implementation guidance, is guidance sound, reasonable, and applicable to the T/TA activities' audience?	

**NOTE: BPHC is not looking for PCAs to interpret 19 health center program requirements. PCAs are responsible for helping health centers implement requirements and directing health centers to BPHC approved resources.*

Task III: Assess whether PCA is conducting T/TA activities that improve health centers' clinical and financial performance measures.

T/TA Requirement: *PCAs must annually conduct statewide/regional Performance Improvement T/TA activities relating to both clinical and financial performance. The selected T/TA activities must align with the identified needs of the state/region and enhance the operations and clinical and financial performance of existing health centers in their state/region.*

Question	Response
1) Are the PCA's clinical and financial performance improvement T/TA goals supported by data in the needs assessment?	
2) Are there T/TA activities in the PCA's work plan that address clinical and financial performance improvement?	
3) Are the clinical and financial performance T/TA improvement goals reasonable given the state/region's project period trends in clinical and financial performance?	
4) What data did the PCA provide on the most current clinical and financial performance measures in the state/region? Include any non-UDS data.	

Question	Response
5) Review materials from two random T/TA activities around performance improvement. <ul style="list-style-type: none"> a) Do these materials address clinical and financial performance topics, related to PCA performance goals? b) If materials offer performance improvement guidance, is guidance sound, reasonable, and applicable to the T/TA activities' audience? 	

Task IV: Verify PCA is conducting program assistance activities based on FOA priorities

T/TA Requirement: *PCAs must annually conduct activities under ALL statewide/regional Program Assistance T/TA focus areas: information on available resources, T/TA needs assessment, special populations, collaboration, emergency preparedness, statewide/regional surveillance analysis, newly funded health centers.*

Question	Response
1) Does the work plan include T/TA for newly funded health centers?	
2) Review newly funded health center T/TA materials. Is there information about how health centers can become operational or how they can improve program compliance/performance?	
3) Review PCA staffing plan and confirm a special populations point of contact	

Pre-Site Visit Health Center Interviews

Information from health center interviews should enhance a PCA's understanding of how health centers in the PCA's state/region perceive the PCA's impact. Interview results will be shared but will not impact verification status.

Procedure

1. BPHC staff to select health centers for consultant(s) to interview using the selection criteria below:
 - a. Criteria for determining number of health centers interviewed*:
 - i. For states/regions with fewer than 10 health centers: all health centers should be contacted.
 - ii. For states/regions with 11-20 health centers: 11 health centers should be contacted.
 - iii. For states/regions with 21-50 health centers: 13 health centers should be contacted.
 - iv. For states/regions with more than 51 health centers: 17 health centers should be contacted.
 - v. For bi-state and regional PCAs, consultants shall use same scale as above, but will use the total number of health centers in the PCA's entire service area to determine how many health centers to interview.
 - b. Selected health centers should ideally be a mix of: PCA members and non-members, PCA Board members, special population funding recipients, urban, rural, funded/non-funded, small, medium, and large health centers, and newly funded health centers (as applicable).
 - c. As applicable in PCA state/region, the minimum of newly funded* health centers to be interviewed:
 - i. For states/regions with 20 or fewer health centers: 1 newly funded should be contacted.
 - ii. For states/regions with 21-50 health centers: 2 newly funded should be contacted.
 - iii. For states/regions with more than 51 health centers: 3 newly funded should be contacted.
 - iv. For bi-state and regional PCAs, consultants shall use same scale as above, but will use the total number of health centers in the PCA's entire service area to determine how many health centers to interview.
2. Consultant(s) requests two additional questions of the PCA's choice to include in the interview questions. BPHC PCA PO must approve PCA's questions.
3. BPHC notifies selected health center CEOs and POs about their health center's selection.
4. Consultant(s) requests and schedules interviews with health centers
5. Results from these interviews will be included in the Site Visit Report Summary. All responses will be anonymous and ratings will be averaged across all health centers interviewed.

**Newly funded health center (NF)- received H80 funding for the first time during the current project period. If the PCA does not distinguish New Access Point (NAP) and NF TA, please indicate this and provide a summary of NAP activities.*

Health Center Interview Questions on PCA TA:

Question	Rating	Answers and Notes
<p>1) What is your role within your health center and with the PCA?</p> <p>a) Health center role b) Board Member c) PCA Member</p>	<p>a) describe in notes b) Y/N c) Y/N</p>	
<p>2) How often do you participate in PCA-sponsored activities?</p>	<p>1= not at all 2= occasionally, every few years 3= once per year 4= 2-11 times per year 5= monthly or more</p>	
<p>3) Have you accessed PCA T/TA or other program assistance activities (e.g., publications) in the past 3 years?</p> <p>a) If no, why not (indicate in notes)? b) If yes, on a 1-5 scale, how accessible are PCA T/TA or program assistance activities (e.g. publications, trainings)?</p>	<p>If yes, ratings: 1= very inaccessible 2 3= somewhat accessible 4 5= very accessible</p>	
<p>4) How effective is the PCA in promoting T/TA to address:</p> <p>a) Meeting or maintaining compliance with program requirements b) Clinical performance c) Financial performance</p>	<p>Rate for a,b,c: 1= ineffective 2 3= somewhat effective 4 5= very effective</p>	
<p>5) Does the PCA's T/TA have the capacity to improve:</p> <p>a) Program requirement compliance b) Clinical performance goals c) Financial performance goals</p>	<p>Rate for a,b,c: 1= not at all 2 3= somewhat 4 5= very much</p>	

Question	Rating	Answers and Notes
6) Has the PCA asked you or your health center about your health center's needs? a) How frequently? b) Mechanism used, i.e. needs assessment or survey?	For a): 1= not at all 2= occasionally, every few years 3= once per year 4= 2-11 times per year 5= monthly or more For b): describe in notes	
7) Have you been asked by the PCA about emerging issues affecting your health center?	1= not at all 2= occasionally, every few years 3= once per year 4= 2-11 times per year 5= monthly or more	
8) On a 1-5 scale, do you feel the PCA has supported coordination and collaboration among existing health centers and/or other safety net providers like state agencies or associations?	1= not at all 2 3= somewhat 4 5= very much supported	
9) Has the PCA made emergency preparedness activities available?	1= not at all 2 3= somewhat 4 5= very much	
10) If applicable on a 1-5 scale, has the T/TA provided by the PCA been helpful in meeting your health center's unique special or vulnerable populations' needs?	1= not helpful 2 3= somewhat helpful 4 5= very helpful	
11) For newly funded health centers only: a) What TA was provided? b) On a 1-5 scale, how helpful has the T/TA provided by the PCA been for your newly funded health center?	For a): describe in notes For b): 1= not helpful 2 3= somewhat helpful 4 5= very helpful	
12) What T/TA from the PCA have you found most and least effective?	Open ended	
13) What is your overall impression of the PCA and your interactions with it?	Open ended	
14) Question determined by PCA		
15) Question determined by PCA		

On-Site

Procedure

1. Consultant will develop an on-site agenda (see Appendix B) for review by BPHC staff at least one week prior to the site visit and will share it in advance with the PCA.
2. Consultant(s) will facilitate the Entrance Conference (see Appendix C) and invite and accommodate remote staff as necessary.
3. PCA PO will either attend the site visit in person or participate in the Entrance and Exit Conferences via conference call.
4. PCAs may host an orientation showcase presentation (see PO-provided template, Appendix F). Presentation should:
 - a. Address aspects of tasks being verified; use On-Site Visit Analysis as a guideline.
 - b. Discuss successes and highlights from BPHC funded activities.
 - c. Be a starting point for consultant-PCA dialogue and follow up during staff breakouts.
5. PCA should have any documents/tools it would like to present on-site prepared and accessible. The materials can be viewed electronically for ease of convenience.
6. Conduct On-Site Analysis described in section below:
7. Consultant(s) will facilitate a Pre-Exit Conference with the PCA Executive Director prior to staff Exit Conference as requested.
8. Consultant(s) will facilitate Exit Conference and will explain the Consultant Evaluation Form to the PCA.

On-Site Visit Documents to Discuss: It is recommended the PCA provide the consultants with either paper or electronic copies of all pre-site documents.

On-Site Visit Analysis:

Task I: Verify that PCA T/TA activities are based on identified T/TA needs

T/TA Requirement: *Conduct statewide/regional T/TA activities based on the identified T/TA needs of existing health centers in the following areas: (a) Program Requirements to improve program compliance of existing health centers in the state/region and (b) Performance Improvement to strengthen the clinical and financial performance and enhance the operations of existing health centers in the state/region.*

Question	Response
1) What is the PCA's process for identifying T/TA needs in state/region? a) Describe any data collection methods and have PCA showcase any tools b) What is the PCA's approach to ongoing surveillance activities? What data sources are used?	
2) How does the PCA prioritize T/TA needs and how does it use this prioritization to determine its statewide T/TA? Provide example(s) of T/TA activities and how they reflect this prioritization.	

Question	Response
3) What are the strategies the PCA is using to meet three identified T/TA needs of organizations in their state/region?	
4) What key circumstances, issues, or innovations are driving state/regional priorities?	

Task II: Determine whether PCA is conducting T/TA activities that improve program compliance

T/TA Requirement: *PCAs are expected to assist existing health center grantees and Look-Alikes in the state/region meet Health Center Program Requirements. PCAs must provide T/TA in at least three of the following focus areas 1. Need, 2. Service, 3. Management and Finance, 4. Governance. The selected T/TA focus areas must align with the identified needs from the state/region.*

Question	Response
<p>1) Consultant(s) selects* one T/TA program requirement category area (e.g. Governance, Management or Finance) and the PCA’s corresponding goal, from among the three categories identified in the PCA’s work plan.</p> <p>a) How is the PCA using BPHC data (e.g. conditions reports, UDS, etc.) to inform its work plan and program compliance activities? PCA may demonstrate any data tracking or organization tools.</p> <p>b) What T/TA activities has the PCA provided to achieve its goal?</p> <p>i) How has the PCA collaborated with state and regional organizations?</p> <p>ii) What were the contributing factors to achieving the goal? (if applicable)</p> <p>iii) What were the restricting factors to achieving the goal? (if applicable)</p> <p>c) What new actions/plans are being considered to meet the goal (if applicable)?</p>	
<p>2) Refer to state performance profiles. Are the program requirement goals reasonable given the three year trend (e.g. is a goal of “100% of health centers with no conditions” realistic given that historically 70% of health centers in the state have had conditions)?</p>	

Question	Response
3) What is PCA’s method for evaluating the trainings and technical assistance provided and what is the frequency of T/TA evaluations?	
4) How is evaluation information used to determine success and continuation of T/TA activities? Request PCA to demo or show tool(s) (if available) used to track and evaluate activities.	
5) How has PCA used BPHC resources to leverage other resources to help health centers achieve program compliance?	

**Consultant may consult PCA PO for help selecting focus area*

Task III: Assess whether PCA is conducting T/TA activities that improve health centers’ clinical and financial performance measures.

T/TA Requirement: *PCAs must annually conduct statewide/regional Performance Improvement T/TA activities relating to both clinical and financial performance. The selected T/TA activities must align with the identified needs of the state/region and enhance the operations and clinical and financial performance of existing health centers in their state/region.*

Question	Response
1) Consultant selects 1 T/TA performance improvement area* (i.e. clinical or financial) and the PCA’s stated goal to discuss: a) What T/TA activities has the PCA provided to achieve its goal? i) How has the PCA collaborated with state and regional organizations? ii) What were the contributing factors to achieving the goal? iii) What were the restricting factors to achieving the goal? b) What new actions/plans are being considered to meet the goal? (if applicable)	
2) What is PCA’s method for evaluating the trainings and technical assistance provided and what is the frequency of T/TA evaluations?	
3) How is evaluation information used to determine success and continuation of T/TA activities? Request PCA to demo or show tool(s) (if available) used to track and evaluate activities.	

Question	Response
4) How has PCA used BPHC resources to leverage other resources to help health centers improve clinical and financial performance?	

**Consultant may consult PCA PO for help selecting focus area*

Task IV: Verify PCA is conducting program assistance activities based on set priorities.

T/TA Requirement: *PCAs must annually conduct activities under ALL statewide/regional Program Assistance T/TA focus areas: information on available resources, T/TA needs assessment, special populations, collaboration, emergency preparedness, statewide/regional surveillance analysis, newly funded health centers.*

Question	Response
1) Information on Available Resources a) How does the PCA ensure all interested health centers, regardless of PCA membership or grant status, receive resources? b) How does the PCA reach out to non-member health centers and look-alikes? c) What communication channels does the PCA use to publicize T/TA opportunities? d) If available, ask PCA to demonstrate any online platforms (eg. website, social media, peer group portals) used to communicate with health centers	
2) Special Populations a) How is the PCA utilizing the Special Population Point of Contact? b) How has the PCA coordinated with special/vulnerable population NCAs? c) How is the PCA addressing the unique health needs and barriers to care for special/vulnerable populations in the state/region?	
3) Collaboration- partnerships with state agencies, PCOs, Medicaid, etc. a) Provide 1-2 examples of successful collaborations and resulting T/TA. b) Provide 1-2 examples of how PCA uses the identified needs of its health centers to establish collaborative partners, priorities, and activities.	

Question	Response
<p>4) Emergency Preparedness</p> <ul style="list-style-type: none"> a) How are health center emergency preparedness needs assessed before, during, and after an emergency? b) How does the PCA coordinate at the regional, state, and community level before, during, and after an emergency? c) If available, have the PCA demonstrate emergency processes/tools used to engage health centers before, during, and after an emergency. 	
<p>5) Newly Funded TA (as applicable)</p> <ul style="list-style-type: none"> a) Has the state/region received any newly funded grantees during the project period? b) How has the PCA reached out to newly funded grantees? 	

Reporting and Follow Up

The entire site visit report review process, including verification, will be completed within 60 calendar days from when the site visit was completed. Follow up on site visit findings will be ongoing and conducted by the PCA PO throughout the remainder of the project period.

Procedure

1. Consultant(s) will complete a standard site visit report (see Appendix E) and submit it to the PCA PO within 10 calendar days from when the site visit was completed.
2. PCA and PCA PO should complete a consultant(s) evaluation.
3. Approved site visit report is sent to PCA with report marked FINAL.
4. Areas of concern that do not align with the PCA's work plan or expectations in the FOA should be recorded in the site visit report. The PO may recommend off-cycle conditions, depending on the concern.
5. PCA PO will follow up with the PCA on the site visit findings.
6. PCAs will be expected to work on activities:
 - a. To achieve Verified status in any areas found not verified.
 - b. To make progress on any performance improvement areas identified in the report.

APPENDIX

Appendix A: Suggested PCA-Consultant-PO Kickoff Call Agenda

15 minutes	<p>PCA Background (PO and Consultant Only)</p> <p>Years funded, size, number of funded health centers</p> <p>State/region size, urban vs rural population, key policy or clinical issues</p> <p>Staff turnover, board, and state legislature relationships</p> <p>Discuss PCA partnering relationships</p> <p>Recent organizational issues and successes</p>
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25 minutes	<p>Introductions</p> <p>Participants and roles</p> <p>Site visit purpose</p> <p>Overview of site visit process components</p> <p>Confirm who will provide what documents, by when</p>
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10 minutes	<p>Logistics</p> <p>Visit and meeting dates, spaces, and times</p> <p>Confirm who will be on-site and remote</p> <p>Review agenda and who will see it, by when</p>
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5 minutes	<p>Staff Availability</p> <p>Confirm key PCA management staff will be available</p> <p>Review staff who will be interviewed during the visit</p>
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Appendix B: Suggested Template Site Visit Agenda

_____ Primary Care Association

Date: September 1-3, 201X

Time: 8:30 a.m. – 5:00 p.m.

PCA Attendees: Name; Chief Executive Officer; Chief Financial Officer; TA Support Staff

HRSA and Consultant Attendees: PO Name and Contact Information, Other HRSA/BPHC Staff as applicable, Consultant Names.

DAY ONE

9:00 a.m. – **Introductions (PO)**

9:30 a.m. Discuss purpose of the site visit
Roles and responsibilities
BPHC Update & Overview (as needed)

Staff Attendance

List staff expected for this portion

Prior to site visit consultant should confirm with PCA what staff will be present for each portion of the site visit. Once the agenda is set, consultant and PCA will coordinate with staff to block off their time.

9:30 a.m. – **PCA Showcase Presentation**

10:30 a.m. BPHC Funded Activity Successes
Innovations

Staff Attendance

List staff expected for this portion

10:30 a.m. – **Verification (Consultants)**

– 12:30 Review T/TA needs assessment and T/TA development strategy
p.m. Compare status of needs assessment activities against work plan

Staff Attendance

List staff expected for this portion

12:30 p.m. Lunch
– 1:30 p.m.

1:30 p.m. – **Verification (Consultants)**

4:30 p.m. Review progress on T/TA activities to improve compliance
Compare status of compliance activities against work plan

Staff Attendance

List staff expected for this portion

DAY TWO

9:00 a.m. – 11:30 a.m.

Verification (Consultants)

Review T/TA activities and clinical/financial strategy
Compare status of clinical/financial activities against work plan

Staff Attendance

List staff expected for this portion

11:30 a.m. – 12:30 p.m.

Lunch

12:30 p.m. – 3:00 p.m.

Verification (Consultants)

Review program assistance activities
Compare status of program assistance activities against work plan

Staff Attendance

List staff expected for this portion

3:00 p.m. – 3:30 p.m.

Debrief CEO prior to exit conference (optional)

Staff Attendance

List staff expected for this portion

3:30 p.m. – 4:30 p.m.

Exit conference

Staff Attendance

List staff expected for this portion

Documents that may be reviewed during the visit (refer to on-site documents to review)

List documents, e.g. needs assessment, work plan

Appendix C: Entrance Conference

The Entrance Conference is used to meet the PCA's Key Management Staff; reiterate the purpose of the visit; review the schedule; and allow the PCA to provide a general overview, including any major accomplishments/successes. The Entrance Conference must involve the consultant, PO, and the PCA's senior management staff. The Entrance Conference should range from one to two hours.

20 minutes

Introductions

The PO and Consultant Team Leader should:

- Review the purpose, scope and intended outcome of the visit
- Review the visit agenda and make any necessary changes
- Describe how site visit outcomes and recommendations will be shared
- Review consultant, PO, and PCA follow up roles and responsibilities
- BPHC Update & Overview (Project Officer presents)

60 minutes

PCA Showcase

Presentation topics are at PCA's discretion, but suggested subjects include:

- PCA's assessment of public health barriers and opportunities in state/region
- T/TA best practices and successes
- New initiatives the PCA is undertaking

10 minutes

Q&A

Appendix D: Exit Conference

The site visit concludes with an Exit Conference attended by everyone who participated in the site visit process. General findings from all aspects reviewed while on site are summarized by members of the team and any follow-up actions/steps are discussed, if applicable.

Program Requirement Verification Review	Verification Status	Task Questions Used to Verify
1. T/TA activities based on identified T/TA needs		Pre-site/On-site Task 1
2. T/TA conducted to improve program compliance in at least 3 of 4 Program Requirement categories.		Pre-Site/On-site Task 2
3. T/TA conducted on Performance Improvement to strengthen clinical and financial performance		Pre-Site/On-site Task 3
4. Information on Available Resources		On-site Task 4, Question 1
5. Special Populations		Pre-Site Task 4, Question 3 On-site Task 4, Question 2
6. Collaboration/Partnerships		On-site Task 4, Question 3
7. Emergency Preparedness		On-site Task 4, Question 4
8. Newly Funded Health Centers		Pre-Site Task 4, Question 1-2 On-site Task 4, Question 5

***Note:** If there are major issues regarding the lack of implementation of the approved project, the Team Lead, may participate in a post-site visit conference call/debrief with the consultant(s) to clarify expectations outlined in the FOA regarding T/TA requirements prior to the consultant(s)' completion of the initial draft report. Please note, this would be on an **as-needed basis only** for very sensitive or major findings and could also take place during the report review timeline.*

Appendix E: Site Visit Report Template

Primary Care Association Site Visit Report

TA Request Details

TA Request Number: TA000xxx

Grantee Information: Primary Care Association (PCA) name and acronym
PCA Street Address
PCA City, State and Zip Code

Contact: First and Last Name (*usually PCA Director*)
Contact’s email address
Contact’s telephone number

Type of Visit: PCA Operational Site Visit

Date(s) of Visit: Dates on-site at the PCA

Consultants

First and Last Name (Lead Consultant)
Team Lead’s email address
Team Lead’s telephone number

First and Last Name (Second Consultant)
Observer’s email address
Observer’s telephone number

Site Visit Participants

Name	Title	Interviewed	Entrance	Exit
Individual’s Full Name	Role (e.g., at PCA)	Yes or No	Yes or No	Yes or No

If an individual identified above participated by telephone instead of on-site, please state “phone” instead of “yes” in the appropriate box(es).

If there is anyone with whom you requested an interview and the interview did not occur, please explain why the interview did not take place.

Purpose of Visit

The PCA site visit process is used to verify whether and to what extent:

- The PCA is a viable organization (e.g., representative of all health centers, financially stable) that health centers can count on to advocate on their behalf and provide the T/TA support they need.
- The statewide/regional T/TA activities conducted by the PCA are based on the identified T/TA needs of existing health centers.
- The PCA is conducting statewide/regional T/TA activities that have the potential to improve program compliance of existing health centers in the state/region.
- The PCA is conducting statewide/regional T/TA activities that can strengthen the clinical and financial performance and enhance the operations of existing health centers in the state/region.
- The PCA is conducting statewide/regional program assistance activities based on statewide/regional and/or national priorities (as defined in the most recent PCA Funding Opportunity Announcement (FOA) and approved work plan) for existing health centers and other interested organizations, where appropriate, regardless of PCA membership or grant status.

Program Requirement Verification Review Summary

In circumstances where there is sensitive information (beyond a verification assessment) that must be conveyed to BPHC for a complete understanding and assessment of the PCA’s situation [or individual(s) within the grantee organization or Board], it should not be incorporated in the Site Visit Report, but rather conveyed to the PCA PO via a telephone call.

Program Requirement Verification Review	Verification Status	If Not Cite Issue(s)	Task Questions Used to Verify
1. T/TA activities based on identified T/TA needs			Pre-site/On-site Task 1
2. T/TA conducted to improve program compliance in at least 3 of 4 Program Requirement categories: <ol style="list-style-type: none"> 1. Need 2. Services 3. Management and Finance 4. Governance 			Pre-Site/Onsite Task 2
3.T/TA conducted on Performance Improvement to strengthen clinical and			Pre-Site/Onsite Task 3

Program Requirement Verification Review	Verification Status	If Not Cite Issue(s)	Task Questions Used to Verify
financial performance			
4. Information on Available Resources			On-site Task 4, Question 1
5. Special Populations			Pre-Site Task 4, Question 3 On-site Task 4, Question 2
6. Collaboration/Partnerships			On-site Task 4, Question 3
7. Emergency Preparedness			On-site Task 4, Question 4
8. Newly Funded Health Centers <i>If the PCA does not distinguish NAP and NF TA, please indicate this and provide a summary of NAP activities.</i>			Pre-Site Task 4, Question 1-2 On-site Task 4, Question 5

Program Requirement Verification Review Details

When assessing PCA requirements, a requirement is either “Verified” or “Not Verified,” not “partially verified.” If any part of the requirement is not met, then the finding is “Not Verified.” Findings from the pre-site and/or on-site segments should be used to substantiate verification. Report should also address any innovations or promising practices identified, as well as areas for performance improvement. Finally, interview portion findings are summarized, though they do not contribute to verification status.

Section 1. Verify that PCA T/TA activities are based on identified T/TA needs

Program Requirement #1 – Statewide/Regional Health Center T/TA Activities

Conduct statewide/regional T/TA activities based on the identified T/TA needs of existing health centers in the following areas: (a) Program Requirements to improve program compliance of existing health centers in the state/region and (b) Performance Improvement to strengthen the clinical and financial performance and enhance the operations of existing health centers in the state/region.

6/20/2014

Verification Status:

Verification Review Findings:

Use information placed in each “Response” section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process.

If Not Verified- Steps/Actions Recommended for Improvement:

Section 2. Determine whether PCA is conducting T/TA activities that improve program compliance

Program Requirement #1A. – Program Requirements T/TA Focus Areas

PCAs are expected to assist existing health center grantees and Look-Alikes in the state/region meet Health Center Program Requirements. PCAs must provide T/TA in at least three of the following focus areas 1. Need, 2. Service, 3. Management and Finance, 4. Governance. The selected T/TA focus areas must align with the identified needs from the state/region.

Verification Status:

Verification Review Findings:

Use information placed in each “Response” section during site visit process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process.

If Not Verified- Steps/Actions Recommended for Improvement:

Section 3. Assess whether PCA is conducting T/TA activities that improve health centers’ clinical and financial performance measures

Task 3 – Program Requirements T/TA Focus Areas

PCAs must annually conduct statewide/regional Performance Improvement T/TA activities relating to both clinical and financial performance. The selected T/TA activities must align with the identified needs of the state/region and enhance the operations and clinical and financial performance of existing health centers in their state/region.

Verification Status:

Verification Review Findings:

6/20/2014

Use information placed in each “Response” section during site visit process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process.

If Not Verified- Steps/Actions Recommended for Improvement:

Section 4. Verify PCA is conducting program assistance activities based on set priorities

Task 4 – Program Requirements T/TA Focus Areas

PCAs must annually conduct activities under ALL statewide/regional Program Assistance T/TA focus areas: information on available resources, special populations, collaboration, emergency preparedness, newly funded health centers.

Verification Status:

Verification Review Findings:

Use information placed in each “Response” section during site visit process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process.

If Not Verified- Steps/Actions Recommended for Improvement:

Section 5. Innovative/Promising Practices

Indicate any of the PCA’s promising practices or innovations that were noted at any point throughout the site visit process. Areas of promising practice could include data sampling techniques, organizational culture, an effective initiative with their health centers, or leveraging HRSA funds.

Section 6. Budget Review

Provide a summary budget review based on Pre-Site Analysis Task I. Questions 3-5.

Section 7. Health Center Interviews

PCA:

Dates Interviews Conducted:

Interviewees:

1. Health Center 1
 - a. Staff position
2. Health Center 2

Question	Rating	Response Summary
Address each question in the “Health Center Interviews” section	Average and summary of all ratings Y=?, N=?	Summarize all remarks

Documents Reviewed

Prior to the Site Visit, and to a limited extent during the Site Visit if necessary, the Lead consultant and secondary consultant review a variety of PCA documents. This review and analysis is primarily preparation for the Site Visit, to get as much of an understanding of the PCA as feasible from the materials and a thorough grasp of exactly what additional information would be needed on-site to complete the verification process. The Lead consultant will identify the documents needed from the PCA and PCA Project Officer (PO) to facilitate the review and achieve the Site Visit’s purpose (e.g., the approved work plan, activities, and performance measures).

Please put a bolded “X” by each of the BPHC and PCA documents in the list below that were reviewed prior to and/or during this Site Visit:

BPHC Documents	PCA Documents
<ol style="list-style-type: none"> 1. Original grant application _____ 2. Three Work plans _____ 3. State performance profiles <ol style="list-style-type: none"> a. Clinical performance measures: past and present _____ b. Financial performance measures: past and present _____ 4. Most recent progress report _____ 5. State conditions report _____ 	<ol style="list-style-type: none"> 8. PCA website for reviewing any TA offerings, including members only access _____ 9. PCA Strategic Plan _____ 10. Most recent organization chart and staffing plan _____ 11. Compliance and clinical/financial performance data _____ 12. Needs assessments documents, including a summary _____ 13. Sample minutes from selected peer networks, if any _____ 14. T/TA tools for two T/TA activities for each of the following areas (total 4-6 sample TA activities): <ol style="list-style-type: none"> a. Program requirements _____ b. Identified performance improvement measure _____ c. Newly funded health center* TA (if applicable) _____ d. T/TA tools submitted should include: <ol style="list-style-type: none"> i. Evaluations _____ ii. Attendance _____ iii. All materials shared with participants _____

**Newly funded health center (NF)- received H80 funding for the first time during the project period. If the PCA does not distinguish New Access Point (NAP) and NF TA, please indicate this and provide a summary of NAP activities.*

6/20/2014

Provide a list of any additional documents reviewed prior to and/or during the Site Visit:

Document Title	Web Site Link (if applicable)	Date	Document Purpose	Review Purpose

APPENDIX F: PCA Showcase Template



PCA Site Visit: PCA Showcase Template

Department of Health and Human Services
Health Resources and Services
Administration
Bureau of Primary Health Care



Site Visit Purpose

- *Review and assess PCA activities, as outlined in PCA work plans and the funding guidance*
- *Share key PCA accomplishments*
- *Strengthen the relationship between BPHC and PCAs*
- *Identify promising practices in supporting the T/TA needs of health centers*



PCA Showcase Purpose

- Starting point for Consultant-PCA dialogue
- Showcase PCA activities related to tasks being verified in site visit
- Highlight successes from BPHC funded activities

3



PCA Background

- Staffing and organization
- History
- Funding streams

4



State/Region Health Centers

- Description of health centers in state region: number, names, type, geographic distribution or map
- PCA Members vs non-members

5



PCA Partnerships

- LALs, free clinics, etc.
- PCA contracts to perform BPHC work plan activities

6



Need Based Activities

- Process for identifying T/TA needs
- How needs are prioritized into T/TA
- Strategies to meet T/TA needs

7



Program Compliance T/TA

- How data informs program compliance T/TA
- Program compliance goals
- Method & frequency for evaluating T/TA

8



Performance Improvement T/TA

- Data used to inform performance improvement activities
- Performance improvement goals
- Method & frequency for evaluating T/TA

9



Statewide/Regional Program Assistance T/TA

- How the PCA engages non-members and assures their access to resources
- Needs assessment tools and annual updates
- How the PCA addresses needs of special & vulnerable populations in the state/region?
- Successful collaborations and resulting T/TA
- Emergency preparedness needs and coordination
- Approach to ongoing surveillance activities
- PCA reached newly funded grantee engagement

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