Purpose

This Health Center Controlled Networks (HCCN) Non-Competing Continuation (NCC) Progress Report (hereafter referred to as the progress report) will provide funding for the fiscal year (FY) 2017 budget period (August 1, 2017 through July 31, 2018). Continued funding is based on program compliance, organizational capacity to accomplish the project’s goals, Congressional appropriation, and a determination that continued funding would be in the best interest of the federal government.

Submission and Award Information

Submissions are due in HRSA’s Electronic Handbooks (EHB) by 5:00 PM ET on March 10, 2017. The anticipated date of award is on or around August 1, 2017. The progress report budget request must not exceed the recommended level of support found on line 13 of the most recent Notice of Award (NoA).

General Instructions

HCCN award recipients will complete the progress report submission in EHB by providing progress updates on HCCN activities since August 1, 2016, the project period start date for the current HCCN award. Due to the short period of time that HCCNs have had to implement their Project Work Plan, award recipients may have limited information to describe in this progress report. However, a complete progress report that addresses all listed components is required.

Progress reports lacking all required information will be considered incomplete or non-responsive and will be returned via a “change requested” notification in EHB for the provision of missing information.
information. If HRSA does not receive a progress report by the established deadline or receives an incomplete or non-responsive progress report, a delay in NoA issuance or a lapse in funding could occur.

The progress report must consist of the forms and documents identified in Table 1. Forms are completed online directly in EHB. Attachments are materials that must be uploaded into EHB.

**Table 1: Forms and Attachments**

<table>
<thead>
<tr>
<th>Component</th>
<th>Form or Attachment</th>
<th>Instructions</th>
</tr>
</thead>
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<tr>
<td>SF-PPR and SF-PPR2</td>
<td>Form</td>
<td>Instructions are included in the HCCN User Guide available in EHB and at the HCCN technical assistance website.</td>
</tr>
<tr>
<td>Budget Information: Budget Details Form</td>
<td>Form</td>
<td>Refer to the Budget Details Form section for detailed instructions.</td>
</tr>
<tr>
<td>Budget Narrative</td>
<td>Attachment</td>
<td>Upload the Budget Narrative. Refer to the Budget Narrative section for detailed instructions.</td>
</tr>
<tr>
<td>Project Work Plan</td>
<td>Form</td>
<td>Refer to Appendix A for detailed instructions.</td>
</tr>
<tr>
<td>Progress Report Table</td>
<td>Form</td>
<td>Refer to Appendix B for detailed instructions.</td>
</tr>
<tr>
<td>Attachment 1: Program Narrative Update</td>
<td>Attachment</td>
<td>Refer to Attachment 1 instructions for more information.</td>
</tr>
<tr>
<td>Attachments 2-7</td>
<td>Attachment</td>
<td>Refer to Attachment Instructions for detailed information.</td>
</tr>
</tbody>
</table>

Submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Calibri) and one-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes.

**Attachment Instructions**

**Attachment 1: Program Narrative Update (Required)**

Provide a brief narrative highlighting broad issues, significant progress, and challenges that have impacted the HCCN project since August 1, 2016. This section should expand on the updates provided in the structured Project Work Plan in EHB. The Program Narrative Update should include a discussion of each of the following items:

1. **Any significant progress or proposed changes** to the approved HCCN project, beyond those included in the Project Work Plan. Include any updates to proposed activities and strategies to address the unique needs of Participating Health Centers in achieving meaningful use of
ONC-certified electronic health records (EHRs),\(^1\) adopting technology-enabled quality improvement strategies, and engaging in health information exchange (HIE) to strengthen the quality of care and improve patient health outcomes.

**Note:** HCCNs may not propose changes to their networks of Participating Health Centers via the progress report. Such changes must be requested via submission of a Prior Approval request under the direction of the assigned HRSA Project Officer.

2. **Any significant outcomes** beyond those included in the Project Work Plan that occurred as a result of the HCCN activities, including specific challenges encountered and strategies used to overcome them.

3. **Any significant changes to collaborations, partnerships, and coordinated activities.** Describe significant changes to planned or current collaborations or partnerships, including activities coordinated with Primary Care Associations and other organizations that address issues related to health care quality and/or health information technology (health IT). Address how these changes will impact achievement of the goals outlined in the Project Work Plan.

4. **Any significant changes to project staffing.** Describe updates to the project staffing plan and address any significant challenges encountered in recruiting and retaining key management or project staff to accomplish the objectives of the work plan. Refer to Attachments 2 through 5 as appropriate.

5. **Any major expected changes/plans/considerations** for activities beyond the upcoming budget period (August 1, 2017 – July 31, 2018).

**Attachment 2: Project Organizational Chart (As Applicable)**
If the Organizational Chart for the HCCN project has changed since the FY 2016 application, upload a revised one-page document that graphically depicts the HCCN’s organizational structure, including the oversight committee, network governing board, key personnel, staffing, and any sub-recipients or affiliated organizations. Clearly indicate the organizational structure changes since the FY 2016 application and include a brief rationale for such changes in the attachment.

**Attachment 3: Staffing Plan (As Applicable)**
If the staffing plan has changed (e.g., new staff hired) since the FY 2016 application, provide a revised staffing plan that includes staff education, experience qualifications, and the rationale for the changes. See the HCCN technical assistance website for a sample that provides details on the information required for inclusion.

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\(^1\) For the purposes of this progress report, “certified EHR” refers to health IT products certified by the Office of the National Coordinator (ONC) for Health IT Authorized Testing and Certification Body (see [http://onc-chpl.force.com/ehrcert](http://onc-chpl.force.com/ehrcert)).
Attachment 4: Position Descriptions for Key Project Staff (As Applicable)
If position descriptions for key staff, including vacant positions, have changed since the FY 2016 application, upload new job descriptions. Position descriptions must be limited to one page and include, at a minimum, the position title; description of duties and responsibilities; position qualifications; supervisory relationships; salary range; and work hours. Distinguish between job descriptions if key positions are combined and/or part time (e.g., CEO and CFO roles are shared).

Attachment 5: Biographical Sketches for Key Project Staff (As Applicable)
If there have been any new key staff hired since the FY 2016 application, provide biographical sketches for the individuals, if not previously submitted to your Project Officer. Each biographical sketch must be limited to one page.

Attachment 6: Summary of Contracts and Agreements (As Applicable)
Provide a summary describing any new or revised contracts and/or agreements developed since the FY 2016 application. Only include a contract or agreement with a Participating Health Center if: 1) the organization will support the HCCN project in a capacity beyond its role as a Participating Health Center, and 2) these activities are not included in the Participating Health Center Memorandum of Agreement. The summary must address the following items for each contract and agreement:

- Name and contact information for each affiliated agency;
- Type of contract or agreement (e.g., contract, affiliation agreement);
- Brief description of the purpose and scope of the contract or agreement (i.e., type of services provided, how and where services are provided);
- Brief description of contract deliverables; and
- Timeframe for the contract or agreement.

Attachment 7: Other Relevant Documents (As Applicable)
Provide other documents to support the progress report (e.g., survey instruments, needs assessment reports). If your organization claims indirect costs in your budget, you must upload a copy of your most recent indirect cost rate agreement. Merge all other relevant documents into a single document or file before uploading.

Budget Instructions
A complete budget presentation includes the submission of the Budget Information: Budget Details form to be completed electronically in EHB and the Budget Narrative attachment.

Unallowable uses of HCCN funding include, but are not limited to, the following:

- Equipment, supplies, or staffing for use at the health center level or by individual health centers
• Direct patient care
• Fundraising
• Lobbying
• Incentives (e.g., gift cards, food)
• Construction/renovation cost
• Facility or land purchases
• Vehicle purchases

1. **Budget Information: Budget Details Form (Required)**
   Complete Sections A and B for each of the two 12-month budget periods remaining in the current project period. Only include federal funds in the budget request for the HCCN project. Do not provide other sources of funding (i.e., leave Section C blank).

   In **Section A: Budget Summary**, the annual HCCN funding request in the federal column is pre-populated and cannot be edited. The federal funding requested equals the Recommended Federal Budget figure that appears at the top of the Budget Information: Budget Details form. This figure corresponds with the recommended future support figure (Line 13) on the most recent Notice of Award.

   In **Section B: Budget Categories**, provide a breakdown of the requested funds by object class category (e.g., Personnel, Fringe Benefits). You may use the Budget Information: Budget Details form included with the FY 2016 application as a reference point, noting that the total value for each object class category may be different from year to year based on programmatic changes. The total in Section B should match the total in Section A.

   The amounts in the Total Direct Charges row and the Total column will be calculated automatically. Indirect costs may only be claimed with an approved indirect cost rate (see details in the Budget Narrative section below).

   In **Section C: Non-Federal Resources**, do not provide other sources of funding. Leave this section blank.

2. **Budget Narrative (Required)**
   Upload a line-item budget narrative in the Budget Narrative Form section in EHB. The Budget Narrative must explain the amounts requested for each row in Section B: Budget Categories of the Budget Information: Budget Details form (see the sample Budget Narrative on the HCCN technical assistance website). Budget information must be provided for the next 12-month budget period (August 1, 2017 through July 31, 2018). Include detailed calculations explaining how each line-item expense is derived (e.g. cost per unit).

   Include the following in the Budget Narrative:

   **Personnel Costs**: List each staff member to be supported by federal funds, and include the name (if possible), position title, percent full time equivalency (FTE), and annual salary.
**Fringe Benefits**: List the components that comprise the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). The fringe benefits must be directly proportional to the allocated personnel costs.

**Travel**: The budget should reflect expenses associated with travel for staff to attend or lead meetings, trainings, or workshops. List travel costs according to local and long distance travel. For local travel, include the mileage rate, number of miles, reason for travel, and staff traveling.

**Equipment**: List equipment costs and provide justification under the program’s goals. Equipment means tangible personal property (*including information technology systems*) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or $5,000.

**Supplies**: List the items necessary for implementing the proposed project. Equipment that does not meet the $5,000 threshold listed above should be included here.

**Contracts**: Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Each recipient is responsible for ensuring that its organization/institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.

**Other**: Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., audit, legal counsel). In some cases, rent, utilities, and insurance fall under this category if they are not included in an approved indirect cost rate.

**Indirect Costs**: Indirect costs include costs incurred for common or joint objectives that cannot be readily identified but are necessary to organizational operation (e.g., facility operation and maintenance, depreciation, administrative salaries). Visit [https://rates.psc.gov/](https://rates.psc.gov/) to learn more about indirect cost rate agreements, including the process for applying for an agreement.

**Note**: If your organization claims indirect costs in your budget, you must upload a copy of your most recent indirect cost rate agreement. The indirect cost rate agreement can be uploaded under Attachment 7: Other Relevant Documents.

The following resources are recommended to facilitate development of an appropriate budget:


**Reporting**

All HCCNs must comply with the following reporting requirements.
• **Audit Requirements**
  Effective December 26, 2014, all administrative and audit requirements, and the cost principles that govern federal monies associated with this award, will be subject to the Uniform Guidance [2 CFR 200](#) as codified by the Department of Health and Human Services (HHS) at [45 CFR 75](#), which supersedes the previous audit requirements.

• **Payment Management Requirements**
  Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System (PMS). The report identifies cash expenditures against the authorized grant funds. Failure to submit the report may result in the inability to access grant funds. Go to [http://www.dpm.psc.gov](http://www.dpm.psc.gov) for additional information.

• **Status Reports**
  Submit a Federal Financial Report (SF-425) in EHB at the end of each budget period to account for expenditures under the project for the budget period. You will be permitted 90 days to liquidate obligations following the end of the budget period. The report will be due October 30, 2017 (the first quarterly reporting date after the 90-day liquidation period).

• **Transparency Act Reporting Requirements**
  Awards issued are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, and implemented by 2 CFR Part 170. Award recipients must report information for each first-tier subaward of $25,000 or more in Federal funds and executive total compensation for the recipient’s and subrecipient’s five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available at [http://www.hrsa.gov/grants/ffata.html](http://www.hrsa.gov/grants/ffata.html)).

**Technical Assistance**

<table>
<thead>
<tr>
<th>ASSISTANCE NEEDED</th>
<th>PLEASE CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>General HCCN technical assistance (e.g., sample documents, FAQs)</td>
<td>HCCN Technical Assistance Website <a href="http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html">http://bphc.hrsa.gov/programopportunities/fundingopportunities/HCCN/index.html</a></td>
</tr>
<tr>
<td>HCCN budget or other fiscal questions</td>
<td>Christie Walker&lt;br&gt;Office of Federal Assistance Management&lt;br&gt;<a href="mailto:cwalker@hrsa.gov">cwalker@hrsa.gov</a> or 301-443-7742</td>
</tr>
<tr>
<td>HCCN progress report questions</td>
<td>HCCN Response Team&lt;br&gt;Bureau of Primary Health Care&lt;br&gt;<a href="mailto:bphchccn@hrsa.gov">bphchccn@hrsa.gov</a> or 301-594-4300</td>
</tr>
<tr>
<td>EHB submission issues (e.g., systems issues, questions on completing forms in EHB)</td>
<td>Submit a Web Request at: <a href="http://www.hrsa.gov/about/contact/bphc.aspx">http://www.hrsa.gov/about/contact/bphc.aspx</a> or 1-877-974-BPHC (2742)</td>
</tr>
</tbody>
</table>
Appendix A: Project Work Plan Instructions

Overview
EHB will pre-populate the Project Work Plan form with the information submitted in your FY 2016 application (or approved revised Project Work Plan, as applicable) to facilitate reporting progress and updating activities for the upcoming 12-month budget period. Refer to the sample Project Work Plan and the HCCN User Guide available on the HCCN technical assistance website when completing the Project Work Plan.

In the Project Work Plan form, you will:
- Report progress on HCCN activities to date since August 1, 2016 via the Progress/Comments field and the Current Value column; and
- Revise activities, as needed, to outline plans for the upcoming 12-month budget period (August 1, 2017 through July 31, 2018).

Table 3: Project Work Plan Update Guidance by Field

<table>
<thead>
<tr>
<th>Project Work Plan Field</th>
<th>Is this Field Pre-Populated?</th>
<th>Is this Field Editable?</th>
<th>About this Field</th>
</tr>
</thead>
</table>
| Core Objective          | YES                          | NO                     | Address the required elements for each of the following Core Objectives:  
|                         |                              |                        | A. Health IT Implementation and Meaningful Use  
|                         |                              |                        | B. Data Quality and Reporting  
|                         |                              |                        | C. Health Information Exchange (HIE) and Population Health Management  
|                         |                              |                        | D. Quality Improvement  
| Goal                    | YES                          | NO                     | This field contains the standard goals.  
| Baseline Data           | YES                          | NO                     | The baseline data presented in the competitive application (or approved revised Project Work Plan, as applicable) will appear as a numerator and denominator.  
<p>| Baseline Percentage     | YES                          | NO                     | The baseline data presented in the competitive application (or approved revised Project Work Plan, as applicable) will appear as a percentage. |</p>
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Current Value</td>
<td>NO</td>
<td>YES</td>
<td>Provide the current value for each measure by entering a numerator and denominator. The system will calculate the current percentage based on the data entered.</td>
</tr>
<tr>
<td>Goal Percentage</td>
<td>YES</td>
<td>NO</td>
<td>The goal percentage for each measure based on predicted change by the end of the project period (July 31, 2019) will appear.</td>
</tr>
<tr>
<td>Baseline Data Source</td>
<td>YES</td>
<td>YES</td>
<td>The Baseline Data Source field will be pre-populated from the competitive application (or approved revised Project Work Plan, as applicable) with a narrative description of how the baseline data were obtained. Revise only if further clarification or justification is needed.</td>
</tr>
<tr>
<td>(maximum 500 characters)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key Factors</td>
<td>YES</td>
<td>YES</td>
<td>If necessary, update the pre-populated key factors predicted to contribute to and restrict progress on achieving each goal. A minimum of 2 and a maximum of 3 Key Factors may be included for each goal. At least 1 Restricting and 1 Contributing Key Factor must be identified. <strong>Key Factors that do not need to be updated require no action.</strong></td>
</tr>
<tr>
<td>(maximum 500 characters)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus Area</td>
<td>YES</td>
<td>NO</td>
<td>This field contains the required Focus Areas. Focus Areas cannot be deleted or added. All HCCN activities must fit under the specified Focus Areas.</td>
</tr>
</tbody>
</table>
## Project Work Plan

<table>
<thead>
<tr>
<th>Field</th>
<th>Is this Field Pre-Populated?</th>
<th>Is this Field Editable?</th>
<th>About this Field</th>
</tr>
</thead>
</table>
| Activity (maximum 500 characters) | YES                           | YES                     | Activities will be pre-populated from the competitive application (or approved revised Project Work Plan, as applicable). **Complete the following steps:**  
  - Update activity descriptions as needed to reflect the activities planned for the upcoming budget period (August 1, 2017 through July 31, 2018).  
  - Justify edits in the Progress/Comments field (e.g., revised the number of webinars from 5 to 15 based on year 2 plans) (required if edits were made).  
  - Edit the fields associated with any discontinued activities to reflect new activities added since the FY 2016 application and provide a justification in the Progress/Comments field (required if edits were made).  
  A minimum of 2 and a maximum of 5 activities must be provided for each Focus Area. |
| Person/Area Responsible (maximum 500 characters) | YES                           | YES                     | Identify or update (as needed) the person/position that will be responsible and accountable for carrying out each activity.  
  **Provide justifications to support any revisions in the Progress/Comments field.**                                                                 |
| Time Frame (maximum 500 characters) | YES                           | YES                     | Identify or update (as needed) the expected time frames for carrying out the specific activities. The timeline should indicate that the activities will occur during the upcoming budget period (August 1, 2017 through July 31, 2018).  
  **Provide justifications to support any revisions in the Progress/Comments field.**                                                                 |
| Expected Outcome (maximum 1,000 characters) | YES                           | YES                     | Identify or update (as needed) the principle outcome for each activity (i.e., quantifiable results).  
  **Provide justifications to support any revisions in the Progress/Comments field.**                                                                 |
<table>
<thead>
<tr>
<th>Project Work Plan Field</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Progress/Comments (maximum 2,000 characters)</td>
<td>NO</td>
<td>YES</td>
<td>Provide a brief summary of progress for each activity. Provide additional updates as needed, including a justification for any revisions to activities. This is a required field. If there has been no progress to date, provide a brief explanation.</td>
</tr>
</tbody>
</table>
Appendix B: Progress Report Table Instructions

The Progress Report Table will gather information on Participating Health Centers’ performance on clinical quality measures, adoption/implementation of health IT, participation of providers in Meaningful Use (MU), and Patient-Centered Medical Home (PCMH) recognition. This form is completed entirely in EHB and required for each Participating Health Center (i.e., if there are ten Participating Health Centers in the approved network, the HCCN award recipient will complete the information in this form ten times).

**Participating Health Center**
The Participating Health Center section contains the Health Center name and grant/look-alike number. Information in these fields is pre-populated and cannot be edited.

**Patient Details**
In the Patient Details section, the Total Patients field is pre-populated and editable. Enter the Number of Patient Charts in EHR. When completing or updating these two fields, use the definition of ‘patient’ described in the [2016 UDS Manual](#).

Enter the number of Participating Health Center sites from the FY 2016 application in the Number of Sites (Baseline) field, and the current number of sites in the Number of Sites (Current) field.

**Healthy People 2020 Measures**
HCCNs are required to increase the percentage of Participating Health Centers that meet or exceed Healthy People 2020 goals on at least five selected UDS Clinical Quality Measures to address Focus Area D1. In this section, indicate if the health center has Not Met, Met, or Exceeded the Healthy People 2020 goal for at least five measures. In the Comments field, provide a brief narrative for those measures discussing progress to date and include the Participating Health Center’s data (e.g., 2016 UDS data). You may select Not Applicable for up to three measures.

The listed measures include:
- Access to Prenatal Care
- Childhood Immunizations
- Cervical Cancer Screenings
- Colorectal Cancer Screenings
- Dental Sealants for Children
- Birthweight
- Hypertension
- Diabetes Control
Patient-Centered Medical Home (PCMH) Recognition
Select the type of Patient-Centered Medical Home (PCMH) recognition the health center has achieved (e.g. The Joint Commission (TJC)). If “No Recognition” or “Other” is selected, provide a brief narrative.

EHR and Health IT Implementation Status
Indicate whether the Participating Health Center uses an ONC-certified EHR and include the date of implementation. Provide the number of sites that have an EHR system in use.

Meaningful Use
Indicate whether the Participating Health Center’s eligible providers have:
- Registered and attested/applied for EHR Incentive Program payments
- Received EHR Incentive Program payments

Provide the number of eligible providers currently receiving Meaningful Use payments and the number of providers currently eligible to participate in Meaningful Use.

Data Quality and Reporting
Indicate whether the Participating Health Center:
- Electronically extracts data from an EHR to report all UDS Clinical Quality Measure data on all of their patients
- Generates quality improvement reports at the site and clinical team levels
- Integrates data from different service types and/or providers (e.g., behavioral health, oral health)

Health Information Exchange (HIE) and Population Health Management
Indicate whether the Participating Health Center uses health information exchange:
- With unaffiliated providers or entities to improve care coordination
- To support population health management

Quality Improvement
Indicate whether the Participating Health Center uses health IT to improve the value, efficiency, and/or effectiveness of health center service.

Promising Practices (maximum 2,000 characters)
Provide a brief narrative describing promising practices from which other health centers and HCCNs may learn or benefit, as applicable. Provide a justification or explanation for why the described practice is particularly useful (e.g., outcomes data or other supporting evidence). This field is optional.