

2017-2020 Site Visit Guide for Primary Care Associations

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 the Bureau of Primary Health Care (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 to two consultants and a site visit report will be shared with the BPHC PCA Project Officer (PO). The PO will share the final approved report with the 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 following TA and training activities are offered regardless of PCA membership or grant funding:

- ❖ The statewide/regional T/TA activities conducted by the PCA are based on the identified T/TA needs of existing health centers and other interested organizations, where appropriate.
- ❖ The PCA is conducting statewide/regional T/TA activities that strengthen health center operations and expand capacity to increase access to comprehensive primary care services in the state/region.
- ❖ The PCA is conducting statewide/regional T/TA activities that increase PCMH recognition and minimize health center cost increases for existing health centers and other interested organizations, where appropriate, regardless of PCA membership or funding status.
- ❖ The PCA is conducting statewide/regional T/TA activities to improve health outcomes on diabetes and another clinical measure for existing health centers and other interested organizations, where appropriate.

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 interviews with randomly selected 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. The visit will conclude with an exit interview that will include a review of the site visit findings
 - Report and follow up: Summary of site visit findings, PO monitoring with PCA
- ❖ Frequency:
 - Each PCA will receive at least one site visit during its project period
 - When possible, the PCA Project Officer and/or other BPHC staff will attend the site visit. In all cases, the BPHC PCA PO will work and communicate with the consultant, 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
- ❖ Site Visit Team:
 - A HRSA consultant will conduct visit
 - PCA PO will facilitate communications between PCA and consultant
 - 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. PCA PO will coordinate and schedule a kick-off visit call with consultant and PCA.
2. PCA PO will send consultant and PCA, the PCA Site Visit Guide and PCA Showcase Template.
3. The kick-off call should occur a minimum of six weeks prior to the site visit.
4. PCA PO will meet with the consultant prior to kick-off call to provide an overview of the PCA.
5. PCA PO and consultant will meet with PCA to provide a review of the site visit process and discuss logistics (see Appendix A).
6. Consultant will review the process for submitting required documents (see pg. 4 for complete listing) from the PCA and PCA PO.
7. If the consultant changes during the site visit process a new kickoff call should be scheduled between the PCA and new consultant.

Pre-Site Visit

Procedure

1. Consultant will confirm all documents have been received and follow up as needed.
2. Consultant will conduct the Pre-Site Visit Analysis described below.
3. Consultant will review the documents listed below provided by PCA PO and the PCA.
4. All questions are intended as preparation for the On-Site Visit. Consultant 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. Competing cooperative agreement application 2. All work plans from the current project period, including work plan(s) from the most recent Noncompeting Continuation (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. Budget details form (SF-425) 6. Most recent budget narrative 	<ol style="list-style-type: none"> 1. PCA website 2. Most recent organizational chart, staffing plan, position descriptions, and staffing bios 3. Clinical/financial performance data 4. Documents to ascertain state needs* 5. PCA strategic plan (if available) 6. MOU (Regional PCA) 7. T/TA examples for two T/TA activities for each of the following areas (total of six sample TA activities): <ol style="list-style-type: none"> a. Access to Care b. Operational Excellence c. Health Outcomes and Health Equity Examples of T/TA include trainings, workgroups, conferences, etc. Materials PCAs should submit for each T/TA activity could include: <ol style="list-style-type: none"> a. Evaluations, attendance, and agendas b. All materials shared with participants c. Planning materials used by the PCA 8. Statement of work and budget for contracts paid for with BPHC funding 9. Provide examples of both formal and informal collaboration and coordination with other HRSA and BPHC supported T/TA providers and partners.

****Needs assessment documents refer to any mechanisms the PCA used to assess the need described in the PCA application, and are not necessarily limited to a single formalized report or survey.***

Pre-Site Visit Analysis:

General Verification Requirements

T/TA Requirement: *These requirements are excerpts of requirements found within the the Notice of Funding Opportunity for State and Regional Primary Care Associations HRSA-17-057.*

Question	Response
1) Review the publication plan (if applicable). Is it clear what publications were created or disseminated with PCA funds and where those documents are located?	
2) Review the PCA budget details and narrative. Is the budget reasonable in relation to the PCA’s planned activities and staffing plan for the budget period?	
3) If applicable, review T/TA contracts and/or agreements obtained with BPHC funding.	

<ul style="list-style-type: none"> a) Does the purpose and scope of contracts and/or agreements support the accomplishment of PCA Notice of Funding Opportunity (NOFO) program requirements*? b) Does the timeframe for the contract and/or agreement correlate with the BPHC funding project period? 	
<ul style="list-style-type: none"> 4) If applicable, review position description(s) and biographical sketch(es) for any <u>key management positions</u> that have changed since the most recent PCA application (review either competing or NCC, whatever was the most recent). <ul style="list-style-type: none"> a) Do position descriptions support the accomplishment of PCA NOFO requirements? b) Do hired staff have the qualifications for each position? 	

***Note: Program requirements refers to requirements as described in the PCA NOFO.**

Focus Area I: Verify that PCA T/TA activities strengthen health center operations and expand capacity to increase access to comprehensive primary care services.

Program Requirement:

PCAs are expected to propose activities to strengthen health center operations and expand capacity to increase access to comprehensive primary care services in the state or region. Activities will improve workforce recruitment and retention of providers, access to care for underserved communities and vulnerable populations (including Health Center Program statutorily mandated special populations) and health center strategic planning. Unique health care needs of special and vulnerable populations must be addressed as appropriate.

Question	Response
<ul style="list-style-type: none"> 1) Review the PCA work plan and the needs section of the most recent application and address the following: <ul style="list-style-type: none"> a) Do T/TA activities address needs identified in the PCA’s application or other sources of documented health center need? b) Does the response section of the application describe a plan to regularly solicit and incorporate input on T/TA plans and resources from existing and potential health centers, including those serving special/vulnerable populations and newly funded health centers? c) Does the work plan include T/TA activities for Goal 1: Increase the number of patients receiving care in health care centers, including 	

<p>special and vulnerable populations in at least two of the following areas:</p> <ol style="list-style-type: none"> 1) Building workforce recruitment, retention, and development 2) Improve access to care for special and vulnerable populations 3) Develop and strengthen primary care 4) Improve strategic planning for filling access gaps <p>d) Does the work plan include T/TA activities for Goal 2: Increase the number of health centers providing comprehensive services (i.e. medical, oral health, behavioral health, vision, and enabling services) in at least two of the following areas:</p> <ol style="list-style-type: none"> 1) Building workforce recruitment, retention and development 2) Develop and strengthen primary care capacity 3) Improve strategic planning to support the provision of comprehensive services <p>e) Are Goal Targets realistic and achievable? NOTE: All goals should be SMART (i.e., Specific, Measurable, Achievable, Result-focused and Time-bound).</p> <p>*Note: The reference to Need is specific to what the applicant documented in the Needs section of their application and not a formal annual needs assessment.</p>	
<p>2). Review two T/TA activities related to increasing the number of patients receiving care in health centers and address the following:</p> <ol style="list-style-type: none"> a) Do training objectives/goals/subject matter address identified T/TA needs? b) Is there participant evaluation data from these trainings? If so, review. c) Do activities support the attainment of Focus Area 1 Goal Targets? d) Do activities involve dissemination of evidence-based and promising practices? e) Are the unique needs of special and vulnerable populations addressed as appropriate? 	
<p>3). Review two T/TA activities related to increasing the number of health centers providing comprehensive services, including medical, oral health, behavioral</p>	

<p>health, vision, and enabling services and address the following:</p> <ol style="list-style-type: none"> a) Do training objectives/goals/subject matter address identified T/TA needs? b) Is there participant evaluation data from these trainings? If so, review. c) Do activities support the attainment of Focus Area 1 Goal Targets? d) Do activities involve dissemination of evidence-based and promising practices? e) Are the unique needs of special and vulnerable populations addressed as appropriate? 	
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Focus Area II: Determine whether PCA is conducting T/TA activities that improve program Operational Excellence

Program Requirement: *PCAs must provide T/TA activities that will increase health center Patient-Centered Medical Home (PCMH) recognition and minimize health center cost increases. Activities will strengthen health center readiness for or implementation/optimization of PCMH recognition, advance team-based models of care, enhance integration of care, improve care coordination, and expand capacity to collect, share, and use data to inform decision making.*

Question	Response
<ol style="list-style-type: none"> 1) Review the PCA work plan and need section of the most recent application, and address the following: <ol style="list-style-type: none"> a) Do T/TA activities address the needs identified in the application or other documented sources of health center need? b) Does the work plan include T/TA activities for Goal 1 in at least two of the following areas: <ol style="list-style-type: none"> 1) Strengthen health center readiness for PCMH recognition site visits and surveys 2) Advance utilization of team-based models of care 3) Enhance integration of care to provide comprehensive primary care services 4) Improve care coordination through enhanced health center engagement with the medical neighborhood? c) Does the work plan include T/TA activities for Goal 2 in at least two of the following areas: <ol style="list-style-type: none"> 1) Strengthen health center boards that are strategically positioned as critical providers in their communities, states, and the national primary care system 	

<p>2) Improve health center financial sustainability in preparation for increased engagement in value-based reimbursement models and systems</p> <p>3) Enhance health center operations through statewide or regional data analysis and sharing?</p> <p>d) <i>Refer to state performance profiles and UDS data. All goals should be SMART.</i></p>	
<p>2) Review two T/TA activities related to increasing health center achievement of PCMH recognition and/or optimization of the PCMH model if the state or region has achieved 100% recognition.</p> <p>a) Do training objectives/goals/subject matter address identified T/TA needs?</p> <p>b) Is there participant evaluation data from these trainings? If so, review.</p> <p>c) Do activities support the attainment of Focus Area 2 Goal Targets?</p> <p>d) Do activities involve dissemination of evidence-based and promising practices?</p> <p>e) Are the unique needs of special and vulnerable populations addressed as appropriate?</p>	
<p>3) Review two T/TA activities related to increasing the percentage of health centers with a cost increase less than the national average.</p> <p>a) Do training objectives/goals/subject matter address identified T/TA needs?</p> <p>b) Is there participant evaluation data from these trainings? If so, review.</p> <p>c) Do activities support the attainment of Focus Area 2 Goal Targets?</p> <p>d) Do activities involve dissemination of evidence-based and promising practices?</p> <p>e) Are the unique needs of special and vulnerable populations addressed as appropriate?</p>	

***NOTE:** *PCAs are responsible for helping health centers to increase access to health care services, achieve operational excellence and to enhance health outcomes and health equity while directing health centers to BPHC approved resources.*

Focus Area III: Assess whether PCA is conducting T/TA activities that improve Health Outcomes and Health Equity

T/TA Requirement: PCAs must propose activities to improve health outcomes in the state or region on diabetes control and one of the following clinical measures, based on need: hypertension control, colorectal cancer screening, or cervical cancer screening. Activities must demonstrate a plan to improve results on the selected clinical measures with a focus on reducing health disparities, increasing patient engagement in care, and building community partnerships to address social determinants of health, such as housing, education, and transportation.

Question	Response
<p>1) Review the PCA work plan and need section of the most recent application, and address:</p> <ul style="list-style-type: none"> a) Does the work plan include T/TA activities to improve diabetes care health outcomes and disparities in Goal 1 in at least two of the following areas to: <ul style="list-style-type: none"> i) Reduce health disparities ii) Increase patient engagement in care iii) Develop strategic partnerships with external partners? b) Does the work plan include T/TA activities to improve health outcomes and disparities for one of the following; hypertension control, colorectal cancer screening, or cervical cancer screening in Goal 2 in at least two of the following areas to: <ul style="list-style-type: none"> i) Reduce health disparities ii) Increase patient engagement in care iii) Develop strategic partnerships with external partners c) Are Goal Targets relevant and achievable? All goals should be SMART. 	
<p>2) Review two T/TA activities related to improving diabetes care health outcomes and disparities:</p> <ul style="list-style-type: none"> a) Do training objectives/goals/subject matter address identified T/TA needs? b) Is there participant evaluation data from these trainings? If so, review. c) Do activities support the attainment of Focus Area 3 Goal Targets? d) Do activities involve dissemination of evidence-based and promising practices? e) Are the unique needs of special and vulnerable populations addressed as appropriate? 	

<p>3) Review two T/TA activities related to improving health outcomes and disparities for hypertension control, colorectal cancer screening, or cervical cancer screening?</p> <ul style="list-style-type: none">a) Do training objectives/goals/subject matter address identified T/TA needs?b) Is there participant evaluation data from these trainings? If so, review.c) Do activities support the attainment of Focus Area 3 Goal Targets?d) Do activities involve dissemination of evidence-based and promising practices?e) Are the unique needs of special and vulnerable populations addressed as appropriate?	
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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 anonymous and shared with the PCA but will not impact verification status.

Procedure

1. BPHC staff to select health centers for consultant 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), LALs and other types of BPHC designees. Entities not designated in some way by HRSA/BPHC will not be interviewed.
2. Consultant requests two additional questions of the PCA's choice to include in the interview questions. BPHC PCA PO must approve PCA's questions. Note: It is optional for the PCA to submit the additional questions, but the consultant should give the PCA the opportunity to do so.
3. BPHC notifies selected health center CEOs and POs about their health center's selection.
4. Consultant requests and schedules interviews with health centers:
 - a) Consultant works with the health center CEO to identify and finalize appropriate staff to be interviewed. Interviewing multiple staff is recommended.
 - b) Consultant will contact selected staff and conduct interview:
 - i. Questions should be considered open ended and consultants may need to probe to encourage a rich dialogue.
 - ii. Consultant should recommend health center staff have interview questions in front of them during the interview.
 - iii. Consultant should open dialogue by providing examples of a PCA's T/TA and confirm health center staff understand what T/TA is.
 - iv. Consultant will ask for an explanation and rationale for health center staff's ratings.
 - c) Consultant will record the health center responses.
 - d) When interviewing multiple staff, all staff should be interviewed at the same time and the consultant should record the average rating.
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)- receiving 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.*

Health Center Interview Questions on PCA TA:

Question	Consultant Instructions	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>Identify staff roles and familiarity with PCA offerings</p> <p><i>If interviewee is a board member, ask for their position and number of years served on the board</i></p>	<p>a) describe in notes</p>	
<p>2) How often do you participate in PCA-sponsored activities?</p> <p><i>This question should be asked to each individual interviewee.</i></p>	<p>Provide examples of activities the PCA has sponsored based on your Pre-Site review i.e. conferences, peer meetings, trainings</p> <p><i>Help interviewees understand the scale:</i></p> <p>1= not at all 2= for example: If you request specific assistance for newly funded applications only 3= only attend the conference 4= read newsletter, attend a few trainings 5= attend trainings, participate in a monthly peer group/work group with PCA</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 (publications, webinars, and/or on-site assistance) in the current project period?</p> <p>a) If no, why not? <i>Indicate rationale in notes.</i> b) If yes, on a 1-5 scale, how accessible are PCA T/TA or program assistance activities (e.g. publications, trainings)?</p>	<p>Consultant should define the project period and refer to PO for exact dates.</p> <p>Consultant will ask for an explanation and rationale for health centers' ratings</p> <p><i>Accessibility considers cost, location, and whether activities were clearly publicized.</i></p>	<p>a) No <i>provide details in notes</i></p> <p>b) Yes 1= very inaccessible 2= inaccessible 3= somewhat accessible 4= accessible 5= very accessible</p>	
<p>4) How effective is the PCA in promoting T/TA to address:</p>	<p>Consultant should provide examples and definitions in the NOFO and PCA workplan of</p>	<p>Rate for a,b,c: 1= very ineffective</p>	

<p>a) Access to Care b) Operational Excellence c) Health Outcomes and Equity</p>	<p>T/TA activities in each focus area.</p> <p><i>Each sub-question a-c will have a different rating</i></p> <p>Consultant will ask for an explanation and rationale for health centers' ratings.</p>	<p>2= ineffective 3= somewhat effective 4= effective 5= very effective</p>	
<p>5) Does the PCA's T/TA have the capacity to improve: a) Access to Care b) Operational Excellence c) Health Outcomes and Equity</p>	<p>This is asking whether or not the PCA TA improved your health center's capacity to improve focus area goals. A health center may see the TA as helpful, but for reasons specific to the health center such as "lack of staff capacity", being unable to implement the TA... <i>a result which is not necessarily reflective of the PCA's TA capacity.</i></p>	<p>Rate for a,b,c: 1= very ineffective 2= ineffective 3= somewhat effective 4= effective 5= very effective</p>	
<p>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 feedback through trainings and webinars?</p>	<p>This can involve requesting feedback at meetings or through more formal mechanisms.</p>	<p>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</p> <p>For b) describe in notes</p>	
<p>7) Have you been asked by the PCA about emerging issues affecting your health center?</p>	<p>Questions should be considered open ended and consultants may need to probe to encourage a rich dialogue.</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>	

8) On a 1-4 scale, how do you feel the PCA has supported coordination and collaboration among existing health centers, other safety net provider like state agencies and/or associations?	Consultant will ask for an explanation and rationale for health centers' ratings.	1= very unsupportive 2=unsupportive 2= little support 4=supportive 3= satisfactory support 5= very supportive 4= excellent support	
9) On a 1-3 scale, how available has the PCA made emergency preparedness activities?	Emergency preparedness can include active shooter training, weather related disasters, and other activities.	1= limited availability 2= satisfactory availability 3= excellent availability	
10) If applicable, on a 1-4 scale has the T/TA provided by the PCA been helpful in meeting your health center's unique special or vulnerable populations' needs?	Special and vulnerable populations as identified by health center and not limited to populations defined in PHS Act section 330.	1= not at all helpful 2= limited helpfulness 3= satisfactory helpfulness 4= extremely helpful	
11) On a 1-4 scale, how helpful are PCA's publications to improving your health center's outcomes?	Refer to the publications plan for examples of publications to share with the health center.	1= not at all helpful 2= limited helpfulness 3= satisfactory helpfulness 4= extremely 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 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. If the PO is on-site the consultant role of asking questions and recording answers as detailed in the on-site portion of this Guide will remain the same. POs on-site will coordinate introductions, potentially provide a BPHC overview presentation, and facilitate the flow of the visit and transition between activities.
4. PCAs may host an orientation showcase presentation (see PO-provided template, Appendix F). Presentation should:
 - a. Address aspects of tasks being verified on-site; 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. Consultant should recommend PCA have any documents/tools it would like to present on-site prepared and accessible. The materials can be viewed electronically for convenience. To help this process, it is recommended the consultant identify activity areas for review and notify the PCA ahead of the on-site portion. This should be done ideally a minimum of two weeks prior to the visit.
6. Consultant should also notify the PCA that it will be expected to provide examples and documentation for two collaborations for each Focus Area during the on-site portion. This should be done ideally a minimum of two weeks prior to the visit.
7. Conduct On-Site Analysis described in section below:
 - a. Responses can be based on both conversations with PCA staff and document review.
 - b. Consultant may probe for additional information as needed to provide clarity.
8. Consultant will facilitate a Pre-Exit Conference with the PCA Executive Director prior to staff Exit Conference as requested.
9. Consultant will facilitate Exit Conference.
10. Consultant will explain the Consultant Evaluation Form to the PCA.

On-Site Visit Analysis:

General Verification Requirements

T/TA Requirement: The statewide/regional T/TA activities conducted by the PCA are based on the identified T/TA needs of existing health centers and other interested organizations, where appropriate

Question	Response
1) How is the PCA tracking the completion of work plan activities by the end of the budget year and/or project period? Request PCA to demo or show tool(s) used to track and evaluate work plan activities.	
2) When monitoring the health care environment, how does the PCA aggregate the data from different sources (e.g.,	

<p>health centers, collaborative partners and other stakeholders, etc.)?</p> <ul style="list-style-type: none"> a) How does the PCA prioritize T/TA needs? b) How is this prioritization used to determine statewide/regional PCA T/TA? Provide example(s) of T/TA activities and how they reflect this prioritization. c) Request PCA to describe any data collection methods demo or show tool(s) used to track and evaluate need and/or emerging issues. 	
<p>3) How does the PCA regularly solicit input on its T/TA plans and resources? Ask for two examples of meeting minutes, agendas, or emails demonstrating requests for input.</p>	
<p>4) How frequently does the PCA perform evaluations of T/TA activities? Describe any data collection methods and have the PCA showcase any tools.</p>	
<p>5) How does the PCA assemble or collect necessary resources that are relevant to the accessibility of comprehensive, culturally competent, quality primary care services for underserved and vulnerable populations? Provide at least two examples of how the PCA does this.</p>	
<p>6) Information on Available Resources</p> <ul style="list-style-type: none"> a) How does the PCA ensure all interested health centers (regardless of PCA membership or funding status) receive resources? b) If applicable, 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. 	
<p>7) Special Populations and Newly Funded</p> <ul style="list-style-type: none"> a) How has the PCA coordinated with special/vulnerable population NCAs? b) How is the PCA addressing the unique health needs and barriers to care for special/vulnerable populations in the state/region? c) How has the PCA coordinated with newly funded health centers (as applicable)? d) How is the PCA addressing the unique health needs and barriers to care for newly funded health centers in the state/region (as applicable)? 	
<p>8) 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. 	
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Focus Area I: Verify that PCA T/TA activities strengthen health center operations and expand capacity to increase access to comprehensive primary care services.

Program Requirement:

Proposed activities will strengthen health center operations and expand capacity to increase access to comprehensive primary care services in the state or region. Activities will improve workforce recruitment and retention of providers, access to care for underserved communities and vulnerable populations, including Health Center Program statutorily mandated special populations, and health center strategic planning. Unique health care needs of special and vulnerable populations must be addressed, as appropriate.

Question	Response
<p>1) For this Focus Area, the consultant selects one Goal and one corresponding Activity Area identified in the PCA’s work plan.</p> <ul style="list-style-type: none"> a) What is the PCA’s approach to ongoing surveillance of the health care environment related to this Activity Area? What data sources are used? b) How did the PCA identify and prioritize the pressing needs related to this Activity Area? c) How do the activities listed within the Activity Area address the high priority needs identified in the health care environment? d) How is the PCA using data (e.g. state profiles, UDS, etc.) to inform its proposed activities in this Activity Area? PCA may demonstrate any data tracking or organization tools. 	
<p>2) For this Focus Area, the consultant selects one Goal (consultant should select the Goal not selected in Question 1) and one corresponding Activity Area identified in the PCA’s work plan. Consultant should refer to the most recent UDS data and/or HRSA PO when selecting the Activity Area. Within the Activity Area the consultant should identify one individual activity and ask:</p> <ul style="list-style-type: none"> a) What were the contributing factors to achieving the activity outcome? 	

<ul style="list-style-type: none"> b) What other resources were used by the PCA to compliment this activity and assure it helped the PCA achieve the Target Goal for the Activity Area? c) What were the restricting factors to achieving the activity outcome? d) How are areas for improvement identified? If applicable, what has been identified so far and how have improvements been incorporated? e) What evaluation was conducted on this activity and how was it used to determine success of this activity? f) How does the PCA assess the ROI (Return on Investment) of this activity? g) How did the PCA ensure this activity was available and accessible to existing and potential health centers regardless of PCA membership or look-alike designation status? 	
<p>3) Ask the PCA to share information around any two collaborations relating to this Focus Area; one collaboration per each Focus Area Goal. Collaborations may be either formal or informal. For each collaboration the consultant should ask:</p> <ul style="list-style-type: none"> a) What is the goal of each collaboration? Ask for impact data if available (this can vary based on when in the project period the PCA is receiving the site visit). b) How has this collaboration strengthened the health centers within the state or region? c) How has the collaboration improved access to comprehensive, culturally competent, quality primary care services to underserved and vulnerable populations? How does the PCA track this? d) How does the PCA identify duplication of efforts and what efforts have been made to reduce duplication? 	
<p>4) For Regional PCAs ONLY-</p> <ul style="list-style-type: none"> a) How do Regional PCA activities in this Focus Area compliment and/or enhance T/TA activities conducted by state PCAs? PCA should provide two examples. b) How do you assure there is no duplication of effort with the state PCAs? Ask the Regional PCA to show any tracking documents or tools. c) What is a unique benefit(s) to the health centers in the region that the Regional PCA offers in addition to the state PCAs for this Focus Area? PCA should provide two examples. d) How often does the Regional PCA communicate with the state PCAs around work plan coordination efforts for this Focus Area? e) Does the Regional PCA request feedback from state PCAs on 	

<p>the T/TA it conducts? PCA should provide two examples.</p> <p>f) What collaborative efforts for feedback are in place for this Focus Area? PCA should provide two examples.</p>	
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Focus Area II: Verify that PCA T/TA activities will increase health center Patient Centered Medical Home (PCMH) recognition and minimize health center cost increases.

Program Requirement:

Proposed activities will increase health center Patient-Centered Medical Home (PCMH) recognition and minimize health center cost increases. Activities will strengthen health center readiness for or implementation/optimization of PCMH recognition, advance team-based models of care, enhance integration of care, improve care coordination, and expand capacity to collect, share, and use data to inform decision making.

Question	Response
<p>1.For this Focus Area, the consultant selects one Goal and one corresponding Activity Area identified in the PCA’s work plan. Based on the Goal selected the consultant will ask questions from either the Goal 1 or Goal 2 Question Track.</p> <p><u>Goal 1 Track</u></p> <ul style="list-style-type: none"> a) How does the PCA track the status, maintenance, or progress of health centers’ PCMH recognition and/or accreditation status? b) How does the PCA prioritize working with health centers with different recognition status’ e.g. not recognized, recognized but can progress to a higher level, recognized at the highest level? c) How does the PCA work with health centers that have achieved recognition? d) If applicable, how does the PCA help those health centers as they progress to higher recognition and/or accreditation levels? e) If the health centers have achieved the highest level of recognition and/or accreditation, how does the PCA support the health centers to maintain their status? f) How does the PCA work with health centers that have not achieved recognition and/or accreditation e.g. newly funded, previously applied but unrecognized/accredited, or never applied? <p><u>Goal 2 Track</u></p> <ul style="list-style-type: none"> a) How does the PCA track the health centers’ health care costs? 	

<ul style="list-style-type: none"> b) How does the PCA compare health center costs to state and national averages? c) How are PCAs working with health centers to address health care costs? d) How did the PCA select the activities in the Activity Area chosen by the consultant to review? 	
<p>2) For this Focus Area, the consultant selects one Goal (consultant should select the Goal not selected in Question 1) and one corresponding Activity Area identified in the PCA's work plan. Consultant should refer to the most recent UDS data and/or HRSA PO when selecting the Activity Area. Within the Activity Area the consultant should identify the activity and ask:</p> <ul style="list-style-type: none"> a) What were the contributing factors to achieving the activity outcome? b) What other resources were used by the PCA to compliment this activity and assure it helped the PCA achieve the Target Goal for the Activity Area? c) What were the restricting factors to achieving the activity outcome? d) How are areas for improvement identified? If applicable, what has been identified so far and how have improvements been incorporated? e) What evaluation was conducted on this activity and how was it used to determine success of this activity? f) How did the PCA ensure this activity was available and accessible to existing and potential health centers regardless of PCA membership or look-alike designation status? 	
<p>3) Ask the PCA to share information on a collaboration relating to this Focus Area Goal 1 and Goal 2; ideally one collaboration per each Focus Area Goal. Collaborations may be either formal or informal. For each collaboration the consultant should ask:</p> <ul style="list-style-type: none"> a) What is the goal of each collaboration? Ask for impact data if available (this can vary based on when in the project period the PCA is receiving the site visit). b) How has this collaboration strengthened the safety net within the state or region? c) How has the collaboration improved access contribute to comprehensive, culturally competent, quality primary care services to underserved and vulnerable populations? How does the PCA track this? d) How does the PCA identify duplication of efforts and what efforts have been made to reduce duplication? 	

<p>4) For Regional PCAs ONLY-</p> <ul style="list-style-type: none"> a) How do Regional PCA activities in this Focus Area compliment and/or enhance T/TA activities conducted by state PCAs? PCA should provide two examples. b) How do you assure there is no duplication of effort with the state PCAs? Ask the Regional PCA to show any tracking documents or tools. c) What is a unique benefit(s) to the health centers in the region that the Regional PCA offers in addition to the state PCAs for this Focus Area? PCA should provide two examples. d) How often does the Regional PCA communicate with the state PCAs around work plan coordination efforts for this Focus Area? e) Does the Regional PCA request feedback from state PCAs on the T/TA it conducts? PCA should provide two examples. f) What collaborative efforts for feedback are in place for this Focus Area? PCA should provide two examples. 	
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Focus Area III: Assess whether PCA’s proposed activities will improve health outcomes in the state and or region on diabetes control and one of the following clinical measures, based on need: hypertension control, colorectal cancer screening or cervical cancer screening.

Program Requirement:

PCAs must propose activities to improve health outcomes in the state or region on diabetes control and one of the following clinical measures, based on need: hypertension control, colorectal cancer screening, or cervical cancer screening. Activities must demonstrate a plan to improve results on the selected clinical measures with a focus on reducing health disparities, increasing patient engagement in care, and building community partnerships to address social determinants of health, such as housing, education, and transportation.

Question	Response
<p>5) For this Focus Area, the consultant selects one Goal and one corresponding Activity Area identified in the PCA’s work plan.</p> <ul style="list-style-type: none"> a) What is the PCA’s approach to ongoing surveillance of the health care environment related to this Activity Area? What data sources are used? b) How did the PCA identify and prioritize the pressing needs related to this Activity Area? c) How do the activities listed within the Activity Area address the high priority needs identified in the health care environment? d) Has the PCA adapted this work plan Activity Area based on HRSA priorities and changes taking place in the health care environment? e) How is the PCA using BPHC data (e.g. conditions reports, 	

<p>UDS, etc.) to inform its proposed activities in the Activity Area? PCA may demonstrate any data tracking or organization tools.</p>	
<p>6) For this Focus Area, the consultant selects one Goal (consultant should select the Goal not selected in Question 1) and one corresponding Activity Area identified in the PCA’s work plan. Consultant should refer to the most recent UDS data and/or PCA PO when selecting the Activity Area. Within the Activity Area the consultant should identify one individual activity and ask:</p> <ul style="list-style-type: none"> a) What were the contributing factors to achieving the activity outcome? b) What other resources were used by the PCA to compliment this activity and assure it helped the PCA achieve the Target Goal for the Activity Area? c) What were the restricting factors to achieving the activity outcome? d) How are areas for improvement identified? If applicable, what has been identified so far and how have improvements been incorporated? e) What evaluation was conducted on this activity and how was it used to determine success of this activity? f) How did the PCA ensure this activity was available and accessible to existing and potential health centers regardless of PCA membership or look-alike designation status? 	
<p>7) Ask the PCA to share information around any two collaborations relating to this Focus Area; ideally one collaboration per each Focus Area Goal. Collaborations may be either formal or informal. For each collaboration the consultant should ask:</p> <ul style="list-style-type: none"> a) What is the goal of each collaboration? Ask for impact data if available (this can vary based on when in the project period the PCA is receiving the site visit). b) How has this collaboration strengthened the safety net within the state or region? c) How has the collaboration improved access to comprehensive, culturally competent, quality primary care services to underserved and vulnerable populations? How does the PCA track this? d) How does the PCA identify duplication of efforts and what efforts have been made to reduce duplication? 	
<p>8) <u>For Regional PCAs ONLY-</u></p> <ul style="list-style-type: none"> a) How do Regional PCA activities in this Focus Area 	

<p>compliment and/or enhance T/TA activities conducted by state PCAs? PCA should provide two examples.</p> <p>b) How do you assure there is no duplication of effort with the state PCAs? Ask the Regional PCA to show any tracking documents or tools.</p> <p>c) What is a unique benefit(s) to the health centers in the region that the Regional PCA offers in addition to the state PCAs for this Focus Area? PCA should provide two examples.</p> <p>d) How often does the Regional PCA communicate with the state PCAs around work plan coordination efforts for this Focus Area?</p> <p>e) Does the Regional PCA request feedback from state PCAs on the T/TA it conducts? PCA should provide two examples.</p> <p>f) What collaborative efforts for feedback are in place for this Focus Area? PCA should provide two examples.</p>	
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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 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 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 NOFO should be recorded in the site visit report.
 - a. If BPHC PO and Program Quality Controller (PQC) agree on these issues, they will be filed as a "Program Compliance Issue" (PCI) in the site visit module.
 - b. Once a PCI is documented, the PO may recommend off-cycle conditions.
5. PCA PO will follow up with the PCA on the site visit findings.
6. PCAs will be expected to:
 - a. Work on activities to achieve "Verified" status in any areas found not verified.
 - b. Discuss TA Days with their PO on any performance improvement areas identified in the report.

Task I: Consultant to complete site visit report

General Points for Site Visit Report Completion (See Appendix E for report example)

- Within 10 calendar days from the end of the site visit the consultant will complete the report and submit to Management Solutions Consulting Group (MSCG) Technical Assistance Reviewer (TAR).
- MSCG TAR and editor will review the report for the following items prior to submission to BPHC:

completeness, clarity, accuracy, format, grammar, and punctuation. Then the TAR will upload the report into TATS.

- Reports are expected to provide BPHC staff with **an accurate, objective depiction** of the status and operations of the PCA. The PCA will also receive a copy of the report, after consultant and BPHC comments have been incorporated and the final report is approved by BPHC.
- All information contained in the report must be **based on fact**. Do not include opinions, use terms that could be considered inflammatory or derogatory, or use blanket statements. Rather, present detailed, fact-based statements.
- 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”. “Verified” or “Not Verified” is to be assessed for each PCA requirement.
- The consultant may identify something as “Verified” but consultant feels could somehow be improved. In this instance, consultants should mark activity as “Verified” and then list this activity in Section 6 Targeted TA Recommendations, of the site visit report, providing recommended TA and activities PCA can engage in to improve this activity.
- Report must **address all eight PCA requirements** to be verified in the Program Requirement Verification Review Summary in Appendix D.
- Findings from the Pre-Site and/or On-site segments should substantiate verification.
 - If similar information is found in both portions, only report finding once.
 - If the Pre-Site review verifies the requirement, but the On-Site review provides new information on ways the PCA verifies a requirement, that information should be reported.
- Findings should summarize interview portion findings and describe any promising practices identified.
- If the site visit included training documents and/or packaged presentations from the PCA, the consultant must include these as attachments to the uploaded report in Electronic HandBooks (EHB) TATS.
- 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, it *should not* be incorporated into the Site Visit Report but rather conveyed to the BPHC PO via post-site visit conference call.
- If necessary, the consultant will send the PO any outstanding policy questions or verification assessment comments related to the draft report that must be addressed by BPHC.

Task II: BPHC to review and approve site visit report

The full review of all reports (draft and final) will be completed by consultant and BPHC within 45 calendar days from the time the site visit is completed.

- Within 25 calendar days after the consultant draft report is submitted, BPHC staff will complete their internal review of the report, communicating the need for any changes/edits to the report back to the consultant.
 - PO should review report and do all editing/review using track changes.
 - If necessary, the PO has the option of direct discussion with the consultant regarding report revisions.
 - The PO will then send the PQC their proposed review comments and/or track changes

document for review and approval.

- PQC will review ALL site visit reports for quality assurance, paying particular attention to any areas of non-verification. PQC may work in concert with Division's Senior Management as needed to assist with review of reports.
- The PO will consolidate PO and PQC's report review comments and edits and forward them to the consultant in a single track changed document.
- Once received from BPHC, the consultant will revise the draft report within 5 business days and return to the PO for review as a final report.
- The PO must review and approve the final report within 5 business days.
 - If the report is acceptable and no additional changes are needed, the PO marks the report as "approved" and moves the report forward to their PQC for final approval.
 - If the report is not acceptable and needs additional changes, the PO makes the necessary changes or comments in track change and sends it back to the consultant. If further changes are needed this step will repeat.
- PQC will give approval and then send the PO and consultant notification of final BPHC approval of the report via email.

If areas of non-verification were documented in the final site visit report transmitted to the PCA, within 15 days of transmittal of the site visit report the PO may recommend one or more conditions.

APPENDICES

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

25 minutes

Introductions

Participants and roles

Site visit purpose

Overview of site visit process components

Confirm who will provide what documents, by when

10 minutes

Logistics

Visit and meeting dates, spaces, and times

Confirm who will be on-site and remote

Review agenda and who will see it, by when

5 minutes

Staff Availability

Confirm key PCA management staff will be available

Review staff who will be interviewed during the visit

Appendix B: Site Visit Agenda Suggested Template

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

p.m. 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. Staff Attendance

List staff expected for this portion

DAY TWO

9:00 a.m. – 11:30 a.m.

Verification (Consultants)

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)

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., 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 promising 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 Verification Review	Verification Status	Task Questions Used to Verify
<p>Focus Area 1: Goal 1:</p> <p>Increase the number of patients receiving care in health centers, including special and vulnerable populations.</p>		<p>Pre-site: Focus Area 1, Question 1 and 2</p> <p>Onsite: Focus Area 1</p>
<p>Focus Area 1: Goal 2:</p> <p>Increase the number of health centers providing comprehensive services, including medical, oral health, behavioral health, vision, and enabling services.</p>		<p>Pre-site: Focus Area 1, Question 1 and 3</p> <p>Onsite: Focus Area 1</p>
<p>Focus Area 2: Goal 1:</p> <p>Increase health center achievement of PCMH recognition and/or optimization of the PCMH model if the state or region has achieved 100 percent recognition.</p>		<p>Pre-site: Focus Area 2, Question 1 and 2</p> <p>Onsite: Focus Area 2</p>
<p>Focus Area 2: Goal 2:</p> <p>Increase the percentage of health centers with a cost increase less than the national average.</p>		<p>Pre-site: Focus Area 2, Question 1 and 3</p> <p>Onsite: Focus Area 2</p>
<p>Focus Area 3: Goal 1:</p> <p>Improve diabetes care health outcomes and disparities.</p>		<p>Pre-site: Focus Area 3, Question 1 and 2</p> <p>Onsite: Focus Area 3</p>
<p>Focus Area 3: Goal 2:</p> <p>Improve health outcomes and</p>		<p>Pre-site: Focus Area 3, Question 1 and 3</p>

disparities for one of the following: hypertension control, colorectal cancer screening, or cervical cancer screening.		Onsite: Focus Area 3
Verification Requirements: <ul style="list-style-type: none"> • Publication plan • Budget • Contracts • Identifying needs • Tracking T/TA • T/TA Evaluation • Information on Available Resources • Special populations and newly funded • Emergency Preparedness 		Pre-site/On-site: Verification Requirements, All Questions

Note: *If there are major issues regarding the lack of implementation of the approved project, the site visit consultant, may participate in a post-site visit conference call/debrief with the assigned PCA Project Officer to clarify expectations outlined in the NOFO regarding T/TA requirements prior to the consultant' 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 CEO/Executive Director*)**
Contact's email address
Contact's telephone number

Type of Visit: **PCA Verification Site Visit**

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

Consultant

First and Last Name (Consultant)
Email address
Telephone number

Site Visit Participants

Name	Title	Interviewed	Entrance Conference	Exit Conference
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 is conducted once per project period to review and assess activities, share key accomplishments, and identify promising practices in supporting the T/TA needs of health centers.

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 Verification Review	Verification Status	Task Questions Used to Verify
<p>Focus Area 1: Goal 1:</p> <p>Increase the number of patients receiving care in health centers, including special and vulnerable populations.</p>		<p>Pre-site: Focus Area 1, Question 1 and 2</p> <p>Onsite: Focus Area 1</p>
<p>Focus Area 1: Goal 2:</p> <p>Increase the number of health centers providing comprehensive services, including medical, oral health, behavioral health, vision, and enabling services.</p>		<p>Pre-site: Focus Area 1, Question 1 and 3</p> <p>Onsite: Focus Area 1</p>
<p>Focus Area 2: Goal 1:</p> <p>Increase health center achievement of PCMH recognition and/or optimization of the PCMH model if the state or region has achieved 100 percent recognition.</p>		<p>Pre-site: Focus Area 2, Question 1 and 2</p> <p>Onsite: Focus Area 2</p>
<p>Focus Area 2: Goal 2:</p> <p>Increase the percentage of health centers with a cost increase less than the national average.</p>		<p>Pre-site: Focus Area 2, Question 1 and 3</p> <p>Onsite: Focus Area 2</p>
<p>Focus Area 3: Goal 1:</p> <p>Improve diabetes care health outcomes and disparities.</p>		<p>Pre-site: Focus Area 3, Question 1 and 2</p> <p>Onsite: Focus Area 3</p>

<p>Focus Area 3: Goal 2:</p> <p>Improve health outcomes and disparities for one of the following: hypertension control, colorectal cancer screening, or cervical cancer screening.</p>		<p>Pre-site: Focus Area 3, Question 1 and 3</p> <p>Onsite: Focus Area 3</p>
<p>Verification Requirements:</p> <ul style="list-style-type: none"> • Publication plan • Budget • Contracts • Identifying needs • Tracking T/TA • T/TA Evaluation • Information on Available Resources • Special populations and newly funded • Emergency Preparedness 		<p>Pre-site/On-site: Verification Requirements, All Questions</p>

Program Verification Review Details

When assessing whether an area for review, the finding is either “Verified” or “Not Verified,” not “partially verified.” If any part of the information reviewed 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: Focus Area 1, Goal 1

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: Focus Area 1, Goal 2**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 3: Focus Area 2, Goal 1****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 4: Focus Area 2, Goal 2****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: Focus Area 3, Goal 1****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 6: Focus Area 3, Goal 2

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 7. 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 8. Targeted TA Recommendations

This section addresses areas that were identified as verified and meet BPHC PCA funding requirements, but the consultant identifies as having room for potential performance improvement. Consultant should indicate both specific reasons this area was identified for improvement and methods to address improvement.

Follow up by PCAs in this area is optional and will be discussed with PCA PO during ongoing monitoring. PCAs may consider using their Targeted TA days to address identified improvement areas.

Section 9. Budget Review

Provide a summary budget review based on Pre-Site Analysis Task I. Questions 2-3.

Section 10. Health Center Interviews

PCA:

Dates Interviews Conducted:

Interviewees:

1. Health Center 1 (please list exactly as written here and do not include specific health center name)
 - a. Staff position
2. Health Center 2

Question	Rating	Response Summary
Address each question in the "Health Center Interviews" section	<ol style="list-style-type: none"> 1. Average rating for all individuals interviewed. For example: 3.5 average rating 2. Detail of how many responses there were for each rating e.g. 5 answered Yes, 2 answered No 	Summarize all remarks, please do not mention specific names/health centers.

Documents Reviewed

Prior to the Site Visit, and to a limited extent during the Site Visit if necessary, the consultant will 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 consultant will identify the documents needed from the PCA and PCA 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
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<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 _____ 	<ol style="list-style-type: none"> 1. PCA website for reviewing any TA offerings, including members only access _____ 2. PCA Strategic Plan _____ 3. Most recent organization chart and staffing plan _____ 4. Compliance and clinical/financial performance data _____ 5. Needs assessments documents, including a summary _____ 6. Sample minutes from selected peer networks, if any _____ 7. 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. Identified performance improvement measure _____ b. Newly funded health center* TA (if applicable) _____ c. T/TA tools submitted should include: <ol style="list-style-type: none"> i. Evaluations _____ ii. Attendance _____ iii. All materials shared with participants _____
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**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.*

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*

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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

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PCA Background

- Staffing and organization
- History
- Funding streams

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State/Region Access Overview

- Description of health centers in state region: number, names, type, geographic distribution or map
- LALs, free clinics, etc.
- PCA members vs non-members

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PCA Partnerships

- State based partnerships e.g. DOH
- PCA contracts, MOUs, and MOAs to perform BPHC work plan activities
- NCAs and HCCNs as applicable

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PCA TA Strategy

- PCA TA development strategy
- PCA work plan tracking tool demonstration
- PCA evaluation and Return on Investment analysis

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Access to Care

- Process for identifying and prioritizing T/TA needs
- PCA activity accomplishment
- Collaborative partnerships supporting access to care

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Operational Excellence

- Process for identifying and prioritizing T/TA needs
- PCA activity accomplishment
- Collaborative partnerships supporting access to care

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Health Outcomes and Equity

- Process for identifying and prioritizing T/TA needs
- PCA activity accomplishment
- Collaborative partnerships supporting access to care

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Promising Practices

- Innovations and promising practices
- How the PCA used BPHC resources to leverage other resources to support health centers

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Challenges/Restricting Factors

- Internal
- External

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PCA Future

- Key goals, challenges, and vision for the future

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PCA Resources

- Links to any applicable tools and resources

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