NCA Awardee Site Visit Guide 2019

NATIONAL TRAINING & TECHNICAL ASSISTANCE COOPERATIVE AGREEMENTS (NCAS)

Office of Quality Improvement/Strategic Partnerships Division
HRSA/Bureau of Primary Health Care

CONTENTS

NCA Awardee Site Visit Guide Overview **3**

Site Visit Process Overview **4**

Pre-Site Visit **5**

Procedure 6

Pre-Site Visit Analysis: 6

Task I: Review of T/TA Activities 8

Task II: Review of Policies, Procedures and Oversight 8

On-Site Visit Overview **10**

Procedure 10

On-Site Visit Analysis: 10

Task I: Review of T/TA Activities 10

Task II: Review of Policies, Procedures and Oversight 13

Reporting and Follow Up **15**

Overview of Procedure 15

Appendices **16**

Appendix A: NCA Program Requirements 16

Appendix B: NCA Types and Required Measures 19

Appendix C: Suggested NCA-Consultant-PO Kickoff Call Agenda 48

Appendix D: Pre-Site Visit Verification Questions Per NCA Category Type 49

Appendix E: On-Site Visit Verification Questions Per NCA Category Type 61

Appendix F: Site Visit Agenda Suggested Template 67

Appendix G: Entrance Conference 69

Appendix H: Exit Conference 53

Appendix I: Site Visit Report Template 56

Appendix J: NCA Collaborative Activities (Diagram) 63

Appendix K: NCA Showcase (Template) 64

NCA Awardee Site Visit Guide Overview

Site Visit Purpose and Overview

National Cooperative Agreement (NCA) Site Visits are an administrative requirement[1] aimed at accomplishing the following goals: a) review and assess approved NCA activities; b) share key NCA accomplishments; c) strengthen the relationship between the Bureau of Primary Health Care (BPHC) and NCAs; and d) identify promising practices in support of the training and technical assistance (T/TA) needs of health centers.

The site visit will include a final report that will be shared with the BPHC NCA Project Officer (PO). The BPHC will share the final approved report with the NCA. The site visit report will inform ongoing monitoring and negotiations between the PO and NCA to assure the NCA is implementing its approved work plan and fulfilling T/TA requirements.

Site Visit Focus Areas

The NCA site visit process will verify whether and to what extent the NCA offered or conducted T/TA activities based on current national health center needs described in the Project Narrative of the original and/or non-competing continuation application. The consultant will verify the NCAs performance in the following broad areas:

- The national T/TA activities conducted by the NCA correspond to the required goals and metrics for their awarded NCA type (see Appendix A) and the NCA category/type descriptions outlined below.
- The NCA is conducting T/TA activities that strengthen health center operations and improves the clinical performance and outcomes of health centers nationwide relevant to the focus area and type of T/TA provided by the NCA.
- The NCA's T/TA resources are accessible to the widest health center audience possible, which may include use of webinar and on-demand recordings.
- The NCA has adequately addressed HHS/HRSA Priorities (e.g., Opioid Use/Substance Use; Behavioral/Mental Health; Childhood Obesity) as applicable.
- The NCA maintains proper policies, procedures and oversight to manage their programmatic and financial obligations to the Federal Government.

[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 NCA's relevant documents in order to assess and verify NCA 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 of all participants.
- Pre-Site Visit Review: Document review of approved work plan, activities, and performance measures.
- On-Site Visit: Conversations to assess and verify specific NCA activities; opportunity for NCA to present new initiatives, tools and analytics supporting its work, etc. This process includes both entrance and exit interviews. This visit will take place at the NCA's primary work location.
- Report and follow-up: Summary of site visit findings and continued PO monitoring with NCA.

Frequency:

- Each NCA will receive at least one site visit during a project period.

Site Visit Team:

- A HRSA consultant will conduct the site visit. When possible, the NCA Project Officer (PO) or other BPHC staff will attend the site visit.
- NCA PO will facilitate communications between the NCA and consultant.
- NCA PO will attend (in-person or remotely) the on-site visit as resources allow.
- NCA PO will work and communicate with the consultant, and serve as the NCA's ongoing primary point of contact for all questions and areas related to their Cooperative Agreement and the Health Center Program.
- NCA team will consist of the NCA leadership, consultants and other NCA staff as appropriate.
- NCA's Organizational Executive Leadership (if applicable) will also be invited to the on-site portion of the site visit.

Pre-Site Visit

Kick-Off Call

Pre Kick-Off Call

- NCA PO will coordinate and schedule a kick-off site visit call with the consultant and NCA. Kick-off call should occur a minimum of six weeks prior to the site visit.
- NCA PO will develop an agenda and share it with the consultant and NCA prior to the kick-off call.
- NCA PO will send consultant and NCA, the NCA Site Visit Guide and NCA Showcase Template (see Appendix K).
- NCA PO will meet with the consultant prior to kick-off call to provide an overview of the NCA and determine which NCA activities will be reviewed as part of the review.
- NCA PO and consultant will meet with NCA to provide a review of the site visit process and discuss logistics.

During Kick-Off Call

- During the kick-off call, the NCA PO will describe required documents and the process for the submission of those documents
- NCA PO will work with the NCA to select activities to be reviewed during site visit and will confirm and verify the activities during the kick-off call.
- NCA PO will work with consultant to draft the site visit agenda and will confirm and verify the agenda with the NCA during the kick-off call.
- If the consultant changes during the site visit planning process a new kickoff call must be scheduled between the NCA and new consultant.

Procedure

1. Pre-Site Visit Documents to Review: The NCA must provide HRSA with 2 activities per goal as identified by the NCA PO. Either paper or electronic copies of all pre-site documents should be submitted at a minimum of two (2) weeks prior to the scheduled site visit.
2. Consultant will review the required documents provided by NCA PO and the NCA.
3. Consultant will develop an on-site agenda (see Appendix F) and send a final copy to NCA PO at least one week prior to the site visit start date and will share it in advance with the NCA.
4. Consultant should recommend NCA have any documents/tools it would like to present on-site prepared and accessible. The materials can be viewed electronically for ease of convenience. To help this process, the consultant should identify activity areas for review and notify the NCA in advance of the on-site portion. Ideally, requests should be made a minimum of two weeks prior to the visit.
5. Consultant should also notify the NCA that it will be expected to provide examples and documentation for ***two (2) collaborations*** for pre-site visit analysis and review. These should be different collaborations than the collaborations found within the two activities per goal selected for presentation during the site visit. These collaborations may be related a Learning Collaborative activity or a National Audience activity.

Pre-Site Visit Analysis:

General Verification Requirements: Determine whether NCA is conducting T/TA activities that strengthens health center's operations and supports program performance in alignment with their NCA type.

T/TA Requirement*:* The following requirements excerpts are from the Notice of Funding Opportunity (NOFO) for National Training and Technical Assistance Cooperative Agreements (NCAs) HRSA-17-058. NCAs are expected to propose activities as follows:

a) Special and Vulnerable Populations NCAs: to increase access to care, improve health outcomes and promote health equity;
b) Health Center Development Area NCAs: to provide developmental T/TA to meaningfully advance excellence in health center operations, performance and/or patient outcomes; or
c) National Resource Center NCA: to coordinate and disseminate T/TA on leadership, organization development, clinical and financial performance etc. through the establishment of a national T/TA resource center.

Question	Response
1) Review the most recent approved work plan(s) from Years 1 and 2 of the current project period. Do the proposed activities align with the expectations outlined in the NOFO in the following areas: • T/TA activities align with the Need data described in the original application and/or NCC, and must be	

specific to the target population or technical area addressed by the NCA. • Proposed activities address each of the required goals and metrics outlined in Appendix B, for their NCA type. • Proposed activities involve coordination and engagement with other BPHC-supported T/TA providers (e.g. PCAs, HCCN, other NCAs) where appropriate. • Ensure that the number and types of activities proposed in the work plans align with the requirements outlined in NCA 2017 NOFO. Proposed activities include at least two (2) and a maximum of fourteen (14) T/TA activities (depending on the NCA type) across the two (2) year budget periods. • A minimum of one (1) activity for each of the Activity Audiences must be reviewed: 1) Learning Collaborative Audience; 2) National Audience across the two (2) year budget periods.	
2) Review the publication plans for Years 1 and 2 of the current project period. Is it clear which publications were created or disseminated with NCA funds and where those documents are located? Are all BPHC supported publications accessible to the widest audience possible?	
3) Review Progress Reports from year 1 and year 2 of the current project period. Does the progress report show substantial progress towards evaluative goals and metrics for the selected NCA type? If not, does the NCA provide adequate justification for any delays in timely progress and/or completion of activities towards evaluative goals and metrics?	
4) Does the NCA website have T/TA opportunities for all health centers interested in TA?	
5) Does the NCA website have NCA supported materials available and easily accessible to the public and specifically for any interested health center regardless of NCA membership or Health Center Program award status?	
6) Review the NCA budget details and narrative for Years 1 and 2 of the current project period. Is the budget reasonable in relation to the NCA's planned activities and staffing plan for the budget period?	

7) If applicable, review T/TA contracts and/or agreements obtained with BPHC funding. a) Does the purpose and scope of contracts and/or agreements support the accomplishment of NCA Notice of Funding Opportunity (NOFO) program requirements? b) Does the timeframe for the contract and/or agreement correlate with the BPHC funding project period?	
8) If applicable, review position description(s) and biographical sketches for any key management positions that have changed since the last NCA application. a) Do position descriptions support the accomplishment of NCA NOFO requirements? b) Do hired staff have the qualifications for each position? c) If key management positions were vacant within the current project period, how did the NCA fulfill the responsibilities associated with this position?	

*Note: Program requirements refers to requirements described in the FY 2017 NCA NOFO.

Task I: Review of T/TA Activities

Determine whether NCA is conducting T/TA activities that strengthens health center's operations and supports program performance in alignment with their NCA type. Please refer to Appendix D for Pre-Site Visit Verification Questions for each NCA Category Type.

Special and Vulnerable Populations NCAs
Pipeline NCA
Recruitment and Retention NCA
Capital Development and Growth NCA
Health Information Technology and Data NCA
Oral Health Care NCA
Medical-Legal Partnerships NCA
National Resource Center for Health Center Training and Technical Assistance NCA

Task II: Review of Policies, Procedures and Oversight

Verify NCA is maintaining proper policies, procedures and oversight to manage their programmatic and financial obligations to the Federal Government

Requirement: *The recipient, as the direct and primary recipient of HHS grant funds, is responsible for managing the day-to-day operations of grant-supported activities and is accountable to HRSA for the performance of the project, program, or activity; the appropriate expenditure of grant funds by all*

parties; and all other obligations of the recipient. Recipients may use their established controls and policies, as long as they are consistent with award requirements. HHS seeks to foster within recipient organizations an organizational culture that is committed to compliance with Federal and HHS grant regulations, policies, and procedures.

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

On-Site Visit Overview

Procedure

1. Consultant will develop an on-site agenda (see Appendix F) and send a final copy to NCA PO at least one week prior to the site visit and will share it in advance with the NCA.
2. Consultant will facilitate the Entrance Conference (see Appendix G), invite and accommodate remote staff as necessary.
3. NCA 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. NCAs will host an orientation showcase presentation (see PO-provided template, Appendix K). Presentation should:
    a. Provide highlights, successes, or lessons learned from BPHC funded activities.
    b. Be a starting point for consultant-NCA dialogue and follow up during staff breakouts.
5. Consultant will facilitate a Pre-Exit Conference with the NCA Executive Director prior to staff Exit Conference as requested.
6. Consultant will facilitate Exit Conference and explain the Consultant Evaluation Form to the NCA.

On-Site Visit Analysis:

General Verification Requirements

Task I: Review of T/TA Activities

Determine whether NCA is conducting T/TA activities that strengthens health center's operations and supports program performance in alignment with their NCA type. Please refer to Appendix E for On-Site Visit Verification Questions for each NCA Category Type.

T/TA Requirement: The T/TA activities conducted by the NCA must align with the identified T/TA needs of existing health centers and other interested organizations, where appropriate.

General Verification Questions	Response
1) What is the NCA's process for identifying T/TA needs? a) Describe any data collection methods and have the NCA showcase any tools developed for this purpose. b) What is the NCA's approach to ongoing surveillance of the healthcare landscape and health center needs or specific population or health center development areas? What data sources are used?	

2) How does the NCA prioritize T/TA needs and how does it use this prioritization to determine its national approach to T/TA? Provide example(s) of T/TA activities and how the activities address the identified priorities.	
3) What are the strategies the NCA is using to ensure that publications that are produced under the cooperative agreement meet the prioritized T/TA needs of the target population?	
4) What key circumstances, issues, or innovations contribute to the development of the publication plan? Provide example(s) of T/TA publications and how they reflect this prioritization.	
5) If the NCA selected to address one or more of the ***HRSA Priority areas***, how were the T/TA needs related to the selected priority area determined? a) What is the NCA's approach to ongoing surveillance of the healthcare landscape and health center needs related to the selected priority area?	
6) How does the NCA ensure that all materials produced under the cooperative agreement are readily available and accessible to any interested health center regardless of NCA membership or Health Center Program grant status?	
7) How is the NCA tracking the completion of work plan activities by the end of the budget year and/or project period? Request NCA to demo or show tool(s) used to track and evaluate work plan activities.	
8) How does the NCA maintain <u>proper policies, procedures and oversight to manage their programmatic and financial obligations</u> to the Federal Government?	
9) When monitoring the health care environment, how does the NCA aggregate the data from different sources (e.g., health centers, collaborative partners and other stakeholders, etc.)?	
10) How does the NCA regularly solicit input on its T/TA plans and resources? Ask for two examples of meeting minutes, agendas, or emails demonstrating requests for input.	
11) How frequently does the NCA perform evaluations of T/TA activities? Describe any data collection methods and have the NCA highlight any tools.	

12) How does the NCA 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 NCA does this.	
13) Information on Available Resources a) How does the NCA ensure all interested health centers (regardless of NCA membership or funding status) receive resources? What outreach strategies does the NCA employ for this purpose? b) What communication channels does the NCA use to publicize T/TA opportunities? c) If available, ask NCA to demonstrate any online platforms (e.g. website, social media, peer group portals) used to communicate with health centers.	
14) Newly Funded a) How has the NCA coordinated with newly funded health centers (if applicable)? b) How is the NCA addressing the unique health needs and barriers to care for newly funded health centers?	

Please refer to Appendix E for Pre-Site Visit Verification Questions for each NCA Category Type.
Special and Vulnerable Populations NCAs
Health Center Development Area NCAs
National Resource Center for Health Center Training and Technical Assistance NCA

Task II: Review of Policies, Procedures and Oversight

Verify NCA is maintaining proper policies, procedures and oversight to manage their programmatic and financial obligations to the Federal Government.

Requirement: *The recipient, as the direct and primary recipient of HHS grant funds, is responsible for managing the day-to-day operations of grant-supported activities and is accountable to HRSA for the performance of the project, program, or activity; the appropriate expenditure of grant funds by all parties; and all other obligations of the recipient. Recipients may use their established controls and policies, as long as they are consistent with award requirements. HHS seeks to foster within recipient organizations an organizational culture that is committed to compliance with Federal and HHS grant regulations, policies, and procedures.*

Question	Response
1) How does the NCA maintain proper policies, procedures and oversight to manage their programmatic and financial obligations to the Federal Government?	
2) How does the NCA develop their budget in relation to the NCA's planned activities?	
3) How does the NCA differentiate between the use of cooperative agreement staff and a consultant? a) How are consultants identified, vetted and hired to carry out work plan activities? b) How are consultant rates developed under the cooperative agreement?	
4) How does the NCA ensure that contract/consultant activities are completed on time and within scope?	
5) How does the NCA ensure the appropriate staffing and management of the cooperative agreement? How are vacancies addressed within the staffing plan?	
6) How does the NCA ensure the quality of their products and the soundness of the technical assistance? What internal processes and controls have been developed? a) Provide three examples from different departments and walk through inception through execution and how checks and balances are maintained.	

7) What internal processes have been developed to track progress throughout the project period and to ensure that work plan evaluative measures and objectives are met? How are staff held accountable for cooperative agreement projects?	
8) How are carryover balances tracked and monitored? What steps have been taken to minimize carryover and steps to remedy overages in the future?	
9) How does the NCA ensure that the training/technical assistance they are providing is accurate, up to date and timely?	

Reporting and Follow Up

The entire site visit report, including verification, must 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 NCA PO throughout the remainder of the project period.

Overview of Procedure

Task I: Consultant completes site visit report

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

1. Consultant will complete a standard site visit report (see Appendix I) and submit it to the editor and reviewer within 10 calendar days from when the site visit was completed.
2. NCA and NCA PO should complete a consultant evaluation.
3. Approved site visit report is sent to NCA with report marked FINAL within 60 days from the end of the site visit.
4. Areas of concern that do not align with the NCA'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 conditions.
5. NCA PO will follow up with the NCA on the site visit findings.
6. NCAs 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 II: BPHC reviews and approves site visit report

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

- **Within 25 calendar days** after the consultant's draft report submission, BPHC staff will complete their internal review of the report, and communicate the need for any changes/edits to the report back to the consultant.
- Once received from BPHC, the consultant will revise the draft report within five business days and return to the PO for review as a final report.

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

Appendices

Appendix A: NCA Program Requirements

This section outlines the required Cooperative Agreement activities for the National Training/Technical Assistance Program awardees. Please also reference the 2017 Notice of Funding Opportunity (NOFO).

NCA PROGRAM REQUIREMENTS

Training/Technical Assistance Activities & Audiences

The FY 2017 Notice of Funding Opportunity (NOFO) realigned the Bureau of Primary Health Care's (BPHC) technical assistance investments to focus on the creation of a Learning Health Center System aimed at accelerating health center quality and impact. To accomplish this objective, the FY 2017 NOFO introduced new NCA types and predefined goals and metrics to correspond to each NCA type (Appendix A). Additionally, for each predefined NCA goal, awardees are required to provide a minimum of two (2) and a maximum of fourteen (14) T/TA activities, depending on their NCA type. At least **one** T/TA activity must address each of the following Activity Audiences[2]:

- Learning Collaborative Audience: Activities engage a subset of existing and potential health centers to facilitate information exchange and support implementation of best practices (e.g. collecting promising practices from successful health centers, experimenting with new methods of improving health center performance). This T/TA should inform National Audience activities.

  National Audience: Activities engage health centers, PCAs and HCCNs across the country and are focused primarily on disseminating information (e.g. webinars on innovative strategies, fact sheets on promising practices). (page 3, 2017 NOFO)

Collaboration

To maximize impact and reduce duplication of effort, NCA awardees must engage with other BPHC-supported T/TA providers to share the tools and resources developed by other HRSA-supported T/TA partners (NCAs, PCAs, HCCNs). According to the FY 2017 NOFO, awardees must:

- Describe both **formal and informal collaboration and coordination with other HRSA and BPHC supported T/TA providers and partners** (e.g., other NCAs, PCAs, HCCNs, Primary Care Organizations, Area Health Education Centers, Public Health Training Centers) and other regional and national organizations (e.g., Regional Extension Centers, national clinical associations) in order to:
  a. **Maximize the impact of T/TA activities** on Goals for the selected NCA type;
  b. Form linkages among a diverse membership to strengthen the national safety net;
  c. **Share T/TA resources and tools**; and
  d. **Reduce duplication** of efforts among health center T/TA providers.

Based on collaborative activities proposed by NCA awardees in response to the 2017 NOFO, the Office of Quality Improvement (OQI)/Strategic Partnerships Division (SPD) further clarified expectations

[2] Activities for Goal 6 under the National Resource Center NCA Type, is an exception to this rule. Goal 6 has three (3) sub-goals, 6A, 6B and 6C, and the awardee must propose 2-4 activities per goal with at least **one** activity for each pre-defined Activity Audience.

regarding required and optional participation in collaborative activities (see Appendix J). Consultants will note in the work plans that collaborative activities essentially fall into two buckets: A) NCA organizational level activities; B) National Resource Center (NRC) activities. Under the umbrellas of the NCA types and the National Resource Center there are a number of organizational level activities and crosscutting collaborative work groups or jointly planned activities to accomplish objectives associated with the diabetes metrics and goals, the NRC, and objectives associated with the Social Determinants of Health Academy 2.0.

A. National Cooperative Agreement Activities
   1. Diabetes Metric
      i. Individually proposed activities (organizational level) – predefined goal and metric for all Special and Vulnerable Populations NCA types; T/TA activities to address the goals and metrics are a requirement; must meet the minimum and activity audience requirements.
      ii. Diabetes Task Force – convened in response to collaboration requirement for all Special and Vulnerable Populations NCA types; participation is a requirement for Special and Vulnerable Populations NCAs and optional for all other NCA types.
      iii. Diabetes Change Package – activities proposed here are part of the National Resource Center NCA and might involve participation from members of the Special and Vulnerable Populations Task Force or other NCAs; participation is not a requirement across the NCAs, but encouraged based on subject matter expertise or interest.
   2. SDOH Academy 2.0 –NCAs developed a collective process for planning, development and faculty leadership for the curriculum of activities planned for the current Project period. Participation is optional and based on subject matter expertise and interest.

B. National Resource Center Activities – Included in the National Resource Center NCA's many T/TA activities include the national clearinghouse and national T/TA needs assessment. These are two objectives for which considerable collaboration is expected across the NCA portfolio.
   1. National Clearinghouse workgroup – various participation by all NCAs;
   2. National T/TA Needs Assessment workgroup – various participation by all NCAs
   3. T/TA Advisory Group – various participation by all NCAs

NCA Category Types:

This Site Visit Guide is organized according to the three (3) NCA category types (defined below).

Special and Vulnerable Populations NCA Awardees – Special populations, as defined in section 330 of the Public Health Service Act, include Migratory and Seasonal Agricultural Workers, People Experiencing Homelessness and Residents of Public Housing. NCAs in this category focus on increasing access to care, improving health outcomes and promoting health equity. The NCA category types include:

- Special Population: Migratory and seasonal Agricultural Workers NCA
- Special Population: People Experiencing Homelessness NCA
- Special Population: Residents of Public Housing NCA

Vulnerable populations have unique social, cultural, and communication factors that affect culturally and linguistically competent health care access and utilization. The NCAs in this category focus on the health care needs and access issues of one of the following vulnerable populations:

- Lesbian, Gay, Bisexual and Transgender Populations
- Asian American, Native Hawaiians and other Pacific Islanders
- School-aged children
- Elderly populations

Health Center Development Area NCA Awardees – NCAs in this category focus on providing T/TA in developmental areas in order to advance excellence in health center operations performance, clinical performance and/or patient outcomes. The NCA types in this category include the following areas:

- Clinical Work force Development – Pipeline
- Clinical Workforce Development – Recruitment and Retention
- Capital Development and Growth
- Health Information Technology and Data
- Oral Health Care
- Medical-Legal Partnerships

National Resource Center NCA Awardee – The NCA in this category leads the establishment of a national T/TA resource center and national health center T/TA needs assessment that includes contributions of and feedback from other BPHC T/TA partners (e.g. other NCAs, PCAs and HCCNs). This NCA coordinates and disseminates T/TA on leadership, organizational development, clinical and financial performance, operational staff training and practice transformation for health centers nationally. The NCA type in this category is:

- National Resource Center for Health Center T/TA

Appendix B: NCA Types and Required Measures

The tables below list the NCA types, required Goals and Metrics per NCA type, and example activities for applicants to reference for demonstration purposes only.

Special and Vulnerable Populations NCAs • Special Population: People Experiencing Homelessness NCA • Special Population: Residents of Public Housing NCA • Special Population: Migratory and Seasonal Agricultural Workers NCA • Vulnerable Populations NCA
Goal 1: Increase access to care Increase the number of special and vulnerable population patients served by health centers.
Activity Examples: Provide training and technical assistance on promising practices for: • Identification of current and potential special and vulnerable population patients. • Using outreach and enabling services to support and increase the number of specialand vulnerable population patients using comprehensive primary care services. • Considering the needs of special and vulnerable population patients in effective health center governance.
Goal 2: Improve health outcomes Decrease the percentage of patients with A1c greater than 9 percent. **Note:** Baseline data will be national Health Center Program patient data. Other sections of the Project Work Plan (e.g., Key Factors, Activities) should be utilized to note how special/vulnerable populations' data differs from national data.
Activity Examples: Provide training and technical assistance on promising practices for: • Engaging special and vulnerable population patients in diabetes self-management. • Treatment of diabetes in special and vulnerable population patients.
Optional Goal: Improve health outcomes for one of the following: hypertension control, colorectal cancer screening, or cervical cancer screening If desired, applicants may propose an additional goal to improve health outcomes specific to the needs of the special or vulnerable population of focus from the following options: hypertension control, colorectal cancer screening, or cervical cancer screening. **Note**: Baseline data will be national Health Center Program patient data. Other sections of the Project Work Plan (e.g., Key Factors, Activities) should be utilized to note how special/vulnerable populations' data differs from national data.

Activity Examples:
Provide training and technical assistance on promising practices for:

- Engaging special and vulnerable population patients in self-management of hypertension, colorectal cancer, or cervical cancer.
- Treatment of hypertension, colorectal cancer, or cervical cancer in special and vulnerable population patients.

Goal 3: Promote health equity
Increase the number of health centers providing services or engaged in partnerships that address social determinants of health (SDOH), such as housing, education, employment, transportation, and food security.

Activity Examples:
Provide training and technical assistance on promising practices, evidence-based, or innovative models to:

- Promote health equity and reduce health disparities for special and vulnerable populations.
- Train health profession students, residents, and licensed clinicians on social determinantsof health.

Clinical Workforce Development – Pipeline NCA
Goal 1: Increase formal clinical pipeline development Increase the percentage of health centers with formal programs to advance the education of healthcare professionals, either directly or through formal agreement with an external organization (e.g., pre- or post-doctoral academic programs, nursing programs, teaching health centers).
Activity Example: • Provide training and technical assistance on evidence-based or innovative strategies to implement education and training programs at health centers.
Goal 2: Increase the utilization of team-based practice models Increase the percentage of health centers utilizing team-based practice models.
Activity Example: • Provide training and technicalassistance on evidence-based or innovative strategies to train health professions students, residents, and clinicians to provide high quality care in a team- based primary care setting.

Clinical Workforce Development – Recruitment and Retention NCA
Goal 1: Increase the clinical workforce Increase the number of full-time equivalent health center providers.
Activity Example: • Provide training and technical assistance on evidence-based or innovative recruitment and retention strategies for clinicians.
Goal 2: Develop a highly skilled, responsive, and sustainable clinical workforce Increase the tenure of health center providers.
Activity Example: • Provide training and technical assistance on developing formal clinical recruitment and retention plans at health centers.

Capital Development and Growth NCA
Goal 1: Improve operations and infrastructure sustainability Increase the capacity of health centers to plan and finance successful capital development projects.
Activity Example: • Provide training and technical assistance on evidence-based or innovative strategies to secure capital development funding at health centers.
Goal 2: Increase capital development partnerships to address social determinants of health (SDOH) Increase the capacity of health centers to form non-traditional partnerships with organizations addressing SDOH (e.g. schools, senior centers, recreation centers, health departments, grocery stores, food banks).
Activity Example: • Provide training and technical assistance on promising approaches or innovative strategies to partner with other community-based organizations in capital planning and development.

Health Information Technology and Data NCA
Goal 1: Increase the electronic health record (EHR) capabilities and quality recognition Increase the percentage of health centers with providers receiving Meaningful Use and other health IT related incentive payments due to their use of health center EHR systems. **Note**: Baseline data will be national Health Center Program Meaningful Use data. Applicants must project goals that include not only Meaningful Use data, but also data, to be collected and tracked by the applicant, related to other incentive payments.
Activity Examples: • Provide training and technical assistance on evidence-based or innovative strategies to meet Meaningful Use standards at health centers. • Provide training and technical assistance on promising practices to expand health information exchange at health centers.
Goal 2: Increase the use of EHR to report Uniform Data System (UDS) clinical measures Increase the percentage of health centers that extract data from EHRs for UDS reporting.
Activity Example: • Provide training and technical assistance on evidence-based or innovative strategies for using EHRs to report UDS clinical performance measures.
Goal 3: Promote health information technology (health IT) system transformation Increase the percentage of health centers integrating advanced health IT to promote population health management.
Activity Examples: Provide training and technical assistance on: • Emerging health IT issues, including telehealth, cloud based services, remote monitoring, virtual patient visits and predictive-risk modeling. • Promising practices for advanced and emerging health IT, alternative touch, and associated reimbursement models. • Promising practices related to decision support systems and process changes that promote quality outcomes.

Oral Health Care NCA
Goal 1: Expand and integrate high-quality oral health services Increase the percentage of health center patients who receive oral health services at health centers.
Activity Examples: Provide training and technical assistance on evidence-based or promising practices for: • Engagement of current health center patients in oral health care services. • Establishing or expanding on-site oral health care services.
Goal 2: Improve oral health outcomes Increase the percentage of health center patients age 6-9 years at elevated risk for cavities who received a dental sealant on a permanent first molar tooth in the calendar year.
Activity Example: • Provide training and technical assistance on evidence-based clinical promising practices for use of dental sealants.

Medical-Legal Partnerships NCA
Goal 1: Increase or expand medical-legal partnerships Increase the number of health centers that implement medical-legal partnerships to address social determinants of health.
Activity Example: • Provide training and technical assistance on evidence-based or promising practices for integrating and expanding medical-legal partnerships.
Goal 2: Advance health equity by addressing the social determinants of health Increase the number of patients screened for social and environmental needs affecting health outcomes with appropriate, documented follow-up.
Activity Example: • Provide training and technical assistance on evidence-based or promising practices for training health centers staff to address social or legal problems that improve health outcomes.

National Resource Center for Health Center Training and Technical Assistance NCA
Goal 1: Advance organizational excellence at health centers Increase the number of health centers assisted via collection and dissemination of evidence-based or promising practices in the areas of governance, strategic planning, quality improvement/quality assurance, financial performance, and new health center development.
Activity Examples: • Provide training and technical assistance on evidence-based or promising practices in strategic planning, sustainability, quality improvement/quality assurance, organizational excellence, effective governance, health IT, patient-centered care models, and PCMH recognition. • Convene health centers that recently received initial Health Center Program funding or look- alike designation to provide T/TA targeted to new health centers, and connect new health centers with each other and other T/TA providers and resources.
Goal 2: Promote improved clinical outcomes Increase the percentage of health centers that meet or exceed national benchmarks for patients with A1c at or less than 9 percent.
Activity Examples: • Convene TA partners (e.g., PCAs, NCAs) to identify, collect, and share evidence-based and promising practices on diabetes. • Disseminate evidence-based and promising practices on diabetes care broadlyto support assistance to health centers via TA partners.
Goal 3: Promote health center leadership development to drive clinical and operational improvement Increase the number of health center executive staff (CEO, COO, CFO, CD, CIO) that complete leadership development training.
Activity Example: • Provide training and technical assistance on evidence-based or promising practices for training and retaining health center executive staff.

Goal 4: Increase operational workforce competency through effective training strategies
Increase the number of operational health center staff receiving training to support development within their positions (e.g., billing, coding, administration, health IT).

Activity Examples:
Provide training and technical assistance on evidence-based or innovative strategies to:

- Train and expand the competency of non-clinical staff at health centers.
- Recruit and retain non-clinical staff, including finance, health IT, quality improvement, and administrative staff.

Goal 5: Establish and operationalize a T/TA resource clearinghouse to increase access to T/TA resources
Increase the accessibility of T/TA resources through the development, maintenance, and promotion of a publicly available clearinghouse of all Health Center Program-related T/TA resources.

Activity Examples:

- Develop continuous quality improvement processes that incorporate end-user feedback to ensure the resource clearinghouse products meet the needs of health centers and barriers to accessing tools are addressed.
- Coordinate among TA partners in developing and disseminating resources that meet emerging needs of health centers.
- Establish an advisory board for the T/TA resource center comprised of technical assistance partners and users (NCA, PCA and health center representatives).

Goal 6A: Develop a Continuous Health Center Learning System: Create and administer a national health center needs assessment to inform the work of all NCAs
Increase the number of health centers and stakeholders that respond to a national needs assessment conducted in Year 2 of the 3-year project period.

Activity Examples:

- Solicit input on needs assessment content from TA partners.
- Provide T/TA on needs assessment results that include data analyses for effective use and follow up by other T/TA providers (e.g., PCAs, NCAs).

Goal 6B: Develop a Continuous Health Center Learning System: Convene face-to-face planning sessions with technical assistance partners (e.g., NCAs, PCAs) to review and respond to the national needs assessment
Increase coordination of technical assistance partners and implementation of needs assessment feedback through face-to-face planning meetings in Years 1 and 3 of the three-year project period.

Activity Examples:

- Develop agendas for planning sessions that respond to national needs assessment results.
- Convene technical assistance partners to discuss emerging T/TA trends identified in needs assessment, develop targeted T/TA resources and tools that respond to health center needs, and encourage ongoing collaboration among TA partners.

Goal 6C: Develop a Continuous Health Center Learning System: Evaluate and disseminate results of national health center needs assessment

Develop an evaluation plan to collect ongoing feedback from T/TA users on the quality and usefulness of T/TA resources that includes evaluation, dissemination, and implementation of results.

Activity Example:

- Create and implement a T/TA user feedback tool as part of each T/TA resource that captures user impressions about the accessibility, quality, and usefulness of T/TA resources.

Goal 7: Advance value-based practice transformation at health centers

Increase the number of health centers receiving training and support in practice transformation to facilitate participation in value-based payment and other sustainable business models.

Activity Examples:

Provide training and technical assistance on evidence-based or innovative strategies to assist health centers in:

- Practice transformation,
- Engaging in value-based payment models, and
- Applying sustainable business models.

Appendix C: Suggested NCA-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 NCA management staff will be available Review staff who will be interviewed during the visit

Appendix D: Pre-Site Visit Verification Questions Per NCA Category Type

Special and Vulnerable Populations NCAs: Assess whether NCA is providing specialized T/TA activities to existing and potential health centers serving one of the defined special or vulnerable population categories in order to increase access to care, improve health outcomes and promote health equity for the selected population.
T/TA Requirement: NCAs in this category must propose activities to increase access to care for special and vulnerable population patients served by health centers. Activities must also improve health outcomes on diabetes control and one of the following optional clinical measures, based on need: hypertension control, colorectal cancer screening, or cervical cancer screening. Finally, activities must also promote health equity for special and vulnerable population patients served by health centers.

Question	Response
Review the NCA work plan and need* section of the original application, and address how well T/TA activities are being implemented: a) Does the work plan include T/TA activities to increase the number of special and vulnerable population patients serviced by health centers? b) Does the work plan include T/TA activities to improve diabetes care health outcomes in at least two of the following areas to: i) Reduce health disparities; ii) Increase patient engagement in care; iii) Develop strategic partnerships with external partners?	
c) *Optional*: 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 at least two of the following areas to: i) Reduce health disparities; ii) Increase patient engagement in care; iii) Develop strategic partnerships with external partners? d) Does the work plan include T/TA activities to increase the number of health centers providing services or engaged in partnerships that address social determinants of health (SDOH), such as housing, education, employment, transportation and food security in at least two of the following areas to: i) Reduce health disparities; ii) Increase patient engagement in care; iii) Develop strategic partnerships with external partners?	

e) Are Goal Targets relevant and achievable*?* All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART). *Note: The reference to Need is specific to what the NCA documented in the Need section of their original application and/or NCC application, and not a formal annual needs assessment.	
Review a combination of activities and audience types in each of the 3 goal areas across the two (2) year budget period: 1) increase the number of special and vulnerable population patients serviced by health centers; 2) decrease the percentage (%) of patients with uncontrolled diabetes; and 3) increase the number of health centers providing services or engaged in partnerships that address social determinants of health (SDOH), such as housing, education, employment, transportation and food security to address the following: a) Do the training objectives/goals/subject matter address identified T/TA needs? b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations. c) Do the activities support the attainment of Goals and metrics defined for this NCA type? d) Do activities involve dissemination of evidence-based and/or promising practices? e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives? *Note: Reviewed activities must represent at least* one (1) National Audience activity and one (1) Learning Collaborative Activity	

Health Center Development Area NCAs: Assess whether the NCA is providing developmental T/TA activities to existing and potential health centers to meaningfully advance excellence in health center operations, performance and/or patient outcomes.

Pipeline NCA T/TA Requirement: NCAs must propose activities to increase formal clinical pipeline development for the health center workforce. The NCA must also increase the utilization of team-based practice models in health centers.

Question	Response
Review the NCA work plan and need section of the original application, and address: a) Does the work plan include T/TA activities to increase the percentage of health centers with formal programs to advance the education of health care professionals, either directly or through formal agreement with an external organization (e.g. pre/post-doctoral academic programs, nursing programs, teaching health centers)? b) Does the work plan include T/TA activities to increase the percentage of health centers utilizing team-based practice models? c) Are Goal Targets relevant and achievable? All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).	
Review a combination of activities and audience types in each of the 2 goal areas across the two (2) year budget period: 1)increase the percentage of health centers with formal programs to advance the education of health care professionals, either directly or through formal agreement with an external organization; 2) increase the percentage of health centers utilizing team-based practice models; and address the following: a) Do the training objectives/goals/subject matter address identified T/TA needs? b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations. c) Do the activities support the attainment of Goals and metrics defined for this NCA type? d) Do activities involve dissemination of evidence-based and/or promising practices? e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?	

Recruitment and Retention NCA T/TA Requirement: NCAs must propose activities to increase clinical workforce in health centers. The NCA must also propose activities that aim to develop a highly skilled, responsive and sustainable clinical workforce.

Question	Response
Review the NCA work plan and need section of the original application and/or NCC application, and address: a) Does the work plan include T/TA activities to increase the number of full-time equivalent health center providers? b) Does the work plan include T/TA activities to increase the tenure of health center providers? c) Are Goal Targets relevant and achievable*?* All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).	
Review a combination of activities and audience types in each of the 2 goal areas across the two (2) year budget period: 1) increase the number of full-time equivalent health center providers; and 2) increase the tenure of health center providers and address the following: a) Do the training objectives/goals/subject matter address identified T/TA needs? b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations. c) Do the activities support the attainment of Goals and metrics defined for this NCA type? d) Do activities involve dissemination of evidence-based and/or promising practices? e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?	

Capital Development and Growth NCA T/TA Requirement: NCA must propose activities to improve operations and infrastructure sustainability of health centers. The NCA's T/TA activities must also increase capital development partnerships to address social determinants of health (SDOH).

Question	Response
Review the NCA work plan and need section of the original application, and/or NCC application, and address: a) Does the work plan include T/TA activities to increase the increase the capacity of health centers to plan and finance successful capital development projects?	
b) Does the work plan include T/TA activities to increase the capacity of health centers to form non-traditional partnerships with organizations addressing SDOH (e.g. schools, senior centers, recreation centers, health departments, grocery stores, food banks)? c) Are Goal Targets relevant and achievable*?* All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).	
Review a combination of activities and audience types in each of the 2 goal areas across the two (2) year budget period: 1) increase the capacity of health centers to plan and finance successful capital development projects; and 2) increase the capacity of health centers to form non-traditional partnerships with organizations addressing SDOH (e.g. schools, senior centers, recreation centers, health departments, grocery stores, food banks) and address the following: a) Do the training objectives/goals/subject matter address identified T/TA needs? b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations. c) Do the activities support the attainment of Goals and metrics defined for this NCA type? d) Do activities involve dissemination of evidence-based and/or promising practices? e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?	

Health Information Technology and Data NCA T/TA Requirement: NCA must propose activities to increase electronic health record (E HR) capabilities and quality recognition. NCA T/TA activities must increase the use of E HR to report Uniform Data System (UDS) clinical measures. Finally, NCA T/TA activities must promote health information technology systems transformation.

Question	Response
Review the NCA work plan and need section of the original application and/or NCC application, and address: a) Does the work plan include T/TA activities to increase the percentage of health centers with providers receiving Meaningful Use and other health IT related incentive payments due to provider use of health center EHR systems? b) Does the work plan include T/TA activities to increase the percentage of health centers that used an E HR system to report all UDS clinical quality measures into the UDS and on the universe of its patients? c) Does the work plan include T/TA activities to increase the percentage of health centers integrating advanced health IT to promote population health? d) Are Goal Targets relevant and achievable*?* All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).	

Review a combination of activities and audience types in each of the 3 goal areas across the two (2) year budget period: 1)increase the percentage of health centers with providers receiving Meaningful Use and other health IT related incentive payments due to provider use of health center E HR systems; 2) increase the percentage of health centers that used an E HR system to report all UDS clinical quality measures into the UDS and on the universe of its patients; and 3) increase the percentage of health centers integrating advanced health IT to promote population health and address the following: a) Do the training objectives/goals/subject matter address identified T/TA needs? b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations. c) Do the activities support the attainment of goals and metrics defined for this NCA type? d) Do activities involve dissemination of evidence-based and/or promising practices? e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?	

Oral Health Care NCA T/TA Requirement: NCA must propose activities to expand and integrate high-quality oral health services. NCA must also propose T/TA activities to improve oral health outcomes.

Question	Response
Review the NCA work plan and need section of the original application and/or NCC application, and address: a) Does the work plan include T/TA activities to increase the percentage of health center patients who receive oral health services at health centers?	
b) Does the work plan include T/TA activities to increase the percentage of health center patients age 6-9 years at elevated risk for cavities who received a dental sealant on a permanent first molar tooth in the calendar year? c) Are Goal Targets relevant and achievable*?* All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).	
Review a combination of activities and audience types in each of the 2 goal areas across the two (2) year budget period: 1) increase the percentage of health center patients who receive oral health services at health centers; and 2) increase the percentage of health center patients age 6-9 years at elevated risk for cavities who received a dental sealant on a permanent first molar tooth in the calendar year and address the following: a) Do the training objectives/goals/subject matter address identified T/TA needs? b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations. c) Do the activities support the attainment of Goals and metrics defined for this NCA type? d) Do activities involve dissemination of evidence-based and/or promising practices? e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?	

Medical-Legal Partnerships NCA T/TA Requirement: NCA must propose activities to increase or expand medical-legal partnerships.

Question	Response
Review the NCA work plan and need section of the original application and/or NCC application, and address: a) Does the work plan include T/TA activities to increase the number of health centers that implement medical-legal partnerships to address social determinants of health?	
b) Does the work plan include T/TA activities to increase the number of patients screened for social and environmental needs affecting health outcomes with appropriate, documented follow-up? c) Are Goal Targets relevant and achievable*?* All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).	
Review a combination of activities and audience types in each of the 2 goal areas across the two (2) year budget period: 1) increase the number of health centers that implement medical-legal partnerships to address social determinants of health; and 2) increase the number of patients screened for social and environmental needs affecting health outcomes with appropriate, documented follow-up and address the following: a) Do the training objectives/goals/subject matter address identified T/TA needs? b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations. c) Do the activities support the attainment of Goals and metrics defined for this NCA type? d) Do activities involve dissemination of evidence-based and/or promising practices? e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?	

National Resource Center for Health Center Training and Technical Assistance NCA: Assess whether NCA is providing developmental T/TA activities to existing and potential health centers to meaningfully advance excellence in health center operations, performance and/or patient outcomes.

National Resource Center for Health Center Training and Technical Assistance NCA T/TA Requirement : NCA must propose activities to: 1) advance organizational excellence at health centers; 2) promote improved clinical outcomes; 3) promote health center leadership development to drive clinical and operational improvement; 4) increase operational workforce competency through effective training strategies; 5); establish and operationalize a T/TA resource clearinghouse to increase access to T/TA resources; 6) develop a continuous health center learning system and 7) Advance value-based practice transformation at health centers.

Question	
Review the NCA work plan and need section of the original application, and address: a) Does the work plan include T/TA activities to increase the number of health centers assisted via collection and dissemination of evidenced-based or promising practices in the areas of governance, strategic planning, quality improvement/quality assurance, financial performance, and new health center development?	
b) Does the work plan include T/TA activities to increase the percentage of health centers that meet or exceed national benchmarks for patients with A1C at or less than 9 percent? c) Does the work plan include T/TA activities to increase the number of health center executive staff (CEO, COO, CFO, CD, and CIO) that complete leadership development training? d) Does the work plan include T/TA activities to increase the number of operational health center staff receiving training to support development within their positions (e.g. billing, coding, administration, health IT). e) Does the work plan include T/TA activities to increase the accessibility of T/TA resources through the development, maintenance and promotion of a publicly available clearinghouse of all health center program related T/TA resources? f) Does the work plan include T/TA activities to increase the number of health centers and stakeholders that respond to a national needs assessment conducted in Year 2 of the 3-year project period?	

g) Does the work plan include T/TA activities to increase coordination of technical assistance partners and implementation of needs assessment feedback through face-to-face planning meetings in Years 1 and 3 of the three-year project period. h) Does the work plan include T/TA activities to develop an evaluation plan to collect ongoing feedback from T/TA users on the quality and usefulness of T/TA resources that includes evaluation, dissemination and implementation of results? i) Does the work plan include T/TA activities to increase the number of health centers receiving training and support in practice transformation to facilitate participation in value-based payment and other sustainable business models? j) Are Goal Targets relevant and achievable*?* All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).	
Review a combination of activities and audience types in each of the 7 goal areas across the two (2) year budget period: 1) increase the number of health centers assisted via collection and dissemination of evidenced-based or promising practices in the areas of governance, strategic planning, quality improvement/quality assurance, financial performance, and new health center development ; 2) increase the percentage of health centers that meet or exceed national benchmarks for patients with A1c or less than 9 percent; 3) increase the number of health center executive staff (CEO, COO, CFO, CD, CIO) that complete leadership development training; 4) increase the number of operational health center staff receiving training to support development within their positions (e.g. billing, coding, administration, health IT); 5) increase the accessibility of T/TA resources thought the development, maintenance and promotion of a publicly available clearinghouse of all Health Center Program-related T/TA resources; 6a) increase the number of health centers and stakeholders that respond to a national needs assessment conducted in Year 2 of the 3-year project period; 6b) increase coordination of technical assistance partners and implementation of needs	

assessment feedback through face-to-face planning meetings in Years 1 and 3 of the three-year project period; 6c) develop an evaluation plan to collect ongoing feedback from T/TA users on the quality and usefulness of T/TA resources that includes evaluation, dissemination and implementation of results; and 7) increase the number of health centers receiving training and support in practice transformation to facilitate participation in value-based payment and other sustainable business models and address the following: a) Do the training objectives/goals/subject matter address identified T/TA needs? b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations. c) Do the activities support the attainment of Goals and metrics defined for this NCA type? d) Do activities involve dissemination of evidence-based and/or promising practices? e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?	

Appendix E: On-Site Visit Verification Questions Per NCA Category Type

Special and Vulnerable Populations NCAs: Verify that the NCA is providing specialized T/TA activities to existing and potential health centers serving one of the defined special or vulnerable population categories in order to increase access to care, improve health outcomes and promote health equity for the selected population.

***T/TA Requirement**: Proposed activities must increase access to care for special and vulnerable population patients served by health centers. Activities must also improve health outcomes on diabetes control and one of the following clinical measures, based on need: hypertension control, colorectal cancer screening, or cervical cancer screening. Finally, activities must promote health equity for special and vulnerable population patients served by health centers.*

Question	Response
1) For Goals 1, 2 and 3, the consultant selects two corresponding Activity Areas identified in the NCA's work plan. Consultant should refer to the most recent UDS data and/or HRSA PO when selecting the Activity Areas and ask: a) What is the NCA's approach to ongoing surveillance of the health care environment related to this Activity Area? What data sources are used? b) How did the NCA identify and prioritize the most pressing needs related to this Activity Area? c) How did the NCA decide which Activity Audience was appropriate for this particular Activity Area? What factors influenced this decision? d) How is the NCA using data (e.g. UDS, national data sources, state profiles, etc.) to inform its proposed activities in the Activity Area? ***NCA may demonstrate any data tracking or organization tools.*** e) How do the activities listed within the Activity Area address the high priority needs identified in the health care environment? f) What factors contributed to the achievement of the identified T/TA objectives? g) What factors restricted or undermined the achievement of the T/TA objectives? h) How are areas for improvement identified? If applicable, what examples has the NCA documented so far and how have these been incorporated? i) What type of evaluation was administered for this activity? How does the NCA analyze and use data from T/TA evaluations? j) How does the NCA assess the ROI of this activity? k) How did the NCA ensure this activity was available and accessible to existing and potential health centers regardless of NCA membership or look-alike designation status?	

2) Ask the NCA to share information around any two collaborations relating to one or more of the predefined goals for this NCA type. Collaborations may be either formal or informal. These should be different collaborations than the collaborations found within the two activities per goal selected for presentation during the site visit. These collaborations may be related a Learning Collaborative activity or a National Audience activity.	
3) For each collaboration the consultant should ask: a) What is the rationale for each collaboration (e.g. subject matter expertise)? Ask for impact data if available (this can vary based on when in the project period the NCA is receiving the site visit). b) What impact has this collaboration had on the T/TA activity provided? On health centers? c) How has the collaboration improved access to comprehensive, culturally competent, quality primary care services to underserved and vulnerable populations? How does the NCA track this? d) How does the NCA minimize duplication of efforts?	

Health Center Development Area NCAs: Verify that the NCA is providing specialized T/TA activities to existing and potential health centers specific to the NCA type selected (e.g. clinical workforce development; capital development and growth; health information technology and data; oral health care; medical-legal partnerships)
T/TA Requirement: Proposed activities must meaningfully advance excellence in health center operations, performance, and/or patient outcomes.

Question	Response
1) Depending on the NCA type selected, the consultant selects two (2) corresponding Activity Areas for each of the predefined goals identified in the NCA's work plan. Consultant should refer to the most recent UDS data and/or HRSA PO when selecting the Activity Areas and ask: a) What is the NCA's approach to ongoing surveillance of the health care environment related to this Activity Area? What data sources are used? b) How did the NCA identify and prioritize the most pressing needs related to this Activity Area? c) How did the NCA decide which Activity Audience was appropriate for this particular Activity Area? What factors influenced this decision? d) How is the NCA using data (e.g. UDS, national data sources, state profiles, etc.) to inform its proposed activities in the Activity Area? *NCA may demonstrate any data tracking or organization tools.* e) How do the activities listed within the Activity Area address the high priority needs identified in the health care environment? f) What factors contributed to the achievement of the identified T/TA objectives? g) What factors restricted or undermined the achievement of the T/TA objectives? h) How are areas for improvement identified? If applicable, what examples has the NCA documented so far and how have these been incorporated? i) What type of evaluation was administered for this activity? How does the NCA analyze and use data from T/TA evaluations? j) How does the NCA assess the ROI of this activity? k) How did the NCA ensure this activity was available and accessible to existing and potential health centers regardless of NCA membership or look-alike designation status?	

2) Ask the NCA to share information around any two collaborations relating to one or more of the predefined goals for this NCA type; Collaborations may be either formal or informal. For each collaboration the consultant should ask: a. What is the rationale for each collaboration (e.g. subject matter expertise)? Ask for impact data if available (this can vary based on when in the project period the NCA is receiving the site visit). b. What impact has this collaboration had on the T/TA activity provided? On health centers? c. How has the collaboration improved access to comprehensive, culturally competent, quality primary care services to underserved and vulnerable populations? How does the NCA track this? d. How does the NCA minimize duplication of efforts?	

National Resource Center NCAs: Verify that the NCA is providing specialized T/TA activities to existing and potential health centers to meaningfully advance excellence in health center operations, performance and/or patient outcomes.

T/TA Requirement: Proposed activities must meaningfully advance excellence in health center excellence through the coordination and dissemination of T/TA on leadership, organizational development, clinical and financial performance, operational staff training, and practice transformation for health centers across the nation. This will be achieved by establishing a national T/TA resource center and continuous learning health center system that includes contributions of and feedback to other T/TA partners (e.g., other NCAs, PCAs and HCCNs).

Question	Response
1) For the National Resource Center NCA, the consultant selects two (2) corresponding Activity Areas for each of the seven (7) predefined goals identified in the NCA's work plan. Consultant should refer to the most recent UDS data and/or HRSA PO when selecting the Activity Area and ask: a) What is the NCA's approach to ongoing surveillance of the health care environment related to this Activity Area? What data sources are used? b) How did the NCA identify and prioritize the most pressing needs related to this Activity Area? c) How did the NCA decide which Activity Audience was appropriate for this particular Activity Area? What factors influenced this decision? d) How is the NCA using data (e.g. UDS, national data sources, state profiles, etc.) to inform its proposed activities in the Activity Area? *NCA may demonstrate any data tracking or organization tools.* e) How do the activities listed within the Activity Area address the high priority needs identified in the health care environment? f) What factors contributed to the achievement of the identified T/TA objectives? g) What factors restricted or undermined the achievement of the T/TA objectives? h) How are areas for improvement identified? If applicable, what examples has the NCA documented so far and how have these been incorporated? i) What type of evaluation was administered for this activity? How does the NCA analyze and use data from T/TA evaluations? j) How does the NCA assess the ROI of this activity? k) How did the NCA ensure this activity was available and accessible to existing and potential health centers regardless of NCA membership or look-alike designation status?	

2) Ask the NCA to share information around any two collaborations relating to one or more of the predefined goals for this NCA type; Collaborations may be either formal or informal. These should be different collaborations than the collaborations found within the two activities per goal selected for presentation during the site visit. These collaborations may be related a Learning Collaborative activity or a National Audience activity. For each collaboration the consultant should ask: a. What is the rationale for each collaboration (e.g. subject matter expertise)? Ask for impact data if available (this can vary based on when in the project period the NCA is receiving the site visit). b. What impact has this collaboration had on the T/TA activity provided? On health centers? c. How has the collaboration improved access to comprehensive, culturally competent, quality primary care services to underserved and vulnerable populations? How does the NCA track this? d. How does the NCA minimize duplication of efforts?	

Appendix F: Site Visit Agenda Suggested Template

National Training and Technical Assistance Cooperative Agreement (Name)
Date: September 1-3, 201X
Time: 8:30 a.m. – 5:00 p.m.

NCA Attendees:
(Name(s): Title: Role of the NCA)

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

DAY ONE

9:00 a.m. – 9:30 a.m.	Introductions (PO/or other HRSA Representative if PO unavailable) 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 NCA what staff will be present for each portion of the site visit. Once the agenda is set, consultant and NCA will coordinate with staff to block off their time.*
9:30 a.m. – 11:00 a.m.	NCA Showcase Presentation BPHC Funded Activity Successes Innovations Staff Attendance List staff expected for this portion
10:30 a.m. – 12:30 p.m.	Verification (Consultants) Staff Attendance List staff expected for this portion
12:30 p.m. – 1:30 p.m.	Lunch
1:30 p.m. – 4:30 p.m.	Verification (Consultants) 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

** Possible documents for review during the visit (refer to on-site documents to review)

List documents, e.g., work plan

Appendix G: Entrance Conference

The Entrance Conference provides an opportunity for introductions of key NCA personnel; reiterate the purpose of the visit; review the schedule; and allow the NCA to provide a general overview, including any major accomplishments/successes. The Entrance Conference must involve the site visit consultant, NCA PO, and the NCA's senior management staff. The Entrance Conference is approximately one to two hours in length.

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 NCA follow up roles and responsibilities BPHC Update & Overview (Project Officer presents)
90 minutes	NCA Showcase Presentation topics are at NCA's discretion, but suggested subjects include: NCA's assessment of public health barriers and opportunities in state/region T/TA promising practices and successes New initiatives the NCA is undertaking
10 minutes	Q&A

Appendix H: Exit Conference

The site visit concludes with an Exit Conference attended by everyone who participated in the site visit process. The consultant summarizes general findings from all aspects of the site visit review and any follow-up actions/steps are discussed, as applicable.

Program Verification Review (NCA Type: Special/Vulnerable Populations; Health Center Development Area or National Resource Center)	Verification Status	Task Questions Used to Verify (NCA Type: Special/Vulnerable Populations; Health Center Development Area or National Resource Center)
Special and Vulnerable Populations NCAs Goal areas: 1) increase the number of special and vulnerable population patients serviced by health centers; 2) decrease the % of patients with uncontrolled diabetes; and 3) increase the number of health centers providing services or engaged in partnerships that address social determinants of health (SDOH), such as housing, education, employment, transportation and food security		Pre-site review: Goals 1, 2, 3 & optional goal, as applicable (and associated activities) questions Onsite review: Goal 1, 2, 3 & optional goal as applicable
Health Center Development Area: Pipeline NCA Goal areas: 1) increase the percentage of health centers with formal programs to advance the education of health care professionals, either directly or through formal agreement with an external organization; 2) increase the percentage of health centers utilizing team-based practice models		Pre-site review: Goals 1 and 2 (and associated activities) questions Onsite review: Goals 1 and 2
Health Center Development Area: Recruitment and Retention NCA Goal areas: 1) increase the number of full-time equivalent health center providers; and 2) increase the tenure of health center providers		Pre-site review: Goals 1 and 2 (and associated activities) questions Onsite review: Goals 1 and 2
Health Center Development Area: Capital Development and Growth NCA Goal areas: 1) increase the increase the capacity of health centers to plan and finance successful capital development projects; and 2) increase the capacity of health centers to form non-traditional partnerships with organizations addressing SDOH (e.g. schools, senior centers, recreation centers, health departments, grocery stores, food banks)		Pre-site review: Goals 1 and 2 (and associated activities) questions Onsite review: Goals 1 and 2

Health Center Development Area: Health Information Technology and Data NCA Goal areas: 1)increase the percentage of health centers with providers receiving Meaningful Use and other health IT related incentive payments due to provider use of health center E HR systems; 2) increase the percentage of health centers that used an E HR system to report all UDS clinical quality measures into the UDS and on the universe of its patients; and 3) increase the percentage of health centers integrating advanced health IT to promote population health		Pre-site review: Goals 1, 2 and 3 (and associated activities) questions Onsite review: Goals 1, 2 and 3
Health Center Development Area: Oral Health Care NCA Goal areas: 1) increase the percentage of health center patients who receive oral health services at health centers; and 2) increase the percentage of health center patients age 6-9 years at elevated risk for cavities who received a dental sealant on a permanent first molar tooth in the calendar year		Pre-site review: Goals 1 and 2 (and associated activities) questions Onsite review: Goals 1 and 2
Health Center Development Area: Medical-Legal Partnerships NCA Goal areas: 1) increase the number of health centers that implement medical-legal partnerships to address social determinants of health; and 2) increase the number of patients screened for social and environmental needs affecting health outcomes with appropriate, documented follow-up		Pre-site review: Goals 1 and 2 (and associated activities) questions Onsite review: Goals 1 and 2
National Resource Center for Health Center Training and Technical Assistance NCA Goal areas: 1) increase the number of health centers assisted via collection and dissemination of evidenced-based or promising practices in the areas of governance, strategic planning, quality improvement/quality assurance, financial performance, and new health center development ; 2) increase the percentage of health centers that meet or exceed national benchmarks for patients with A1c or less than 9 percent; 3) increase the number of health		Pre-site review: Goals 1 through 7 (and associated activities) questions Onsite review: Goals 1 through 7

center executive staff (CEO, COO, CFO, CD, CIO) that complete leadership development training; 4) increase the number of operational health center staff receiving training to support development within their positions (e.g. billing, coding, administration, health IT); 5) increase the accessibility of T/TA resources thought the development, maintenance and promotion of a publicly available clearinghouse of all Health Center Program-related T/TA resources; 6a) increase the number of health centers and stakeholders that respond to a national needs assessment conducted in Year 2 of the 3-year project period; 6b) increase coordination of technical assistance partners and implementation of needs assessment feedback through face-to-face planning meetings in Years 1 and 3 of the three-year project period; 6c) develop an evaluation plan to collect ongoing feedback from T/TA users on the quality and usefulness of T/TA resources that includes evaluation, dissemination and implementation of results; and 7) increase the number of health centers receiving training and support in practice transformation to facilitate participation in value-based payment and other sustainable business models		

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 Project Officer to clarify expectations outlined in the NOFO regarding T/TA requirements prior to the consultant's completion of the initial draft report. Please note, this would be on an* ***as-needed basis only*** *for very sensitive or major findings and could take place during the report review timeline.*

Appendix I: Site Visit Report Template

National Training and Technical Assistance Cooperative Agreement Site Visit Report

TA Request Details

TA Request Number:	**TA000xxx**
Grantee Information:	**National Cooperative Agreement name and acronym** NCA Street Address NCA City, State and Zip Code
Contact:	**First and Last Name (*usually NCA Project Director*)** Contact's email address Contact's telephone number
Type of Visit:	**NCA Verification Site Visit**
Date(s) of Visit:	**Dates on-site at the NCA**
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 NCA)	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 NCA 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 NCA'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 NCA PO via a telephone call.

Program Verification Review (NCA Type: Special/Vulnerable Populations; Health Center Development Area or National Resource Center)	Verification Status	Task Questions Used to Verify (NCA Type: Special/Vulnerable Populations; Health Center Development Area or National Resource Center)
Special and Vulnerable Populations NCAs Goal areas: 1) increase the number of special and vulnerable population patients serviced by health centers; 2) decrease the % of patients with uncontrolled diabetes; and 3) increase the number of health centers providing services or engaged in partnerships that address social determinants of health (SDOH), such as housing, education, employment, transportation and food security		Pre-site review: Goals 1, 2, 3 & optional goal, as applicable (and associated activities) questions Onsite review: Goal 1, 2, 3 & optional goal as applicable
Health Center Development Area: Pipeline NCA Goal areas: 1) increase the percentage of health centers with formal programs to advance the education of health care professionals, either directly or through formal agreement with an external organization; 2) increase the percentage of health centers utilizing team-based practice models		Pre-site review: Goals 1 and 2 (and associated activities) questions Onsite review: Goals 1 and 2
Health Center Development Area: Recruitment and Retention NCA Goal areas: 1) increase the number of full-time equivalent health center providers; and 2) increase the tenure of health center providers		Pre-site review: Goals 1 and 2 (and associated activities) questions Onsite review: Goals 1 and 2
Health Center Development Area: Capital Development and Growth NCA Goal areas: 1) increase the increase the capacity of health centers to plan and finance successful capital development projects; and 2) increase the capacity of health centers to form non-traditional partnerships with organizations addressing SDOH (e.g. schools, senior centers, recreation centers, health departments, grocery stores, food banks)		Pre-site review: Goals 1 and 2 (and associated activities) questions Onsite review: Goals 1 and 2

Health Center Development Area: Health Information Technology and Data NCA Goal areas: 1)increase the percentage of health centers with providers receiving Meaningful Use and other health IT related incentive payments due to provider use of health center E HR systems; 2) increase the percentage of health centers that used an E HR system to report all UDS clinical quality measures into the UDS and on the universe of its patients; and 3) increase the percentage of health centers integrating advanced health IT to promote population health		Pre-site review: Goals 1, 2 and 3 (and associated activities) questions Onsite review: Goals 1, 2 and 3
Health Center Development Area: Oral Health Care NCA Goal areas: 1) increase the percentage of health center patients who receive oral health services at health centers; and 2) increase the percentage of health center patients age 6-9 years at elevated risk for cavities who received a dental sealant on a permanent first molar tooth in the calendar year		Pre-site review: Goals 1 and 2 (and associated activities) questions Onsite review: Goals 1 and 2
Health Center Development Area: Medical-Legal Partnerships NCA Goal areas: 1) increase the number of health centers that implement medical-legal partnerships to address social determinants of health; and 2) increase the number of patients screened for social and environmental needs affecting health outcomes with appropriate, documented follow-up		Pre-site review: Goals 1 and 2 (and associated activities) questions Onsite review: Goals 1 and 2
National Resource Center for Health Center Training and Technical Assistance NCA Goal areas: 1) increase the number of health centers assisted via collection and dissemination of evidenced-based or promising practices in the areas of governance, strategic planning, quality improvement/quality assurance, financial performance, and new health center development ; 2) increase the percentage of		Pre-site review: Goals 1 through 7 (and associated activities) questions Onsite review: Goals 1 through 7

health centers that meet or exceed national benchmarks for patients with A1c or less than 9 percent; 3) increase the number of health center executive staff (CEO, COO, CFO, CD, CIO) that complete leadership development training; 4) increase the number of operational health center staff receiving training to support development within their positions (e.g. billing, coding, administration, health IT); 5) increase the accessibility of T/TA resources thought the development, maintenance and promotion of a publicly available clearinghouse of all Health Center Program-related T/TA resources; 6a) increase the number of health centers and stakeholders that respond to a national needs assessment conducted in Year 2 of the 3-year project period; 6b) increase coordination of technical assistance partners and implementation of needs assessment feedback through face-to-face planning meetings in Years 1 and 3 of the three-year project period; 6c) develop an evaluation plan to collect ongoing feedback from T/TA users on the quality and usefulness of T/TA resources that includes evaluation, dissemination and implementation of results; and 7) increase the number of health centers receiving training and support in practice transformation to facilitate participation in value-based payment and other sustainable business models		

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. **Actions recommended for improvement should be given whether the goal is verified or not.** Finally, interview portion findings are summarized, though they do not contribute to verification status.

Section 1: Goal 1

Verification Status (Verified or Not Verified):

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.

Actions Recommended for Improvement:

Section 2: Goal 2

Verification Status (Verified or Not Verified):

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.

Actions Recommended for Improvement:

Section 3: Optional Goal

Verification Status (Verified or Not Verified):

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.

Actions Recommended for Improvement:

Section 4: Goal 3

Verification Status (Verified or Not Verified):

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.

Actions Recommended for Improvement:

Section 5. Innovative/Promising Practices

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

Section 6. Targeted TA Recommendations

This section addresses areas that were identified as verified and meet BPHC NCA 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 NCAs in this area is optional and will be discussed with NCA PO during ongoing monitoring. NCAs may consider using their Targeted TA days to address identified improvement areas.

Section 7. Budget Review

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

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 NCA documents. This review and analysis is primarily preparation for the Site Visit, to get as much of an understanding of the NCA 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 NCA and NCA 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 NCA documents in the list below that were reviewed prior to and/or during this Site Visit:

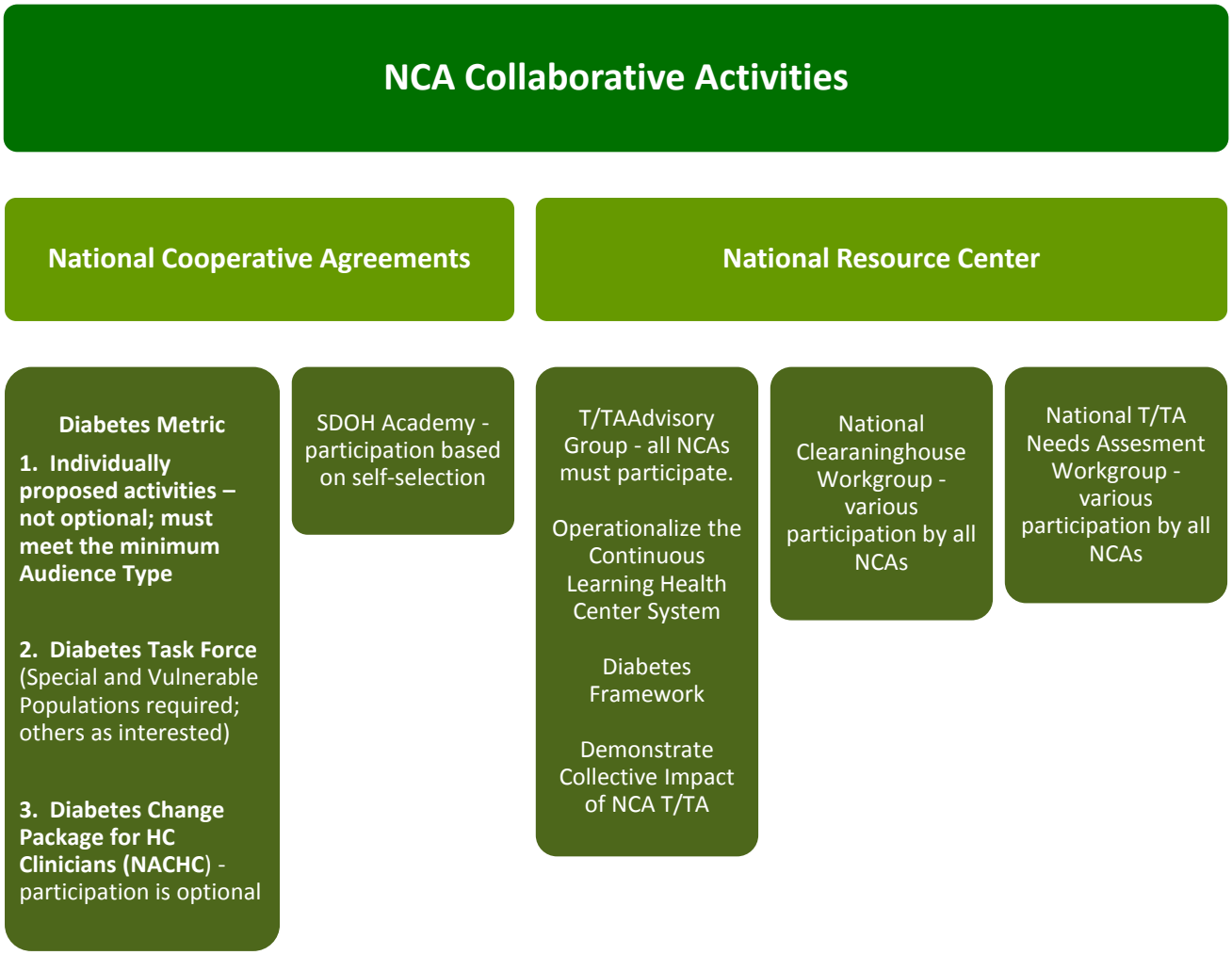
BPHC Documents	NCA Documents
1. FY 2017 NCA Notice of Funding Opportunity (NOFO) ___ 2. Competing cooperative agreement application ___ 3. HRSA-Initiated Supplemental Funding Opportunity or Federal Register Notices (FRN) (if applicable) ___ 4. All work plans from the current project period ___ 5. Year 1 and year 2 Progress Reports ___ 6. Federal Financial Report (SF-425) for the current budget period Most recent budget narrative and staffing plan ___	1. NCA website ___ 2. Most recent organization chart, staffing plan, position descriptions, and staffing bios ___ 3. Needs assessment documents* ___ **4. Documentation of two (2) sample T/TA activities from each of the required goals and metrics per NCA type. Depending on the NCA type, two (2) to fourteen (14) sample TA activities are expected.[3] ___** **T/TA activities documentation should include:** **i. Course Evaluations ___** **ii. Attendance records ___** **iii. All materials shared with participants including: slide deck, handouts, course materials, etc. ___** 5. Statement of work and budget for contracts paid with BPHC funding for each budget period within the current project period. ___ 6. Work plans related to any approved supplemental funding activity (if applicable). ___ 7. All publication plans with links to posted publications for the current project period. Consultant should document that the provided publication links are active and accessible to the widest possible audience. ___

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

[3] NCA documentation of "optional" goals and metrics can be provided and reviewed during the site visit, but only as an *addition* to documentation of activities related to the NCA type "required" goals and metrics.

Appendix J: NCA Collaborative Activities (Diagram)



Appendix K: NCA Showcase (Template)

During the entrance conference, the NCA will have approximately 60-90 minutes to provide an overview of the NCA. Selected topic areas are at the discretion of the NCA. Below is a suggested outline.

NCA Showcase Purpose

- ☐ Starting point for Consultant-NCA dialogue for the next two days
- ☐ Highlight NCA activities, processes or partnerships planned for verification during the on-site visit
- ☐ Highlight successes, lessons learned from BPHC-funded activities

NCA Background

- ☐ Staffing and organization chart
- ☐ NCA Program organization chart (if different from the above)
- ☐ Organization history (NCA and broader institution)
- ☐ Funding streams (BPHC and federal or non-federal sources)

National Health Care Landscape for NCA Type

- ☐ Description of health, social and other needs of special/vulnerable populations addressed by the NCA
- ☐ Description of health center development area needs addressed by NCA
- ☐ Description of health center needs addressed by the National T/TA Resource Center

NCA Partnerships

- ☐ Overview of key PCA, HCCN, other NCA partnerships
- ☐ Description of key activities performed by partners to achieve goals and metrics

NCA T/TA Strategy

- ☐ NCA T/TA development strategy (process)
- ☐ NCA work plan tracking tool demonstration
- ☐ NCA evaluation tools (ROI analysis, as applicable)

NCA's Approach to the Predefined Goals and Metrics (NCA type)

- ☐ Overview of predefined goals and metrics per NCA type
- ☐ Summary of any known impact outcomes

Promising Practices

- ☐ Overview of predefined goals and metrics per NCA type

- ☐ Highlight one or two innovations or promising practices
- ☐ Describe how NCA leverages BPHC and other resources to support health centers and any products highlighted in this section

Challenges/Restricting Factors

- ☐ Internal
- ☐ External

NCA's Vision for Health Center Development

- ☐ Goals, challenges and vision for the future

NCA T/TA Resources

- ☐ If time permits, provide demonstration of NCA T/TA web-based resources