

# Fiscal Year 2023 Health Center Controlled Networks (HCCN) Non- Competing Continuation (NCC) Progress Report

An Electronic Handbooks (EHBs) User Guide for  
Award Recipients

Last updated on December 7<sup>th</sup>, 2022

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The images for this user guide are located in Appendix A. For steps that have a corresponding image, the format (e.g., Figure 5, 1) will include a hyperlink to the figure, and a reference to the numbered box on the image pointing out where on the screen the user should perform the action.

## Log into EHBs

1. **Navigate** to <https://grants.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx>.
2. **Enter** your EHBs username and password.

*You will be directed to the EHBs Home Page.*

## Accessing the FY 2023 HCCN NCC Progress Report

To access your *FY 2023 HCCN NCC Progress Report* (also referred to as the progress report) from the EHBs Homepage, follow the steps below:

1. **Click** on the “Grants” tab on the Navigation Bar, ([Figure 1, 1](#)) you will be directed to the *My Grant Portfolio – List page*
2. **Locate** your HCCN grant (H2Q) on the *My Grant Portfolio – List page*.
3. **Click** the “Grant Folder” link, you will be directed to the *Grant Home page* for your U86 award.
4. **Click** on the “Work on My NCC Report” link under the *Submissions* section, you will be directed to the *Submissions-All page* ([Figure 2, 1](#)).
5. **Scroll** past the search filters and **locate** the *Non-Competing Continuation Progress Report* record under the *Submission Type* heading ([Figure 3, 1](#)).
6. **Click** the “Start” link to start working on the submission ([Figure 3, 2](#)). If you have already started working on your progress report submission, **click** the “Edit” link to access your progress report submission.

*You will be directed to the NCC Progress Report – Status Overview page.*

## Completing the Components of the FY 2023 HCCN NCC Progress Report

EHBs requires you to complete the following information to submit the progress report to HRSA. The subsequent forms need to be filled and can be found on the *NCC Progress Report – Status Overview page*:

1. Basic Information:
  - a. SF-PPR
  - b. SF-PPR-2 (Cover Page Continuation)
2. Budget Information:
  - a. Budget Details
  - b. Year (Relevant to you)
  - c. Budget Narrative
3. Other Information
  - a. Program Specific Information
  - b. Appendices

## Completing the Basic Information Forms (SF-PPR and SF-PPR-2)

1. Click the “Update” link for the *SF-PPR Form* on the *NCC Progress Report – Status Overview* page.
  - a. **Review and Update** required information as needed: (Contact HCPS or refer to the [NCC Progress Report User Guide for Generic Grants](#) for more details on how to update the Form).
  - b. Click the “Save and Continue” button, you will be directed to the *SF-PPR-2 (Cover Page Continuation)* page.
  - c. **Review and Update** all required fields of the *SF-PPR-2 (Cover Page Continuation)* (Contact HCPS or refer to the [NCC Progress Report User Guide for Generic Grants](#) for more details on how to update the Form.)
2. Click the “Save” to save all your progress
3. Click the “Save and Continue” button.

*You will be directed to the Budget Details Form.*

## Completing the SF424A Budget Information Form and Budget Narrative

1. **Review** *Section A-Budget Summary*. For *Section A: Budget Summary*, the Federal funding request is pre-populated for your reference and cannot be edited. This amount corresponds with the recommended future support figure (Box 13) provided in your most recent HCCN Notice of Award.
2. **Update** *Section B - Budget Categories*
  - a. Click the “Update” button ([Figure 4, 1](#)).
  - b. **Enter** amounts for each object category listed.
  - c. Click the “Save and Continue” button, you will be directed back to the *SF424A Budget Information*.

*Note:* The total amount in Section B should match the total in Section A and is equal to the Federal funding request. You may click “Calculate Total” to ensure the amounts entered total the Total Budget Specified in Budget Summary.
3. **Skip** *Section C- Non-Federal Resources*, your budget request should reflect the federal funding request only.
4. **Complete** the *SF424A Budget Information Form* for the upcoming 12-month budget period by following steps 1-3 listed above.
5. Click the “Save and Continue” button on the *SF424A Budget Information Form* ([Figure 4, 2](#)), you will be directed to the *Budget Narrative* section of your progress report.
6. **Upload** the *Budget Narrative* for the upcoming 12-month budget period.
  - a. Click on the “Attach File” button
  - b. Click the “Choose File” button, and follow prompts to select the Budget Narrative file from your computer
  - c. **Enter** a file description
  - d. Click the “Upload” button, you will be directed to the *Budget Narrative Page*, where you will see your file. You must upload a minimum of one document and may upload a maximum of two documents.
7. Click the “Save” to save all your progress
8. Click the “Save and Continue” button

*You will be directed to the Status Overview Page for Program Specific Information.*

## Completing the Program Specific Information

Completing the Program Specific Information. The Program Specific Information section of the progress report consists of the following forms:

1. FY 2022 Project Work Plan Update ([Figure 5, 1](#))
2. FY 2023 Project Work Plan ([Figure 5, 2](#))
3. Progress Report ([Figure 5, 3](#))

## FY 2022 Project Work Plan Update Form

The *FY 2022 Project Work Plan (PWP) Update Form* prepopulates the predefined Objectives, and Metrics from your *FY2022 HCCN* application. Each Objective has Objective Details, Key Factors, and Activities that you provided in your *FY2022 Project Work Plan*. Required fields are annotated with red asterisks next to the field name. In addition, each field includes a tooltip information icon you can use to help guide you as you update your *FY 2022 PWP Update Form* ([Figure 7, 2](#)).

1. **Click** the “Update” link under the Option Heading for the *FY 2022 PWP Update* ([Figure 5, 1](#))
2. **Click** the “Update” link under the Option Heading to update an *Objective* ([Figure 6, 1](#))
3. **Update** required fields under *Objective Details* ([Figure 7, 1](#))
4. **Scroll** to the bottom of the page and **click** “Save”
5. **Scroll** to *Activities*
6. **Click** “Report Progress” for a listed activity ([Figure 8, 1](#)), a pop-up screen will appear with the activity’s details.
7. **Review** the prepopulated activities details ([Figure 9](#))
8. **Enter** *Activities Progress Update* and *Anticipated Activity Progress* narratives ([Figure 10, 1](#) and [2](#))
9. **Click** “Save and Continue” ([Figure 10, 3](#))
10. **Repeat** steps 6-9 for each activity listed
11. **Enter** all the activity details on the pop-up screen.
12. **Click** the “Save” to save all your progress
13. **Click** the “Save and Continue” button
14. **Repeat** steps 2-13 for each *Objective* listed
15. **Click** “Continue”

*You will be directed to the FY 23 PWP Form.*

Note: To view *Key Factors*, **click** “View” ([Figure 11, 1](#)) and review the pre-populated, non-editable information for each Key Factor in the pop-up window (Key Factor Type, Key Factor Description) ([Figure 12](#)).

## FY 2023 Project Work Plan Form

EHBs pre-populates the *FY 2023 PWP Form* with information from both the *FY 2022 PWP Update* and *FY 2022 PWP Forms* submitted in your *FY 2022 HCCN* application. Revise the editable fields as needed to outline activities planned for the upcoming budget period. Each field includes a tooltip information icon you can you to help guide you as you update your *FY 2023 PWP Form* ([Figure 14, 1](#)).

1. **Click** the “Update” link under the Option Heading to update an *Objective* ([Figure 13, 1](#))
2. **Review** *Objective Details* section ([Figure 14](#))
3. **Review, Edit, Add, Delete Key Factors**
  - a. **Review** and **Edit** Key Factors
    - i. **Click** the “Update” link, a pop-up screen will appear ([Figure 15, 1](#))
    - ii. **Review** and **Edit** *Key Factor Type* and *Key Factor Description* fields, as necessary ([Figure 16, 1 and 2](#))
    - iii. **Click** the “Save and Continue” button ([Figure 16, 3](#))
  - b. **Add** Key Factors
    - i. **Click** the “Add Key Factor” Button a popup screen will appear ([Figure 15, 2](#))
    - ii. **Enter** *Key factor Type* and *Key Factor Description* fields ([Figure 17, 1 and 2](#))
    - iii. **Click** the “Save and Continue” button ([Figure 17, 3](#))
  - c. **Delete** Key Factors
    - i. **Click** the dropdown arrow next to the “Update” Link
    - ii. **Select** the “Delete” button ([Figure 15, 3](#))
    - iii. **Click** the “Confirm” button if you want to delete, **click** the “Cancel” button to go to the previous screen without deleting key factor ([Figure 18, 1 and 2](#))
4. **Review, Edit, Add, Delete Activities**
  - a. **Review** and **Edit** Activities
    - i. **Click** the “Update” link, a pop-up screen will appear ([Figure 19, 1](#))
    - ii. **Review** and **Edit** required fields ([Figure 20](#))
    - iii. **Click** the “Save and Continue” button ([Figure 20, 1](#))
  - b. **Add** Key Factors
    - i. **Click** the “Add Activities” Button a popup screen will appear ([Figure 19, 2](#))
    - ii. **Enter** information in required fields ([Figure 21](#))
    - iii. **Click** the “Save and Continue” button ([Figure 21, 1](#))
  - c. **Delete** Activities
    - i. **Click** the dropdown arrow next to the “Update” Link
    - ii. **Select** the “Delete” button ([Figure 19, 3](#))
    - iii. **Click** the “Confirm” button if you want to delete, **click** the “Cancel” button to go to the previous screen without deleting activity ([Figure 22, 1 and 2](#))
5. **Click** the “Save” to save all your progress
6. **Repeat** steps 1-5 for all listed objectives and the status for each is marked Complete.
7. **Click** the “Continue” button

*You will be directed to the Progress Report Form.*

## Progress Report Form

EHBs pre-populates the listed *Participating Health Centers (PHCs)* in the *Progress Report – List* page. These PHCs have been part of your HCCN for four months by January 31, 2023. Revise the editable fields as needed on each PHC. **The “Number of Sites (Baseline)” field is a required field. It will be prepopulated for the PHCs included with your FY 2022 HCCN application. This field should only be edited if the number of sites for the PHC(s) has changed since your application was submitted.** Required fields are annotated with red asterisks next to the field name. In addition, some fields include tooltip icons to help guide you as you update your *Progress Report Form*.

1. Click the “Update” link under the Option Heading to update a *Participating Health Center* ([Figure 23, 1](#))
2. **Review** the Health Center Controlled Networks (HCCN) Progress Report Table section ([Figure 24, 1](#))
3. **Review** the Participating Health Center section ([Figure 24, 2](#))
4. **Review** the Patient Details Section. **Edit** the Number of Sites (Baseline) field for new PHC’s only ([Figure 24, 3](#))
5. **Update** the required fields under each objective. Fields and questions include tooltip icons to help guide responses ([Figure 25, 1](#))
6. Click the “Save” button to save all your progress ([Figure 25, 4](#))
7. **Repeat** steps 1-6 for all listed PHC’s and the status for each is marked Complete
8. Click the “Continue” button

*You will be directed to the Program Specific Forms – Review Page.*

## Completing the Appendices

1. Click the “Appendices” link, located on the left menu ([Figure 26, 1](#)), you will be directed to the *Appendices* page
2. Upload the attachments by clicking the associated “Attach File” buttons (1-7)
  - a. Click the “Attach File” button ([Figure 27, 1](#))
  - b. [Figure 27, 1](#)
  - c. Click the “Choose File” button, and follow prompts to select the appropriate file from your computer ([Figure 28, 1](#))
  - d. Enter a file description ([Figure 28, 2](#))
  - e. Click the “Upload” button ([Figure 28, 3](#)), you will be directed to the *Appendices* Page, where you will see your file. Each attachment allows for a maximum of one file per attachment. If you have multiple documents to attach, combine them into one file to upload into the EHBs.
3. Click the “Save” to save all your progress
4. Click the “Save and Continue” button.

*You will be directed to the NCC Progress Report – Review page.*

## Reviewing and Submitting the FY 2023 HCCN NCC Progress Report

1. Click the “Review” link ([Figure 29, 1](#)) under the ‘Review and Submit’ section in the left menu

2. **Review** the information displayed in the resulting *NCC Progress Report – Review* page. If you have completed each section and they appear as complete, you are ready to submit the progress report to HRSA following the steps below:
  - a. **Click** the Submit to HRSA button ([Figure 29, 1](#)) at the bottom of the *NCC Progress Report – Submit* page, you will be directed to a confirmation page
  - b. **Click** the “NCC Progress Report Certification” check box ([Figure 30, 1](#))
  - c. **Click** the “Submit Report” button ([Figure 30, 1](#))

Once you submit the progress report successfully, you receive an automatic confirmation pop-up message from the system indicating the application was submitted successfully. If you would like written confirmation of your successful submission in EHBs, make a screenshot copy of this confirmation notice - EHBs does not generate a confirmation email after you submit your progress report.

## Responding to an HCCN NCC Progress Report Change Request

Progress reports without all required information will be considered incomplete or non-responsive. Incomplete progress reports will be returned to the HCCN in EHBs via a ‘Change Requested’ email notification sent by HRSA with a request for the missing information. To revise your progress report, access it in EHBs using the steps described in *Accessing the FY 2022 HCCN NCC* section of this user guide. Edit the progress report as indicated in the email sent by HRSA and re-submit by following the steps in section *Reviewing and Submitting the FY 2023 HCCN NCC* of this user guide.

# Appendix A: Figures

Figure 1: Grants Tab

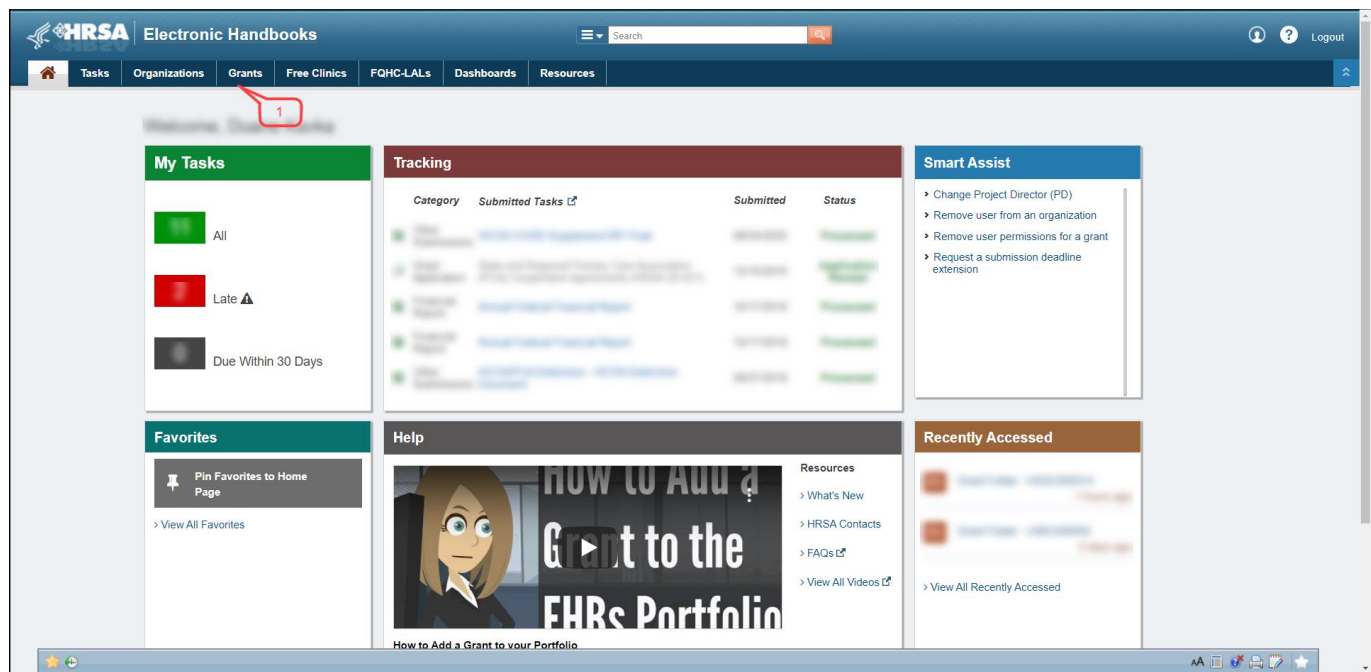


Figure 2: Grant Home - Work on my NCC

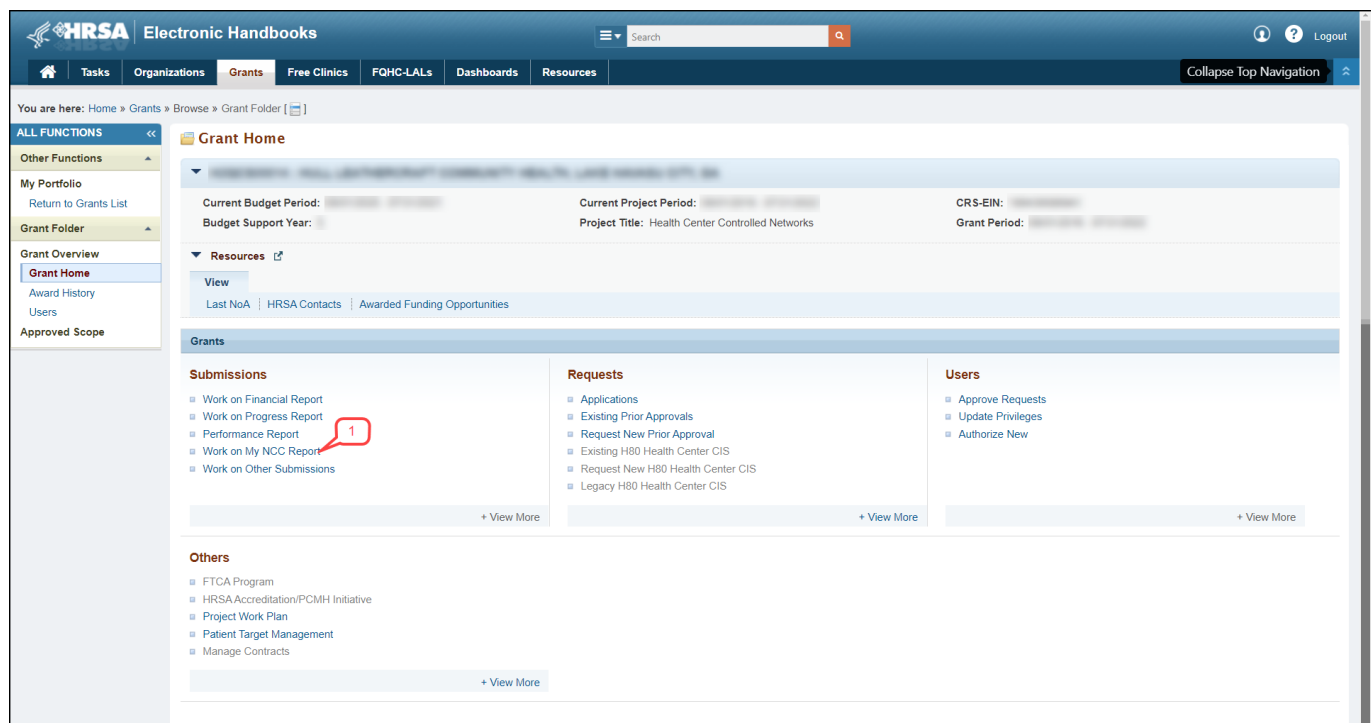


Figure 3: Start the NCC

Submission Name	Submission Type	Organization	Grant #	Tracking #	Reporting Period	Deadline	Submitted Date	Status	Options
	All	All						All	
<div> <div>Noncompeting Continuation</div> <div>Progress Report</div> </div> <div> <div>Noncompeting</div> <div>Continuations</div> </div>									<div>Start</div>

Figure 4: Budget Details

You are here: Home » Tasks » Browse » NCC Progress Report [ ] »

**Budget Details**

NCC Progress Report Tracking # : Due Date: (Due In: Days) | Section Status:

Resources

View

NCC Progress Report | Last NoA | Program Instructions | NCC User Guide

Support Year 6

Recommended Federal Budget:

Section A - Budget Summary

Grant Program Function or Activity	CFDA Number	New or Revised Budget		Total
		Federal	Non-Federal	
Health Center Controlled Networks			\$0.00	
Total:			\$0.00	

Section B - Budget Categories

Object Class Categories	Grant Program Function or Activity	Health Center Controlled Networks	Total
Personnel		\$0.00	\$0.00
Fringe Benefits		\$0.00	\$0.00
Travel		\$0.00	\$0.00
Equipment		\$0.00	\$0.00
Supplies		\$0.00	\$0.00
Contractual		\$0.00	\$0.00
Construction		\$0.00	\$0.00
Other		\$0.00	\$0.00
Total Direct Charges		\$0.00	\$0.00
Indirect Charges		\$0.00	\$0.00
Total		\$0.00	\$0.00

Section C - Non Federal Resources

Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total
Health Center Controlled Networks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Go to Previous Page

Save Save and Continue

Figure 5: Program Specific Forms

Program Specific Information Status		
Section	Status	Options
<b>Project Work Plan Information</b>		
FY 2022 Project Work Plan Update	Not Complete	Update
FY 2023 Project Work Plan	Not Complete	Update
<b>Progress Report</b>		
Progress Report	Not Complete	Update

Figure 6: FY 2022 Project Work Plan Update

**FY 2022 Project Work Plan Update**

Due Date: (Due In: ) | Section Status:

**Resources**

View

FY 2023 HCCN NCC User Guide | FY 2023 HCCN NCC Instructions | FY 2022 Notice of Funding Opportunity | FY 2022 HCCN Application

**Note(s):**

You must address and update, if needed, each required objective, key factor, and related activities. In the Activity Progress Update field, provide updates on progress for the current period of August 1, 2022 through January 31, 2023. In the anticipated progress field, provide anticipated progress for the remainder of the budget period, which include the time period of February 1, 2023 through July 31, 2023.

Objectives	Objective Title	Baseline Percentage	Target Percentage	Number of Key Factors	Number of Activities	Status	Options
Objective 1: Patient Engagement		0.0%	20.0%	2	3	Not Complete	Update
Objective 2: Patient Privacy and Cybersecurity		90.0%	100.0%	2	2	Not Complete	Update
Objective 3: Social Risk Factor Intervention		0.0%	40.0%	2	2	Not Complete	Update
Objective 4: Disaggregated, patient-level data		0.0%	70.0%	2	2	Not Complete	Update
Objective 5: Interoperable Data Exchange and Integration		40.0%	90.0%	2	3	Not Complete	Update
Objective 6: Data Utilization		0.0%	30.0%	2	2	Not Complete	Update
Objective 7: Leveraging digital health tools		30.0%	70.0%	2	2	Not Complete	Update
Objective 8: Health IT Usability and Adoption		90.0%	100.0%	2	2	Not Complete	Update
Objective 9: Health Equity (Applicant Choice)		0.0%	80.0%	2	2	Not Complete	Update
Objective 10: Improving Digital Health Tools (Applicant Choice)		30.0%	70.0%	2	2	Not Complete	Update

Go to Previous Page Continue

Figure 7: Objective Details - Update

**FY 2022 Project Work Plan Update**

Due Date: (Due In: ) | Section Status:

**Resources**

**Note(s):**

Provide updates in the Current Numerator, Supporting Organizations, and Progress Toward Target Percentage Narrative fields of the Project Work Plan Update. The remaining fields are not editable.

Fields with \* are required

**Objective Details**

Objective Title (i) Objective 1: Patient Engagement

Objective Description (i) Increase the percentage of PHCs that support patients and families' participation in their health care through expanded use of integrated digital health tools (e.g., electronic messages sent through patient portals to providers, telehealth visits, remote monitoring devices).

Baseline Percentage (i) 9.1%

Target Percentage (i) 36.4%

Baseline Data Source (i) Survey of PHCs showed that 1 of 11 PHCs (09.09%) had more than 80% (to be precise, an average of 0%) of patients who had used patient portals and/or connected devices at least once between visits during calendar year 2021.

\* Current Numerator/Number (i)

Current Denominator (i)

Current Percentage (i)

Progress Toward Target Percentage (i)

Progress Toward Target Percentage Narrative (i) 5000 characters with spaces (Approximately 3 pages)

Figure 8: Activities

**Note(s):**

The FY 2022 PWP Update has been prepopulated with activities from the FY 2022 PWP. Provide information for each activity in the Activity Progress Update and Anticipated Progress fields. The remaining fields are not editable. Activity details can be updated in the FY 2023 Project Work Plan form for the next budget period.

**Activities (Minimum 2) (Maximum 4)**

Activity Name	Activity Description	Person/Group Responsible	Start Date	End Date	Activity Progress	Anticipated Activity Progress	Options
							Report Progress
							Report Progress

Go to Previous Page Save Save and Continue

Figure 9: Activity Report Progress (Read-Only)

Activity Progress Update

**Note(s):**  
The FY 2022 PWP Update has been prepopulated with activities from the FY 2022 PWP. Provide information for each activity in the Activity Progress Update and Anticipated Progress fields. The remaining fields are not editable. Activity details can be updated in the FY 2023 Project Work Plan form for the next budget period.

Fields with \* are required

Activity Name	
Activity Description	
Person or Group Responsible	
Start Date	
End Date	

Figure 10: Report Progress (Editable)

* Activity Progress Update	5000 characters with spaces (Approximately 3 pages)
* Anticipated Activity Progress	5000 characters with spaces (Approximately 3 pages)

Cancel Save and Continue

Figure 11: Key Factors

Key Factors (Minimum 2) (Maximum 3)		
Key Factor Type	Description	Options
Contributing		View
Restricting		View

Figure 12: View Key Factor (Read-Only)

View Key Factor

Key Factor Type ☒ Contributing ☐ Restricting

Key Factor Description

500 characters with spaces (Approximately 1/4 page)

Cancel

Figure 13: FY 2023 Project Work Plan

**FY 2023 Project Work Plan**

**Note(s):**  
You must address and update if needed, Key Factors and Activities under each Objective. The Project Work Plan should only include activities to be started in the next 12 months of funding (August 1, 2023 – July 31, 2024).

Due Date: (Due In: ) | Section Status:

Resources

**Note(s):**  
Provide updates for each objective in the Project Work Plan.

Objectives	Baseline Percentage	Target Percentage	Number of Key Factors	Number of Activities	Status	Options
Objective 1: Patient Engagement						Update
Objective 2: Patient Privacy and Cybersecurity						Update
Objective 3: Social Risk Factor Intervention						Update
Objective 4: Disaggregated, patient-level data						Update
Objective 5: Interoperable Data Exchange and Integration						Update
Objective 6: Data Utilization						Update
Objective 7: Leveraging digital health tools						Update
Objective 8: Health IT Usability and Adoption						Update
Objective 9: Health Equity (Applicant Choice)						Update
Objective 10: Improving Digital Health Tools (Applicant Choice)						Update

Go to Previous Page Continue

Figure 14: Objective Details

**FY 2023 Project Work Plan**

**Note(s):**  
For each objective, add, delete or edit your key factors and activities. Each Objective must have a minimum of 2 and a maximum of 4 activities that start during the next budget period (August 1, 2023 – July 31, 2024).

Due Date: (Due In: ) | Section Status:

Resources

Please click Save (or) Save & Continue button after data entry.

Fields with \* are required

**Objective Details**

Objective Title (\*) Objective 1: Patient Engagement

Objective Description (\*) Increase the percentage of PHCs that support patients and families' participation in their health care through expanded use of integrated digital health tools (e.g., electronic messages sent through patient portals to providers, telehealth visits, remote monitoring devices).

Baseline Percentage (%)

Baseline Data Source (\*)

Target Percentage (%)

Current Percentage (%)

Progress Toward Target Percentage (%)

Figure 15: Key Factors

**Note(s):**  
Identify a minimum of two and a maximum of three key factors for this objective including at least one contributing and one restricting factor.

Add Key Factor

**Key Factors (Minimum 2) (Maximum 3)**

Key Factor Type	Description	Options
Contributing	The GA HCCN works closely with its members on numerous Health Information Technology (HIT) projects,...	Update
Restricting	The use of multiple vendors throughout the member network, as well as the use of various web design...	Delete

Figure 16: Update Key Factor

The 'Update Key Factor' form features a light blue header bar with the title and a close button. Below the header, a message states 'Fields with \* are required'. The form contains two main input sections. The first section, labeled 'Key Factor Type' with a red asterisk and an information icon, includes two radio buttons: 'Contributing' (selected) and 'Restricting'. A red callout box with the number '1' points to this section. The second section, labeled 'Key Factor Description' with a red asterisk and an information icon, is a large text area with a placeholder text '500 characters with spaces (Approximately 1/4 page)'. A red callout box with the number '2' points to this text area. At the bottom of the form, there are two buttons: 'Cancel' on the left and 'Save and Continue' on the right. A red callout box with the number '3' points to the 'Save and Continue' button.

Figure 17: Add New Key Factor

The 'Add New Key Factor' form has a light blue header bar with the title and a close button. Below the header, a message states 'Fields with \* are required'. The form contains two main input sections. The first section, labeled 'Key Factor Type' with a red asterisk and an information icon, includes two radio buttons: 'Contributing' and 'Restricting'. A red callout box with the number '1' points to this section. The second section, labeled 'Key Factor Description' with a red asterisk and an information icon, is a large text area with a placeholder text '500 characters with spaces (Approximately 1/4 page)'. A red callout box with the number '2' points to this text area. At the bottom of the form, there are two buttons: 'Cancel' on the left and 'Save and Continue' on the right. A red callout box with the number '3' points to the 'Save and Continue' button.

Figure 18: Delete Key Factor

The 'Delete Key Factor' form has a light blue header bar with the title and a close button. Below the header, there is a yellow warning box with a warning icon and the text: 'Warning: You are about to delete this Key Factor along with all of its information. Please confirm if you would like to proceed with this action.' Below the warning box, there are two input sections. The first section, labeled 'Key Factor Type' with an information icon, is a text area. The second section, labeled 'Key Factor Description' with an information icon, is a large text area. A red callout box with the number '1' points to the 'Key Factor Type' section. At the bottom of the form, there are two buttons: 'Cancel' on the left and 'Confirm' on the right. A red callout box with the number '2' points to the 'Confirm' button.

**Figure 19: Activities**

**Note(s):**  
Identify a minimum of two and a maximum of four activities for this objective.

**Add Activity** 2

Activity Name	Activity Description	Person/Group Responsible	Start Date	End Date	Options
Activity 1	Description 1	Person 1	Start Date	End Date	<div> <div>1</div> <div>Update</div> <div>3</div> <div>Delete</div> </div>
Activity 2	Description 2	Person 2	Start Date	End Date	

**Figure 20: Update Activity**

**Update Activity**

Fields with \* are required

\* **Activity Name** ⓘ 100 characters with spaces (Approximately 1/8 page)

\* **Activity Description** ⓘ 500 characters with spaces (Approximately 1/4 page)

\* **Person or Group Responsible** ⓘ 500 characters with spaces (Approximately 1/4 page)

\* **Targeted Start Date** ⓘ (e.g. mm/dd/yyyy)

\* **Targeted End Date** ⓘ (e.g. mm/dd/yyyy)

**Cancel** **Save and Continue** 1

**Figure 21: Add New Activity**

**Add New Activity**

Fields with \* are required

\* **Activity Name** ⓘ 100 characters with spaces (Approximately 1/8 page)

\* **Activity Description** ⓘ 500 characters with spaces (Approximately 1/4 page)

\* **Person or Group Responsible** ⓘ 500 characters with spaces (Approximately 1/4 page)

\* **Targeted Start Date** ⓘ (e.g. mm/dd/yyyy)

\* **Targeted End Date** ⓘ (e.g. mm/dd/yyyy)

**Cancel** **Save and Continue** 1

**Figure 22: Delete Activity**

Delete Activity

Warning:
You are about to delete this Activity along with all of its information. Please confirm if you would like to proceed with this action.

Activity Name

Activity Description

Person or Group Responsible

Targeted Start Date

Targeted End Date

1

2

Cancel
Confirm

**Figure 23: Progress Report- List Page**

Progress Report - List

Note(s):  
The listed participating health centers reflect those that were included in the original approved application or modified and approved through the HCCN PHC Module. You may not propose changes to your PHCs via the progress report. See Appendix C in the HCCN Instructions for additional information.

Due Date: (Due In: ) | Section Status:

Resources

View  
FY 2023 HCCN NCC User Guide | FY 2023 HCCN NCC Instructions | FY 2022 Notice of Funding Opportunity | FY 2022 HCCN Application

Page size: 15 Go
11 items in 1 page(s)

Serial Number	Participating Health Center (PHC) Name	City	State	Grant/Look Alike Number	Status	Options
1					All	Update
2						Update
3						Update
4						Update
5						Update
6						Update
7						Update
8						Update
9						Update
10						Update
11						Update

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Continue

**Figure 24: Participating Health Center Information- Update (Part 1)**

TASKS

Program Specific Information

Overview

Performance Data

Progress Report

Review

All Forms

Participating Health Center Information - Update

Note(s):

The listed participating health centers reflect those that were included in the original approved application or modified and approved through the HCCN PHC Module. You may not propose changes to your PHCs via the progress report. See Appendix C in the HCCN Instructions for additional information.

Resources

Due Date: [ ] [Due In: ] | Section Status: [ ]

FY 2023 Health Center Controlled Networks (HCCN) Progress Report Table

HCCN NAME:

APPLICATION TRACKING NUMBER:

GRANT NUMBER:

Number of Participating Health Centers (Baseline):

Number of Participating Health Centers (Current):

Participating Health Center (1 of 11)

Participating Health Center Name

Grant/Look Alike Number

Patient Details

Total Patients (UDS Definition)

Number of Sites (Baseline)

Number of Sites (Current)

**Figure 25: Participating Health Center Information- Update (Part 2)**

Patient Engagement

1

1. What percentage of patients have used a digital tool (e.g., electronic messages sent through the patient portal to providers, remote monitoring) between visits to communicate health information with the PHC since 8/1/2022?

2. What integrated digital health tools are available to patients?

Select all that apply

☐ Electronic messaging through patient portal  
☐ Telehealth provider consultation  
☐ Remote monitoring devices  
☐ Other: Specify

Other:

Please provide a response of up to 1000 characters.

Patient Privacy and Cybersecurity

1. Since 8/1/2022, this PHC has implemented secure health information practices that protect patient privacy in the following areas:

Select all that apply

☐ Protection from misuse  
☐ Threats like cybersecurity attacks  
☐ Fraud  
☐ Other harms: Specify

Other:

Please provide a response of up to 1000 characters.

Please provide a response of up to 1000 characters.

Social Risk Factor Intervention

1. Since 8/1/2022, what percentage of patients identified as having a risk factor has this PHC used health IT data to inform care plan development and, if applicable facilitate closed-loop referrals?

2. What health IT tools did this PHC use to share social risk factor data with care teams?

Select all that apply

Please provide a response of up to 1000 characters.

HIT Usability and Adoption

1. Since 8/1/2022, how many health IT facilitated interventions to reduce operational barriers to health IT usability and adoption did this PHC implement?

2. Which health IT interventions did this PHC implement?

Select all that apply

☐ Align EHRs with clinical workflows  
☐ Improve structured data capture in and/or outside of EHRs  
☐ Regular EHR support and trainings  
☐ Ad hoc specialized EHR support and trainings  
☐ Use of metadata to improve EHR user experience  
☐ Other: Specify

Other:

Please provide a response of up to 1000 characters.

Health Equity (Application Choice)

1. Has this PHC reached the requirements of the measure for this objective?

☐ Yes  
☐ No

2. Describe progress to date the PHC has made on the Health Equity objective.

2. Describe progress to date the PHC has made on the Improving Digital Health Tool objective.

Formal Trainings

Please provide a response of up to 1000 characters.

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Save Save and Continue

Figure 26: Left Menu



Figure 27: Appendices

Appendices

NCC Progress Report Tracking #: [Redacted] Due Date: [Redacted] (Due In: [Redacted]) | Section Status: [Redacted]

Resources (2)

View

NCC Progress Report | Last NOA | Program Instructions | NCC User Guide

Attachment 1: Project Narrative (Required) (Minimum 1) (Maximum 1) [Attach File]

No documents attached

Attachment 2: Project Organizational Chart (As Applicable) (Maximum 1) [Attach File]

No documents attached

Attachment 3: Staffing Plan (As Applicable) (Maximum 1) [Attach File]

No documents attached

Attachment 4: Position Descriptions for Key Project Staff (As Applicable) (Maximum 1) [Attach File]

No documents attached

Attachment 5: Biographical Sketches for Key Project Staff (As Applicable) (Maximum 1) [Attach File]

No documents attached

Attachment 6: Summary of Contracts and Agreements (As Applicable) (Maximum 1) [Attach File]

No documents attached

Attachment 7: Letter(s) of Support (As Applicable) (Maximum 1) [Attach File]

No documents attached

Attachment 8: Communications Plan (As Applicable) (Maximum 1) [Attach File]

No documents attached

Attachment 9: Other Documents (As Applicable) (Maximum 2) [Attach File]

No documents attached

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Save Save and Continue

Figure 28: Attach File

Attachment 1: Project Narrative Update (Required) (Minimum 1) (Maximum 1) Attach File

**Document** ⓘ

Allowable Document Types: doc, rtf, txt, wpd, xls, msg, jpeg, jpg, tif, xld, xlsx, docx, ppt, pptx, vsd  
Allowable Document Size: 100 MB

1 Choose File | No file chosen

Description

2 Approximately 1/4 page ⓘ (Max 500 Characters without spaces): 500 Characters left.

3 Upload Cancel

No documents attached

Figure 29: Review NCC

Print NCC Progress Report Table of Contents Go

Page size: 50 Go 14 items in 1 page(s)

View	Section	Type	Options
View: Basic Information			
Basic Information	SF-PPR	HTML	<a href="#">View</a> <a href="#">Download</a>
Basic Information	SF-PPR-2 (Cover Page Continuation)	HTML	<a href="#">View</a> <a href="#">Download</a>
Basic Information	Performance Narrative	DOCUMENT	<a href="#">View</a> <a href="#">Download</a>
View: Budget Information			
Budget Information	SF-424A Budget Information	HTML	<a href="#">View</a> <a href="#">Download</a>
Budget Information	Budget Narrative	DOCUMENT	<a href="#">View</a> <a href="#">Download</a>
View: Appendices			
Appendices	Attachment 1	DOCUMENT	<a href="#">View</a> <a href="#">Download</a>
Appendices	Attachment 2	DOCUMENT	<a href="#">View</a> <a href="#">Download</a>
Appendices	Attachment 3	DOCUMENT	<a href="#">View</a> <a href="#">Download</a>
Appendices	Attachment 4	DOCUMENT	<a href="#">View</a> <a href="#">Download</a>
Appendices	Attachment 5	DOCUMENT	<a href="#">View</a> <a href="#">Download</a>
Appendices	Attachment 6	DOCUMENT	<a href="#">View</a> <a href="#">Download</a>
Appendices	Attachment 7	DOCUMENT	<a href="#">View</a> <a href="#">Download</a>
Appendices	Attachment 8	DOCUMENT	<a href="#">View</a> <a href="#">Download</a>
Appendices	Attachment 9	DOCUMENT	<a href="#">View</a> <a href="#">Download</a>

Go to Previous Page 1 14 items in 1 page(s) Proceed to Submit

Figure 30: Submit NCC

NCC Progress Report - Confirm Submit

**Confirmation:**  
You have chosen to submit this report to HRSA. Please check the box to electronically sign the Noncompeting Continuation (NCC) Progress Report. Click on the Submit Report button below to submit the report. If you do not wish to submit the NCC Progress Report at this time, click on the Cancel button to return to the previous screen.

**NCC Progress Report Tracking**

Grant Number:  Original Deadline:  Created On:  Due Date:  Status:

Project Officer:  Project Officer Email:  Project Officer Contact #:

Last Updated By:

**Resources** ⓘ

[View](#)

[NCC Progress Report](#) | [Last NoA](#) | [Program Instructions](#) | [NCC User Guide](#)

1 **NCC PROGRESS REPORT CERTIFICATION** View Report ⓘ

☐ certify to the best of my knowledge and belief that the information provided in this progress report is true and correct.  
☐ Please check the box to electronically sign the NCC Progress Report.

2 Cancel Submit Report

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