



## Fiscal Year 2024 Health Center Controlled Networks Non-Competing Continuation Progress Report Instructions

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### Purpose

HCCNs support health centers<sup>1</sup> in leveraging health information technology (IT) and data to deliver high-quality, culturally competent, equitable, and comprehensive primary health care, with a specific focus on improvements in:

- Clinical quality,
- Patient-centered care, and
- Provider and staff well-being.

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<sup>1</sup> For the purposes of this document, the term “health center” encompasses Health Center Program (H80) award recipients, as well as organizations with look-alike (LAL) designation.

The purpose of this document is to provide you, a current Health Center Controlled Network (HCCN) award recipient, with detailed instructions on how to submit your fiscal year (FY) 2024 HCCN Non-Competing Continuation (NCC) progress report (hereafter referred to as the progress report). The progress report will include both your FY 2023 budget period project updates, and your projected budget and activities for the FY 2024 budget period.

Submission and approval of your progress report will provide funding for the FY 2024 budget period (August 1, 2024 through July 31, 2025). Continued funding depends on appropriation of funds, satisfactory progress toward meeting project objectives, and a decision that continued funding would be in the best interest of the federal government.

## Submission and Award Information

Your progress report submissions are due in the HRSA Electronic Handbooks (EHBs) **on Thursday, March 7, 2024 at 5 p.m. ET**. HRSA suggests submitting reports 3 calendar days before the deadline to allow for any unexpected events. HRSA anticipates making awards on or around August 1, 2024.

## General Instructions

Your complete progress report will include updates on your HCCN activities since your FY 2023 progress report submission (February 1, 2023 through December 31, 2023). It will also include any anticipated progress from January 1, 2024 through July 31, 2024. Finally, it will include your proposed FY 2024 budget information and activities that will be performed between August 1, 2024 through July 31, 2025. It will be submitted entirely in the EHBs. Forms are to be completed online directly in the EHBs and attachments must be uploaded into the EHBs.

An overview of each section of the progress report and where to find detailed instructions can be found below in [Table 1: Progress Report Section Overview](#). Progress reports lacking required information will be considered incomplete or non-responsive and returned via a “Change Requested” notification in the EHBs for you to provide the missing information. If HRSA does not receive the progress report by the established deadline or receives an incomplete or non-responsive progress report, a delay in Notice of Award (NoA) issuance or a lapse in funding could occur.

**It is suggested that your progress report not exceed 40 pages** when printed by HRSA. Narrative documents submitted as attachments must be single-spaced with 12-point, easily readable font (e.g., Times New Roman, Arial, or Calibri) and one-inch margins. You may use a smaller font (no less than 10-point) for tables, charts, and footnotes.

**NOTE:** Attachments count towards the suggested 40-page limit; forms do not.

**Table 1: Progress Report Section Overview**

Progress Report Section	Included in the EHBs as a form or attachment	Overview and Instructions
SF-PPR and SF-PPR2	Form	Review and update organizational information, e.g., authorizing official (AO) information.  Instructions are included in the HCCN User Guide available on the <a href="#">HCCN Technical Assistance (TA) webpage</a> .

Progress Report Section	Included in the EHBs as a form or attachment	Overview and Instructions
Key Contact/Principal	Form	Review the list of names and add, delete, or edit the form to include all principals involved in the project.  Refer to <a href="#">Key Contact/Principal Form Guidance</a> for more information.
Attachment 1: Project Narrative Update	Attachment	Describe progress, changes, and challenges encountered since your FY 2023 progress report submission.  Refer to the <a href="#">Attachment Instructions</a> for details.
Attachments 2-9	Attachment	As necessary, upload any updated supporting documents that have changed since they were last submitted with either with your FY 2022 HCCN application or your FY 2023 progress report.  Refer to the <a href="#">Attachment Instructions</a> for details.
SF-424A Budget Information	Form	Review and update federal funding amount you are requesting for the FY 2024 budget period.  Refer to <a href="#">SF-424A Budget Information Form</a> for detailed instructions.
FY 2024 Budget Narrative	Attachment	Provide a line-item budget for your proposed FY 2024 Budget Narrative, which will support your planned activities detailed in your FY 2024 Project Work Plan (PWP).  Refer to <a href="#">FY 2024 Budget Narrative</a> for detailed instructions.
FY 2023 PWP Update	Form	Describe progress and anticipated progress toward objectives and activities for the FY 2023 budget period (August 1, 2023 through July 31, 2024).  Refer to <a href="#">Appendix A: Instructions for the FY 2023 PWP Update</a> for details.
FY 2024 PWP	Form	Detail the activities planned for the FY 2024 budget period (August 1, 2024 through July 31, 2025).  Refer to <a href="#">Appendix B: Instructions for the FY 2024 PWP</a> for details.
Progress Report Table	Form	Provide information for each PHC that has been in your HCCN for at least six months by December 31, 2023.  Refer to <a href="#">Appendix C: Instructions for the Progress Report Table</a> for details.

**Key Contact/Principal Form Guidance**

**Key Contact/Principal Background**

HRSA award recipients are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, 2 CFR parts 180 and 376 (45 CFR 75.213). These

regulations restrict awards, subawards and contracts with certain parties that are debarred, suspended, or otherwise excluded for or ineligible for participation in Federal assistance programs or activities.

HRSA added the Key Contact/Principal Form as a part of the Basic Information Section of the NCC Progress Report submission. This section will pre-populate principals from the last suspension and debarment (S/D) review for your cooperative agreement.

### Project Principal Definition

The [2 CFR 180.995](#) definition of a Principal is:

- A. An officer, director, owner, partner, principal investigator, or other person within a participant with management or supervisory responsibilities related to a covered transaction;
- B. A consultant or other person, whether or not employed by the participant or paid with federal funds, who—
  - (1) Is in a position to handle federal funds;
  - (2) Is in a position to influence or control the use of those funds; or,
  - (3) Occupies a technical or professional position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Additionally, [2 CFR 376.995](#) Principal (HHS supplement to government-wide definition) expanded the [2 CFR 180.995](#) definition to include providers of federally required audit services and researchers.

### Key Contact/Principal Form Instruction

Review the list of names and add, delete, or edit the form to include all principals (as defined above) involved in the project. The Principal Investigator/Project Director **must always** be listed on the Key Contact/Principal form. Please provide as much information on the form as possible. You are reminded to review SAM.gov for any personnel identified as a principal prior to completing and submitting the form to HRSA.

NOTE: Biographical sketches are optional on this form for principals and key staff unless there are updates from your last submission. In this case, updates must be included as [Attachment 5: Biographical Sketches for Key Staff](#) in your progress report.

When you submit your progress report, you certify that you and your principals can participate in receiving award funds to carry out the project. If you can't certify this, you must include an explanation in [Attachment 9: Other Relevant Documents](#).

### Attachment Instructions

#### Attachment 1: Project Narrative Update (*Required*)

Provide a narrative highlighting significant progress, challenges, and changes that have affected your HCCN project since your FY 2023 progress report submission (February 1, 2023 through December 31 2023). Also include progress, challenges, and changes anticipated for the remainder of the current budget period (January 1, 2024 through July 31, 2024). Information included in your Project Narrative Update must expand on, and not duplicate information you enter in your FY 2023 PWP Update form.

The Project Narrative Update must include a discussion of each of the following:

- **Significant progress**
  - Provide an overview of significant progress made on the HCCN project that extends across objectives and activities, and is not duplicative of information included in your FY

2023 PWP Update form. Include significant progress made on activities to address the unique needs of participating health centers (PHCs), and outcomes that will contribute to achieving the established objectives.

- Summarize the results, successful strategies, and lessons learned disseminated to PHCs, Primary Care Associations (PCAs), National Training and Technical Assistance Partners (NTTAPs), and other stakeholders.
- Describe progress made on your first budget period activities between February 1, 2023 and July 31, 2023. (This information was captured as “anticipated progress” in your FY 2022 PWP Update form, and will not be captured in the FY 2023 PWP Update form.)
- **Significant challenges and activity changes**
  - Describe any significant challenges, including challenges related to obtaining data from or working with PHCs. Include any strategies used to overcome these challenges. Summarize any significant changes to approved activities, including strategies for addressing the unique needs of PHCs.
  - If your communications plan has changed, or if changes are anticipated before the end of the period of performance (July 31, 2025), include a brief rationale for those changes, and the date the changes took effect or are forecasted. Include an updated communications plan as [Attachment 8: Communications Plan](#).
- **Significant changes to collaborations, partnerships, and coordinated activities**
  - Describe any significant changes to collaborations or partnerships, including activities coordinated with PCAs, HRSA’s Health IT NTTAP award recipient, other NTTAPs, and other organizations that address issues related to health care quality and/or health IT. Include how you will leverage partner resources, how these changes will support PHCs, and you achieve the objectives.
  - For any new partnerships or collaborations describe how you will utilize these resources to achieve the objectives. Include a letter of support for each new partnership and collaboration as [Attachment 7: Letter\(s\) of Support](#). You do not need to include letters from partners that were included with your FY 2022 HCCN application or FY 2023 progress report, even if the support they provide has changed.
- **Evaluation progress**
  - Describe how the qualitative and quantitative data you collect is used to monitor progress and measure outcomes. Include how you have incorporated feedback from the PHCs to support quality improvement for the remainder of the period of performance (July 31, 2025).
  - Describe how you validate the data used to complete the PHC Progress Report Table.
- **Significant changes to your project staffing and organizational structure**
  - Describe any revisions to your HCCN staffing plan (e.g., new staff hired, position responsibilities updated). Include any changes to your staffing plan that are anticipated before the end of the period of performance (July 31, 2025). Address any significant challenges in recruiting and retaining key HCCN management or project staff needed to achieve the objectives. Include an updated [Attachment 3: Staffing Plan](#), [Attachment 4: Position Descriptions for Key Personnel](#), and [Attachment 5: Biographical Sketches for Key Project Staff](#), as appropriate.

- Describe how any new, updated, or anticipated changes to your contracts and/or agreements support your activities and achieve the objectives. Provide an updated summary as [Attachment 6: Summary of Contracts and Agreements](#).
- If the project organizational structure has changed, or if changes are anticipated before the end of the period of performance (July 31, 2025), include a brief rationale for the changes and the date when they took effect or are expected to occur. Include an updated project organizational chart as [Attachment 2: Project Organizational Chart](#).
- **Other expected changes, plans, or considerations.** Include any other significant information not captured in other sections of the progress report.

### **Attachment 2: Project Organizational Chart (As Applicable)**

If the organizational chart has changed since your last submission, upload a revised one-page document that graphically depicts the HCCN’s organizational structure, including the network governing board, key personnel, staffing, and any subrecipients or affiliated organizations. Clearly indicate any changes that have taken place and/or that are anticipated, as well as the date they took effect or are forecasted.

### **Attachment 3: Staffing Plan (As Applicable)**

If the staffing plan has changed since you last submitted it, or if you anticipate changes prior to the end of the period of performance (July 31, 2025), upload a revised table that includes the changes. For each position, the table must include:

- Position Title (e.g., Chief Executive Officer (CEO), Chief Financial Officer (CFO));
- Staff Name (if the individual is not yet identified for this position, indicate “To Be Determined”);
- Education/Experience Qualifications;
- General HCCN Project Responsibilities;
- Annual Base Salary<sup>2</sup> (for 1.0 FTE);
- Percentage of Full Time Equivalent (FTE) dedicated to the HCCN project; and
- Date the change was effective or is forecasted.

**NOTE:** Combined time and effort percentages of staff across all federal awards may not exceed 1.0 FTE. You should also document applicable staffing changes in the personnel justification table of your Budget Narrative and other relevant attachments.

### **Attachment 4: Position Descriptions for Key Project Staff (As Applicable)**

Upload new position descriptions for key project staff if they have changed since your last submission. Position descriptions must be limited to one-page and include, at a minimum:

- Position title;
- Description of duties and responsibilities;
- Position qualifications;
- Supervisory relationships;
- Salary range; and
- Work hours.

### **Attachment 5: Biographical Sketches for Key Project Staff (As Applicable)**

If any new key project staff (e.g., CEO, CFO, Program Lead, Project Manager) have been hired since your submission, upload their biographical sketches for the individuals. Each biographical sketch should be limited to two pages.

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<sup>2</sup> If the annual base salary is in excess of Federal Executive Level II of the Federal Executive Pay scale, list the adjusted annual salary.

## **Attachment 6: Summary of Contracts and Agreements (As Applicable)**

Provide a summary describing any new, revised, or newly proposed contracts and/or agreements. The summary must also align with your Budget Narrative, and must address the following items for each contract and/or agreement:

- Name and contact information for each affiliated agency;
- Type of contract and/or agreement (e.g., contract, memorandum of understanding);
- Brief description of the purpose and scope of the contract and/or agreement, including how and where services are provided; and
- Timeframe for each contract and/or agreement (e.g., ongoing contractual relationship, specific duration);
- Summary of changes, and date the change was effective or is forecasted.

Only include a contract or agreement with a PHC if: 1) the organization will support the HCCN project in a capacity beyond its role as a PHC, and 2) the proposed activities are not included in the PHC Memorandum of Agreement submitted in your FY 2022 HCCN application.

**NOTE:** You must exercise appropriate oversight and authority over all contracts. All procurements, including contracts, must comply with [45 CFR part 75](#).

## **Attachment 7: Letter(s) of Support (As Applicable)**

Provide letter(s) of support from any new partnerships or collaborations. Letters must be dated and addressed to your organization (e.g., HCCN board, CEO), and contain specific details of the type of support they will provide to help achieve the objectives. If letter(s) cannot be obtained, provide documentation of efforts made to obtain the letter(s) along with an explanation for why these letters could not be obtained.

## **Attachment 8: Communications Plan (As Applicable)**

Submit an updated communications plan if it has changed since your last submission. It should describe how you maintain ongoing communication with your PHCs, including how you will:

- Identify and address your PHCs' evolving needs and challenges;
- Inform PHCs of health IT and data resources available through your HCCN, HRSA, and other sources; and
- Gather performance feedback from PHCs on how you can improve the health IT and data support you provide.

Clearly indicate any changes and/or anticipated changes to the communications plan, and include the date the changes took effect or are forecasted.

## **Attachment 9: Other Documents (As Applicable)**

Provide other relevant documents to support the progress report (e.g., survey instruments, needs assessment reports, evaluations). If applicable, you must include:

- An explanation of why you cannot certify that your principals can participate in receiving award funds to carry out the project;
- A copy of your most recent Indirect Cost Rate Agreement;
- Updated network bylaws; and
- Updated PHC Needs Assessment Summary.

Merge all items into a single document before uploading.

## Budget Instructions

A complete budget presentation includes the [SF-424A Budget Information Form](#) and the [Budget Narrative](#) (attachment) for the FY 2024 budget period (August 1, 2024 to July 31, 2025).

HCCN funds may only be used for allowable costs. Examples of unallowable costs include, but are not limited to:

- Equipment, supplies, or staffing for use at the health center level or any other individual health center operational costs;
- Direct patient care;
- Fundraising;
- Incentives (e.g., gift cards, food);
- Construction/renovation costs;
- Facility or land purchases; or
- Vehicle purchases.

### 1. SF-424A Budget Information Form *(Required)*

Complete the following in the EHBs **for the upcoming 12-month budget period** (August 1, 2024 to July 31, 2025). Include only federal funds requested for the HCCN project.

**Section A: Budget Summary:** The annual funding request in the Federal column is prepopulated in read-only format and is not editable. The Federal funding request equals the Recommended Future Support figure (Item or Box 33) provided in your most recent NoA.

**Section B: Budget Categories:** Provide a breakdown of the budgeted funds by object class category (e.g., Personnel, Fringe Benefits). You may use the SF-424A Budget Information form included in your FY 2023 progress report submission as a reference point, noting that the total value for each object class category may be different from year to year based on programmatic changes. The total in Section B should match the total in Section A.

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

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

### 2. Budget Narrative *(Required)*

Upload a line-item budget narrative in the EHBs that provides information for the upcoming 12-month budget period (August 1, 2024 to July 31, 2025). Your budget narrative must explain the amounts requested for each row in Section B: Budget Categories of the SF-424A Budget Information Form, including the detailed calculations explaining how each line-item expense is derived (e.g., cost per unit). See the Sample Budget Narrative on the [HCCN TA webpage](#).

The following items are required to be included in your budget narrative:

**Personnel Costs:** List each staff member to be supported by HCCN funds, and include their name (if possible), position title, percent full time equivalency (FTE), and Federal amount requested for the annual base salary. HCCN funding must not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the [Federal Executive Pay scale](#) (\$221,900 effective January 2024).<sup>3</sup> In the personnel justification table, list salary details such as annual base salary, adjusted salary, the total Federal amount requested, and highlight anticipated changes from the second budget period (August 1, 2023 to July 31, 2024). Salary amounts listed in the personnel justification table should reflect an

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<sup>3</sup> OPM "Rates of Pay for the Executive Schedule" page on this website has the most current salary limitation.



individual's base salary, not including fringe benefits and any income that they may be permitted to earn outside of the duties to your organization. A Sample Personnel Justification Table is available with the Sample Budget Narrative on the [HCCN TA webpage](#).

**Fringe Benefits:** List the components of the fringe benefit rate (e.g., health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement). Fringe benefits must be directly proportional to the portion of personnel costs.

**Travel:** List expenses associated with travel for staff to attend or lead HCCN-related meetings, trainings, or workshops. Travel expenses and associated costs must be outlined for each person and should include transportation/airfare, lodging, parking, and per diem. For local travel, include the mileage rate, number of miles, reason for travel, and staff/board members traveling. Long-distance travel must include registration fees, the cost for transportation, lodging, and per diem for each trip. Name the traveler(s) if possible, describe the purpose of the travel, and provide the number of trips involved, the destinations, and the number of individuals for whom funds are requested. More information, including per diem calculations, is available at on the [U.S. General Services Administration's Per Diem Rates webpage](#).

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

**Supplies:** List the items necessary for implementing the HCCN project, separating items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures). Equipment items such as laptops, tablets, and desktop computers, are classified as a supply if the acquisition cost is under the \$5,000 per unit cost threshold.

**Contractual Services:** Provide a clear explanation of each contract purpose, including how you estimated costs and the specific contract deliverables. You are responsible for ensuring that your organization/institution has an established and adequate procurement system in place with fully developed written procedures for awarding and monitoring contracts. All contractual costs must be included with every expense clearly identified and explained.

**Note:** For consultant services, list the total costs for all consultant services. Identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

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

**Indirect Costs:** Include costs for common or joint objectives that are difficult to identify, but that are necessary for organizational operation (e.g., facility operation and maintenance, depreciation, or administrative salaries). If your budget request includes indirect costs, you must upload a copy of your most recent indirect cost rate agreement in [Attachment 9: Other Documents](#). If you do not have an indirect cost rate agreement indicate if you are using the de minimis indirect cost rate of 10 percent of modified total direct costs as per the requirements detailed at 45 CFR §75.414. Visit the [Program Support Center's Financial Management webpage](#) to learn more about indirect cost rate agreements, including the process for applying for an agreement.

HRSA recommends the following resources to facilitate development of an appropriate budget:

- The [HHS Grants Policy Statement](#)
- The [HHS Policy on Promoting Efficient Spending](#)

## Technical Assistance Contacts

ASSISTANCE NEEDED	PLEASE CONTACT
<b>General Technical Assistance</b>	The <a href="#">HCCN TA webpage</a> contains sample forms, the EHBs user guide, frequently asked questions (FAQs), a slide presentation, and other resources.
<b>Budget/Fiscal Questions</b>	<b>Mona Thompson</b> Office of Financial Assistance and Management Division of Grant Management Operations Health Center Branch 301-443-3429 <a href="mailto:mthompson@hrsa.gov">mthompson@hrsa.gov</a>
<b>Progress Report Requirements Questions</b>	<b>HCCN TA Response Team</b> 301-594-4300 Submit your question using the <a href="#">BPHC Contact Form</a> <ul style="list-style-type: none"> <li>• <i>Under Funding, select Non-Competing Continuation (NCC) Progress Reports</i></li> <li>• <i>Select Health Center Controlled Network (HCCN)</i></li> </ul>
<b>HRSA EHBs Submission Assistance</b>	<b>Health Center Program Support</b> 877-464-4772 Contact Health Center Program Support using the <a href="#">BPHC Contact Form</a> <ul style="list-style-type: none"> <li>• <i>Under Technical Support, select EHB Tasks/EHBs Technical Support</i></li> <li>• <i>Select Non-Competing Continuation Reports</i></li> </ul>

## Appendix A: Instructions for the FY 2023 Project Work Plan Update

In the FY 2023 PWP Update form, report progress on objectives and activities you proposed to conduct during the current budget period (August 1, 2023 through July 31, 2024).

The FY 2023 PWP Update form will be populated with information from your most recently approved PWP. Ensure that any information in your most recently approved PWP is correctly prepopulated in the FY 2023 PWP Update form. Contact [Health Center Program Support](#) if there are any errors.

Refer to *Table 2: FY 2023 PWP Update Editable Field Guide* below for guidance on completing editable fields. Refer to the HCCN NCC EHBs User Guide for a complete guide of prepopulated and editable fields, available on the [HCCN TA webpage](#).

**Table 2: FY 2023 PWP Update Editable Field Guide**

Field Name	Details/Instructions
Current Numerator	Provide the number of PHCs as a subset of the total PHCs in your network that have achieved the objective measure. This number cannot be greater than the current denominator, or total number of PHCs listed in the PHC Progress Report Table.  Use the Objectives Development Guide available in <a href="#">Appendix D: Objectives Development Guide</a> to determine the current numerator for each objective.
Progress Toward Target Percentage Narrative (maximum 5,000 characters)	Describe progress made toward achieving the Target Percentage by the end of the 3-year period of performance.
Supporting Organization(s) (maximum 1000 characters)	Update the names of organizations that will actively support this objective, if applicable. The organizations listed must align with submitted Letter(s) of Support provided in your FY 2022 application or progress reports.
Activity Progress Update (maximum 5,000 characters)	Provide progress from August 1, 2023 through December 31, 2023. Include an explanation if there is no progress to report.
Anticipated Progress (maximum 5,000 characters)	Provide expected progress for the remainder of the current budget period from (January 1, 2024 through July 31, 2024).

## Appendix B: Instructions for the FY 2024 Project Work Plan

In the FY 2024 PWP form, outline your activities for the upcoming 12-month budget period (August 1, 2024 through July 31, 2025) that will support achieving the objective targets.

The FY 2024 PWP form will be prepopulated with the information from the most recently approved PWP and information you entered in the FY 2023 PWP Update form. Complete the FY 2023 PWP Update form before completing the FY 2024 PWP form.

*Table 3: FY 2024 PWP Editable Field Guide* below includes instructions on how to complete the editable fields. Refer to the HCCN NCC EHBs User Guide available on the [HCCN TA webpage](#) for a complete guide of prepopulated and editable fields.

**Table 3: FY 2024 PWP Editable Field Guide**

Field Name	Instructions
Key Factor Type	Update as needed to reflect the current environment. Include a minimum of two and a maximum of three key factors that are expected to contribute to, or restrict progress toward each objective. You must have at least 1 contributing and 1 restricting key factor.
Key Factor Description (maximum 500 characters)	Update as needed to reflect the current environment. Describe how the key factor will contribute to, or restrict progress toward each objective listed in <a href="#">Appendix D: Objectives Development Guide</a> .
Supporting Organization(s) (maximum 1000 characters)	Update the names of organizations that will actively support this objective, if applicable. The organizations listed must align with the Letter of Support provided in your FY 2022 application or progress reports.
Activity Name (maximum 100 characters)	Provide a unique name for each new activity that can be used to distinguish between similar activities.
Activity Description (maximum 500 characters)	Update, add, or delete the activity that will be conducted between August 1, 2024 and July 31, 2025. Include how it will support you in achieving the objectives by the end of the three-year period of performance (July 31, 2025). Include a minimum of 2 and maximum of 4 activities for each objective.
Person/Group Responsible (maximum 500 characters)	Update the person or group that will be responsible and accountable for carrying out the activity.
Start Date	The start date must be on or after August 1, 2024.
End Date	The end date must be on or after the start date, and no later than July 31, 2025.

## Appendix C: Instructions for PHC Progress Report Table

The PHC Progress Report Table will be completed entirely in the EHBs for each PHC that has been in your HCCN for at least six months by December 31, 2023. You must gather data from each PHC to respond to each question. See the required questions below.

The PHC section contains each health center’s name and grant/look-alike number. Information in these fields is prepopulated and not editable. However, the “Number of Sites (Baseline)” field is a required field. It will be prepopulated for the PHCs included with your most recent progress report and should not be edited. If this field is blank, enter the number of sites at the time the PHC was added to your network.

**Table 4: PHC Progress Report Table**

Question	Instructions
<b>PATIENT ENGAGEMENT</b>	
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?	Enter the percentage of patients that have used a digital health tool since 8/1/2022 as a decimal (e.g., 0.855 for 85.5%).
2. What integrated digital health tools are available to patients?	Select all that apply: <input type="checkbox"/> Electronic messaging through patient portal <input type="checkbox"/> Telehealth provider consultation <input type="checkbox"/> Remote monitoring devices <input type="checkbox"/> Other: Specify _____
<b>PATIENT PRIVACY AND CYBERSECURITY</b>	
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: <input type="checkbox"/> Protection from misuse <input type="checkbox"/> Threats like cybersecurity attacks <input type="checkbox"/> Fraud <input type="checkbox"/> Other harms: Specify _____
2. Were these practices implemented in response to a data breach, ransomware, or other event?	Select all that apply: <input type="checkbox"/> Yes - An event occurred, and practices were implemented or improved. <input type="checkbox"/> No - However, an event did occur <input type="checkbox"/> No - No event occurred

Question	Instructions
<p>3. What secure health information practices have been implemented?</p>	<p>Select all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Administrative (e.g., implementation of new types of training for your workforce)</li> <li><input type="checkbox"/> Physical (e.g., installation of new facility controls)</li> <li><input type="checkbox"/> Technical (e.g., implementation of new technology)</li> <li><input type="checkbox"/> Other: Specify_____</li> </ul>
<b>SOCIAL RISK FACTOR INTERVENTION</b>	
<p>1. Since 8/1/2022, what number 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?</p>	<p>Enter the number of patients identified as having a risk factor that the PHC used health IT data to inform a care development plan, and if applicable facilitate closed-loop referrals factor</p>
<p>2. What health IT tools did this PHC use to share social risk factor data with care teams?</p>	<p>Select all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE)</li> <li><input type="checkbox"/> Accountable Health Communities Health-Related Social Needs (AHC-HRSN)</li> <li><input type="checkbox"/> Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE)</li> <li><input type="checkbox"/> Recommend Social and Behavioral Domains for EHRs (RSBD)</li> <li><input type="checkbox"/> Other: Specify_____</li> <li><input type="checkbox"/> None</li> </ul>
<b>DISAGGREGATED, PATIENT LEVEL DATA</b>	
<p>1. Since 8/1/2022 how many successful test messages for electronic clinical quality measures (eCQM) and UDS+ data fields using Fast Health Interoperability Resources (FHIR) based application programming interfaces (APIs) has this PHC sent?</p>	<p>Enter the number of successful test messages for eCQM and UDS+ data fields using FHIR APIs sent.</p>
<b>INTEROPERABLE DATA EXCHANGE AND INTEGRATION</b>	
<p>1. Since 8/1/2022, from how many external clinical and/or non-clinical sources has this PHC integrated data into structured EHR fields (i.e., not free text or attachments)?</p>	<p>Enter number of external clinical and/or non-clinical sources the PHC integrated data into structured EHR fields.</p>

Question	Instructions
<p>2. From which external clinical and/or non-clinical sources did this PHC integrate data into structured EHR fields?</p>	<p>Select all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospital(s)</li> <li><input type="checkbox"/> Other H80 health center(s)</li> <li><input type="checkbox"/> Other network(s)</li> <li><input type="checkbox"/> Private providers</li> <li><input type="checkbox"/> State health department</li> <li><input type="checkbox"/> Local health department</li> <li><input type="checkbox"/> Academic institution – research related</li> <li><input type="checkbox"/> Other: Specify_____</li> <li><input type="checkbox"/> None_____</li> </ul>
<b>DATA UTILIZATION</b>	
<p>1. Since 8/1/2022, did this PHC use advanced data strategies to present useful data to inform performance improvement and value-based care activities?</p>	<p>Select one:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>
<p>2. What advanced data strategies did this PHC use?</p>	<p>Select all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Advanced analytical tools (e.g., machine learning, natural language processing, predictive modeling, artificial intelligence for clinical decision support)</li> <li><input type="checkbox"/> Advanced database management tools (e.g., “Big Data”, Application Program Interfaces (APIs) to facilitate connections EHRs and remote patient monitoring devices)</li> <li><input type="checkbox"/> Advanced data visualization and dashboards</li> <li><input type="checkbox"/> Other: Specify_____</li> </ul>
<b>LEVERAGING DIGITAL HEALTH TOOLS</b>	
<p>1. Since 8/1/2022, how many formal trainings that promote proficiency in the use of digital health tools did this PHC hold?</p>	<p>Enter the number of formal trainings that the PHC held to promote proficiency in the use of digital health tools</p>
<p>2. Did this PHC provide routine support to providers and staff focused on promoting proficiency in the use of digital health tools?</p>	<p>Select one:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul>
<p>3. List the formal trainings and routine support provided at this PHC since 8/1/2022.</p>	<p>List the types of formal trainings and routine support provided.</p>
<b>HIT USABILITY AND ADOPTION</b>	
<p>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?</p>	<p>Enter number of health IT facilitated interventions implemented to reduce operational barriers to health IT usability and adoption.</p>

Question	Instructions
2. Which health IT interventions did this PHC implement?	Select all that apply: <input type="checkbox"/> Align EHRs with clinical workflows <input type="checkbox"/> Improve structured data capture in and/or outside of EHRs <input type="checkbox"/> Regular EHR support and trainings <input type="checkbox"/> Ad hoc specialized EHR support and trainings <input type="checkbox"/> Use of metadata to improve EHR user experience <input type="checkbox"/> Other: Specify_____
<b>HEALTH EQUITY (AWARDEE CHOICE)</b>	
1. Has this PHC reached the requirements of the measure for this objective?	Select one: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Describe progress to date the PHC has made on the Health Equity objective.	Describe progress made on this objective.
<b>IMPROVING DIGITAL HEALTH TOOLS (AWARDEE CHOICE)</b>	
1. Has this PHC reached the requirements of the measure for this objective?	Select one: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Describe progress to date the PHC has made on the Improving Digital Health Tool objective.	Describe progress made on this objective.



## Appendix D: Objectives Development Guide

The timeframe to calculate progress towards meeting objective targets is August 1, 2022 through December 31, 2023.

#	Objective	Numerator
1	<b>Patient Engagement</b> - 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).	Number of PHCs with at least 80 percent of patients who have used integrated digital health tools between in-person visits to communicate health information with the PHC (a patient must have used a digital health tool at least once between visits).
2	<b>Patient Privacy and Cybersecurity</b> - Increase the percentage of PHCs with formally defined health information and technology policies and practices that advance security to protect individual privacy and organizational access.	Number of PHCs that have implemented formally defined and secure health information and technology policies and practices that advance security to protect individual privacy and organizational access in at least two of the following areas: protection from misuse, threats like cybersecurity attacks, fraud, or other harms.
3	<b>Social Risk Factor Intervention</b> - Increase the percentage of PHCs that use patient-level data on social risk factors to support patient care plans for coordinated, effective interventions.	Number of PHCs that use health IT to share social risk factor data with care teams and use this data to inform care plan development, and if applicable facilitate closed-loop referrals on at least 75 percent of patients identified as having a risk factor (e.g. care teams use patient reported data on food insecurity or other social risk factors to better tailor care plans/interventions and community referrals to improve chronic disease management and outcomes).
4	<b>Disaggregated, patient-level data</b> - Increase the percentage of PHCs with systems and staff aligned with submitting disaggregated, patient-level data via UDS+.	Number of PHCs that have sent successful test messages for electronic clinical quality measures (eCQM) and UDS+ data fields using Fast Health Interoperability Resources (FHIR) based application programming interfaces (APIs).
5	<b>Interoperable Data Exchange and Integration</b> - Increase the percentage of PHCs with the capacity to integrate clinical information with data from clinical and non-clinical sources across the health care continuum (e.g., hospitals, specialty providers, departments of health, health information exchanges (HIE), care coordinators, social service/housing organizations) to optimize care coordination and workflows.	Number of PHCs that have integrated data into structured EHR fields (i.e., not free text or attachments) from at least three external clinical and/or non-clinical sources.
6	<b>Data Utilization</b> - Increase the percentage of PHCs that use data strategies, such as use of predictive analytics with data visualization, to support performance improvement and value-based care activities.	Number of PHCs that used advanced data strategies, such as predictive analytics with data visualization, natural language processing, and machine learning to present useful data to inform performance improvement and value-based care activities (e.g., improve clinical quality, cost-efficient care).

#	Objective	Numerator
7	<b>Leveraging digital health tools</b> - Increase the percentage of PHCs that support providers and staff in achieving and maintaining proficiency in the use of digital health tools (e.g., telehealth and remote patient monitoring tools).	Number of PHCs providing at least two formal trainings annually, along with routine support (e.g., on-demand reference materials, regular communications sharing tips or best practices, help desk) to providers and staff that promotes proficiency in the use of digital health tools.
8	<b>Health IT Usability and Adoption</b> - Increase the percentage of PHCs that improve health IT usability and adoption by providers, staff, and patients (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs, use of metadata to improve EHR user experience).	Number of PHCs that reduced operational barriers to health IT usability and adoption through implementation of at least one health IT facilitated intervention annually that focuses on topics such as aligning EHRs with clinical workflows, improving structured data capture in and/or outside of EHRs, regular EHR support and trainings, or use of metadata to improve EHR user experience.
9	<b>Health Equity (Applicant Choice)</b> - Develop one objective and associated outcome measure that will focus on utilizing a health IT innovation (e.g., digital patient engagement tools, remote patient monitoring, emergency preparedness, artificial intelligence) to improve the health status of their PHCs' communities by reducing health disparities and/or addressing social determinants of health.	Developed by the HCCN, submitted in their FY 2022 HCCN application.
10	<b>Improving Digital Health Tools (Applicant Choice)</b> - Develop one objective and associated outcome measure that will enhance the quality and coordination of health services by focusing on improving the functionality of digital health tools (e.g., EHRs, virtual care platforms, patient portals, analytic systems) in one or more of the following areas: (1) support relationships between providers and staff with patients, their families, and the community; (2) support high-functioning care teams; (3) integrate care delivery across systems and communities; (4) reduce workload; and (5) make care more equitable. <sup>4</sup>	Developed by the HCCN, submitted in their FY 2022 HCCN application.

<sup>4</sup> Taken from the National Academy of Sciences, Engineering, and Medicine, "Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care" (2021). Available at <https://www.nap.edu/read/25983/chapter/1#iii>.