![HRSA Health Resources & Services Administration]

Fiscal Year 2023 State and Regional Primary Care Association Cooperative Agreements
Non-Competing Continuation Progress Report Instructions

Table of Contents

Purpose

State and Regional Primary Care Association (PCA) Cooperative Agreements provide training and technical assistance (T/TA) to existing and potential health centers (hereafter referred to as health centers)[1] in their states and regions. PCAs help increase access to comprehensive primary care, accelerate value-based care delivery, foster a workforce to address current and emerging needs, enhance emergency preparedness and response, and advance clinical quality and performance. The period of performance for PCAs was extended by one year, and now ends June 30, 2024.

Submission and approval of your PCA Non-Competing Continuation (NCC) progress report, (hereafter referred to as the progress report), will provide funding for the fiscal year (FY) 2023 budget period (July 1, 2023 through June 30, 2024). Continued funding is dependent upon Congressional appropriation, satisfactory progress toward meeting project objectives, and a decision that continued funding would be in the best interest of the federal government.

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[1] Existing health centers include both Health Center Program (H80) award recipients and look-alikes. Potential health centers include organizations that are applying for or seeking information about applying for an award or look-alike designation.

Submission and Award Information

Progress report submissions will be available starting Friday, December 16, 2022, and are due in the HRSA Electronic Handbooks (EHBs) by **5 p.m. ET on Monday, February 6, 2023**. HRSA anticipates making awards on or around the FY 2023 budget period start date of July 1, 2023.

General Instructions

You will complete your PCA progress report in EHBs by providing updates on progress achieved as well as anticipated progress for planned activities through June 30, 2023. The progress report submission must include all forms and attachments identified in Table 1: Forms and Attachments. Complete forms directly in EHBs, and upload attachments into EHBs.

Progress reports lacking required information will be considered incomplete or non-responsive and returned via a "Change Requested" notification in EHBs for the provision of 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 (approximately 5 MB). 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 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: Forms and Attachments

PCA NCC Progress Report Section	Form or Attachment	Instructions
SF-PPR and SF-PPR2	Form	Refer to the EHBs Non-Competing Continuation (NCC) User Guide available on the PCA TA webpage.
SF-424A Budget Information	Form	Refer to SF-424A Budget Information Form instructions.
Budget Narrative (Required)	Attachment	Refer to Budget Narrative instructions.
Attachment 1: Project Narrative Update (Required)	Attachment	Refer to Attachment Instructions.
Attachment 2: Health Workforce Supplemental Progress (Required)	Attachment	Refer to Attachment Instructions and Appendix D: Instructions for the FY 2023 Health Professions Education & Training (HP-ET) Initiative Metrics.
Attachments 3-11 (As Applicable)	Attachment	Refer to Attachment Instructions.
FY 2022 Progress Update	Form	Refer to Appendix B: Instructions for the FY 2022 Progress Update.

PCA NCC Progress Report Section	Form or Attachment	Instructions
FY 2023 Project Work Plan	Form	Refer to Appendix C: Instructions for the FY 2023 Project Work Plan.

Attachment Instructions

Attachment 1: Project Narrative Update *(Required)*

Provide a brief narrative highlighting significant progress, challenges (e.g., COVID-19), and changes that have affected your PCA project. **The Project Narrative Update must expand on and not duplicate information you enter in the FY 2022 Progress Update forms**. Specifically, the Project Narrative Update must include a discussion of each of the following:

1) **Any significant progress**.

    a) Describe significant overall PCA project progress achieved between January 1, 2022 and December 31, 2022 that complements updates on specific activities captured in your FY 2021 Progress Update form.
    b) Summarize progress on activities you completed or discontinued from January 1, 2022 through June 30, 2022 (your previous budget period). In particular, highlight progress on activities that do not appear in the FY 2022 Progress Update form, including:

        i)   Actual progress on activities for which you reported "Anticipated Progress" for in your FY 2021 Progress Update form (submitted as part of your FY 2022 PCA NCC)[2],
        ii) Progress on activities that were approved, but later removed during the budget year from the Project Work Plan (PWP).

2) **Any significant challenges**.

    a) Document significant challenges encountered between January 1, 2022 and December 31, 2022 that may have impacted health center T/TA needs, and may impact achievement of project objectives, activities, and attainment of targets by the end of the period of performance.
    b) Describe strategies that have been implemented from January 1, 2022 through December 31, 2022 to overcome these challenges. Include how these strategies support objective achievement and target attainment by the end of the period of performance.

3) **Any significant changes to collaborations, partnerships, and coordinated activities**.

    a) Document significant changes to formal and informal collaborations, partnerships, and coordinated activities that occurred between January 1, 2022 and December 31, 2022. Update Attachment 7: Summary of Contracts and Agreements, as necessary.
    b) Describe significant anticipated changes to formal and informal collaborations, partnerships, and coordinated activities that will be implemented from January 1, 2023 through June 30, 2023.

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[2] Refer to the FY 2023 PCA NCC EHBs User Guide section entitled *Accessing the FY 2023 PCA NCC Progress Report* for instructions to view the Submissions-All page to access your FY 2022 PCA NCC submission.

c) Describe how all changes support objective achievement and target attainment by the end of the period of performance.

d) Regional PCAs: Highlight any significant changes to the collaborative approach with state PCAs described in your FY 2022 progress report.

4) Any significant changes to T/TA evaluation.

a) Document significant PCA T/TA evaluation strategy changes and anticipated changes, from January 1, 2022 through June 30, 2023 related to:

   i) Data sources or processes used to assess T/TA activities;
   ii) Impact monitoring and measurement;
   iii) Performance improvement evaluation, rating scales, and/or dissemination of evaluation results.

b) Describe how changes will address evolving health center T/TA needs, support achievement of the objectives, and promote target attainment by the end of the period of performance.

5) Any significant changes to organizational resources.

a) Document significant organizational resource changes from January 1, 2022 through December 31, 2022 related to:

   i) Organizational structure, including contracts and agreements. Describe the rationale for changes. Update Attachment 4: Project Organizational Chart and Attachment 7: Summary of Contracts and Agreements, as necessary.
   ii) Staffing plan, addressing significant challenges encountered in recruiting and retaining key PCA management or project staff needed to accomplish the project objectives. Describe the strategies used to overcome the challenges. Update Attachment 3: Staffing Plan, Attachment 5: Job Descriptions for Key Personnel, and Attachment 6: Biographical Sketches of Key Personnel, as necessary.

b) Highlight significant anticipated changes to organizational resources that are expected to occur from January 1, 2023 through June 30, 2023, and reasons for the changes.

c) Describe how changes will address evolving health center T/TA needs, support objective achievement, and target attainment by the end of the period of performance.

6) Other significant expected changes, plans, or considerations. Include any other significant information not captured in other parts of the progress report (e.g., PCA project recognition).

Attachment 2: Health Workforce Supplemental Progress (Required)

Report your progress on the Health Professions Education and Training (HP-ET) initiative workforce metrics. See Appendix D: Instructions for the FY 2023 Health Professions Education & Training (HP-ET) Initiative Metrics for reporting instructions. Refer to the Sample Health Workforce Supplemental Progress table available on the PCA TA webpage.

NOTE: You will provide HP-ET initiative metric updates in Attachment 2 and HP-ET initiative activity progress in the FY 2022 Progress Update form. Information on required activities and metrics can be found on the Health Professions Education and Training (HP-ET) initiative overview webpage.

Attachment 3: Staffing Plan *(As Applicable)*

If the staffing plan changed since you submitted your FY 2022 progress report, upload a staffing plan, clearly indicating any changes (e.g., new staff hired, position responsibilities updated) in a table format

and include a column to summarize changes. Ensure that the staffing plan accounts for at least 1.0 full-time equivalent personnel to support workforce activities (e.g., hiring new staff, expanding a current employee's role) as required by the HP-ET initiative.

Refer to the sample Staffing Plan available on the PCA TA webpage, which provides an example of the preferred table format, including the addition of a Summary of Changes column. The table must include:

- Effective Date of the Staffing Plan,
- For each position, include:
  - Position Title (e.g., Chief Executive Officer),
  - Staff Name (if an individual is not yet identified for a position, indicate "To Be Determined"),
  - Education and Experience Qualifications,
  - General PCA Project Responsibilities,
  - Percentage of Full Time Equivalent (FTE) dedicated to the PCA project,
  - Annual Salary[3] (100 percent FTE), and
  - Effective date of the changes and any forecasted changes prior to June 30, 2023.

Document applicable changes in the personnel justification table of your Budget Narrative and other relevant attachments.

NOTE: Combined time and effort percentages of staff across all federal awards may not exceed 1.0 FTE.

Attachment 4: Project Organizational Chart *(As Applicable)*

If the organizational chart changed since you submitted your FY 2022 progress report, upload a revised one-page document that graphically depicts your current organizational structure, noting significant changes to any of the following: key personnel, staffing, and any subrecipients or affiliated organizations. Include the date that the updated organizational structure took effect.

Attachment 5: Job Descriptions for Key Personnel *(As Applicable)*

If job descriptions for key management staff (i.e., Chief Executive Officer (CEO), Clinical Director (CD), Chief Financial Officer (CFO), Chief Information Officer (CIO), Chief Operating Officer (COO), Project Director (PD)) have changed since you submitted your FY 2022 progress report, including vacant jobs, upload revised job descriptions. Job descriptions must be limited to **one-page** and include, at a minimum:

- Job title,
- Description of duties and responsibilities,
- Job qualifications,
- Supervisory relationships,
- Skills, knowledge, and experience requirements,
- Travel requirements,

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[3] If the Annual Salary is in excess of Federal Executive Level II of the Federal Executive Pay scale, list the Adjusted Annual Salary.

* Salary range,
* Work hours, and
* Summary of changes since last submission.

NOTE: If key positions have been combined or changed to part-time (e.g., CEO and CFO roles are shared), document this in the personnel justification table of your Budget Narrative and other relevant attachments.

Attachment 6: Biographical Sketches of Key Personnel *(As Applicable)*

If any new key management staff (e.g., CEO, CFO, Program Lead, Project Manager) have been hired since you submitted your FY 2022 progress report, upload biographical sketches for all new individuals hired. Each biographical sketch must be limited to **two pages**. When applicable, biographical sketches must include:

* Training,
* Language fluency, and
* Experience working with the diverse populations served.

NOTE: Document applicable changes in the personnel justification table of your Budget Narrative and other relevant attachments.

Attachment 7: Summary of Contracts and Agreements *(As Applicable)*

Summarize changes to contracts and/or agreements (e.g., new contracts, revised agreements) since your FY 2021 progress report. Address significant forecasted changes or new contracts/agreements expected from January 1, 2023 through June 30, 2023. A sample summary is available on the PCA TA webpage. The summary must align with your Budget Narrative, and must address the following for each contract and/or agreement:

* Name of organization,
* Type of contract and/or agreement (e.g., contract, Memorandum of Understanding or Agreement),
* Brief description of the purpose and scope of the contract and/or agreement,
* Timeframe for each contract and/or agreement (e.g., ongoing contractual relationship, specific duration), and
* Brief summary of contractual changes (including updated scope of work).

NOTE: You must exercise appropriate oversight and authority over all contracts, and all procurements, including contracts, must comply with 45 CFR part 75.

Attachment 8: MOA for Regional PCAs Only *(As Applicable)*

If any changes have been made to the Regional Memorandum of Agreement since your last submission (either with your FY 2020 application, or your FY 2021 or FY 2022 progress report), include a copy of the updated agreement.

Attachment 9: Letters of Agreement *(As Applicable)*

Submit Letters of Agreement (LOA) with new formal collaborators[4], and/or the state public agency collaborator[5] if the proposed collaboration has significantly changed. Include how changes will support objective achievement and target attainment by the end of the period of performance. **All letters should be signed and dated.** Merge multiple LOA into a single file and upload as one attachment (e.g., if you have two new LOA, copy and paste them into one document and upload them as one attachment).

Attachment 10: Indirect Cost Rate Agreement *(As Applicable)*

You must either upload a copy of your most recent Indirect Cost Rate Agreement if you include indirect costs in your budget or indicate that 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. If chosen, this methodology once elected must be used consistently for all Federal awards until such time you choose to negotiate for a rate.

Attachment 11: Other Documents *(As Applicable)*

Provide relevant documents to support the progress report (e.g., survey instruments, publications), merge all items into a single file, and upload as one attachment.

Budget Instructions

A complete budget presentation includes the SF-424A Budget Information Form[6] and the Budget Narrative (attachment) for the FY 2023 budget period (July 1, 2023 to June 30, 2024). Contact your grants management specialist if you have questions.

Only use PCA funds for allowable costs. Examples of unallowable costs include, but are not limited to:
- Direct patient care,
- Activity costs incurred under the American Rescue Plan (U5F) supplemental funding,
- Construction/renovation of facilities,
- Activities not aligned with the intent of this cooperative agreement,
- Reserve requirements for state insurance licensure,
- Support for lobbying/advocacy efforts, and/or
- Conference sponsorship (note that content development of individual program sessions related to the PCA PWP is allowable) – refer to the HHS Policy on Promoting Efficient Spending.

SF-424A Budget Information Form *(Required)*

Complete the following in EHBs **for the upcoming 12-month budget period** (July 1, 2023 to June 30, 2024). Include only federal funds requested for the PCA project.

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[4] Examples of primary formal collaborators could include: National Training and Technical Assistance Partners, Health Center Controlled Networks, Primary Care Offices, Area Health Education Centers, Public Health Training Centers, Telehealth Resource Centers, Title V Maternal and Child Health Services Block Grant state agencies, AIDS Education and Training Centers, or State Offices of Rural Health.

[5] Examples of state public agency collaborators could include: state health department, state primary care office, or the state Medicaid agency.

[6] SF-424A Budget Information Form was referred to as the "Budget Information: Budget Details Form" in previous progress report instructions and supporting TA resources.

Recommended Federal Budget: This figure is prepopulated in read-only format at the top of the SF-424A Budget Information Form, and corresponds with the recommended future support figure (Box 33) provided in your most recent PCA U58 NoA. This total includes ongoing supplemental funding you received (e.g., HP-ET funding). The total excludes the FY 2020 one-time COVID-19 supplemental funding and awards issued under activity codes other than U58 (e.g., American Rescue Plan funding). Contact your grants management specialist if you have questions.

Section A: Budget Summary: The annual PCA funding request in the Federal column is prepopulated in read-only format and cannot be edited. The Federal funding request equals the Recommended Federal Budget figure listed at the top of the SF-424A Budget Information Form in EHBs.

Section B: Budget Categories: Provide a breakdown of the requested funds by object class category (e.g., Personnel, Fringe Benefits). You may use the SF-424A Budget Information Form included in your FY 2022 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.

NOTE: 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, which must be submitted as Attachment 10: Indirect Cost Rate Agreement (reference the details in the Budget Narrative section below), or a declaration of intent to use the 10% de minimus rate as detailed at 45 CFR §75.414. The total in Section B must match the total in Section A.

Section C: Non-Federal Resources: Exclude non-federal sources of funding. Leave this section blank.

Budget Narrative *(Required)*

Upload a line-item budget narrative in the Budget Narrative section in EHBs for the upcoming 12-month budget period (July 1, 2023 to June 30, 2024). See the sample Budget Narrative on the PCA TA webpage. The budget narrative must:

- Outline all expenses for the PCA project.
- Be consistent with totals presented in Section B of the SF-424A Budget Information Form.
- Explain the amounts requested for each row in Section B: Budget Categories of the SF-424A Budget Information Form and include detailed calculations explaining how you derived each line-item expense (e.g., cost per unit).
- Only include federal funding.

Include the following in the Budget Narrative:

Personnel Costs: List each staff member to be supported by PCA funds, and include the name (if possible), position title, percent full-time equivalency (FTE), and Federal amount requested for annual salary. PCA 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 ($203,700 as of January 2022).[7] 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 third budget period (July 1, 2022 to June 30, 2023). Salary amounts listed in the Personnel Justification should reflect an individual's base salary, not including fringe benefits and any income that an individual may be

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[7] OPM "Rates of Pay for the Executive Schedule" page on this website has the most current salary limitation.

permitted to earn outside of the duties to your organization. A Sample Personnel Justification table is available with the Sample Budget Narrative on the PCA 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 personnel costs allocated for the PCA project.

Travel: List expenses associated with travel for staff to attend or lead PCA-related meetings, trainings, and workshops, including:

1) Travel expenses for each trip, including:

    a) Costs: Transportation/airfare, lodging, parking, registration fees (as applicable), and per diem.
    b) Trip background: Purpose, destination, and the number of individuals and name(s) of the traveler(s), if possible, for whom funds are requested.

2) For local travel, also include the mileage rate and number of miles.

For more information, including per diem calculations, see the U.S. General Services Administration's Per Diem Rates webpage.

Equipment: List equipment costs and justify the need for each piece of equipment to carry out the project goals. Equipment means tangible (moveable) personal property (including information technology systems) having a useful life of one or more years and an acquisition per-unit cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000 or more.

Supplies: List the items necessary for implementing the PCA project. Separate items into two categories: office supplies (e.g., paper, pencils) and educational supplies (e.g., brochures, videos). Items such as laptops, tablets, and desktop computers are classified as supplies if the per-unit acquisition cost is under the $5,000 per item equipment threshold.

Contractual Services: Include all contractual costs, including an explanation of each contract purpose, how you estimated costs, and significant contract deliverables. You are responsible for ensuring that your organization has an established and adequate procurement system in place with fully developed written procedures for awarding and monitoring all contracts/sub awards. Appropriate oversight and authority over all contracts and procurements must comply with 45 CFR part 75.

The salary rate limitation is applicable to individuals whose salaries are paid contractually. For such individuals, include position titles, hourly rate of pay, and total projected work hours. In addition, if you contracted for consulting services, include the name of each consultant, services they will perform, total number of days, travel costs, and total estimated costs. The salary rate limitation does not apply to payments made to consultants.

NOTE: If there are new or updated contracts since you submitted your FY 2022 progress report, you must include a summary of such contracts in Attachment 7: Summary of Contracts and Agreements.

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 cannot be readily and specifically identified with a particular project or program, but are necessary for organizational operation (e.g., facility operation and maintenance, depreciation, administrative salaries). If your budget request includes indirect costs, you must either upload a copy of your most recent indirect cost rate agreement as [Attachment 10: Indirect Cost Rate Agreement](#) or indicate that 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](#).

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

- *[HHS Grants Policy Statement](#)*
- *[HHS Policy on Promoting Efficient Spending](#)*
- *[HHS Cost Principles](#)*
- *[Federal Legislative Mandates](#)*

Technical Assistance Contacts

ASSISTANCE NEEDED	CONTACT SOURCE
General Technical Assistance	The [PCA TA webpage](#) contains sample forms, the PCA EHBs Non-Competing Continuation User Guide, frequently asked questions (FAQs), a slide presentation, and other resources.
Budget/Fiscal Questions	**Vera Windham** **Grants Management Specialist** Office of Federal Assistance Management Division of Grants Management Operations vwindham@hrsa.gov 301-443-6859
PCA NCC Progress Report Requirements Questions	**PCA TA Response Team** 301-594-4300 Submit a request using the [BPHC Contact Form](#) • Under *Funding*, select *Non-Competing Continuation (NCC) Progress Reports* • Select *Primary Care Association (PCA)*
HRSA EHBs Submission Assistance	**Health Center Program Support** 877-464-4772 Submit a request using the [BPHC Contact Form](#) • Under *Technical Support,* select *EHBs Task/EHBs Technical Issues* • Select *Non-Competing Continuation (NCC) Progress Reports*

Appendix A: Goals and Objectives Development Guide

Use this guide to calculate progress data (Numerators and Denominators) for each objective. For the purposes of this progress report:

- Calculate the Numerator based on the status of health centers in your state or region from July 1, 2020 through December 31, 2022.
- Existing health centers include Health Center Program award recipients and look-alikes.
- Potential health centers include organizations that are applying for or seeking information about applying for an award or look-alike designation.

Goal A: Increase Access to Comprehensive Primary Care

Objective and Objective Description	Numerator	Denominator
A1: Comprehensive Services - Increase the percentage of health centers that have successfully implemented Health Center Program supplemental funding.[8] **NOTE:** PCAs receiving Ending the HIV Epidemic supplemental funding are required to include any related Ending the HIV Epidemic (EHE) target calculations and activities here.	Number of health centers that have successfully implemented the supplemental funding indicated in the Supplemental Funding Opportunity field of your most recent Project Work Plan.	Number of health centers in the state or region receiving supplemental funding indicated in the Supplemental Funding Opportunity field of your most recent Project Work Plan.
A2: Health Center Program Development - Increase the number of new, existing, and potential health centers that have been supported through strategic development technical assistance.	Number of new, existing, and potential health centers that have received T/TA on strategic development.	N/A

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[8] If your Baseline Numerator and Denominator do not align with your Current Numerator and Current Denominator because you used data from a different, past supplemental funding opportunity in your FY 2020 PCA application to determine your Baseline Percentage, use the *Objective Impact Progress Narrative* field of the FY 2022 Progress Update form to explain the discrepancy.

Objective and Objective Description	Numerator	Denominator
A3: Service Integration (Optional) - Increase the percentage of health centers that are fully integrating comprehensive services into primary care (e.g., primary medical, oral, mental, substance use disorder, vision, enabling services).	Number of health centers that have fully integrated comprehensive services into primary care (you define "fully integrated comprehensive services").	Number of health centers in the state or region.
A4: Innovation (Optional) - Create an objective that defines a state or regional barrier to increasing access and propose to test a potential approach to overcoming the barrier and evaluate its effectiveness and scalability.	Update with current data, using the same calculation you used in your FY 2022 progress report.	Update with current data, using the same calculation you used in your FY 2022 progress report.

Goal B: Accelerate Value-Based Care Delivery

Objective and Objective Description	Numerator	Denominator
B1: Readiness for Value-Based Care Delivery - Increase the percentage of health centers that are at a high level of readiness for, or already engaged in, value-based care delivery.	Number of health centers that have scored in the highest level of readiness for value-based care delivery on a readiness scale (you determine the scale) or are already engaged in value-based care delivery.	Number of health centers in the state or region.
B2: Innovation (Optional) - Create an objective that defines a state or regional barrier to accelerating value-based care with no readily available solution and propose to test a potential approach to overcoming the barrier and evaluate its effectiveness and scalability.	Update with current data, using the same calculation you used in your FY 2022 progress report.	Update with current data, using the same calculation you used in your FY 2022 progress report.

Goal C: **Foster a Workforce to Address Current and Emerging Needs**

Objective and Objective Description	Numerator	Denominator
C1: Workforce Planning - Increase the percentage of health centers with comprehensive workforce plans.	Number of health centers with comprehensive workforce plans, including staff and/or student (e.g., residents) education/training programs.	Number of health centers in the state or region.
C2: Executive Development - Increase the percentage of health center executive staff and board members that receive state or region specific T/TA to advance health center operations.	Number of health center executive staff and board members that have received state or region specific T/TA to advance health center operations.	Number of health center executive staff and board members in the state or region.
C3: Workforce Advancement (Optional) - Increase the percentage of health centers receiving support around innovative ways to maximize workforce through multidisciplinary care teams.	Number of health centers receiving T/TA on innovative ways to maximize workforce through multidisciplinary care teams.	Number of health centers in the state or region.

Goal D: Enhance Emergency Preparedness and Response

Objective and Objective Description	Numerator	Denominator
D1: Continuity of Care and Communication during Emergencies - Increase the percentage of health centers that have formal agreements with the PCA to develop, exercise, maintain, and implement systems to ensure timely and accurate PCA reporting on health center operational status during disasters and/or public health emergencies.	Number of health centers that have a formal agreement with the PCA to provide timely and accurate reporting to the PCA on health center operational status during disasters and/or public health emergencies.	Number of health centers in the state or region.
D2: Emergency Preparedness - Increase the percentage of health centers that receive state or region specific T/TA on leveraging CMS requirements and HRSA resources to effectively align with federal, state, tribal, regional, and local emergency preparedness systems to ensure continuity of care during disasters and/or public health emergencies.	Number of health centers that receive state or region specific T/TA on leveraging CMS requirements and HRSA resources to align with federal, state, tribal, regional, and local emergency preparedness systems.	Number of health centers in the state or region.

Goal E: Advance Health Center Clinical Quality and Performance

Objective and Objective Description	Numerator	Denominator
E1: Quality Care - Diabetes – Improve the performance of health centers in the state or region on the diabetes clinical quality measure. (Hemoglobin A1c >9 percent).	Number of health centers that have improved performance on the diabetes clinical quality measure.	Number of existing health centers in the state or region.
E2: Quality Care - Improve the performance of health centers in the state or region on the clinical quality measure you previously selected: control of hypertension, depression screening, or HIV testing.	Number of health centers that have improved performance on one of the following selected UDS clinical quality measures: control of hypertension, depression screening, or HIV testing.	Number of existing health centers in the state or region.
E3: Quality Care - Applicant Choice (Optional) – Improve the performance of health centers on the clinical quality measure you previously selected.	Number of health centers that have improved performance on the selected UDS clinical quality measure.	Number of existing health centers in the state or region.
E4: Social Risk Factors - Increase the percentage of health centers that collect data on social determinants of health.	Number of health centers that collect data on social determinants of health.	Number of health centers in the state or region.
E5: Community Partnership (Optional) - Increase the percentage of health centers that partner with community organizations to propose innovative solutions to address social determinants of health.	Number of health centers that partner with community organizations to propose innovative solutions to address social determinants of health.	Number of health centers in the state or region.

Goal F: Supplemental Funding

Objective and Objective Description	Numerator	Denominator
F1: COVID-19 Supplemental Funding (FY 2020 1-year U58 supplemental funding) - Enhance training and technical assistance (T/TA) to health centers to support their response to coronavirus disease 2019 (COVID-19). **Note:** For questions related to carry-over of funds, contact your grants management specialist.	Update with current data, using the same calculation you determined with your PO.	Update with current data, using the same calculation you determined with your PO.
F2: Health Workforce Supplemental Funding[9] - Enhance T/TA to health centers to support their workforce development and readiness to engage in health professions training programs.	Update with current data, using the same calculation you determined with your PO.	Update with current data, using the same calculation you determined with your PO.

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[9] Enter HP-ET metrics data in Attachment 2; use Appendix A to assist in completing the FY 2022 Progress Update form.

Health Resources & Services Administration

Appendix B: Instructions for the FY 2022 Progress Update

EHBs will prepopulate the FY 2022 Progress Update with information from the most recently approved Project Work Plan (PWP).

Complete the FY 2022 Progress Update as follows:

1) Calculate current numeric values based on progress achieved from July 1, 2020 through December 31, 2022.
2) Use the narrative fields to discuss progress achieved through December 31, 2022 and how progress supports achievement of the three-year target.

Refer to Table 2 below for guidance on completing the EHBs form for each U58 activity. Include progress on your objectives and activities supported by supplemental funds, if applicable. Exclude progress on activities funded under a different activity code (e.g., American Rescue Plan U3F funding). Additional resources, including a sample Progress Update and the EHBs NCC User Guide are available on the PCA TA webpage.

Table 2: FY 2022 Progress Update Field Guide

Field	Is this Field Editable?	Instructions
Objective	No	No action needed.
Objective Description	No	No action needed.
Baseline Data Source	No	No action needed.
Baseline Numerator	No	No action needed.
Baseline Denominator	No	No action needed.
Baseline Percentage	No	No action needed.
Objective Target	No	No action needed.
Current Numerator	Yes	Enter the current numerator based on the definition in Appendix A: Goals and Objectives Development Guide.
Current Denominator	Yes	Enter the current denominator based on the definition in Appendix A: Goals and Objectives Development Guide.
Current Percentage	No	No action needed. Automatically calculated using the following formula: (Current Numerator) ÷ (Current Denominator) × 100.
Progress Toward Target Percentage	No	No action needed. Automatically calculated using the following formula: (Current Percentage - Baseline Percentage) ÷ (Objective Target – Baseline Percentage) × 100. For Objective A2 where only a number is reported, the following formula will be used: (Current Numerator- Baseline Numerator) ÷ (Objective Target – Baseline Number) x 100.
Objective Impact Narrative	No	No action needed.
Objective Impact Progress Narrative	Yes	Describe progress toward achieving the predicted overall impact. Reference data sources used to determine progress.

Field	Is this Field Editable?	Instructions
Formal T/TA Session Target	No	No action needed.
Formal T/TA Session Target Current Numeric Progress	Yes	Provide the number of formal T/TA sessions conducted from July 1, 2020 through December 31, 2022.
Formal T/TA Session Target Current Progress Narrative	Yes	Provide narrative describing your progress toward achieving the Formal T/TA Target.
Participation Target	No	No action needed.
Participation Target Current Numeric Progress	Yes	Provide the number of health center representatives that have participated in formal T/TA sessions from July 1, 2020 through December 31, 2022.
Participation Target Current Progress Narrative	Yes	Provide narrative describing your progress toward achieving the Participation Target.
Participant Satisfaction Target	No	No action needed.
Participant Satisfaction Target Current Numeric Progress	Yes	Provide the average T/TA satisfaction score from July 1, 2020 through December 31, 2022 based on Formal T/TA Session participant surveys that used a 5-point satisfaction rating scale.
Participant Satisfaction Progress Narrative	Yes	Provide narrative describing your progress toward achieving the Participant Satisfaction Target. Indicate how you measured participant satisfaction, using the requirements described in the Data Development Tip Sheet available on the PCA TA webpage.
Participant Behavior Change Target	No	No action needed.
Participant Behavior Change Target Current Numeric Progress	Yes	Provide the average T/TA job behavior change score from July 1, 2020 through December 31, 2022 based on Formal T/TA Session follow-up surveys that used a 5-point satisfaction rating scale.
Participant Behavior Change Target Progress Narrative	Yes	Provide narrative describing your progress toward achieving the Participant Behavior Change Target. Indicate how you measured behavior change, using the requirements described in the Data Development Tip Sheet available on the PCA TA webpage.
Key Factors	No	No action needed.
Activity Name	No	No action needed.
Person/Group Responsible	No	No action needed.
Targeted Start Date	No	No action needed.
Targeted End Date	No	No action needed.
Expected Outcome	No	No action needed.

HRSA
Health Resources & Services Administration

Field	Is this Field Editable?	Instructions
Activity Progress Update	Yes	Provide a progress description for each activity conducted from July 1, 2022 - December 31, 2022. If there is no progress to report, note this and provide projected progress for the remainder of the budget period in the Anticipated Progress field.
Anticipated Progress	Yes	Provide anticipated progress from January 1, 2023 - June 30, 2023 for each activity.
Comments	No	No action needed.

Appendix C: Instructions for the FY 2023 Project Work Plan

EHBs will prepopulate the FY 2023 Project Work Plan (PWP) with the information provided in the FY 2022 Progress Update. Complete the FY 2022 Progress Update form in EHBs before working on the FY 2023 PWP to ensure the PWP prepopulates correctly.

Complete the FY 2023 PWP as follows:

1) Revise the editable fields as needed to reflect the activities planned for the FY 2023 budget period (July 1, 2023 through June 30, 2024), including supplemental activities.
2) Update the corresponding activity fields with new or replacement activity information. If you completed or discontinued a FY 2022 activity before the FY 2023 budget period, you may delete the activity and update the corresponding fields with new activity information.
3) Refer to Table 3 below for guidance on completing all editable fields. Refer to the sample PWP and EHBs NCC User Guide available on the PCA TA webpage for additional assistance.

All activities must be performed by June 30, 2024 and clearly contribute to Objective Target attainment by the end of the period of performance.

Table 3: FY 2023 PWP Field Guide Instructions

Field	Is this Field Editable?	Instructions
Objective	No	No action needed.
Objective Description	No	No action needed.
Baseline data source	No	No action needed.
Numerator	No	No action needed.
Denominator	No	No action needed.
Baseline Percentage	No	No action needed.
Objective Target	No	No action needed.
Current Percentage	No	No action needed.
Progress Toward Target Percentage	No	No action needed.
Objective Impact Narrative	No	No action needed.
Key Factors	Yes	As needed, update factors as needed to reflect the current environment. Key Factors should focus on the Goals and Objectives described in Appendix A: Goals and Objectives Development Guide. At least 1 Contributing and 1 Restricting Key Factor must be identified.
Formal T/TA Target	No	No action needed.

HRSA
Health Resources & Services Administration

Field	Is this Field Editable?	Instructions
Participation Target	No	No action needed.
Participant Satisfaction Target	No	No action needed.
Participant Behavior Change Target	No	No action needed.
Activity Name	Yes	If you are continuing an activity from the second budget period, you may keep the same activity name or update as needed with a unique activity name. If you are adding a new activity, provide a new, unique activity name.
Activity Description	Yes	Describe the planned activities to be conducted **July 1, 2023 through June 30, 2024** that will contribute to Objective Target attainment by the end of the period of performance. Update existing activity descriptions as needed for activities that will be continued from the previous budget period(s). Enter new activity descriptions for new activities.
Person/Group Responsible	Yes	As needed, identify or update the person, position, or group that will be responsible and accountable for carrying out each activity.
Targeted Start Date	Yes	Provide the estimated start date of each activity (on or after July 1, 2023).
Targeted End Date	Yes	Provide the estimated end date for each activity (on or before June 30, 2024).
Expected Activity Outcome	Yes	Identify or update the principal outcome for each activity.
Comments	Yes	Include additional information relevant to each activity, as desired.

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Appendix D: Instructions for the FY 2023 Health Professions Education & Training (HP-ET) Initiative Metrics

You will provide your progress updates on five Health Professions Education and Training (HP-ET) initiative metrics as **Attachment 2: Health Workforce Supplemental Progress**. For metrics 2-6, report cumulative progress from July 1, 2020 through December 31, 2022. You may use the **Sample Health Workforce Supplemental Progress** document available on the [PCA TA webpage](#).

NOTE: The HP-ET 1 metric reflected expanded workforce T-TA activities in Year 1 of the HP-ET initiative. You will not report on this metric in this progress update. You will provide updated metrics for HP-ET initiatives 2-6 for Year 3 (July 1, 2022 - June 30, 2023).

Table 4: FY 2023 HP-ET Initiative Metrics

Measure	HP-ET 2: Percentage of health centers that completed the Readiness to Train Assessment Tool (RTAT™)	HP-ET 3: Percentage of health centers ready to engage with health professions schools and serve as a clinical preceptor site	HP-ET 4: Percentage of health centers that received T/TA on the development of a strategic workforce plan	HP-ET 5: Percentage of health centers that have a strategic workforce plan to advance HP-ET	HP-ET 6: Percentage of health centers that have a health professions training program in place
Current Numerator	Number of health centers in the state(s) that completed the RTAT™.	Number of health centers in the state(s) that report readiness to be a clinical preceptor site in the RTAT™.	Number of health centers in the state(s) that received T/TA specific to the development of a strategic workforce plan	Number of health centers in the state(s) that report having a strategic workforce plan out of those who completed the RTAT™	Number of health centers that report having a health professions training program in the RTAT™
Current Denominator	Number of health centers in the state(s)	Number of health centers in the state(s)	Number of health centers in the state(s)	Number of health centers in the state(s)	Number of health centers in the state(s)
HP-ET Percentage	(Numerator/ Denominator) *100	(Numerator/ Denominator) *100	(Numerator/ Denominator) *100	(Numerator/ Denominator) *100	(Numerator/ Denominator) *100
HP-ET Progress Update	Enter the progress on your activities	Enter the progress on your activities	Enter the progress on your activities	Enter the progress on your activities	Enter the progress on your activities

Measure	HP-ET 2: Percentage of health centers that completed the Readiness to Train Assessment Tool (RTAT™)	HP-ET 3: Percentage of health centers ready to engage with health professions schools and serve as a clinical preceptor site	HP-ET 4: Percentage of health centers that received T/TA on the development of a strategic workforce plan	HP-ET 5: Percentage of health centers that have a strategic workforce plan to advance HP-ET	HP-ET 6: Percentage of health centers that have a health professions training program in place
HP-ET Comments *(optional)*	Provide comments regarding this metric that are not covered elsewhere in your progress report	Provide comments regarding this metric that are not covered elsewhere in your progress report	Provide comments regarding this metric that are not covered elsewhere in your progress report	Provide comments regarding this metric that are not covered elsewhere in your progress report	Provide comments regarding this metric that are not covered elsewhere in your progress report