



**Fiscal Year 2021 Health Center Controlled Networks  
Non-Competing Continuation Progress Report Instructions**

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## Purpose

Health Center Controlled Networks (HCCNs) are groups of health centers<sup>1</sup> working together to use health information technology (health IT) to improve operational and clinical practices. HCCNs support health centers to leverage health IT to increase their participation in value-based care by:

- Enhancing the patient and provider experiences,
- Advancing interoperability, and
- Using data to enhance value.

Submission and approval of this HCCN Non-Competing Continuation (NCC) progress report (hereafter referred to as the progress report) will provide funding for the fiscal year (FY) 2021 budget period (August 1, 2021 through July 31, 2022). 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.

## Submission and Award Information

Progress report submissions are due in the HRSA Electronic Handbooks (EHBs) by **5 p.m. ET on March 18, 2021**. HRSA anticipates making awards on or around the FY 2021 budget period start date of August 1, 2021.

## General Instructions

You will complete the progress report in EHBs by providing updates on HCCN activities since your FY 2020 progress report (March 1, 2020) through February 28, 2021). You must include all forms and attachments identified in [Table 1: Forms and Attachments](#). Forms are to be completed online directly in EHBs. Attachments must be uploaded into EHBs.

**Note:** If you were unable to gather information and/or data for the FY 2020 progress report due to the COVID-19 pandemic but have since received it, include it in this progress report where applicable.

You will complete two different Project Work Plan (PWP) forms in EHBs, the FY 2020 PWP Update and the FY 2021 PWP. Progress reports that lack required information will be considered incomplete or non-responsive and will be 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.

**New!** The Progress Report Table is prepopulated with Participating Health Centers (PHC) that were or have been in your HCCN for six months or more as of December 31, 2020. This may include PHCs that are no longer in your HCCN. You will report on PHCs that have been in your HCCN for less than six months in a future progress report.

Attachments in the progress report must not exceed **50 pages** in total 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, and Calibri) and one-inch margins. You may use smaller font (no less than 10 point) for tables, charts, and footnotes.

**Note:** Forms do not count towards the 50 page limit.

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<sup>1</sup> Organizations funded under section 330 (e), (g), (h), and/or (i), of the Public Health Service Act, as amended, as well as organizations with look-alike designation.

**Table 1: Forms and Attachments**

HCCN NCC Progress Report Section	Form or Attachment	Instructions
SF-PPR and SF-PPR2	Form	Instructions are included in the HCCN User Guide available on the <a href="#">HCCN Technical Assistance (TA) webpage</a> .
Budget Information: Budget Details Form	Form	Refer to <a href="#">Budget Details Form</a> instructions.
Budget Narrative (Required)	Attachment	Upload the Budget Narrative. Refer to <a href="#">Budget Narrative</a> instructions.
Attachment 1: Project Narrative (Required)	Attachment	Refer to <a href="#">Attachment Instructions</a> .
Attachments 2-8 (As applicable)	Attachment	Refer to <a href="#">Attachment Instructions</a> .
FY 2020 Project Work Plan Update	Form	Refer to <a href="#">Appendix A: Instructions for the FY 2020 PWP Update</a> .
FY 2021 Project Work Plan	Form	Refer to <a href="#">Appendix B: Instructions for the FY 2021 PWP</a> .
Progress Report Table	Form	Refer to <a href="#">Appendix C: Instructions for the Progress Report Table</a> .

## Attachment Instructions

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

Provide a narrative highlighting **significant progress and challenges** (e.g., COVID-19) that have impacted your HCCN project since your FY 2020 progress report (March 1, 2020) through February 28, 2021. Where applicable, discuss activities supported with COVID-19 supplemental funding. The project narrative should expand on and not duplicate information you enter in the [FY 2020 PWP Update](#).

Use the following headings to structure your project narrative:

- **Significant progress.** Provide an overview of significant progress made on the approved HCCN project. Include significant progress made on activities to address the unique needs of PHCs and outcomes that will contribute to achieving goals and objectives.

Also, provide highlights for any significant activity progress between March 1, 2020 and July 31, 2020, as these were not reported in your FY 2020 progress report and will not be captured in the FY 2020 PWP Update.

- **Significant challenges and activity changes.** Describe:
  - Any significant challenges, particularly challenges related to the COVID-19 pandemic and in obtaining data from or working with PHCs;
  - Strategies used to overcome challenges; and
  - Resulting significant changes to approved activities, including strategies for addressing the unique needs of PHCs.
- **Significant changes to collaborations, partnerships, and coordinated activities.** Describe any significant changes to planned or current collaborations or partnerships, including activities coordinated with Primary Care Associations (PCAs), HRSA’s Health IT National Training and

Technical Assistance (NTTAP) award recipient, other NTTAPs, and other organizations that address issues related to health care quality and/or health IT. Address how these changes will support achieving goals and objectives.

- **Significant changes to project staffing.** Describe revisions to your HCCN staffing plan. Address any significant challenges in recruiting and retaining key HCCN management or project staff needed to accomplish the objectives. Refer to [Attachment 3: Staffing Plan](#) and [Attachment 4: Position Descriptions for Key Personnel](#), as appropriate.
- **Other expected changes, plans, or considerations.** Include any other significant information not captured in other parts of the progress report. If you were unable to gather information and/or data for the FY 2020 progress report due to the COVID-19 pandemic but have since received it, include that information here if it has not been included elsewhere in this progress report (e.g., data/information not included in the FY 2020 PHC Progress Report Table as it was not available at that time).

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

If the organizational chart has changed since your FY 2020 progress report, 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 organizational changes, include a brief rationale for those changes, and provide the date the changes took effect in the attachment. Address any changes to the organizational structure you anticipate will occur during the remainder of the current budget period (by July 31, 2021).

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

If the staffing plan has changed or there are anticipated changes (e.g., new staff hired, position responsibilities updated) since your FY 2020 progress report, upload a revised table that identifies 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 Grant Project Responsibilities;
- Annual Salary;
- Percentage of Full Time Equivalent (FTE) dedicated to the HCCN grant project; and
- Date the change was effective or is forecasted.

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

If position descriptions for key HCCN staff have changed since your FY 2020 progress report, including vacant positions, upload new job descriptions. 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.

If key positions have been combined or changed to part-time (e.g., CEO and CFO roles are shared), document these changes in the salary table of your [Budget Narrative](#).

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

If key management staff (e.g., CEO, CFO, Program Lead, Project Manager) have been hired since your FY 2020 progress report, upload biographical sketches for the individuals. Each biographical sketch should be limited to one-page.

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

Provide a summary describing any new, revised, or newly proposed contracts and/or agreements since your FY 2020 progress report. The summary must 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 or agreement);
- 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).

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 as Attachment 2: PHC Memorandum of Agreement in your FY 2019 HCCN competitive application.

### **Attachment 7: 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:

- A copy of your most recent Indirect Cost Rate Agreement,
- Updated network bylaws,
- Information on activities and uses of FY 2019 COVID-19 supplemental funding not captured in the Project Narrative Update or FY 2020 PWP Update form.

Merge all items into a single document before uploading. Note that these documents will count toward the page limit.

## **Budget Instructions**

A complete budget presentation includes the Budget Information: [Budget Details Form](#) and the [Budget Narrative](#) (attachment) for the FY 2021 budget period (August 1, 2021 to July 31, 2022).

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. Budget Information: Budget Details Form (Required)**

Complete the following in EHBs **for the upcoming 12-month budget period** (August 1, 2021 to July 31, 2022). Include only federal funds requested for the HCCN project.

**Section A: Budget Summary:** The annual HCCN 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 13) provided in your most recent HCCN 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 Budget Information: Budget Details Form included in your FY 2020 progress report 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.

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 EHBs that provides information for the upcoming 12-month budget period (August 1, 2021 to July 31, 2022). The Budget Narrative must explain the amounts requested for each row in Section B: Budget Categories of the Budget Information: Budget Details Form. See the sample Budget Narrative on the [HCCN TA webpage](#) and include detailed calculations explaining how each line-item expense is derived (e.g., cost per unit).

Include the following in the 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 annual salary.

**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, 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 goals. 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 value 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. If there are new or updated contracts since you submitted your FY 2020 progress report, you must include a summary of such contracts in [Attachment 6: Summary of Contracts and Agreements](#).

**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 under [Attachment 7: 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 Electronic Handbooks (EHBs) user guide, frequently asked questions (FAQs), a slide presentation, and other resources.
<b>Budget/Fiscal Questions</b>	<p><b>Christie Walker</b>            Office of Financial Assistance and Management            Division of Grant Management Operations            Health Center Branch            301-443-7742  <a href="mailto:cwalker@hrsa.gov">cwalker@hrsa.gov</a></p>
<b>HCCN NCC Progress Report Requirements Questions</b>	<p><b>HCCN TA Response Team</b>            301-594-4300            Submit a Web Request at <a href="#">BPHC Contact Form</a></p> <ul style="list-style-type: none"> <li>• Complete the BPHC Contact Form, Contact Record</li> <li>• For Requester Type, select Current Award Recipient</li> <li>• For Health Center or HRSA EHBs Question, select Health Center</li> <li>• For BPHC Category, select Non-Competing Continuation (NCC) Progress Reports</li> <li>• For BPHC Sub-Category, select Health Center Controlled Networks (HCCN); then complete the Issue Description page.</li> </ul>
<b>HRSA EHBs Submission Assistance</b>	<p><b>Health Center Program Support</b>            877-464-4772            Contact Health Center Program Support at <a href="#">BPHC Contact Form</a></p> <ul style="list-style-type: none"> <li>• Complete the BPHC Contact Form, Contact Record</li> <li>• For Requester Type, select Current Award Recipient</li> <li>• For Health Center or HRSA EHBs Question, select Electronic Handbooks (EHBs)</li> <li>• For BPHC Category, select Non-Competing Continuation (NCC) Progress Reports</li> <li>• For BPHC Sub-Category, select Health Center Controlled Networks (HCCN); then complete the Issue Description page.</li> </ul>

## Appendix A: Instructions for the FY 2020 Project Work Plan Update

In the FY 2020 PWP Update, report progress on objective data and activities you proposed to conduct during the current budget period (August 1, 2020 through July 31, 2021).

EHBs will prepopulate the FY 2020 PWP Update with information from the PWP submitted in your FY 2020 progress report. Ensure that any fields you updated in the PWP submitted in your FY 2020 progress report are correctly prepopulated in the FY 2020 PWP Update. Contact your Project Officer if there are any errors.

Include progress through February 28, 2021. Also provide expected progress for the remainder of the current budget period (March 1, 2021 – July 31, 2021). Refer to Table 2 below for guidance on completing the editable fields. Provide highlights for any significant activity progress between March 1, 2020 and July 31, 2020 in [Attachment 1: Project Narrative Update](#).

**New!** An additional activity is now available under each objective (maximum increased from three to four). You may add new activities under all objectives, as appropriate, to document activities supported with FY 2019 COVID-19 supplemental funding. These must correspond with activities submitted in your response to the FY 2019 HCCN COVID-19 supplemental funding Request for Information. When a planned activity (prepopulated in the FY 2020 PWP Update) has been or will be expanded with FY 2019 COVID-19 supplemental funding, describe this in the Activity Progress and Anticipated Progress fields.

Additional resources that include a sample PWP Update and EHBs User Guide are available on the [HCCN TA webpage](#).

**Table 2: FY 2020 PWP Update Field Guide**

FY 2020 Field	Is this Field Editable?	Details/Instructions
Objective Title	NO	Prepopulated from your FY 2020 PWP.
Objective Description	NO	Prepopulated from your FY 2020 PWP.
Baseline Percentage	NO	Prepopulated from your FY 2020 PWP.
Target Percentage	NO	Prepopulated from your FY 2020 PWP.
Baseline Data Source	NO	Prepopulated from your FY 2020 PWP.
Current Numerator	YES	Provide the current numerator as a subset of the PHCs prepopulated in the Progress Report Table. See the Goals and Objectives Development Guide available in <a href="#">Appendix D: Goals and Objectives Development Guide</a> and on the <a href="#">HCCN TA webpage</a> for guidance on how to determine the numerator for each objective.
Current Denominator	NO	Prepopulated with the total number of PHCs in the Progress Report Table.
Current Percentage	NO	Automatically calculated after the numerator is entered.
Progress Toward Target Percentage	NO	Automatically calculated using the following formula: $(\text{Current Percentage} - \text{Baseline Percentage}) \div (\text{Target Percentage} - \text{Baseline Percentage}) \times 100$ .

FY 2020 Field	Is this Field Editable?	Details/Instructions
Progress Toward Target Percentage Narrative	YES	Describe progress made toward achieving the Target Percentage by the end of the 3-year period of performance.
Key Factor Type	NO	Prepopulated from your FY 2020 PWP.
Key Factor Description	NO	Prepopulated from your FY 2020 PWP.
Activity Name	VARIES	Information from the FY 2020 PWP will prepopulate and cannot be edited. For new activities supported with COVID-19 supplemental funding, provide a unique name to identify each activity.
Activity Description	VARIES	Information from the FY 2020 PWP will prepopulate and cannot be edited. For new activities supported with COVID-19 supplemental funding, provide a description for each activity.
Person/Group Responsible	VARIES	Information from the FY 2020 PWP will prepopulate and cannot be edited. For new activities supported with COVID-19 supplemental funding, identify the person(s)/position(s) responsible for conducting each activity.
Start Date	VARIES	Information from the FY 2020 PWP will prepopulate and cannot be edited. For new activities supported with COVID-19 supplemental funding, provide the date that each activity started or is planned to start.
End Date	VARIES	Information from the FY 2020 PWP will prepopulate and cannot be edited. For new activities supported with COVID-19 supplemental funding, provide the date that each activity ended or is planned to end (must be on or before July 31, 2021).
Activity Progress Update (maximum 5,000 characters)	YES	For activities prepopulated from the FY 2020 PWP, provide progress from August 1, 2020 through February 28, 2021. 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. Include details if an activity prepopulated from your FY 2020 PWP was expanded with COVID-19 supplemental funding. For new activities supported with COVID-19 supplemental funding, provide progress since receiving the funding through February 28, 2021. 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.

FY 2020 Field	Is this Field Editable?	Details/Instructions
Anticipated Progress (maximum 5,000 characters)	YES	<p>For activities prepopulated from the FY 2020 PWP, provide expected progress for the remainder of the current budget period (March 1, 2021 – July 31, 2021). Include details if an activity prepopulated from your FY 2020 PWP will be expanded with COVID-19 supplemental funding.</p> <p>For new activities supported with COVID-19 supplemental funding, provide expected progress for the remainder of the budget period (March 1, 2021 – July 31, 2021).</p>

## Appendix B: Instructions for the FY 2021 Project Work Plan

In the FY 2021 PWP, add, delete, and/or revise Key Factor and Activity fields, as needed, to outline plans for the upcoming 12-month budget period (August 1, 2021 through July 31, 2022).

EHBs will prepopulate the FY 2021 PWP with the information provided in the both the FY 2020 PWP Update submitted in this progress report and the FY 2020 PWP submitted in your FY 2020 progress report. You must complete the FY 2020 PWP Update in EHBs before working on the FY 2021 PWP. Refer to Table 3 below for guidance on completing the editable fields.

Consider the following revisions, as needed:

- Update Key Factors and describe changes in the Key Factor Description field to reflect the current environment.
- Update each Activity and associated fields to focus on plans for the FY 2021 budget period (August 1, 2021 through July 31, 2022). Describe applicable changes in the Activity Description field.
- If you will discontinue an activity in your FY 2021 budget period, either delete the activity or update the corresponding fields with new/replacement activity information.

**Note:** New activities supported with FY 2019 COVID-19 supplemental funding will not prepopulate from the FY 2020 PWP Update. Please note that there are currently no plans to support additional carryover of FY 2019 COVID-19 supplemental funding into FY 2021. As such, if these activities continue in FY 2021, they must be supported with base funding and added to the FY 2021 PWP.

Additional resources that include a sample PWP and EHBs User Guide are available on the [HCCN TA webpage](#).

**Table 3: FY 2021 PWP Guidance by Field Instructions**

FY 2021 Field	Is this Field Editable?	Instructions
Objective Title	NO	Prepopulated from your FY 2020 PWP Update.
Objective Description	NO	Prepopulated from your FY 2020 PWP Update.
Baseline Percentage	NO	Prepopulated from your FY 2020 PWP Update.
Target Percentage	NO	Prepopulated from your FY 2020 PWP Update.
Baseline Data Source	NO	Prepopulated from your FY 2020 PWP Update.
Current Percentage	NO	Prepopulated from the FY 2020 PWP Update.
Progress Toward Target Percentage	NO	Prepopulated from the FY 2020 PWP Update.
Key Factor Type	YES	Prepopulated from your FY 2020 PWP. Update as needed. Ensure a total of 2-3 factors that are expected to contribute to and restrict progress toward each objective, with at least 1 Contributing and 1 Restricting Key Factor.

FY 2021 Field	Is this Field Editable?	Instructions
Key Factor Description	YES	Prepopulated from your FY 2020 PWP. Update as needed to reflect the current environment. Key Factors should focus on the goals and objectives described in <a href="#">Appendix D: Goals and Objectives Development Guide</a> .
Activity Name	YES	Prepopulated from your FY 2020 PWP. Update as needed to focus on plans for the upcoming budget period.
Activity Description	YES	Prepopulated from your FY 2020 PWP. Update, add, or delete as needed to focus on plans for the upcoming budget period. Added activities should describe major planned activities to be conducted in the upcoming budget period to support Target Percentage attainment by the end of the 3-year period of performance. Ensure 2-4 activities for each objective.
Person/Group Responsible	YES	Prepopulated from your FY 2020 PWP. Update as needed to focus on plans for the upcoming budget period.
Start Date	YES	Prepopulated from your FY 2020 PWP. Update as needed for the upcoming budget period.
End Date	YES	Prepopulated from your FY 2020 PWP. Update as needed for the upcoming budget period. The end date must be on or after the start date, and no later than July 31, 2022.

## Appendix C: Instructions for PHC Progress Report Table

The PHC Progress Report Table will be completed entirely in EHBs for each PHC that has been in your HCCN for six months or more as of December 31, 2020.

### Participating Health Center

The PHC section contains each health center name and grant/look-alike number. Information in these fields is prepopulated and not editable.

**Note:** You may not propose changes to your PHCs via the progress report. You must request such changes via submission in the HCCN PHC Management Module, as appropriate.

### Patient Details

In the Patient Details section, the Total Patients field is prepopulated with 2019 UDS data. The number of PHC sites (baseline) will prepopulate from your FY 2020 progress report. If a PHC is new to your HCCN since the FY 2020 progress report, enter the number of sites the PHC had when they joined. The Number of Sites (Current) is prepopulated from Form 5B.

**Note:** You must gather data from each PHC to respond to each question under each goal. See the required questions in the sample PHC Progress Report Table form on the [HCCN TA webpage](#). Also, if you were unable to gather data and/or information from PHCs for your FY 2020 progress report due to the COVID-19 pandemic but have since received it, include this in [Attachment 1: Project Narrative Update](#) if it cannot be incorporated into the current PHC Progress Report Table. Review the sample Progress Report Table form on the [HCCN TA webpage](#) and provide responses to questions that were not reported in your FY 2020 progress report for applicable PHCs.

## Appendix D: Goals and Objectives Development Guide

All denominators are the total number of participating health centers.

Goal	Objective	Objective Description	Numerator
Goal A: Enhance the patient and provider experience	Objective A1: Patient Access	Increase the percentage of PHCs using health IT to facilitate patients' access to their personal health information (e.g., patient history, test results, shared electronic care plans, self-management tools).	Number of PHCs with at least 50 percent of patients having accessed their patient portal accounts within the last 12 months.
	Objective A2: Patient Engagement	Increase the percentage of PHCs improving patient engagement with their health care team by advancing health IT and training (e.g., patient use of remote monitoring devices, better medication adherence with text reminders).	Number of PHCs with at least 30 percent of patients who 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 within the last 12 months.
	Objective A3: Provider Burden	Increase the percentage of PHCs that improve health IT usability to minimize provider burden (e.g., align EHRs with clinical workflows, improve structured data capture in and/or outside of EHRs).	Number of PHCs that have improved provider satisfaction (e.g. survey results) through implementation of at least one HIT facilitated intervention (e.g. improved CDS, EHR template customization/optimization, telehealth, eConsults, mobile health, dashboards, other reporting tools) within the last 12 months.
Goal B: Advance interoperability	Objective B1: Data Protection	Increase the percentage of PHCs that have completed a security risk analysis and have a breach mitigation and response plan.	Number of PHCs that have implemented a breach mitigation and response plan based on their annual security risk assessment.
	Objective B2: Health Information Exchange	Increase the percentage of PHCs that leverage HIE to meet Health Level Seven International (HL7) standards or national standards as specified in the ONC Interoperability Standards Advisory and share information securely with other key providers and health systems.	Number of PHCs that transmitted summary of care record to at least 3 external health care providers and/or health systems in the last 12 months using certified EHR technology through platforms that align with HL7 or national standards specified in the ONC Interoperability Standards Advisory.

Goal	Objective	Objective Description	Numerator
	Objective B3: Data Integration	Increase the percentage of PHCs that consolidate clinical data with data from multiple clinical and non-clinical sources across the health care continuum (e.g., specialty providers, departments of health, care coordinators, social service/housing organizations) to optimize care coordination and workflows.	The number of PHCs that have integrated data into structured EHR fields (i.e., not free text or attachments) from at least 3 external clinical and/or non-clinical sources, in the last 12 months.
Goal C: Use data to enhance value	Objective C1: Data Analysis	Increase the percentage of PHCs that improve capacity for data standardization, management, and analysis to support value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs).	Number of PHCs using a dashboard and/or standard reports to present useful data to inform value-based care activities (e.g., improve clinical quality, achieve efficiencies, reduce costs) in the last 12 months.
	Objective C2: Social Risk Factor Intervention	Increase the percentage of PHCs that use both aggregate and patient-level data on social risk factors to support coordinated, effective interventions.	Number of PHCs that use health IT to collect or share social risk factor data with care teams and use this data to inform care plan development on at least 50 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) in the last 12 months.
	Objective C3: Applicant Choice	Applicants will develop an objective and outcome measure to address an emerging issue based on the needs of the PHCs in their network (e.g., addressing substance use disorder, improving interoperability with Prescription Drug Monitoring Programs, utilizing telemedicine to improve access, participating in precision medicine initiatives).	Developed by applicant.