

2017-2020 Site Visit Guide for Primary Care Associations

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Primary Care Association (PCA) Site Visits are intended to review and assess PCA activities, as outlined in their work plans and the funding guidance, share key PCA accomplishments, strengthen the relationship between the Bureau of Primary Health Care (BPHC) and PCAs, and identify promising practices in supporting the training and technical assistance (T/TA) needs of health centers. PCA site visits will be conducted once every project period by one to two consultants and a site visit report will be shared with the BPHC PCA Project Officer (PO). The PO will share the final approved report with the PCA. The report will inform ongoing monitoring and negotiations between the PO and PCA to assure the PCA is implementing its approved work plan and fulfilling T/TA requirements.

Site Visit Purpose and Focus Areas

The PCA site visit process¹ will verify whether and to what extent the following TA and training activities are offered regardless of PCA membership or grant funding:

- ❖ The statewide/regional T/TA activities conducted by the PCA are based on the identified T/TA needs of existing health centers and other interested organizations, where appropriate.
- ❖ The PCA is conducting statewide/regional T/TA activities that strengthen health center operations and expand capacity to increase access to comprehensive primary care services in the state/region.
- ❖ The PCA is conducting statewide/regional T/TA activities that increase Patient Centered Medical Home recognition and minimize health center cost increases for existing health centers and other interested organizations, where appropriate, regardless of PCA membership or funding status.
- ❖ The PCA is conducting statewide/regional T/TA activities to improve health outcomes on diabetes and another clinical measure for existing health centers and other interested organizations, where appropriate.

¹ As part of its ongoing program oversight responsibilities, U.S. Department of Health and Human Services (HHS) regulations (45 CFR Part 74.51, see: <http://go.usa.gov/B3hd>) permit HRSA to “make site visits, as needed.” In addition, 45 CFR part 74.53 states that “HHS awarding agencies, the HHS Inspector General, the U.S. Comptroller General, or any of their duly authorized representatives, have the right of timely and unrestricted access to any books, documents, papers, or other records of recipients that are pertinent to the awards, in order to make audits, examinations, excerpts, transcripts and copies of such documents. This right also includes timely and reasonable access to a recipient's personnel for the purpose of interview and discussion related to such documents.” Therefore, if appropriate as part of the site visit, HRSA staff and/or consultants conducting site visits as HRSA’s authorized representatives, may review a PCA’s relevant documents in order to assess and verify PCA requirements. It is permissible to have HRSA staff or consultants sign confidentiality statements or related documents. However, to avoid delays in the process, requests should be made prior to the start of the site visit.

Site-Visit Process Overview

Site Visit Components include

- Kick-Off Call: Introduce site visit process, roles, and responsibilities
- Pre-Site Review: Document review of approved work plan, activities, and performance measures
- Health Center Interviews: Phone interviews with randomly selected health centers in a PCA's state/region to assess the perceived impact and quality of PCA T/TA
- On-Site Visit: Conversation to assess and verify specific PCA activities; opportunity for PCA to present new initiatives, tools and analytics supporting its work, etc. The visit will conclude with an exit interview that will include a review of the site visit findings
- Report and follow up: Summary of site visit findings, PO monitoring with PCA

Frequency

- Each PCA will receive at least one site visit during its project period
- When possible, the PCA Project Officer and/or other BPHC staff will attend the site visit. In all cases, the BPHC PCA PO will work and communicate with the consultant, and serve as the PCA's ongoing primary point of contact for all questions and areas related to their Cooperative Agreement and the Health Center Program. The PCA Project Officer at a minimum will participate in the entrance and exit conference virtually.

Site Visit Team

- A HRSA consultant will conduct visit
- PCA PO will facilitate communications between PCA and consultant
- PCA leadership, consultants and other PCA staff as deemed appropriate
- Selected health centers in PCA state/region will be interviewed
- PCA Board Chairperson and/or Board Members will be invited to the on-site portion of the site visit; their attendance is optional, but it is required that they be invited.

Kick-Off Call

Procedure

1. PCA PO will coordinate and schedule a kick-off visit call with consultant and PCA.
2. PCA PO will send consultant and PCA, the PCA Site Visit Guide and PCA Showcase Template.
3. The kick-off call should occur a minimum of six weeks prior to the site visit.
4. PCA PO will meet with the consultant prior to kick-off call to provide an overview of the PCA.
5. PCA PO and consultant will meet with PCA to provide a review of the site visit process and discuss logistics (see Appendix A).
6. Consultant will review the process for submitting required documents (see pg. 6 for complete listing) from the PCA and PCA PO.
7. If the consultant changes during the site visit process a new kickoff call should be scheduled between the PCA and new consultant.

Pre-Site Visit

Procedure

1. Consultant will confirm all documents have been received and follow up as needed. A list of required documents is included in a table below.
2. Consultant will review ALL the documents listed below provided by the PCA PO and the PCA.
 - a. Begin tracking pre-site documents reviewed in the “Documents Reviewed” table in Appendix E, Site Visit Template.
 - b. Begin tracking pre-site activity examples sent by PCA in the “Activities Reviewed” table in Appendix E, Site Visit Template.
3. All questions are intended as preparation for the on-site portion.
 - a. Consultant may identify follow-up questions to ask while on-site as indicated in the “Pre-Site Analysis” tables.
 - b. If on-site follow-up is required, consultant should return to the “Pre-Site Analysis” table and record the follow-up in the appropriate table cell.
4. A minimum of two weeks prior to the visit, the consultant should identify activity areas and activities for review during the on-site portion and notify the PCA that it should have any documents/tools it would like to present on-site prepared. Consultants and PCAs can use the “Activities Reviewed” section below and in Appendix E to confirm what will be covered on-site.
5. At least one week prior to the site visit, the consultant will develop an on-site agenda (see Appendix B) and send to BPHC staff for approval. After approval, agenda should be shared and will share with the PCA.

Pre-Site Visit Documents to Review

| BPHC Documents | PCA Documents |
|--|--|
| <ol style="list-style-type: none"> 1. Most recent competing cooperative agreement application 2. All progress reports from the current project period, including the most recent progress report 3. State performance profiles <ol style="list-style-type: none"> a. Clinical performance measures-past and present b. Financial performance measures- past and present 4. Budget details form (SF-425) | <ol style="list-style-type: none"> 1. PCA website- send link and information to log in to any members’ only portions of the site 2. Most recent organizational chart; position descriptions and staffing bios for any key staff that have changed since the PCAs last application submission (either competing or non-competing) 3. Clinical/financial performance data e.g. any more updated information than what the PO will provide via UDS on state performance measures 4. Documents to ascertain state needs* 5. PCA strategic plan (if available) 6. MOA (Regional PCA) 7. T/TA examples for two T/TA activities for each of the following Focus Areas (total of six sample TA activities): <ol style="list-style-type: none"> a. Access to Care (two T/TA activities) b. Operational Excellence (two T/TA activities) |

| BPHC Documents | PCA Documents |
|---------------------------------|--|
| 5. Most recent budget narrative | <ul style="list-style-type: none"> c. Health Outcomes and Health Equity (two T/TA activities)** <p>Examples of T/TA include trainings, workgroups, conferences, etc. Materials PCAs should submit for each T/TA activity could include:</p> <ul style="list-style-type: none"> a. Evaluations, attendance, and agendas b. All materials shared with participants c. Planning materials used by the PCA <ul style="list-style-type: none"> 8. Statement of work and budget for contracts paid for with BPHC funding 9. Examples of both formal and informal collaboration and coordination with other HRSA and BPHC supported T/TA providers and partners |

**Needs assessment documents refer to any mechanisms the PCA used to assess the need described in the PCA application, and are not necessarily limited to a single formalized report or survey.*

***PCA should provide the specific activity name, as shown in the work plan for each activity submitted, so that consultant can record this in the “Activities Reviewed” table in Appendix E and in “Activities Reviewed” section below*

Activities Reviewed

In addition to documents, throughout the site visit the consultant will review a variety of T/TA examples. This table is to help PCAs and Consultants track what T/TA examples are provided at different points in the site visit process and help prevent duplication of activities covered. Please note collaborations can apply to activities covered in other parts of the site visit guide.

| | Pre-Site Question Two | On-Site Question One | On-Site Question Two | On-Site Question Three |
|-------------------------------------|---------------------------|---------------------------|---------------------------|---|
| Who Selects Activity Example | PCA | Consultant | Consultant | PCA |
| Focus Area 1 Goal 1 | <i>List Activity Name</i> | <i>List Activity Area</i> | <i>List Activity Name</i> | <i>List Collaboration and its related Activity Area</i> |

| | Pre-Site Question Two | On-Site Question One | On-Site Question Two | On-Site Question Three |
|--------------------------------|----------------------------------|---------------------------------|---------------------------------|---|
| Focus Area 1 Goal 2 | <i>List Activity Name</i> | <i>List Activity Area</i> | <i>List Activity Name</i> | <i>List Collaboration and its related Activity Area</i> |
| Focus Area 2 Goal 1 | <i>List Activity Name</i> | <i>List Activity Area</i> | <i>List Activity Name</i> | <i>List Collaboration and its related Activity Area</i> |
| Focus Area 2 Goal 2 | <i>List Activity Name</i> | <i>List Activity Area</i> | <i>List Activity Name</i> | <i>List Collaboration and its related Activity Area</i> |
| Focus Area 3 Goal 1 | <i>List Activity Name</i> | <i>List Activity Area</i> | <i>List Activity Name</i> | <i>List Collaboration and its related Activity Area</i> |
| Focus Area 1 Goal 2 | <i>List Activity Name</i> | <i>List Activity Area</i> | <i>List Activity Name</i> | <i>List Collaboration and its related Activity Area</i> |

Pre-Site Visit Analysis

General Verification Requirements

T/TA Requirement: *These requirements are excerpts of requirements found within the Notice of Funding Opportunity for State and Regional Primary Care Associations HRSA-17-057.*

| Question | Consultant Instructions | Answers and Notes |
|---|---|--|
| 1. Review the publication plan (if applicable). Is it clear what publications were created or disseminated? | <i>Indicate why the plan is either clear or unclear below the check boxes in the "Answers and Notes" section. If unclear include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i> | <input type="checkbox"/> N/A <input type="checkbox"/> Plan is clear <input type="checkbox"/> Plan is unclear |
| <p>On-site follow-up if answer is "no"</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • <i>List questions asked on-site</i> • <i>Please include specific examples and rationale if answer was changed after on-site follow-up</i> • <i>If the answer remains "no", please provide a justification for why</i> • <i>There should also be recommended steps the PCA can take to achieve verification</i> | | |
| 2. Review the PCA budget details and narrative. Is the budget reasonable in relation to the PCA's planned activities and staffing plan for the budget period? | <i>If "No" the budget is unreasonable, consultant should indicate why in the "Answers and Notes Section" and include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>On-site follow-up if answer is "no"</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> | | |

| Question | Consultant Instructions | Answers and Notes |
|---|--|---|
| <ul style="list-style-type: none"> • <i>List questions asked on-site</i> • <i>Please include specific examples and rationale if answer was changed after on-site follow-up</i> • <i>If the answer remains “no”, please provide a justification for why</i> • <i>There should also be recommended steps the PCA can take to achieve verification</i> | | |
| <p>3. If applicable, review T/TA contracts and/or agreements obtained with BPHC funding.</p> <p>a. Does the purpose and scope of contracts and/or agreements support the accomplishment of PCA Notice of Funding Opportunity (NOFO) program requirements*?</p> <p>b. Does the timeframe for the contract and/or agreement match the BPHC funding project period?</p> | <p><i>For a, if “No” please indicate why the contracts/agreements in the “Answers and Notes Section” and include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> <p><i>For b, if “No” indicate why the timeframe does not match in the “Answers and Notes Section” and include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p>a. <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>b. <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
| <p>On-site follow-up if answer is “no”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • <i>List questions asked on-site</i> • <i>Please include specific examples and rationale if answer was changed after on-site follow-up</i> • <i>If the answer remains “no”, please provide a justification for why</i> • <i>There should also be recommended steps the PCA can take to achieve verification</i> | | |
| <p>4. If applicable, review position description(s) and biographical sketch(es) for any key management positions that have changed since the most recent PCA application.</p> | <p><i>For a, if “Yes” please indicate why the positions are supportive qualifications in the “Answers and Notes Section.” If “No” please indicate why the positions are unsupportive and include in the “Answers and Notes Section” and include</i></p> | <p>a. <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>b. <input type="checkbox"/> Yes</p> |

| Question | Consultant Instructions | Answers and Notes |
|---|---|---|
| <p>a. Do position descriptions support the accomplishment of PCA NOFO requirements?</p> <p>b. Do hired staff have the qualifications for each position?</p> | <p><i>follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> <p><i>For b, if "Yes" indicate staff qualifications in the "Answers and Notes Section." If "No" indicate why staff lack qualifications in the "Answers and Notes Section" and include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p>__No</p> |
| <p>On-site follow-up if answer is "no"</p> <p>___Yes ___ No Was this question followed-up on-site?</p> <p>___Yes ___ No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • List questions asked on-site • Please include specific examples and rationale if answer was changed after on-site follow-up • If the answer remains "no", please provide a justification for why • There should also be recommended steps the PCA can take to achieve verification | | |
| <p>5. Review the PCA work plan and the needs section of the most recent application and address the following:</p> <p>a. Do T/TA activities address needs identified in the PCA's application or other sources of documented health center need?</p> <p>b. Does the response section of the application describe a plan to regularly solicit and incorporate input on T/TA plans and resources from existing and potential health</p> | <p><i>For a, if "if "No" please indicate what needs are unmet qualifications in the "Answers and Notes Section" and include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> <p><i>For b, if "No" indicate what follow up questions the consultant may have on-site.</i></p> | <p>a. ___Yes</p> <p>___No</p> <p>b. ___Yes</p> <p>___No</p> |

| Question | Consultant Instructions | Answers and Notes |
|---|-------------------------|-------------------|
| centers, including those serving special/vulnerable populations and newly funded health centers? | | |
| <p>On-site follow-up if answer is “no”</p> <p>___Yes ___ No Was this question followed-up on-site?</p> <p>___Yes ___ No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • <i>List questions asked on-site.</i> • <i>Please include specific examples and rationale if answer was changed after on-site follow-up</i> • <i>If the answer remains “no”, please provide a justification for why.</i> • <i>There should also be recommended steps the PCA can take to achieve verification</i> | | |

*Note: Program requirements refers to requirements as described in the PCA NOFO.

Focus Area I: Verify that PCA T/TA activities strengthen health center operations and expand capacity to increase access to comprehensive primary care services.

Program Requirement: *PCAs are expected to propose activities to strengthen health center operations and expand capacity to increase access to comprehensive primary care services in the state or region. Activities will improve workforce recruitment and retention of providers, access to care for underserved communities and vulnerable populations (including Health Center Program statutorily mandated special populations) and health center strategic planning. Unique health care needs of special and vulnerable populations must be addressed as appropriate.*

| Question | Consultant Instructions | Answers and Notes |
|---|--|---|
| <p>2. Review Goal 1 in the most recent progress report:</p> <p>a. Are Goal Targets realistic and achievable based on the baseline data and impact narrative?</p> <p>b. Do proposed work plan activities correspond with the key factors e.g. are restricting factors addressed or contributing factors leveraged?</p> <p>c. Are special and/or vulnerable</p> | <p><i>For a-d, if “No” please indicate why in the “Answers and Notes Section” under the “Explanation of Finding.”</i></p> <p><i>Include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p>a. ___Yes ___No Explanation of Finding:</p> <p>b. ___Yes ___No Explanation of Finding:</p> |

| Question | Consultant Instructions | Answers and Notes |
|--|--|--|
| <p>populations addressed?</p> <p>d. Are the needs described in the latest application narrative addressed through the activities?</p> | | <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> <p>d. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> |
| <p>On-site follow-up if answer is “no”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • <i>List questions asked on-site</i> • <i>Please include specific examples and rationale if answer was changed after on-site follow-up</i> • <i>If the answer remains “no”, please provide a justification for why</i> • <i>There should also be recommended steps the PCA can take to achieve verification</i> | | |
| <p>3. Review one T/TA activity related to Goal 1, increasing the number of patients receiving care in health centers and address the following:</p> <p>a. Do training objectives/goals/subject matter address identified T/TA needs?</p> <p>b. Is there participant evaluation data from these trainings? If so, review.</p> <p>c. Do activities support the attainment of Focus Area 1 Goal Targets?</p> <p>d. Do activities involve dissemination of evidence-based and promising practices?</p> <p>e. Are the unique needs of special and vulnerable populations addressed as appropriate?</p> | <p><i>For a-e, if “Yes” please provide an example for each question to substantiate finding under the “Explanation of Finding.”</i></p> <p><i>For a-e, if “No” please indicate why in the “Answers and Notes Section” under the “Explanation of Finding.” Include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p>a. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>b. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>c. <input type="checkbox"/> Yes Explanation of Finding:</p> |

| Question | Consultant Instructions | Answers and Notes |
|---|--|--|
| | | <p><input type="checkbox"/> No Explanation of Finding:</p> <p>d. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>e. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> |
| <p>On-site follow-up if answer is “no” <input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site? Follow-up questions on-site:</p> <ul style="list-style-type: none"> • <i>List questions asked on-site</i> • <i>Please include specific examples and rationale if answer was changed after on-site follow-up</i> • <i>If the answer remains “no”, please provide a justification for why</i> • <i>There should also be recommended steps the PCA can take to achieve verification</i> | | |
| <p>4. Review Goal 2 in the most recent progress report:</p> <p>a. Are Goal Targets realistic and achievable based on the baseline data and impact narrative?</p> <p>b. Do proposed work plan activities correspond with the key factors e.g. are restricting factors addressed or contributing factors leveraged?</p> | <p><i>For a-d, if “No” please indicate why in the “Answers and Notes Section” under the “Explanation of Finding.”</i></p> <p><i>Include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> |

| Question | Consultant Instructions | Answers and Notes |
|--|--|--|
| <p>c. Are special and/or vulnerable populations addressed?</p> <p>d. Are the needs described in the latest application narrative addressed through the activities?</p> | | <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> <p>d. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> |
| <p>On-site follow-up if answer is “no”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • List questions asked on-site. • Please include specific examples and rationale if answer was changed after on-site follow-up • If the answer remains “no”, please provide a justification for why • There should also be recommended steps the PCA can take to achieve verification | | |
| <p>5. Review one T/TA activity related to Goal 2, increasing the number of health centers providing comprehensive services, including medical, oral health, behavioral health, vision, and enabling services and address the following:</p> <p>a. Do training objectives/goals/subject matter address identified T/TA needs?</p> <p>b. Is there participant evaluation data from these trainings? If so, review.</p> <p>c. Do activities support the attainment of Focus Area 1 Goal Targets?</p> <p>d. Do activities involve dissemination of evidence-based and promising practices?</p> <p>e. Are the unique needs of special and vulnerable populations addressed as appropriate?</p> | <p><i>For a-e, if “Yes” please provide an example for each question to substantiate finding under the “Explanation of Finding.”</i></p> <p><i>For a-e, if “No” please indicate why in the “Answers and Notes Section” under the “Explanation of Finding.” Include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p>a. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>b. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>c. <input type="checkbox"/> Yes Explanation of Finding:</p> |

| Question | Consultant Instructions | Answers and Notes |
|---|-------------------------|--|
| | | <p><input type="checkbox"/> No Explanation of Finding:</p> <p>d. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>e. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> |
| <p>On-site follow-up if answer is “no” <input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site? Follow-up questions on-site:</p> <ul style="list-style-type: none"> • <i>List questions asked on-site</i> • <i>Please include specific examples and rationale if answer was changed after on-site follow-up</i> • <i>If the answer remains “no”, please provide a justification for why</i> • <i>There should also be recommended steps the PCA can take to achieve verification</i> | | |

*Note: Program requirements refers to requirements as described in the PCA NOFO.

Focus Area II: Determine whether PCA is conducting T/TA activities that improve program Operational Excellence

Program Requirement: PCAs must provide T/TA activities that will increase health center Patient-Centered Medical Home (PCMH) recognition and minimize health center cost increases. Activities will strengthen health center readiness for or implementation/optimization of PCMH recognition, advance team-based models of care, enhance integration of care, improve care coordination, and expand capacity to collect, share, and use data to inform decision making.

| Question | Consultant Instructions | Answers and Notes |
|---|--|---|
| <p>1. Review Goal 1 in the most recent progress report:</p> <p>a. Are Goal Targets realistic and achievable based on the baseline data and impact narrative?</p> <p>b. Do proposed work plan activities correspond with the key factors e.g. are restricting factors addressed or contributing factors leveraged?</p> <p>c. Are special and/or vulnerable populations addressed?</p> <p>d. Are the needs described in the latest application narrative addressed through the activities?</p> | <p><i>For a-d, if “No” please indicate why in the “Answers and Notes Section” under the “Explanation of Finding.”</i></p> <p><i>Include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> <p>d. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> |
| <p>On-site follow-up if answer is “no”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • List questions asked on-site • Please include specific examples and rationale if answer was changed after on-site follow-up • If the answer remains “no”, please provide a justification for why • There should also be recommended steps the PCA can take to achieve verification | | |
| <p>1. Review one T/TA activity related to Goal 1, increasing health center achievement of PCMH recognition and/or optimization of the PCMH model if the state or region has achieved 100% recognition and address the following:</p> <p>2.</p> <p>a. Do training objectives/goals/subject matter address identified T/TA needs?</p> | <p><i>For a-e, if “Yes” please provide an example for each question to substantiate finding under the “Explanation of Finding.”</i></p> <p><i>For a-e, if “No” please indicate why in the “Answers and Notes Section” under the</i></p> | <p>a. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>b. <input type="checkbox"/> Yes Explanation of Finding:</p> |

| Question | Consultant Instructions | Answers and Notes |
|---|--|--|
| <p>b. Is there participant evaluation data from these trainings? If so, review.</p> <p>c. Do activities support the attainment of Focus Area 1 Goal Targets?</p> <p>d. Do activities involve dissemination of evidence-based and promising practices?</p> <p>e. Are the unique needs of special and vulnerable populations addressed as appropriate?</p> | <p><i>“Explanation of Finding.”</i> <i>Include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p><input type="checkbox"/> No Explanation of Finding:</p> <p>c. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>d. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>e. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> |
| <p>On-site follow-up if answer is “no” <input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site? Follow-up questions on-site:</p> <ul style="list-style-type: none"> • <i>List questions asked on-site</i> • <i>Please include specific examples and rationale if answer was changed after on-site follow-up</i> • <i>If the answer remains “no”, please provide a justification for why</i> • <i>There should also be recommended steps the PCA can take to achieve verification</i> | | |

| Question | Consultant Instructions | Answers and Notes |
|--|---|---|
| <p>3. Review Goal 2 in the most recent progress report:</p> <p>a. Are Goal Targets realistic and achievable based on the baseline data and impact narrative?</p> <p>b. Do proposed work plan activities correspond with the key factors e.g. are restricting factors addressed or contributing factors leveraged?</p> <p>c. Are special and/or vulnerable populations addressed?</p> <p>d. Are the needs described in the latest application narrative addressed through the activities?</p> | <p><i>For a-d, if “No” please indicate why in the “Answers and Notes Section” under the “Explanation of Finding.”</i></p> <p><i>Include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> <p>d. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> |
| <p>On-site follow-up if answer is “no”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • List questions asked on-site. • Please include specific examples and rationale if answer was changed after on-site follow-up • If the answer remains “no”, please provide a justification for why • There should also be recommended steps the PCA can take to achieve verification | | |
| <p>4. Review one T/TA activity related to related to Goal 2, increasing the percentage of health centers with a cost increase less than the national average.and address the following:</p> <p>a. Do training objectives/goals/subject matter address identified T/TA needs?</p> <p>b. Is there participant evaluation data from these trainings? If so, review.</p> | <p><i>For a-e, if “Yes” please provide an example for each question to substantiate finding under the “Explanation of Finding.”</i></p> <p><i>For a-e, if “No” please indicate why in the “Answers and Notes Section” under the “Explanation of Finding.”</i></p> | <p>a. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>b. <input type="checkbox"/> Yes Explanation of Finding:</p> |

| Question | Consultant Instructions | Answers and Notes |
|---|--|--|
| <p>c. Do activities support the attainment of Focus Area 1 Goal Targets?</p> <p>d. Do activities involve dissemination of evidence-based and promising practices?</p> <p>e. Are the unique needs of special and vulnerable populations addressed as appropriate?</p> | <p><i>Include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p><input type="checkbox"/> No Explanation of Finding:</p> <p>c. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>d. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>e. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> |
| <p>On-site follow-up if answer is “no”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • <i>List questions asked on-site</i> • <i>Please include specific examples and rationale if answer was changed after on-site follow-up</i> • <i>If the answer remains “no”, please provide a justification for why</i> • <i>There should also be recommended steps the PCA can take to achieve verification</i> | | |

***NOTE:** PCAs are responsible for helping health centers to increase access to health care services, achieve operational excellence and to enhance health outcomes and health equity while directing health centers to BPHC approved resources.

Focus Area III: Assess whether PCA is conducting T/TA activities that improve Health Outcomes and Health Equity

T/TA Requirement: PCAs must propose activities to improve health outcomes in the state or region on diabetes control and one of the following clinical measures, based on need: hypertension control, colorectal cancer screening, or cervical cancer screening. Activities must demonstrate a plan to improve results on the selected clinical measures with a focus on reducing health disparities, increasing patient engagement in care, and building community partnerships to address social determinants of health, such as housing, education, and transportation.

| Question | Consultant Instructions | Answers and Notes |
|---|--|---|
| <p>1. Review Goal 1 in the most recent progress report:</p> <p>a. Are Goal Targets realistic and achievable based on the baseline data and impact narrative?</p> <p>b. Do proposed work plan activities correspond with the key factors e.g. are restricting factors addressed or contributing factors leveraged?</p> <p>c. Are special and/or vulnerable populations addressed?</p> <p>d. Are the needs described in the latest application narrative addressed through the activities?</p> | <p><i>For a-d, if “No” please indicate why in the “Answers and Notes Section” under the “Explanation of Finding.” Include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>On-site follow-up if answer is “no”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • <i>List questions asked on-site</i> • <i>Please include specific examples and rationale if answer was changed after on-site follow-up</i> • <i>If the answer remains “no”, please provide a justification for why</i> • <i>There should also be recommended steps the PCA can take to achieve verification</i> | | |

| Question | Consultant Instructions | Answers and Notes |
|---|--|---|
| <p>2. Review one T/TA activity related to Goal 1, improving diabetes care health outcomes and disparities:</p> <p>a. Do training objectives/goals/subject matter address identified T/TA needs?</p> <p>b. Is there participant evaluation data from these trainings? If so, review.</p> <p>c. Do activities support the attainment of Focus Area 3 Goal Targets?</p> <p>d. Do activities involve dissemination of evidence-based and promising practices?</p> <p>e. Are the unique needs of special and vulnerable populations addressed as appropriate?</p> | <p><i>For a-e, if “Yes” please provide an example for each question to substantiate finding under the “Explanation of Finding.”</i></p> <p><i>For a-e, if “No” please indicate why in the “Answers and Notes Section” under the “Explanation of Finding.” Include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p>a. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>b. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>c. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>d. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>e. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> |
| <p>On-site follow-up if answer is “no”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • <i>List questions asked on-site</i> • <i>Please include specific examples and rationale if answer was changed after on-site follow-up</i> • <i>If the answer remains “no”, please provide a justification for why</i> • <i>There should also be recommended steps the PCA can take to achieve verification</i> | | |

| Question | Consultant Instructions | Answers and Notes |
|---|--|---|
| <p>3. Review Goal 2 in the most recent progress report:</p> <p>a. Are Goal Targets realistic and achievable based on the baseline data and impact narrative?</p> <p>b. Do proposed work plan activities correspond with the key factors e.g. are restricting factors addressed or contributing factors leveraged?</p> <p>c. Are special and/or vulnerable populations addressed?</p> <p>d. Are the needs described in the latest application narrative addressed through the activities?</p> | <p><i>For a-d, if “No” please indicate why in the “Answers and Notes Section” under the “Explanation of Finding.” Include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p>a. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> <p>b. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> <p>c. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> <p>d. <input type="checkbox"/> Yes <input type="checkbox"/> No Explanation of Finding:</p> |
| <p>On-site follow-up if answer is “no”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • List questions asked on-site • Please include specific examples and rationale if answer was changed after on-site follow-up • If the answer remains “no”, please provide a justification for why • There should also be recommended steps the PCA can take to achieve verification | | |
| <p>4. Review one T/TA activity related to Goal 2, related to improving health outcomes and disparities for hypertension control, colorectal cancer screening, or cervical cancer screening.</p> <p>a. Do training objectives/goals/subject matter address identified T/TA needs?</p> <p>b. Is there participant evaluation data from these trainings? If so, review.</p> <p>c. Do activities support the attainment of Focus Area 3 Goal Targets?</p> <p>d. Do activities involve dissemination of evidence-based and promising practices?</p> | <p><i>For a-e, if “Yes” please provide an example for each question to substantiate finding under the “Explanation of Finding.”</i></p> <p><i>For a-e, if “No” please indicate why in the “Answers and Notes Section” under the</i></p> | <p>a. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>b. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>c. <input type="checkbox"/> Yes Explanation of Finding:</p> |

| | | |
|---|--|--|
| <p>e. Are the unique needs of special and vulnerable populations addressed as appropriate?</p> | <p><i>“Explanation of Finding.” Include follow up question(s) for the on-site visit and complete the box below once on-site follow up is complete.</i></p> | <p><input type="checkbox"/> No Explanation of Finding:</p> <p>d. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> <p>e. <input type="checkbox"/> Yes Explanation of Finding:</p> <p><input type="checkbox"/> No Explanation of Finding:</p> |
| <p>On-site follow-up if answer is “no”</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was this question followed-up on-site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No After further follow-up, did the answer change on-site?</p> <p>Follow-up questions on-site:</p> <ul style="list-style-type: none"> • <i>List questions asked on-site</i> • <i>Please include specific examples and rationale if answer was changed after on-site follow-up</i> • <i>If the answer remains “no”, please provide a justification for why</i> • <i>There should also be recommended steps the PCA can take to achieve verification</i> | | |

Pre-Site Visit Health Center Interviews

Information from health center interviews should enhance a PCA's understanding of how health centers in the PCA's state/region perceive the PCA's impact. Interview results will be anonymous and shared with the PCA but will not impact verification status.

Procedure

1. BPHC staff to select health centers for consultant to interview using the selection criteria below:
 - a. Criteria for determining number of health centers interviewed:
 - i. For states/regions with fewer than 10 health centers: all health centers should be contacted.
 - ii. For states/regions with 11 or more health centers: 10 health centers should be contacted.
 - iii. For bi-state and regional PCAs, consultants shall use the same scale as above, but will use the total number of health centers in the PCA's entire service area to determine how many health centers to interview.
 - b. Selected health centers should ideally be a mix of the following; entities not designated in some way by HRSA/BPHC will not be interviewed:
 - i. PCA members and non-members
 - ii. PCA board members
 - iii. Special population funding recipients
 - iv. Urban and rural health centers
 - v. Look-Alikes and other types of BPHC designees
 - vi. Small, medium, and large health centers
 - vii. Newly funded health centers* (as applicable)
2. Consultant requests two additional questions of the PCA's choice to include in the interview questions. Consultant and PCA must submit questions to PCA PO for approval. It is optional for the PCA to submit the additional questions, but the consultant should give the PCA the opportunity to do so.
3. BPHC notifies selected health center CEOs, Team Leads, and POs about each health center's selection.
4. Consultant requests and schedules interviews with health centers:
 - a. Consultant works with the health center CEO to identify and finalize appropriate staff to be interviewed. For best results, interviewing multiple staff from each health center is strongly recommended.
 - b. Consultant will contact selected staff and conduct interview:
 - i. Questions should be considered open ended and consultants may need to probe to encourage a rich dialogue.
 - ii. Questions should be asked for each person on the interview. Answers from each person should be incorporated into the ratings.
 - iii. Consultant should recommend health center staff have interview questions in front of them during the interview.
 - iv. Consultant should open dialogue by providing examples of a PCA's T/TA and confirm health center staff understand what T/TA is.
 - v. Consultant will ask for an explanation and rationale for health center staff's ratings.

- vi. Consultant will record the health center responses.
- c. When interviewing multiple staff, the consultant should record the average rating.
- 5. Results from these interviews will be included in the Site Visit Report Summary. All responses will be anonymous and ratings will be averaged across all health centers interviewed.
- 6. Consultant will provide overview of trends from interviews during the exit conference.

**Newly funded health center (NF) - receiving H80 funding for the first time during the current project period. If the PCA does not distinguish New Access Point (NAP) and NF TA, please indicate this.*

Health Center Interview Background Information

Consultant should type “Yes” in each column for each role interviewed

| | CEO | CFO | COO | CMO | Other Job Title (Please list specific title) | Board Member Y/N (Indicate Y if any person interviewed is a member) | PCA Member Y/N |
|------------------|-----|-----|-----|-----|---|---|-----------------------|
| Health Center 1 | | | | | | | |
| Health Center 2 | | | | | | | |
| Health Center 3 | | | | | | | |
| Health Center 4 | | | | | | | |
| Health Center 5 | | | | | | | |
| Health Center 6 | | | | | | | |
| Health Center 7 | | | | | | | |
| Health Center 8 | | | | | | | |
| Health Center 9 | | | | | | | |
| Health Center 10 | | | | | | | |

Health Center Interview Questions on PCA T/TA

| Question | Consultant Instructions | Rating |
|--|---|---|
| 1. What is your job title within your health center? Are you a board member? Is your health center a member of the PCA? | <i>Identify staff roles and familiarity with PCA offerings</i> | N/A |
| Summary Respondent Comments: | | |
| 2. How often do you participate in PCA-sponsored activities? Scale 1= not at all 2= every few years 3= 1-3 times per year 4= quarterly or more | <i>Provide examples of actives the PCA has sponsored based on your Pre-Site review i.e. conferences, peer meetings, trainings</i> <i>If interviewees do not participate, please ask and record in the comments their reasons for not participating.</i> | Average Rating= 1 = __ HCs* 2 = __ HCs 3 = __ HCs 4 = __ HCs |
| Summary Respondent Comments: | | |
| 3. On a 1-3 scale, how accessible are PCA T/TA or program assistance activities (e.g. publications, trainings)? Scale 1= inaccessible 2= somewhat accessible 3= very accessible | <i>Consultant will ask for an explanation and rationale for health centers' ratings</i> <i>Accessibility considers cost, location, and whether activities were clearly publicized.</i> <i>If staff have not accessed any PCA T/TA please ask why and if this is related to accessibility.</i> | Average Rating= 1 = __ HCs 2 = __ HCs 3 = __ HCs |
| Summary Respondent Comments: | | |
| 4. Have you been asked by the PCA about emerging issues, for | <i>Questions should be considered open ended and consultants may need to</i> | Average Rating= 1 = __ HCs |

| Question | Consultant Instructions | Rating |
|--|---|--|
| <p>example substance use disorder, affecting your health center?</p> <p>Scale 1= not at all 2= every few years 3= 1-3 times per year 4= quarterly or more</p> | <p><i>probe to encourage a rich dialogue. PCAs received substance use disorder/emerging health issues supplemental funding for year 2.</i></p> | <p>2 = __ HCs 3 = __ HCs 4 = __ HCs</p> |
| <p>Summary Respondent Comments:</p> | | |
| <p>5. How much has the content of the PCA's T/TA resulted in improvements in your health center's:</p> <ul style="list-style-type: none"> a. Access to Care b. Operational Excellence c. Health Outcomes and Equity <p>Scale for a, b, c: 1= not at all 2= somewhat 3= significantly</p> | <p><i>This is asking whether or not the PCA TA improved your health center's capacity to improve focus area goals. Ask the PCA to elaborate on specific ways the T/TA has resulted in health center improvements.</i></p> | <p>Average Rating a. =</p> <p>1 = __ HCs 2 = __ HCs 3 = __ HCs</p> <p>Average Rating b. =</p> <p>1 = __ HCs 2 = __ HCs 3 = __ HCs</p> <p>Average Rating c.=</p> <p>1 = __ HCs 2 = __ HCs 3 = __ HCs</p> |
| <p>Summary Respondent Comments:</p> | | |

| Question | Consultant Instructions | Rating |
|---|---|--|
| <p>6. Has the PCA asked you or your health center about your health center's needs?</p> <p>a. How frequently?</p> <p>b. Mechanism used, i.e. needs assessment or feedback through trainings and webinars?</p> <p>Scale</p> <p>1= not at all 2= every few years 3= 1-3 times per year 4= quarterly or more</p> | <p><i>This can involve requesting feedback at meetings or through more formal mechanisms.</i></p> | <p>Average Rating a. =</p> <p>1 = __ HCs 2 = __ HCs 3 = __ HCs 4 = __ HCs</p> <p>For b. describe in Summary Respondent Comments section below</p> |
| <p>Summary Respondent Comments:</p> | | |
| <p>7. On a 1-3 scale, how do you feel the PCA has supported coordination and collaboration among existing health centers, and other safety net providers like state agencies and/or associations?</p> <p>Scale</p> <p>1=unsupportive 2= somewhat supportive 3= significantly supportive</p> | <p><i>Consultant will ask for an explanation and rationale for health centers' ratings.</i></p> | <p>Average Rating=</p> <p>1 = __ HCs 2 = __ HCs 3 = __ HCs</p> |
| <p>Summary Respondent Comments:</p> | | |
| <p>8. On a 1-3 scale, how helpful are the PCA's emergency preparedness activities?</p> <p>Scale</p> <p>1= not at all helpful 2= somewhat helpful</p> | <p><i>Emergency preparedness can include active shooter training, weather related disasters, and other actives.</i></p> | <p>Average Rating=</p> <p>1 = __ HCs 2 = __ HCs 3 = __ HCs</p> |

| Question | Consultant Instructions | Rating |
|--|--|---|
| 3= significantly helpful | | |
| Summary Respondent Comments: | | |
| <p>9. On a 1-3 scale has the T/TA provided by the PCA been helpful in meeting your health center’s unique special or vulnerable populations’ needs?</p> <p>Scale 1= not at all helpful 2= somewhat helpful 3= significantly helpful</p> | <p><i>Special and vulnerable populations as identified by health center and not limited to populations defined in PHS Act section 330.</i></p> | <p>Average Rating= 1 = __ HCs 2 = __ HCs 3 = __ HCs</p> |
| 10. What T/TA from the PCA have you found most and least effective? | <p><i>Please provide as much detail as possible.</i></p> | NA |
| Summary Respondent Comments: | | |
| 11. What is your overall impression of the PCA and your interactions with it? | <p><i>Please provide as much detail as possible.</i></p> | NA |
| Summary Respondent Comments: | | |
| 12. Question determined by PCA | | |
| Summary Respondent Comments: | | |
| 13. Question determined by PCA | | |
| Summary Respondent Comments: | | |
| *HCs= health centers | | |

On-Site

Procedure

1. Consultant will facilitate the Entrance Conference (see Appendix C) and invite and accommodate remote staff as necessary.
2. PCA PO will either attend the site visit in person or participate in the Entrance and Exit Conferences via conference call.
 - a. If the PO is on-site, the consultant role of asking questions and recording answers as detailed in the on-site portion of this Guide will remain the same. POs on-site will coordinate introductions, potentially provide a BPHC overview presentation, and facilitate the flow of the visit and transition between activities.
 - b. If the PO is off-site, the consultant may be asked to coordinate introductions and transitions between activities.
3. PCAs may host an orientation showcase presentation (see PO-provided template). Presentation should:
 - a. Address aspects of tasks being verified on-site; use On-Site Visit Analysis as a guideline.
 - b. Discuss successes and highlights from BPHC funded activities.
 - c. Be a starting point for consultant-PCA dialogue and follow up during staff breakouts.
4. Conduct On-Site Analysis described in section below:
 - a. Responses can be based on both conversations with PCA staff and document review.
 - b. Consultant may probe for additional information as needed to provide clarity.
 - c. Consultant should review the “Program Verification Review” and “Performance Improvement and Promising Practices Review” sections below for further guidance on how to evaluate the PCA.
 - d. Report should not be written on-site, focus should be on answering verification question and recording notes.
5. Consultant should refer to the “Pre-Site Analysis” and ask any questions identified for on-site follow up. Answers should be recorded in the “Pre-Site Analysis” section.
6. Consultant will facilitate a Pre-Exit Conference with the PCA Executive Director prior to staff Exit Conference as requested.
7. Consultant will facilitate Exit Conference- refer to Appendix D for an outline.
8. Project Officer will explain the Consultant Evaluation Form to the PCA.

Program Verification Review

In the “On-Site Analysis” section below the consultant will be expected to record and substantiate verification findings via the “Verification Status” column, and the “Justification for Verification Status” row.

Findings should be either “Verified” or “Not Verified,” not “Partially Verified.” If any part of the information reviewed does not fulfill criteria outlined in the analysis, then the finding is “Not Verified.”

Specific examples from the pre-site and/or on-site segments should be used to substantiate consultant findings under the “Justification” section. Please make sure the explanation is understandable to readers who may not have been present on the site visit. Consultant justifications should analyze PCA activities but not include subjectivity.

For pre-site questions marked “No” where the finding was not able to be changed to “Yes” through on-site follow-up questions:

- a. Consultant should refer to Appendix D “Exit Conference” and column “Task Questions Used to Verify” to crosswalk the pre-site visit question with the Focus Area Goal.
- b. Consultant should mark “Not Verified” for the Focus Area Goal corresponding to the pre-site visit question for which the answer was found to be “no.”
- c. In the justification section, consultant should:
 - i. Indicate the reason this is not verified is due to pre-site visit findings.
 - ii. Reference that the follow up questions and rationale for not verifying the pre-site question are found in the “Pre-Site Analysis” section.
 - iii. Follow other justification instructions as described.

Performance Improvement and Promising Practices Review

Consultants will also be expected to record promising practices and performance improvement as applicable.

Performance Improvement Areas (PIAs) do not need to be identified in each Focus Area. PIAs are areas that are verified and meet BPHC PCA funding requirements, but the consultant identifies as having room for improvement. Follow up by PCAs is optional and will be discussed with PCA PO during ongoing monitoring. PCAs may use their Targeted TA days to address PIAs.

Like PIAs, Promising Practices do not need to be identified in each Focus Area. In completing the Promising Practices section, consultant(s) may also refer to the MSCG/BPHC training for consultants on promising practices.

On-Site Visit Analysis

General Verification Requirements

T/TA Requirement: The statewide/regional T/TA activities conducted by the PCA are based on the identified T/TA needs of existing health centers and other interested organizations, where appropriate

| Question | Verification Status |
|---|--|
| 1. How is the PCA tracking the completion of work plan activities by the end of the budget year and/or project period? Request PCA to demo or show tool(s) used to track and evaluate work plan activities. | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified |
| Justification for Verification Status <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| 2. When monitoring the health care environment, how does the PCA aggregate the data from different sources (e.g., health centers, collaborative partners and other stakeholders, etc.)? <ol style="list-style-type: none"> a. How does the PCA prioritize T/TA needs? b. How is this prioritization used to determine statewide/regional PCA T/TA? Provide example(s) of T/TA activities and how they reflect this prioritization. c. Request PCA to describe any data collection methods demo or show tool(s) used to track and evaluate need and/or emerging issues. | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified |
| Justification for Verification Status <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| 3. How does the PCA regularly solicit input on its T/TA plans and resources? Ask for two examples of meeting minutes, agendas, or emails demonstrating requests for input. | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified |
| Justification for Verification Status <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |

| Question | Verification Status |
|--|--|
| <p>4. How frequently does the PCA perform evaluations of T/TA activities? Describe any data collection methods and have the PCA showcase any tools.</p> | <p><input type="checkbox"/> Verified <input type="checkbox"/> Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| <p>5. How does the PCA assemble or collect necessary resources that are relevant to the accessibility of comprehensive, culturally competent, quality primary care services for underserved and vulnerable populations? Provide at least two examples of how the PCA does this.</p> | <p><input type="checkbox"/> Verified <input type="checkbox"/> Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| <p>6. Information on Available Resources</p> <ol style="list-style-type: none"> a. How does the PCA ensure all interested health centers (regardless of PCA membership or funding status) receive resources? b. If applicable, how does the PCA reach out to non-member health centers and look-alikes? c. What communication channels does the PCA use to publicize T/TA opportunities? d. If available, ask PCA to demonstrate any online platforms (eg. website, social media, peer group portals) used to communicate with health centers. | <p><input type="checkbox"/> Verified <input type="checkbox"/> Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |

| Question | Verification Status |
|---|---|
| <p>7. Special Populations and Newly Funded</p> <p>a. How has the PCA coordinated with special/vulnerable population National Cooperative Agreements?</p> <p>b. How is the PCA addressing the unique health needs and barriers to care for special/vulnerable populations in the state/region?</p> <p>c. How has the PCA coordinated with newly funded health centers (as applicable)?</p> <p>d. How is the PCA addressing the unique health needs and barriers to care for newly funded health centers in the state/region (as applicable)?</p> | <p>_ Verified</p> <p>_ Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| <p>8. Emergency Preparedness</p> <p>a. How are health center emergency preparedness needs assessed before and during an emergency?</p> <p>b. How does the PCA coordinate at the regional, state and community level, before, during, and after an emergency?</p> <p>c. If available, have the PCA demonstrate emergency processes/tools used to engage health centers before, during, and after an emergency.</p> | <p>_ Verified</p> <p>_ Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| <p>Performance Improvement Areas</p> <ul style="list-style-type: none"> • List which question this relates to • Indicate specific reasons this area was identified for improvement • Suggest methods to address improvement | |

| Question | Verification Status |
|---|---------------------|
| <p>Promising Practices Identified</p> <ul style="list-style-type: none"> • Indicate any promising practices identified in this Focus Area • Include the following sections: <ul style="list-style-type: none"> ○ Context section: Clearly define the challenge or issue faced. ○ Description section: Describe the practice implemented to solve the challenge or issue. ○ Outcome section: Describe the result, including the quantitative and/or qualitative measures to assess practice effectiveness. ○ Replicability section: List any special needs or costs associated with this activity. Costs should describe how this activity was funded e.g. outside grant, HRSA funding. Special needs should describe the labor effort, specialized skills, and technology involved. | |

Focus Area I: Verify that PCA T/TA activities strengthen health center operations and expand capacity to increase access to comprehensive primary care services.

Program Requirement: *Proposed activities will strengthen health center operations and expand capacity to increase access to comprehensive primary care services in the state or region. Activities will improve workforce recruitment and retention of providers, access to care for underserved communities and vulnerable populations, including Health Center Program statutorily mandated special populations, and health center strategic planning. Unique health care needs of special and vulnerable populations must be addressed, as appropriate.*

| Question | Verification Status |
|---|---|
| <p>1. For this Focus Area, the consultant selects one Goal and one corresponding Activity Area identified in the PCA’s work plan.</p> <ol style="list-style-type: none"> a. What is the PCA’s approach to ongoing surveillance of the health care environment related to this Activity Area? What data sources are used? b. How did the PCA identify and prioritize the pressing needs related to this Activity Area? c. How do the activities listed within the Activity Area address the high priority needs identified in the health care environment? d. How is the PCA using data (e.g. state profiles, UDS, etc.) to inform its proposed activities in this Activity Area? PCA may demonstrate any data tracking or organization tools. | <p>_ Verified</p> <p>_ Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |

| Question | Verification Status |
|--|---|
| <p>2. For this Focus Area, the consultant selects one Goal (consultant should select the Goal not selected in Question 1) and one corresponding Activity Area identified in the PCA’s work plan. Consultant should refer to the most recent UDS data and/or HRSA PO when selecting the Activity Area. Within the Activity Area the consultant should identify one individual activity and ask:</p> <ol style="list-style-type: none"> What were the contributing factors to achieving the activity outcome? What other resources were used by the PCA to compliment this activity and assure it helped the PCA achieve the Target Goal for the Activity Area? What were the restricting factors to achieving the activity outcome? How are areas for improvement identified? If applicable, what has been identified so far and how have improvements been incorporated? What evaluation was conducted on this activity and how was it used to determine success of this activity? How does the PCA assess the ROI (Return on Investment) of this activity? How did the PCA ensure this activity was available and accessible to existing and potential health centers regardless of PCA membership or look-alike designation status? | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> Address each question and sub-question Use complete sentences Include specific examples and rationale Include recommended steps the PCA can take to achieve verification | |
| <p>3. Ask the PCA to share information around any two collaborations relating to this Focus Area; one collaboration per each Focus Area Goal. Collaborations may be either formal or informal. For each collaboration the consultant should ask:</p> <ol style="list-style-type: none"> What is the goal of each collaboration? Ask for impact data if available. How has this collaboration strengthened the health centers within the state or region? How has the collaboration improved access to comprehensive, culturally competent, quality primary care services to underserved and vulnerable populations? How does the PCA track this? How does the PCA identify duplication of efforts and what efforts have been made to reduce duplication? | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |

| Question | Verification Status |
|--|---|
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| <p>For Regional PCAs ONLY-</p> <ol style="list-style-type: none"> a. How do Regional PCA activities in this Focus Area compliment and/or enhance T/TA activities conducted by state PCAs? PCA should provide two examples. b. How do you assure there is no duplication of effort with the state PCAs? Ask the Regional PCA to show any tracking documents or tools. c. What are unique benefits to the health centers in the region that the Regional PCA offers in addition to the state PCAs for this Focus Area? PCA should provide two examples. d. How often does the Regional PCA communicate with the state PCAs around work plan coordination efforts for this Focus Area? e. Does the Regional PCA request feedback from state PCAs on the T/TA it conducts? PCA should provide two examples. f. What collaborative efforts for feedback are in place for this Focus Area? PCA should provide two examples. | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| <p>Performance Improvement Areas</p> <ul style="list-style-type: none"> • List which question this relates to • Indicate specific reasons this area was identified for improvement • Suggest methods to address improvement | |

| Question | Verification Status |
|---|---------------------|
| <p>Promising Practices Identified</p> <ul style="list-style-type: none"> • Indicate any promising practices identified in this Focus Area • Include the following sections: <ul style="list-style-type: none"> ○ Context section: Clearly define the challenge or issue faced. ○ Description section: Describe the practice implemented to solve the challenge or issue. ○ Outcome section: Describe the result, including the quantitative and/or qualitative measures to assess practice effectiveness. ○ Replicability section: List any special needs or costs associated with this activity. Costs should describe how this activity was funded e.g. outside grant, HRSA funding. Special needs should describe the labor effort, specialized skills, and technology involved. | |

Focus Area II: Verify that PCA T/TA activities will increase health center Patient Centered Medical Home (PCMH) recognition and minimize health center cost increases.

Program Requirement: Proposed activities will increase health center Patient-Centered Medical Home (PCMH) recognition and minimize health center cost increases. Activities will strengthen health center readiness for or implementation/optimization of PCMH recognition, advance team-based models of care, enhance integration of care, improve care coordination, and expand capacity to collect, share, and use data to inform decision making.

| Question | Verification Status |
|--|---|
| <p>1. For this Focus Area, the consultant selects one Goal and one corresponding Activity Area identified in the PCA’s work plan. Based on the Goal selected the consultant will ask questions from either the Goal 1 or Goal 2 Question Track.</p> <p>Goal 1 Track</p> <ol style="list-style-type: none"> a. How does the PCA track the status, maintenance, or progress of health centers’ PCMH recognition and/or accreditation status? b. How does the PCA prioritize working with health centers with different recognition status’ e.g. not recognized, recognized but can progress to a higher level, recognized at the highest level? c. How does the PCA work with health centers that have achieved recognition? d. If applicable, how does the PCA help those health centers as they progress to higher recognition and/or accreditation levels? e. If the health centers have achieved the highest level of recognition and/or accreditation, how does the PCA support the health centers to | <p>_ Verified</p> <p>_ Not Verified</p> |

| Question | Verification Status |
|--|---|
| <p>maintain their status?</p> <p>f. How does the PCA work with health centers that have not achieved recognition and/or accreditation e.g. newly funded, previously applied but unrecognized/accredited, or never applied?</p> <p>Goal 2 Track</p> <p>a. How does the PCA track the health centers' health care costs?</p> <p>b. How does the PCA compare health center costs to state and national averages?</p> <p>c. How are PCAs working with health centers to address health care costs?</p> <p>d. How did the PCA select the activities in the Activity Area chosen by the consultant to review?</p> | |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • <i>Address each question and sub-question</i> • <i>Use complete sentences</i> • <i>Include specific examples and rationale</i> • <i>Include recommended steps the PCA can take to achieve verification</i> | |
| <p>2. For this Focus Area, the consultant selects one Goal (consultant should select the Goal not selected in Question 1) and one corresponding Activity Area identified in the PCA's work plan. Consultant should refer to the most recent UDS data and/or PCA PO when selecting the Activity Area. Within the Activity Area the consultant should identify one individual activity and ask:</p> <p>a. What were the contributing factors to achieving the activity outcome?</p> <p>b. What other resources were used by the PCA to compliment this activity and assure it helped the PCA achieve the Target Goal for the Activity Area?</p> <p>c. What were the restricting factors to achieving the activity outcome?</p> <p>d. How are areas for improvement identified? If applicable, what has been identified so far and how have improvements been incorporated?</p> <p>e. What evaluation was conducted on this activity and how was it used to determine success of this activity?</p> <p>f. How did the PCA ensure this activity was available and accessible to existing and potential health centers regardless of PCA membership or look-alike designation status?</p> | <p>_ Verified</p> <p>_ Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • <i>Address each question and sub-question</i> • <i>Use complete sentences</i> • <i>Include specific examples and rationale</i> • <i>Include recommended steps the PCA can take to achieve verification</i> | |

| Question | Verification Status |
|---|---|
| <p>3. Ask the PCA to share information around any two collaborations relating to this Focus Area; one collaboration per each Focus Area Goal. Collaborations may be either formal or informal. For each collaboration the consultant should ask:</p> <ol style="list-style-type: none"> What is the goal of each collaboration? Ask for impact data if available. How has this collaboration strengthened the safety net within the state or region? How has the collaboration improved access to comprehensive, culturally competent, quality primary care services to underserved and vulnerable populations? How does the PCA track this? How does the PCA identify duplication of efforts and what efforts have been made to reduce duplication? | <p>_ Verified</p> <p>_ Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| <p>4. For Regional PCAs ONLY-</p> <ol style="list-style-type: none"> How do Regional PCA activities in this Focus Area compliment and/or enhance T/TA activities conducted by state PCAs? PCA should provide two examples. How do you assure there is no duplication of effort with the state PCAs? Ask the Regional PCA to show any tracking documents or tools. What are unique benefits to the health centers in the region that the Regional PCA offers in addition to the state PCAs for this Focus Area? PCA should provide two examples. How often does the Regional PCA communicate with the state PCAs around work plan coordination efforts for this Focus Area? Does the Regional PCA request feedback from state PCAs on the T/TA it conducts? PCA should provide two examples. What collaborative efforts for feedback are in place for this Focus Area? PCA should provide two examples. | <p>_ Verified</p> <p>_ Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| <p>Performance Improvement Areas</p> <ul style="list-style-type: none"> • List which question this relates to • Indicate specific reasons this area was identified for improvement | |

| Question | Verification Status |
|---|---------------------|
| <ul style="list-style-type: none"> • Suggest methods to address improvement | |
| <p>Promising Practices Identified</p> <ul style="list-style-type: none"> • Indicate any promising practices identified in this Focus Area • Include the following sections: <ul style="list-style-type: none"> ○ Context section: Clearly define the challenge or issue faced. ○ Description section: Describe the practice implemented to solve the challenge or issue. ○ Outcome section: Describe the result, including the quantitative and/or qualitative measures to assess practice effectiveness. ○ Replicability section: List any special needs or costs associated with this activity. Costs should describe how this activity was funded e.g. outside grant, HRSA funding. Special needs should describe the labor effort, specialized skills, and technology involved. | |

Focus Area III: Verify that PCA T/TA activities will improve health outcomes in the state and or region on diabetes control and one of the following clinical measures, based on need: hypertension control, colorectal cancer screening or cervical cancer screening.

Program Requirement: PCAs must propose activities to improve health outcomes in the state or region on diabetes control and one of the following clinical measures, based on need: hypertension control, colorectal cancer screening, or cervical cancer screening. Activities must demonstrate a plan to improve results on the selected clinical measures with a focus on reducing health disparities, increasing patient engagement in care, and building community partnerships to address social determinants of health, such as housing, education, and transportation.

| Question | Verification Status |
|--|---|
| <ol style="list-style-type: none"> 1. For this Focus Area, the consultant selects one Goal and one corresponding Activity Area identified in the PCA’s work plan. <ol style="list-style-type: none"> a. What is the PCA’s approach to ongoing surveillance of the health care environment related to this Activity Area? What data sources are used? b. How did the PCA identify and prioritize the pressing needs related to this Activity Area? c. How do the activities listed within the Activity Area address the high priority needs identified in the health care environment? d. Has the PCA adapted this work plan Activity Area based on HRSA priorities and changes taking place in the health care environment? e. How is the PCA using BPHC data (e.g. conditions reports, UDS, etc.) to inform its proposed activities in the Activity Area? PCA may demonstrate any data tracking or organization tools. | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |

| Question | Verification Status |
|--|---|
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| <p>2. For this Focus Area, the consultant selects one Goal (consultant should select the Goal not selected in Question 1) and one corresponding Activity Area identified in the PCA’s work plan. Consultant should refer to the most recent UDS data and/or PCA PO when selecting the Activity Area. Within the Activity Area the consultant should identify one individual activity and ask:</p> <p>g. What were the contributing factors to achieving the activity outcome?</p> <p>h. What other resources were used by the PCA to compliment this activity and assure it helped the PCA achieve the Target Goal for the Activity Area?</p> <p>i. What were the restricting factors to achieving the activity outcome?</p> <p>j. How are areas for improvement identified? If applicable, what has been identified so far and how have improvements been incorporated?</p> <p>k. What evaluation was conducted on this activity and how was it used to determine success of this activity?</p> <p>l. How did the PCA ensure this activity was available and accessible to existing and potential health centers regardless of PCA membership or look-alike designation status?</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| <p>3. Ask the PCA to share information around any two collaborations relating to this Focus Area; one collaboration per each Focus Area Goal. Collaborations may be either formal or informal. For each collaboration the consultant should ask:</p> <p>e. What is the goal of each collaboration? Ask for impact data if available.</p> <p>f. How has this collaboration strengthened the safety net within the state or region?</p> <p>g. How has the collaboration improved access to comprehensive, culturally competent, quality primary care services to underserved and vulnerable populations? How does the PCA track this?</p> <p>h. How does the PCA identify duplication of efforts and what efforts have been made to reduce duplication?</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |

| Question | Verification Status |
|--|---|
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| <p>4. For Regional PCAs ONLY-</p> <p>g. How do Regional PCA activities in this Focus Area compliment and/or enhance T/TA activities conducted by state PCAs? PCA should provide two examples.</p> <p>h. How do you assure there is no duplication of effort with the state PCAs? Ask the Regional PCA to show any tracking documents or tools.</p> <p>i. What are unique benefits to the health centers in the region that the Regional PCA offers in addition to the state PCAs for this Focus Area? PCA should provide two examples.</p> <p>j. How often does the Regional PCA communicate with the state PCAs around work plan coordination efforts for this Focus Area?</p> <p>k. Does the Regional PCA request feedback from state PCAs on the T/TA it conducts? PCA should provide two examples.</p> <p>l. What collaborative efforts for feedback are in place for this Focus Area? PCA should provide two examples.</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> |
| <p>Justification for Verification Status</p> <ul style="list-style-type: none"> • Address each question and sub-question • Use complete sentences • Include specific examples and rationale • Include recommended steps the PCA can take to achieve verification | |
| <p>Performance Improvement Areas</p> <ul style="list-style-type: none"> • List which question this relates to • Indicate specific reasons this area was identified for improvement • Suggest methods to address improvement | |
| <p>Promising Practices Identified</p> <ul style="list-style-type: none"> • Indicate any promising practices identified in this Focus Area • Include the following sections: <ul style="list-style-type: none"> ○ Context section: Clearly define the challenge or issue faced. ○ Description section: Describe the practice implemented to solve the challenge or issue. ○ Outcome section: Describe the result, including the quantitative and/or qualitative measures to assess practice effectiveness. ○ Replicability section: List any special needs or costs associated with this activity. Costs should describe how this activity was funded e.g. outside grant, HRSA | |

| Question | Verification Status |
|--|---------------------|
| <i>funding. Special needs should describe the labor effort, specialized skills, and technology involved.</i> | |

Reporting and Follow Up

The entire site visit report review process, including verification, will be completed within 45-60 calendar days from when the site visit was completed. Follow up on site visit findings will be ongoing and conducted by the PCA PO throughout the remainder of the project period.

Procedure

1. Consultant will submit the site visit report to the MSCG TAR within 10 calendar days from when the site visit was completed.
2. PCA and PCA PO should complete a consultant evaluation.
3. Approved site visit report is sent to PCA.
4. Along with verification, areas of concern that do not align with the PCA's work plan or expectations in the NOFO should be recorded in the site visit report.
 - a. If BPHC PO and Program Quality Controller (PQC) agree on these issues, they will be filed as a "Program Compliance Issue" (PCI) in the site visit module.
 - b. Once a PCI is documented, the PO may recommend off-cycle conditions.
5. PCA PO will follow up with the PCA on the site visit findings.
 - a. PO will set up a meeting after sending the report to discuss the report with the PCA.
 - b. For any areas found to be "Not Verified" or for performance improvement, the PCA PO will send the PCA either a Corrective Action Plan (CAP) or Performance Improvement Plan.
6. PCAs will be expected to:
 - a. Work on activities to achieve "Verified" status in any areas found not verified and complete the CAP.
 - b. Discuss TA Days with their PO on any performance improvement areas identified in the report.

Task I: Consultant to complete site visit report

General Points for Site Visit Report Completion

(See Appendix E for report example)

- Within 10 calendar days from the end of the site visit the consultant will:
 - Complete the "Pre-Site Analysis", "On-Site Analysis", and "Health Center Interviews" sections. All questions must be addressed in each section. These sections, along with all the other portions of this document, make up the Site Visit Guide.
 - Complete Appendix E and use it as a cover page to the complete Site Visit Guide, this combined document will serve as the Site Visit Report.
 - Submit the report (Site Visit Guide plus Appendix E) to Management Solutions Consulting Group (MSCG) Technical Assistance Reviewer (TAR).
- MSCG TAR and editor will review the report for the following items prior to submission to BPHC: completeness, clarity, accuracy, format, grammar, and punctuation. Then the TAR will

upload the report into TATS.

- Reports are expected to provide BPHC staff with **an accurate, objective depiction** of the status and operations of the PCA. The PCA will also receive a copy of the report, after consultant and BPHC comments have been incorporated and the final report is approved by BPHC.
- All information contained in the report must be **based on fact**. Do not include opinions, use terms that could be considered inflammatory or derogatory, or use blanket statements. Rather, present detailed, fact-based statements.
- If the site visit included a PCA Showcase Presentation, the consultant must include this as an attachment to the uploaded report in Electronic Hand Books (EHB) TATS.
- Where there is sensitive information (beyond a verification assessment) that must be conveyed to BPHC for a complete understanding and assessment of the PCA's, it *should not* be incorporated into the Site Visit Report but rather conveyed to the BPHC PO via post-site visit conference call.
- If necessary, the consultant will send the PO any outstanding policy questions or verification assessment comments related to the draft report that must be addressed by BPHC.

Task II: BPHC to review and approve site visit report

The full review of all reports (draft and final) will be completed by consultant and BPHC within 45-60 calendar days from the time the site visit is completed.

- Within 25 calendar days after the consultant draft report is submitted, BPHC staff will complete their internal review of the report, communicating the need for any changes/edits to the report back to the consultant.
 - Within 25 days of report receipt, PO should review report and do any necessary editing/review using track changes. *BPHC owns the report and has the authority make edits without consultant approval.*
 - If no changes are needed, the PO should send report on to PQC for final review and approval.
 - If changes are needed:
 - The PO will return the report to the consultant within 25 days. If necessary, the PO has the option of direct discussion with the consultant regarding report revisions.
 - Once received from BPHC, the consultant will revise the draft report within 5 business days and return to the PO for review as a final report.
 - The PO must review consultant edits within 5 business days.
 - If the report is acceptable and no additional changes are needed, the PO marks the report as “approved” and moves the report forward to their PQC for final approval.
 - If the report is not acceptable and needs additional changes, the PO makes the necessary changes or comments in track change and sends it back to the consultant. If further changes are needed this step will repeat. *This may extend the timeline for final report approval.*
- The PQC will review site visit reports for quality assurance, paying particular attention to any areas of non-verification. The PQC may work in concert with Division’s Senior Management as needed to assist with review of reports.

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

APPENDICES

Appendix A: Suggested PCA-Consultant-PO Kickoff Call Agenda

| | |
|-------------------|---|
| 25 minutes | Introductions Participants and roles Site visit purpose Overview of site visit process Confirm who will provide what documents, by when |
| 10 minutes | Logistics Visit and meeting dates, spaces, and times Confirm who will be on-site and remote Review agenda and who will see it, by when Travel coordination |
| 5 minutes | Staff Availability Confirm key PCA management staff will be available Review staff who will be interviewed during the visit |

Appendix B: Site Visit Agenda Suggested Template

Primary Care Association

Date: September 1-3, 201X

Time: 9:00 a.m. – 4:30 p.m.

PCA Attendees: Name; Chief Executive Officer; Chief Financial Officer; TA Support Staff

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

DAY ONE

| | |
|-------------------------|--|
| 9:00 a.m. – 9:30 a.m. | <p>Introductions (PO) Discuss purpose of the site visit Roles and responsibilities BPHC Update & Overview (as needed) Staff Attendance List staff expected for this portion <i>Prior to site visit, consultant should confirm with PCA what staff will be present for each portion of the site visit. Once the agenda is set, consultant and PCA will coordinate with staff to block off their time.</i></p> |
| 9:30 a.m. – 11:30 a.m. | <p>PCA Showcase Presentation BPHC Funded Activity Successes Innovations Staff Attendance List staff expected for this portion</p> |
| 11:30 a.m. – 12:30 p.m. | <p>Verification (Consultants) Staff Attendance List staff expected for this portion</p> |
| 12:30 p.m. – 1:30 p.m. | Lunch |
| 1:30 p.m. – 4:30 p.m. | <p>Verification (Consultants) Staff Attendance List staff expected for this portion</p> |

DAY TWO

| | |
|-------------------------|---|
| 9:00 a.m. – 11:30 a.m. | <p>Verification (Consultants) Staff Attendance List staff expected for this portion</p> |
| 11:30 a.m. – 12:30 p.m. | Lunch |

| | |
|--------------------------------------|---|
| <p>12:30 p.m. – 3:00 p.m.</p> | <p>Verification (Consultants) Staff Attendance List staff expected for this portion</p> |
| <p>3:00 p.m. – 3:30 p.m.</p> | <p>Debrief CEO prior to exit conference (optional) Staff Attendance List staff expected for this portion</p> |
| <p>3:30 p.m. – 4:30 p.m.</p> | <p>Exit conference Staff Attendance List staff expected for this portion</p> |

Appendix C: Entrance Conference

The Entrance Conference is used to meet the PCA’s Key Management Staff; reiterate the purpose of the visit; review the schedule; and allow the PCA to provide a general overview, including any major accomplishments/successes. The Entrance Conference must involve the consultant, PO, and the PCA’s senior management staff. The PCA should also invite the Board Chair who can be remote or in-person. The Entrance Conference should range from one to three hours based on showcase length.

| | |
|------------------------|--|
| 30 minutes | Introductions The PO and Consultant Team Leader should: <ul style="list-style-type: none">• Review the purpose, scope and intended outcome of the visit• Review the visit agenda and make any necessary changes• Describe how site visit outcomes and recommendations will be shared• Review consultant, PO, and PCA follow up roles and responsibilities• BPHC Update & Overview (Project Officer presents) |
| 60- 120 minutes | PCA Showcase Presentation topics are at PCA’s discretion, but suggested subjects should be based on the “On-Site Analysis” questions. Showcase time may vary based on number of states covered and questions. |

Appendix D: Exit Conference

The site visit concludes with an Exit Conference attended by everyone who participated in the site visit process. General findings from all aspects reviewed while on site are summarized by members of the team and any follow-up actions/steps are discussed, if applicable.

| Program Verification Review | Verification Status | Task Questions Used to Verify |
|---|---|---|
| <p>Focus Area 1: Goal 1:</p> <p>Increase the number of patients receiving care in health centers, including special and vulnerable populations.</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> | <p>Pre-site: Focus Area 1, Question 1 and 2</p> <p>Onsite: Focus Area 1</p> |
| <p>Focus Area 1: Goal 2:</p> <p>Increase the number of health centers providing comprehensive services, including medical, oral health, behavioral health, and enabling services.</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> | <p>Pre-site: Focus Area 1, Question 1 and 3</p> <p>Onsite: Focus Area 1</p> |
| <p>Focus Area 2: Goal 1:</p> <p>Increase health center achievement of PCMH recognition and/or optimization of the PCMH model if the state or region has achieved 100 percent recognition.</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> | <p>Pre-site: Focus Area 2, Question 1 and 2</p> <p>Onsite: Focus Area 2</p> |
| <p>Focus Area 2: Goal 2:</p> <p>Increase the percentage of health centers with a cost increase less than the national average.</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> | <p>Pre-site: Focus Area 2, Question 1 and 3</p> <p>Onsite: Focus Area 2</p> |
| <p>Focus Area 3: Goal 1:</p> <p>Improve diabetes care health outcomes and disparities.</p> | <p><input type="checkbox"/> Verified</p> <p><input type="checkbox"/> Not Verified</p> | <p>Pre-site: Focus Area 3, Question 1 and 2</p> <p>Onsite: Focus Area 3</p> |

| Program Verification Review | Verification Status | Task Questions Used to Verify |
|---|--|--|
| Focus Area 3: Goal 2: Improve health outcomes and disparities for one of the following: hypertension control, colorectal cancer screening, or cervical cancer screening. | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified | Pre-site: Focus Area 3, Question 1 and 3 Onsite: Focus Area 3 |
| General Requirements | | |
| Publication plan | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified | |
| Budget | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified | |
| Contracts | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified | |
| Identifying needs | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified | |
| Tracking T/TA | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified | |
| T/TA Evaluation | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified | |
| Information on Available Resources | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified | |
| Special populations and newly funded | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified | |
| Emergency Preparedness | <input type="checkbox"/> Verified <input type="checkbox"/> Not Verified | |

| Additional Site Visit Areas Review | Description |
|------------------------------------|--|
| Performance Improvement Areas: | Consultant should list all Performance Improvement Areas and which section they fall under in the Guide |
| Promising Practices | Consultant should list all Promising Practices and which section they fall under in the Guide |
| Health Center Interview Questions | Consultant should provide a brief verbal summary of key themes and remarks from the health center interviews |

Note: *If there are major issues regarding the lack of implementation of the approved project, the site visit consultant, may participate in a post-site visit conference call/debrief with the assigned PCA Project Officer to clarify expectations outlined in the NOFO regarding T/TA requirements prior to the consultant' completion of the initial draft report. Please note, this would be on an **as-needed basis only** for very sensitive or major findings and could also take place during the report review timeline.*

Appendix E: Site Visit Report Template

Primary Care Association Site Visit Report

TA Request Details

TA Request Number: TA000xxx

Grantee Information: Primary Care Association (PCA) name and acronym

PCA Street Address

PCA City, State and Zip Code

Contact: First and Last Name (*usually PCA CEO/Executive Director*)

Contact's email address

Contact's telephone number

Type of Visit: PCA Verification Site Visit

Date(s) of Visit: Dates on-site at the PCA

Consultant

First and Last Name (Consultant)

Email address

Telephone number

Site Visit Participants

| Name | Title | Interviewed | Entrance Conference | Exit Conference |
|------------------------|---------------------|-------------|---------------------|-----------------|
| Individual's Full Name | Role (e.g., at PCA) | Yes or No | Yes or No | Yes or No |
| | | | | |

If an individual identified above participated by telephone instead of on-site, please state "phone" instead of "yes" in the appropriate box(es).

If there is anyone with whom you requested an interview and the interview did not occur, please explain why the interview did not take place.

The site visit concludes with an Exit Conference attended by everyone who participated in the site visit process. General findings from all aspects reviewed while on site are summarized by members of the team and any follow-up actions/steps are discussed, if applicable.

| Program Verification Review | Verification Status | Task Questions Used to Verify |
|---|---------------------|---|
| <p>Focus Area 1: Goal 1:</p> <p>Increase the number of patients receiving care in health centers, including special and vulnerable populations.</p> | | <p>Pre-site: Focus Area 1, Question 1 and 2</p> <p>Onsite: Focus Area 1</p> |
| <p>Focus Area 1: Goal 2:</p> <p>Increase the number of health centers providing comprehensive services, including medical, oral health, behavioral health, and enabling services.</p> | | <p>Pre-site: Focus Area 1, Question 1 and 3</p> <p>Onsite: Focus Area 1</p> |
| <p>Focus Area 2: Goal 1:</p> <p>Increase health center achievement of PCMH recognition and/or optimization of the PCMH model if the state or region has achieved 100 percent recognition.</p> | | <p>Pre-site: Focus Area 2, Question 1 and 2</p> <p>Onsite: Focus Area 2</p> |
| <p>Focus Area 2: Goal 2:</p> <p>Increase the percentage of health centers with a cost increase less than the national average.</p> | | <p>Pre-site: Focus Area 2, Question 1 and 3</p> <p>Onsite: Focus Area 2</p> |
| <p>Focus Area 3: Goal 1:</p> <p>Improve diabetes care health outcomes and disparities.</p> | | <p>Pre-site: Focus Area 3, Question 1 and 2</p> <p>Onsite: Focus Area 3</p> |
| <p>Focus Area 3: Goal 2:</p> <p>Improve health outcomes and disparities for one of the following: hypertension control, colorectal cancer screening, or cervical cancer screening.</p> | | <p>Pre-site: Focus Area 3, Question 1 and 3</p> <p>Onsite: Focus Area 3</p> |
| General Requirements | | |
| Publication plan | | |
| Budget | | |
| Contracts | | |
| Identifying needs | | |
| Tracking T/TA | | |
| T/TA Evaluation | | |

| Program Verification Review | Verification Status | Task Questions Used to Verify |
|--------------------------------------|---------------------|-------------------------------|
| Information on Available Resources | | |
| Special populations and newly funded | | |
| Emergency Preparedness | | |

Documents Reviewed (Report Template continued from previous page)

Prior to the Site Visit, and during the Site Visit as necessary, the consultant will review a variety of PCA documents. The Pre-Site review and analysis is primarily preparation for the Site Visit, to get as much of an understanding of the PCA as feasible from the materials and a thorough grasp of exactly what additional information would be needed on-site to complete the verification process. The consultant will identify the documents needed from the PCA and PCA PO to facilitate the review and achieve the Site Visit’s purpose (e.g., the approved work plan, activities, and performance measures).

Please put a bolded “X” by each of the BPHC and PCA documents in the list below that were reviewed prior to and/or during this Site Visit:

| BPHC Documents | PCA Documents |
|---|--|
| <ol style="list-style-type: none"> 1. Most recent competing cooperative agreement application _____ 2. All progress reports from the current project period, including the most recent progress report _____ 3. State performance profiles <ol style="list-style-type: none"> a. Clinical performance measures-past and present _____ b. Financial performance measures- past and present _____ 4. Budget details form (SF-425) _____ 5. Most recent budget narrative _____ | <ol style="list-style-type: none"> 1. PCA website- send link and information to log in to any members’ only portions of the site _____ 2. Most recent organizational chart; position descriptions and staffing bios for any key staff that have changed since the PCAs last application submission (either competing or non-competing) _____ 3. Clinical/financial performance data e.g. any more updated information than what the PO will provide via UDS on state performance measures _____ 4. Documents to ascertain state needs _____ 5. PCA strategic plan (if available) _____ 6. MOA (Regional PCA) _____ 7. T/TA examples for T/TA activities for each of the following Focus Areas (total of six sample TA activities): <ol style="list-style-type: none"> a. Access to Care (two T/TA activities) _____ b. Operational Excellence (two T/TA activities) _____ c. Health Outcomes and Health Equity (two T/TA activities) _____ <p>Examples of T/TA include trainings, workgroups, conferences, etc. Materials PCAs should submit for each T/TA activity could include:</p> <ol style="list-style-type: none"> d. Evaluations, attendance, and agendas _____ e. All materials shared with participants _____ |

| BPHC Documents | PCA Documents |
|----------------|--|
| | f. Planning materials used by the PCA _____ 8. Statement of work and budget for contracts paid for with BPHC funding _____ 9. Examples of both formal and informal collaboration and coordination with other HRSA and BPHC supported T/TA providers and partners _____ |

Provide a list of any additional documents reviewed prior to and/or during the Site Visit:

| Document Title | Web Site Link (if applicable) | Date | Document Purpose | Review Purpose |
|----------------|-------------------------------|------|------------------|----------------|
| | | | | |

Activities Reviewed (Report Template continued from previous page)

In addition to documents, throughout the site visit the consultant will review a variety of T/TA examples. This table is to help PCAs and Consultants track what T/TA examples are provided at different points in the site visit process and help prevent duplication of activities covered. Please note collaborations can apply to activities covered in other parts of the site visit guide.

| | Pre-Site Activity Example (Question Two) | On-Site Question One | On-Site Question Two Consultant Choice | On-Site Collaboration Example |
|-------------------------------------|---|---------------------------|---|---|
| Who Selects Activity Example | PCA | Consultant | Consultant | PCA |
| Focus Area 1 Goal 1 | <i>List Activity Name</i> | <i>List Activity Area</i> | <i>List Activity Name</i> | <i>List Collaboration and its related Activity Area</i> |
| Focus Area 1 Goal 2 | <i>List Activity Name</i> | <i>List Activity Area</i> | <i>List Activity Name</i> | <i>List Collaboration and its related Activity Area</i> |
| Focus Area 2 Goal 1 | <i>List Activity Name</i> | <i>List Activity Area</i> | <i>List Activity Name</i> | <i>List Collaboration and its related Activity Area</i> |
| Focus Area 2 Goal 2 | <i>List Activity Name</i> | <i>List Activity Area</i> | <i>List Activity Name</i> | <i>List Collaboration and its related Activity Area</i> |

| | Pre-Site Activity Example (Question Two) | On-Site Question One | On-Site Question Two Consultant Choice | On-Site Collaboration Example |
|----------------------------|---|-----------------------------|---|---|
| Focus Area 3 Goal 1 | <i>List Activity Name</i> | <i>List Activity Area</i> | <i>List Activity Name</i> | <i>List Collaboration and its related Activity Area</i> |
| Focus Area 1 Goal 2 | <i>List Activity Name</i> | <i>List Activity Area</i> | <i>List Activity Name</i> | <i>List Collaboration and its related Activity Area</i> |