Site Visit Guide 2022

NATIONAL HEALTH CENTER TRAINING & TECHNICAL
ASSISTANCE PARTNERS COOPERATIVE AGREEMENTS (NTTAPS)

CONTENTS

The National Health Center Training and Technical Assistance Partners (NTTAP) Cooperative Agreement Site Visit Guide defines the purpose, requirements, and processes the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), undertakes to conduct face-to-face or virtual NTTAP site visits. This guide is intended to be used by NTTAP site visit consultants, NTTAPs and NTTAP project officers.

It is recommended that site visit Consultants use this guide as a workbook by entering answers to the questions in the spaces provided. These answers will be used to inform the separate site visit report, a template of which is included in this guide.

1. SITE VISIT PURPOSE AND OVERVIEW

NTTAP site visits are an administrative requirement[1] and must be conducted once per period of performance to:

- Provide objective review and assessment of NTTAP's compliance with program requirements as outlined in the NTTAP [Notice of Funding Opportunity](#) (NOFO)
- Review current status of NTTAP's progress on work plan training and technical assistance (T/TA) activities
- Identify key challenges and barriers
- Strengthen the relationship between BPHC and NTTAPs
- Provide on the spot technical assistance (TA) and recommendations for performance improvement
- Identify key accomplishments, promising practices and innovations that support the training and technical assistance (T/TA) needs of health centers.

Each NTTAP will receive at least one 2-day site visit during the 3-year period of performance.

The site visit will include a final report that will be shared with the NTTAP project officer (PO). BPHC will share the final approved report with the NTTAP and this report will inform ongoing program monitoring to ensure the NTTAP is meeting the program requirements and objectives.

Site Visit Expectations/Expected Outcomes

The NTTAP site visit process will verify whether and to what extent the NTTAP offered or conducted T/TA activities based on current national health center needs described in the Project Narrative and work plan of the original and/or non-competing continuation application. The Consultant will verify the NTTAPs performance in the following broad areas:

- The national T/TA activities conducted by the NTTAP correspond to the required objectives and targets for their awarded NTTAP type (see Appendix B).
- The NTTAP is conducting T/TA activities that strengthen health center operations and improves the clinical performance and outcomes of health centers nationwide relevant to the focus area and type of T/TA provided by the NTTAP.

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[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 NTTAP's relevant documents in order to assess and verify NTTAP 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.

- The NTTAP is maximizing the impacts of Health Center Program investments through T/TA that strategically positions health centers to increase access to high quality, comprehensive primary care services for underserved populations in an evolving health care landscape.
- The NTTAP's T/TA resources are accessible to the widest health center audience possible, which may include use of webinar and on-demand recordings.
- The NTTAP maintains proper policies, procedures and oversight to manage their programmatic and financial obligations to the Federal Government.

Site-Visit Process Overview

Site visit components include:

Pre-Site Visit

- **Pre-Site Visit Planning Calls (PO-leads)**
  - ◦ Introduce the Consultant to the site visit process and logistics, and provide an overview of the NTTAP receiving the site visit;
  - ◦ Debrief on pre-site visit review findings.
- **Kick-Off Call (PO-leads)**
  - ◦ Introduce the site visit processes and the roles and responsibilities of the NTTAP PO, Consultant, and NTTAP;
  - ◦ Review the site visit agenda.
- **Pre-Site Visit Review (HRSA Consultant-leads)**
  - ◦ Review key site visit documents (e.g., approved project work plan, activities and performance measures).

On Site or Virtual Site Visit (HRSA Consultant)

- Meet with key NTTAP staff and leadership to discuss the mission and strategic direction of the NTTAP and its progress on each program objective.
- Facilitate discussion with the NTTAP on their successes, challenges, and lessons learned, and identify areas of need that will support health centers' advancement.
- Identify innovative and promising practices that resulted in improved quality of care and patient outcomes.
- Present site visit findings during an exit conference.

Report and Follow-up

- HRSA Consultant summarizes site visit findings in a site visit report.
- NTTAP PO provides feedback and approves the site visit report.
- NTTAP PO ensures dissemination of the site visit report to the NTTAP.
- NTTAP PO uses the site visit report as guide for future monitoring of the NTTAP.
- When needed NTTAP PO will develop a Performance Improvement Plan (PIP) or Corrective Action Plan (CAP).

The Site Visit Team

- HRSA Consultant will conduct the site visit (in-person or virtually).
- HRSA Consultant writes the site visit report

NTTAP PO:

- NTTAP PO will facilitate communications between the NTTAP and HRSA Consultant.
- NTTAP PO will participate in the site visit in person or virtually. The PO will at a minimum attend both the entrance and exit conferences.
- NTTAP PO will work and communicate with the HRSA Consultant, and serve as the NTTAP's ongoing primary point of contact for all questions and areas related to their NTTAP and the Health Center Program.

NTTAP Team:

- NTTAP team will consist of the NTTAP leadership (e.g., CEO, NTTAP Project Director), consultants and other NTTAP staff as appropriate.
- NTTAP's Organizational Executive Leadership (if applicable) will also be invited to the on-site or virtual portion of the site visit.

General Site Visit Preparation

NTTAP PO:
- Meet with the HRSA Consultant prior to kick-off call to provide an overview of the NTTAP and determine which NTTAP activities will be assessed as part of the review. **(four weeks prior to site visit)**
- Coordinate and schedule kick-off site visit call with the HRSA Consultant and NTTAP. The kick-off call should occur **at minimum four weeks prior to the site visit**.
- Send the HRSA Consultant the NTTAP NOFO, NTTAP Site Visit Guide, NTTAP site visit templates and all relevant BPHC documents (see Appendix M) **(four weeks prior to site visit)**
- Send the NTTAP, the NTTAP Site Visit Guide and NTTAP NOFO **(four weeks prior to site visit)**
- NTTAP PO and HRSA Consultant will meet with NTTAP to provide a review of the site visit process and discuss logistics. **(four weeks prior to the site visit)**
- Provide review and input on the draft site visit agenda, confirm and verify the agenda with the NTTAP during the kick-off call. **(four weeks prior to the site visit)**
- Collaborate with the NTTAP to select activities to be reviewed during site visit, confirm, and verify the activities during the kick-off call. **(four weeks prior to site visit)**
- One-hour time slot is recommended for kick-off call. NTTAP PO can refer to sample kick-off call agenda under Appendix C.
- It is recommended that the NTTAP PO, HRSA Consultant and NTTAP review the GoToMeeting training video provided by the MSCG contractor, to become familiar with the virtual platform prior to the site visit.

Site Visit Agenda:

- HRSA Consultant develops the site visit agenda in consultation with the NTTAP PO and NTTAP. The HRSA Consultant should refer to the sample site visit agenda under Appendix F.

- The draft site visit agenda should be sent to NTTAP PO and NTTAP prior to the kick-off call.

- The site visit agenda should include the following:
    - Entrance conference (NTTAP Showcase),
    - Verification and demonstration of NTTAP learning collaboratives and national audience T/TA activities and tracking tools, NTTAP collaborative activities,
    - Demonstration of NTTAP Fiscal Oversight and Management; and
    - Exit Conference.
- The HRSA Consultant finalizes the agenda with input provided by the NTTAP PO and NTTAP during the kick-off call.
    - The HRSA Consultant will ensure NTTAP PO and NTTAP has received the GoToMeeting access information, prior to the site visit.
    - The final site visit agenda should be sent to the NTTAP PO and NTTAP at least *one (1) week prior to site visit*.

2. PRE-SITE VISIT PROCEDURES

Pre-Site Visit Documents to Review:

- The NTTAP must provide the Consultant two (2) activities per objective (one learning collaborative and one national audience activity) as identified by the NTTAP PO.
- Electronic copies of all pre-site visit documents should be submitted to the HRSA Consultant at a minimum of two (2) weeks prior to the scheduled site visit.
- The HRSA Consultant will confirm receipt of all documents and follow up as needed.
- The HRSA Consultant will complete the pre-site visit analysis described below.
- The HRSA Consultant will review the documents listed below and provided by the NTTAP PO and the NTTAP.

Below is a list of documents for the NTTAP PO and NTTAP to provide the HRSA Consultant. The NTTAP PO will provide the BPHC documents listed below to the HRSA Consultant. The NTTAP will upload the NTTAP documents listed below directly to the Consultant's ShareFile, provided by MSCG (BPHC Contractor).

BPHC Documents

- FY 2020 NTTAP Notice of Funding Opportunity (NOFO),
- The latest competing continuation cooperative agreement application,
- Year 2 Non-Competing Continuation (NCC) Progress Report,
- Year 2 Publication Plan,
- Year 2 work plan including work plan modifications,
- Federal Financial Report (SF-425) for the current budget period,
- Most recent budget narrative and staffing plan; and
- HRSA-Initiated Supplemental Funding Opportunity or Federal Register Notices (FRN) if applicable.

NTTAP Documents

- The NTTAP's website
- List of names and credentials for staff who will participate in the 2-day site visit.
- Documentation for selected T/TA activities to be reviewed at the site visit should include:
  - T/TA evaluations and results,
  - Attendance records; and
  - All materials shared with participants including: slide decks, handouts, course materials, etc.
- Statement of work and budget for contracts paid with BPHC funding for each budget period within the current project period.
- Work plans related to any approved supplemental funding activity (if applicable).
- All publication plans with links to posted publications for the current project period. The HRSA Consultant should document that the provided publication links are active and accessible to the widest possible audience.
- Publications that were selected for review at the onsite or virtual site visit, including links to where they could be found online.
- Results from the National Resource Center (NRC) health center needs assessment (if available).

Needs assessment documents refer to any mechanisms the NTTAP uses as the basis for the proposed goals and T/TA activities described in the original application and the most recently approved Project Work and not necessarily to a single formalized report or survey.

Pre-Site Visit Analysis

General Verification Requirements: Determine whether NTTAP is conducting T/TA activities that strengthens health center's operations and supports program performance in alignment with their NTTAP type.

a) Special and Vulnerable Populations
b) Health Center Development Areas:
   - Clinical Workforce Development
   - Health Workforce Recruitment and Retention
   - Capital Development and Growth
   - Health Information Technology and Data
   - Oral Health Care
   - Medical-Legal Partnerships
   - Intimate Partner Violence Prevention
c) National T/TA Center

Please note that some NTTAP may have received supplemental funding to their U30 award. Activities associated with supplemental funding will be reviewed for verification.
ARP (U3F) Awards will be discussed during the site visit but will not be part of the verification process.

Below is a list of questions that **apply to all NTTAPS** to help with your analysis and review of materials. **Questions that only apply to specific NTTAP types can be found in Appendix D.**

Questions
Review the most recent approved work plan for Year 2 of the current period of performance. Do the proposed activities align with the expectations outlined in the NOFO in the following areas: • Do the T/TA activities align with the expectations outlined in the NOFO? • Do the T/TA activities align with the Need data described in the original application and/or NCC Progress Report? • Are the T/TA activities specific to the target population or technical area addressed by the NTTAP? • Do the proposed activities address each of the required objectives and metrics outlined in Appendix B, for their NTTAP type? • Do the proposed activities involve coordination and engagement with other BPHC-supported T/TA providers (e.g. Primary Care Associations (PCAs), Health Center Controlled Networks (HCCNs), and other NTTAPs) where appropriate? • Do the number and types of activities proposed in the work plans align with the requirements outlined in NTTAP 2020 NOFO? **Please refer to Appendix D and the Fiscal Year (FY)**2020 NTTAP NOFO **pages 31- 43 for the list of NTTAP types, and required objectives and metrics.** • A minimum of two (2) activities for each applicable objective must be reviewed: one (1) learning collaborative, one (1) national audience activity.

Response

Questions
Review the publication plan for Year 2 of the current period of performance.   - Is it clear which publications were created or disseminated with NTTAP funds and where those documents are located?   - Are all BPHC supported publications accessible to the widest audience possible?
Response
Review the most recent Non-Competing Continuation (NCC) Progress Report for the current budget period (Year 2).   - Does the NCC progress report show substantial progress towards evaluative objectives and metrics for the selected NTTAP type?   - If not, does the NTTAP provide adequate justification for any delays in timely progress and/or completion of activities towards evaluative objectives and metrics?   - Does the NTTAP website have T/TA opportunities for all health centers interested in TA?   - Does the NTTAP website have NTTAP supported materials available and easily accessible to the public?   - Is the NTTAP website updated with the most recent T/TA products and materials for Year 2 of the current project period (e.g. archived webinars, publications, resources, and postings for upcoming T/TA events)?   - Are the T/TA materials easily accessible to any health center regardless of NTTAP membership or health center program award status?
Response
Review the NTTAP budget details and narrative from the current budget (Year 2).   - Is the budget reasonable in relation to the NTTAP's planned activities?   - Is the budget reasonable in relation to the staffing plan for the budget period?
Response
If applicable, review T/TA contracts and/or agreements obtained with BPHC funding.   - Does the purpose and scope of contracts and/or agreements support the accomplishment of NTTAP Notice of Funding Opportunity (NOFO) program requirements?   - Does the timeframe for the contract and/or agreement correlate with the BPHC funding project period?
Response

> **If applicable, review position description(s) and biographical sketches for any key management positions.**
> - Are there any changes since the last NTTAP application?
> - Do position descriptions support the accomplishment of NTTAP NOFO requirements?
> - Do hired staff have the qualifications for each position?
> - If key management positions were vacant within the current project period, how did the NTTAP fulfill the responsibilities associated with this position?
> - If position descriptions are provided, they should include full-time/part-time status, roles, and responsibilities and qualifications for each position, request clarification as needed.
>
> **Response**

*Note: Program requirements refers to requirements described in the FY 2020 NTTAP NOFO.

3. ON-SITE/VIRTUAL VISIT OVERVIEW

General Verification Requirements. See Tasks I and II listed below.

Procedures

1. NTTAP PO will attend and participate in the site visit activities in person or virtually based on their availability.
2. NTTAP PO will at minimum, participate in the Entrance and Exit Conference.
3. NTTAP POs on-site and/or virtually will coordinate introductions (Entrance Conference), provide a BPHC overview presentation (Entrance Conference), and assist in the facilitation of the flow of the site visit and transition between activities.
4. The HRSA Consultant will facilitate the Entrance Conference (see Appendix G), invite and accommodate remote staff as necessary.
5. The HRSA Consultant will ask questions and record answers as detailed in the on-site/virtual portion of this guide.
6. NTTAPs will host an orientation showcase presentation during the Entrance Conference (see, Appendix H). The presentation should:
   A. Provide highlights, successes, or lessons learned from BPHC funded activities
   B. Be a starting point for Consultant- NTTAP dialogue and follow up during staff breakouts.
7. The Consultant should recommend NTTAP have any documents/tools it would like to present on-site prepared and accessible. The materials can be reviewed electronically for ease of convenience.
8. HRSA Consultant should also notify the NTTAP that it will be expected to provide examples and documentation for two (2) collaborations for the pre-site visit analysis and review.
   A. These samples should represent a mix of National Audience and Learning Collaborative activities, during the on-site/virtual portion.
   B. A thorough discussion should be conducted of the collaborative partnerships and the process of collaboration
9. Conduct On-site/Virtual analysis described in section below:
   A. Responses can be based on both conversations with NTTAP staff and document review.
   B. HRSA Consultation may probe for additional information as needed to provide clarity.
10. The HRSA Consultant will facilitate a Pre-Exit Conference with the NTTAP Project Director prior to

staff Exit Conference as requested.

11. The HRSA Consultant will facilitate the Exit Conference, during which they will discuss the site visit findings and verification results. Additionally they will discuss the Consultant Evaluation Form.

Task I: Review of T/TA Activities

Determine whether NTTAP is conducting T/TA activities that strengthens health center's operations and supports program performance in alignment with their NTTAP type. Please refer to Appendix E for On-Site/Virtual Visit Verification Questions for each NTTAP Category Type.

- Special and Vulnerable Populations
- Clinical Workforce Development
- Health Workforce Recruitment and Retention
- Capital Development and Growth

- Health Information Technology and Data
- Oral Health Care
- Medical-Legal Partnerships
- Intimate Partner Violence Prevention
- National T/TA Center

T/TA Requirement: The T/TA activities conducted by the NTTAP must align with the identified T/TA needs of existing health centers and other interested organizations, where appropriate.

Questions

1) What is the NTTAP's process for identifying T/TA needs?
   a) Describe any data collection methods and have the NTTAP showcase any tools developed for this purpose.
   b) What is the NTTAP's approach to ongoing surveillance of the healthcare landscape and health center needs or specific population or health center development areas?
   c) What data sources are used?

Response
2) How does the NTTAP prioritize T/TA needs and how does it use this prioritization to determine its national approach to T/TA? Provide example(s) of T/TA activities and how the activities address the identified priorities.
Response
3) What are the strategies the NTTAP is using to ensure that publications that are produced under the cooperative agreement meet the prioritized T/TA needs of the target population?
Response
4) What key circumstances, issues, or innovations contribute to the development of the publication plan?   a) Provide example(s) of T/TA publications and how they reflect this prioritization.

Response

5) If the NTTAP selected to address one or more of the HRSA Priority areas, how were the T/TA needs related to the selected priority area determined?   a) What is the NTTAP's approach to ongoing surveillance of the healthcare landscape and health center needs related to the selected priority area?
Response

6) How does the NTTAP ensure that all materials produced under the cooperative agreement are readily available and accessible to any interested health center regardless of NTTAP membership or Health Center Program grant status?
Response

7) How is the NTTAP tracking the completion of work plan activities by the end of the budget year and/or project period? Request NTTAP to demo or show tool(s) used to track and evaluate work plan activities.
Response

8) How does the NTTAP maintain proper policies, procedures and oversight to manage their programmatic and financial obligations to the Federal Government?
Response

9) When monitoring the health care environment, how does the NTTAP aggregate the data from different sources (e.g., health centers, collaborative partners and other stakeholders, etc.)?
Response

10) How does the NTTAP regularly solicit input on its T/TA plans and resources? Ask for two examples of meeting minutes, agendas, or emails demonstrating requests for input.
Response

11) How frequently does the NTTAP perform evaluations of T/TA activities? Describe any data collection methods and have the NTTAP highlight any tools.
Response

12) How does the NTTAP 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 NTTAP does this.
Response

13) Can the NTTAP demonstrate that the charge for T/TA funded with a mix of HRSA and non-HRSA funds, is not a barrier to access the trainings for health centers?

Response
14) Is the NTTAP's T/TA available through the Health Center Resource Clearinghouse?
Response

15) Information on Available Resources
    a) How does the NTTAP ensure all interested health centers (regardless of NTTAP membership or funding status) receive resources?
    b) What outreach strategies does the NTTAP employ for this purpose?
    c) What communication channels does the NTTAP use to publicize T/TA opportunities?
    d) If available, ask NTTAP to demonstrate any online platforms (e.g. website, social media, peer group portals used to communicate with health centers.

Response

16) Newly Funded
    a) How has the NTTAP coordinated with newly funded health centers (if applicable)?
    b) How is the NTTAP addressing the unique health needs and barriers to care for newly funded health centers?

Response

Task II: Review of Policies, Procedures and Oversight

Verify NTTAP is maintaining proper policies, procedures and oversight to manage their programmatic and financial obligations to the Federal Government

Requirement: The recipient, as the direct and primary recipient of HHS grant funds, is responsible for managing the day-to-day operations of grant-supported activities and is accountable to HRSA for the performance of the project, program, or activity; the appropriate expenditure of grant funds by all parties; and all other obligations of the recipient. Recipients may use their established controls and policies, as long as they are consistent with award requirements. HHS seeks to foster within recipient organizations and organizational culture that is committed to compliance with Federal and HHS grant regulations, policies, and procedures.

Questions
1) How does the NTTAP maintain proper policies, procedures and oversight to manage their programmatic and financial obligations to the Federal Government?
Response
2) How does the NTTAP develop their budget in relation to the NTTAP's planned activities?
Response

3) How does the NTTAP differentiate between the use of cooperative agreement staff and a consultant?
     a) How are consultants identified, vetted and hired to carry out work plan activities?
     b) How are consultant rates developed under the cooperative agreement?

Response
4) How does the NTTAP ensure that contract/consultant activities are completed on time and within scope?
Response
5) How does the NTTAP ensure the appropriate staffing and management of the cooperative agreement?   a) How are vacancies addressed within the staffing plan?
Response
6) How does the NTTAP ensure the quality of their products and the soundness of the technical assistance? What internal processes and controls have been developed?   a) Provide examples and walk through inception through execution and how checks and balances are maintained.
Response
7) What internal processes have been developed to track progress throughout the project period and to ensure that work plan evaluative measures and objectives are met?   a) How are staff held accountable for cooperative agreement projects?
Response
8) How are carryover balances tracked and monitored? What steps have been taken to minimize carryover and to remedy overages in the future?
Response
9) How does the NTTAP ensure that the training/technical assistance they are providing is accurate, up to date and timely?
Response

4. POST SITE/VISIT REPORTING AND FOLLOW-UP

Task I: Consultant Completes Site Visit Report

- The entire site visit report, including verification and approval of the final report, **must be completed in EHB within 60 calendar days from when the site visit was completed.**

- **The site visit report should address all required components of the site visit report and be free of any grammatical and punctuation errors prior to submission to MSCG by the HRSA Consultant.**

- Follow up on site visit findings will be ongoing and conducted by the N T T A P PO throughout the remainder of the period of performance.

- The NTTAP PO will have a discussion with the NTTAP about the site visit report to answer any questions and to discuss report findings/recommendations.

Overview of Procedure

HRSA Consultant:

- HRSA Consultant will complete a standard site visit report (see Appendix J) and submit it to the MSCG editor and reviewer within 10 calendar days from when the site visit was completed.
- Areas of concern that do not align with the NTTAP's work plan or expectations in the NOFO should be recorded in the site visit report by the HRSA Consultant.
  - If NTTAP PO and Program Quality Controller (PQC) agree on these issues, the issues should be documented in the EHB and the NTTAP PO may recommend conditions as deemed appropriate.

NTTAP:

- NTTAP completes the HRSA Consultant evaluation
- NTTAPs will be expected to:
  - Work on activities to achieve "Verified" status in any areas found not verified.
  - Discuss potential TA with their NTTAP PO on any performance improvement areas identified in the report.

NTTAP PO:

- NTTAP PO should complete the HRSA Consultant evaluation.
- If needed the NTTAP PO and HRSA Consultant will convene a post-site visit conference call to discuss any follow-up questions or concerns regarding the NTTAP's progress, issues, or any sensitive matters identified during the site visit process.
- NTTAP PO convenes a post-site visit debrief call with the NTTAP to discuss the site visit findings and next steps
- NTTAP PO will follow up with the NTTAP on the site visit findings
  - The PO will send the NTTAP a Corrective Action Plan (CAP) or a Performance Improvement Plan (PIP) for any areas found to be Not Verified or for performance improvement.
  - A CAP is a plan with a list of actionable steps developed by the PO in collaboration with the NTTAP to correct any T/TA activities or Objectives that have been deemed "Not Verified" by the HRSA Consultant at the site visit. The site visit report findings and recommendations will inform the CAP and help guide the NTTAP's efforts to achieve a Verified status in any areas found not verified.
  - A PIP is a plan to address T/TA activities or Objectives deemed "Verified" by the HRSA Consultant at the site visit but could use improvements. The site visit report findings and recommendations

can help inform and guide the NTTAP's efforts to optimize the activities/ objectives identified for improvement.

- The approved site visit report is sent to the NTTAP with report marked FINAL within 60 days from the end of the site visit.

Within 10 calendar days from the end of the site visit, the HRSA Consultant will complete the report and submit to the BPHC Site Visit contractor editor and reviewer.
The editor and reviewer will review the report for the following items prior to submission to BPHC: completeness, clarity, accuracy, format, grammar, and punctuation. Then the HRSA Consultant will upload the report into TATS within 20 days from the end of the site visit.
Reports are expected to provide BPHC staff with an **accurate, objective depiction of the status** and operations of the NTTAP. The NTTAP will receive a final BPHC approved site visit report within 60 days from the end of the site visit.
All information contained in the report **must be based on facts**. Do not include opinions, terms that could be considered inflammatory or derogatory, or blanket statements. Rather, present detailed, fact-based statements.
Each NTTAP requirement must be assessed as either **"Verified" or "Not Verified"** not "partially verified". If *any part* of the requirement is unmet, then the finding is "Not Verified".
The HRSA Consultant may identify something as "Verified" that the consultant feels could somehow be improved. In this instance, HRSA Consultants should mark activity as "Verified" and then list this activity in *Section 6: Targeted TA Recommendations*, of the site visit report, providing recommended TA and other activities NTTAP might engage in to improve this activity.
The site visit report must **address all NTTAP requirements (based on the NTTAP type)** to be verified in the Program Requirement Verification Review Summary in Appendix I– Exit Conference.
Findings from the Pre-Site and/or On-site segments should substantiate the verification indicated. • If similar information is found in both portions, only report finding once. • If the Pre-Site review verifies the requirement, but the On-Site review provides new information on ways the NTTAP verifies a requirement, include that information in the final report.
If the site visit included training documents and/or packaged presentations from the NTTAP, the Consultant must include these as attachments to the uploaded report in Electronic Handbooks (EHB) TATS.
If sensitive information (beyond a verification assessment) is identified during the site visit process, this information must be communicated to BPHC for a complete understanding and assessment of the NTTAP's progress. Do *not* incorporate this information into the Site Visit Report, but rather communicate this information verbally to the NTTAP PO via post-site visit conference call.
If necessary, the HRSA Consultant will send the NTTAP PO any outstanding policy questions or verification assessment comments related to the draft report that must be addressed by BPHC.

General Points for Site Visit Report Completion (See Appendix J for report format example)

Task II: BPHC Reviews and Approves Site Visit Report

The HRSA Consultant and BPHC must complete a full review of all reports (draft and final) within 60 calendar days from the time the site visit is completed.

- **Within 25 calendar days after the HRSA Consultant's draft report submission**, BPHC staff will complete their internal review of the report and communicate the need for any changes/edits to the report back to the Consultant.
  - o NTTAP PO should review report and complete all edits/reviews using track changes.
  - o If necessary, the NTTAP PO has the option of direct discussion with the Consultant regarding report revisions.
  - o The NTTAP PO will then send the PQC their proposed comments and/or track changes in the document for review and approval.
- PQC will review site visit reports for quality assurance, paying particular attention to any areas of non-verification. PQC may work in concert with Division's Senior Management as needed to assist with report review.
- The NTTAP PO will consolidate NTTAP PO and PQC's report review comments and edits and forward them to the Consultant in a single-track changed document.
- Once received from BPHC, the HRSA Consultant will revise the draft report within five (5) business days and return to the PO for review as a final report.
- The NTTAP PO must review and approve the final report within five (5) business days.
  - o If the report is acceptable and no additional changes are needed, the NTTAP PO marks the report as "Approved" and moves the report forward to the PQC for final approval.
  - o If the report is not acceptable and needs additional changes, the NTTAP PO makes the necessary changes or comments using track changes and sends it back to the Consultant. If further changes are needed this step will repeat.
- PQC will give approval and then send the NTTAP PO and Consultant notification of final BPHC approval of the report via automated email via the EHB. If areas of non-verification were documented in the final site visit report transmitted to the NTTAP, within 15 days of transmittal of the site visit report, the NTTAP PO may recommend one or more conditions.

20 Calendar Days of Site Visit end date	45 Calendar Days of Site Visit end date	60 Calendar Days of Site Visit end date
• Within 10 calendar days consultants complete draft report. • MSCG completes initial quality review of report. • Consultant Team Lead uploads draft report to TATS.	• Within 25 calendar days of the submission of the consultant draft report, BPHC staff will complete their internal review of the report, communicating the need for any changes to the report back to the consultant(s) and MSCG TAR via TATS. • Once received from BPHC, the Consultant will revise the draft report within five (5) business	• If areas of non-verification were documented in the final site visit report transmitted to the NTTAP, within 15 days of transmittal of the site visit report, the NTTAP PO may recommend one or more conditions.

| | days and return to the NTTAP PO for review as a final report. | |
| | • The NTTAP PO must review and approve the final report within five (5) business days | |

Figure 1. 60-Day total timeline from end of site visit for all post-site activities: completion of site visit report review and transmittal, condition recommendations, and closeout of ESC site visit record.

Site Visit Findings: Not Verified

- NTTAP PO will follow up with the NTTAP on the site visit findings.
    - ◦ The NTTAP PO will convene a meeting after sending the report to discuss it with the NTTAP.
    - ◦ The NTTAP PO will send the NTTAP a Corrective Action Plan (CAP) or a Performance Improvement Plan for any areas found to be *Not Verified* or for performance improvement.
- The NTTAP will:
    - ◦ Work on activities to achieve a *Verified* status in any areas found not verified and complete the CAP.
    - ◦ Follow-up will occur with the NTTAP PO and NTTAP to assess where they have progressed in addressing the areas found to be not verified in the CAP or PIP.

The site visit is conducted once every period of performance to provide objective review of the NTTAP's compliance with program requirements and status of NTTAP's progress on work plan TTA activities. The site visit guide provides guidance and a reference for site visit consultants, NTTAPs and NTTAP POs to follow to ensure a robust in-person or virtual site visit experience. It is intended for the site visit consultant, NTTAP and NTTAP PO to refer to this guide for the pre-site visit, site visit, and post-site visit phases. This concludes the instructional portion of the site visit guide. The next section contains appendices of site visit templates and complementary resources.

5. APPENDICES

Appendix A: NTTAP Program Requirements

This section outlines the required Cooperative Agreement activities for the National Health Center Training/Technical Assistance Partners Program awardees. Please also reference the 2020 Notice of Funding Opportunity (NOFO).

NTTAP Program Requirements

Training/Technical Assistance Activities & Audiences

The FY 2020 Notice of Funding Opportunity (NOFO) realigned the Bureau of Primary Health Care's (BPHC) technical assistance investments to focus on the creation of a Learning Health Center System aimed at accelerating health center quality and impact. To accomplish this objective, the FY 2020 NOFO introduced new NTTAP types and predefined objectives and metrics to correspond to each NTTAP type. Additionally, the NOFO requires awardees to provide a minimum of three (3) T/TA activities consisting of one (1) learning collaborative and two (2) national audience activities, for each predefined NTTAP objective according to their NTTAP type.

Learning Collaborative Audience:

- Activities engage a subset of existing and potential health centers to facilitate information exchange and support implementation of best practices (e.g. collecting promising practices from successful health centers, experimenting with new methods of improving health center performance) (Page 4, 2020 NOFO).
- This T/TA should inform National Audience activities.
- Consist of a minimum of 10 health center participants, with the majority being funded health centers.
- Documentation of commitment from participating health center leadership.
- At least four (4) in-person and/or distance learning sessions in each budget period.
- A curriculum tailored to health center needs that contains planning periods, action periods, coaching, scaled implementation of models, and evaluation.
- Health center-level objectives that are clear, specific, data-driven, and measurable.

National Audience:

- NTTAPs should ensure that T/TA resources are accessible to the widest possible health center audience nationwide, which may include use of free webinars and on-demand recording, following any live events. NTTAPs must also make T/TA available through the Health Center Resource Clearinghouse (Page 4, 2020 NOFO).

Collaboration:

To maximize impact and reduce duplication of effort, NTTAP awardees must engage with other BPHC-supported T/TA providers to share the tools and resources developed by other HRSA-supported T/TA partners (NTTAPs, PCAs, and HCCNs). According to the FY 2020 NOFO, awardees must:

- Describe both current and proposed T/TA collaboration and coordination (formal and informal) with other HRSA supported T/TA providers and partners (e.g., other NTTAPs, PCAs, HCCNs, Area Health Education Centers, Public Health Training Centers), and other regional and national organizations (e.g. Regional Extension Centers, national clinical associations) to:
    o Accelerate achievement of the Objectives for your proposed NTTAP type
    o Form linkages among a diverse membership to strengthen the nation's primary health infrastructure
    o Share, align and coordinate T/TA resources to reduce duplication of effort among health center T/TA providers
    o Make T/TA available through the Health Center Resource Clearinghouse
    o Contribute to the national health center T/TA needs assessment.

Based on collaborative activities proposed by NTTAP awardees in response to the 2020 NOFO, the Office of Quality Improvement (OQI)/Strategic Partnerships Division (SPD) further clarified expectations regarding required and optional participation in collaborative activities. Consultants will note in the work plans that collaborative activities essentially fall into two buckets: A) NTTAP organizational level activities, B) National T/TA Center activities. Under the umbrellas of the NTTAP types and the National T/TA Center, there are a number of organizational level activities and crosscutting collaborative work groups or jointly planned activities to accomplish objectives associated with the diabetes metrics and objectives, the National T/TA Center, and objectives associated with the Social Determinants of Health Academy.

- **National Health Center Training and Technical Assistance Partners Cooperative Agreement Collaborative Activities**

    - Diabetes Activities
        o Individually proposed activities (organizational level) – predefined objectives and metrics for all Special and Vulnerable Populations NTTAP types; T/TA activities to address the objectives and metrics are a requirement; must meet the minimum and activity audience requirements.
        o Diabetes Task Force – convened in response to collaboration requirement for all Special and Vulnerable Populations NTTAP types; participation is a requirement for Special and Vulnerable Populations NTTAPs and optional for all other NTTAP types.

    - SDOH Academy–NTTAPs developed a collective process for planning, development and faculty leadership for the curriculum of activities planned for the current Project period. Participation is optional and based on subject matter expertise and interest.

    - **National Resource Center Activities** – the National Training and Technical Assistance Center NTTAP category and type must coordinate and conduct a national health center T/A needs assessment once per period of performance
        - All NTTAPs must contribute to the national health center T/TA needs assessment;
        - National Clearinghouse workgroup - various participation by all NTTAPs;
        - T/TA Advisory Group- various participation by all NTTAPs; and
        - Common Evaluations Framework Workgroup.

A. NTTAP Category Types:
This Site Visit Guide is organized according to the three (3) NTTAP category types (defined below).

Special and Vulnerable Populations NTTAP Awardees -NTTAPs in this category provide T/TA to health centers in a manner that increases patient safety and health outcomes, effectively serves in one of the following Special populations types:

- Migratory and seasonal Agricultural Workers
- People Experiencing Homelessness
- Residents of Public Housing

Vulnerable populations have unique social, cultural, and communication factors that affect culturally and linguistically competent health care access and utilization. The NTTAPs in this category focus on the health care needs and access issues of one of the following vulnerable populations:

- Lesbian, Gay, Bisexual and Transgender Populations
- Asian American, Native Hawaiians and other Pacific Islanders
- School-aged children
- Older Adults

Health Center Development Area NTTAP Awardees – NTTAPs in this category focus on providing T/TA in developmental areas in order to advance excellence in health center operations performance, clinical performance and/or patient outcomes. The NTTAP types in this category include the following areas:

- Clinical Work force Development
- Clinical Workforce Recruitment and Retention
- Capital Development and Growth
- Health Information Technology and Data
- Oral Health Care
- Medical-Legal Partnerships
- Intimate Partner Violence Prevention

<u>National T/TA Center (aka the National Resource Center) NTTAP Awardee</u> – The NTTAP in this category coordinates and disseminates T/TA on leadership, organizational development, clinical and financial performance, operational staff training and practice transformation for health centers nationally.

Appendix B: NTTAP Types and Required Objectives

The tables below list the NTTAP types, required Objectives and Metrics per NTTAP type. Please refer to the FY 2020 NTTAP NOFO pages 31-43 for full details on objectives and metrics by NTTAP type.

NTTAP Category: Special and Vulnerable Populations

Special and Vulnerable Populations NTTAPS
Objective 1: Emerging Issues (optional)
Objective 2: Diabetes Control (Not required for the School-Aged Children (SAC) NTTAP type)
Objective 3: Diabetes prevention – juveniles
Objectives 4: Diabetes prevention – adults
Objectives 5: Other health outcomes (optional)
Objective 6: Social determinants of health
Objective 7: Improve population health
Objective 8: Community partnerships for health (optional)
U3F ARP Funding Activities (Not for Verification)

NTTAP Category: Development Area

Clinical Workforce Development-Pipeline NTTAP
Objective 1: Access to comprehensive care
Objective 2: Emerging issues
Objective 3: Clinical pipeline development
Objective 4: Health care team development
Objective 5: Team based care
U3F ARP Funding Activities (Not for Verification)

Health Workforce Recruitment and Retention
Objective 1: Access to comprehensive care
Objective 2: Emerging issues (optional)
Objective 3: Health workforce satisfaction
U3F ARP Funding Activities (Not for Verification)

Capital Development and Growth
Objective 1: Access to comprehensive care
Objective 2: Emerging Issues (optional)
Objective 3: Capital project planning and finance
Objectives 4: Operations and infrastructure sustainability
U3F ARP Funding Activities (Not for Verification)

Health Information Technology and Data
Objective 1: Access to comprehensive care
Objective 2: Emerging issues
Objective 3: Operational excellence
Objective 4: Value based care – readiness
Objective 5: Value base care- staff T/TA
Objective 6: Advance interoperability
U3F ARP Funding Activities (Not for Verification)

Oral Health Care
Objective 1: Access to comprehensive care
Objective 2: Emerging issues (optional)
Objective 3: Primary caries prevention
Objective 4: Oral health services
Objective 5: Oral health workforce
Objective 6: Care team capacity building
Objective 7: Oral health care integration
U3F ARP Funding Activities (Not for Verification)

Medical- Legal Partnerships
Objective 1: Community health improvement
Objective 2: Emerging Issues (optional)
Objective 3: Health equity
Objective 4: Medical-legal partnerships
U3F ARP Funding Activities (Not for Verification)

Intimate Partner Violence Prevention
Objective 1: Community health improvement- IPV
Objective 2: Emerging issues
Objective 3: IPV service capacity
Objective 4: Staff capacity to address IPV
Objective 5: IPV referral agreements
Objective 6: Community health improvement-human trafficking
Objective 7: Human trafficking service capacity
U3F ARP Funding Activities (Not for Verification)
Objective 9: IPV and human trafficking prevention supplemental funding

NTTAP Category and Type: National T/TA Center

National T/TA Center
Objective 1: Access to comprehensive care
Objective 2: Emerging issues (optional)
Objective 3: Diabetes control
Objective 4: Health center expansion
Objective 5: Organizational excellence
Objective 6: Emergency preparedness and continuity of care
Objective 7: Leadership development
Objective 8: Clinician engagement
Objective 9: Operational workforce competency
Objective 10: Health center resource clearinghouse – access
Objective 11: Health center resource clearinghouse – materials development
Objective 12: T/TA continuous quality improvement
Objective 13: Value based practice transformation
U3F ARP Funding Activities (Not for Verification)

Appendix C: Suggested NTTAP-Consultant-PO Kickoff Call Agenda

25 minutes	**Introductions**
	Participants and roles
	Site visit purpose
	Overview of site visit process components
	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

5 minutes	**Staff Availability**
	Confirm key NTTAP management staff will be available
	Review staff who will be participating in the site visit

Appendix D: Pre-Site Visit Verification Questions Per NTTAP Type

The questions found in Appendix D are **unique to each NTTAP type**. Section 2: Pre-Site Visit Procedures includes questions that apply to all NTTAPS.

<u>Special and Vulnerable Populations NTTAPs:</u> Assess whether NTTAP is providing specialized T/TA activities to existing and potential health centers serving one of the defined special or vulnerable population categories.

T/TA Requirement: NTTAPs in this category must propose activities in alignment with the objectives and metrics in the 2020 Notice of Funding Opportunity (NOFO). Please refer to pages 31-43 of the NOFO.

Question

Review the NTTAP work plan and need* section of the original application, and address how well T/TA activities are being implemented:
a) Does the work plan include T/TA activities to increase the number of special and vulnerable population patients serviced by health centers?
b) Does the work plan include T/TA activities that address population-specific emerging issues and/or maximize impacts of supplemental funding in one of the following areas: substance use disorder, mental health, HIV prevention, maternal mortality, emergency preparedness, other.
c) Does the work plan include T/TA activities to improve diabetes care health outcomes in at least two of the following areas to:
    • Reduce the percentage of patients with uncontrolled diabetes
    • Increase the percentage of patients 3-17 years of age who had an outpatient visit and documented evidence of height, weight, and body mass index (BMI)
    • Increase the percentage of patients with BMI documented and follow-up plan

Response

d) Does the work plan include T/TA activities to increase access to services or NTTAP type to improve health outcomes as applicable? Refer to page 32 of the NTTAP NOFO for the Menu of options
 	
e) Does the work plan include T/TA activities to increase the number of health centers providing services or engaged in partnerships that address social determinants of health (SDOH), in the following areas to:
    • Screen for SDOH
    • Improve population health- health outcomes
    • Develop community partnerships for health equity (as applicable)

Response
Are objective targets relevant and achievable? All objectives should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).
Response

Review the activities and audience types on each of the objectives areas across the one year budget period
   a)   Do the training objectives/goals/subject matter address identified T/TA needs?
   b)   Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations.
   c)   Do the activities support the attainment of objectives and metrics defined for this NTTAP type?
   d)   Do activities involve dissemination of evidence-based and/or promising practices?
   e)   For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?

Response

<u>Clinical Workforce Development NTTAP:</u> Assess whether the NTTAP is providing developmental T/TA activities to existing and potential health centers to meaningfully advance excellence in health center operations, performance and/or patient outcomes.

NTTAP T/TA Requirement: NTTAPs in this category must propose activities in alignment with the Objectives and metrics in the 2020 NOFO. Please refer to pages 31-43 of the NOFO.

Question
Review the NTTAP work plan and need section of the original application, and address: Does the work plan include T/TA activities to increase the percentage of health centers that develop their clinical care teams to provide access to integrated, comprehensive primary health care (e.g. primary medical, oral, mental, substance use disorder, vision, enabling services)?
Response
a) Does the work plan include T/TA activities to increase the percentage of health centers with programs to advance the education of clinical workforce students and trainees directly or through formal agreement with an external organization? Are objective Targets relevant and achievable? All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).
Response
Review the activities and audience types in each of the objectives in the year 2 budget period: a) Do the training objectives/goals/subject matter address identified T/TA needs?   b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations.   c) Do the activities support the attainment of objectives and metrics defined for this NTTAP type?   d) Do activities involve dissemination of evidence-based and/or promising practices?   e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?
Response

Health Workforce Recruitment and Retention NTTAP: NTTAPs must propose activities to increase clinical workforce in health centers. The NTTAP must also propose activities that aim to develop a highly skilled, responsive and sustainable clinical workforce.

NTTAP T/TA Requirement: NTTAPs in this category must propose activities in alignment with the Objectives and metrics in the 2020 NTTAP NOFO. Please refer to pages 31-43 of the NOFO.

Question
Review the NTTAP work plan and need section of the original application and/or NCC application, and address: Does the work plan include T/TA activities to increase the number of health centers that have a health workforce recruitment, retention, and development plan to support comprehensive primary health care?
Response
a) Does the work plan include T/TA activities to increase the number of health centers that receive T/TA to address population specific emerging issues as applicable? Are objective targets relevant and achievable? All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).
Response

Review a combination of activities and audience types in each of the objectives in the one year budget period:
    a) Do the training objectives/goals/subject matter address identified T/TA needs?
    b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations.
    c) Do the activities support the attainment of objectives and metrics defined for this NTTAP type?
    d) Do activities involve dissemination of evidence-based and/or promising practices?
    e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives.

Response

<u>Capital Development and Growth NTTAP:</u> NTTAP must propose activities to improve operations and infrastructure sustainability of health centers. The NTTAP's T/TA activities must also increase capital development partnerships to address social determinants of health (SDOH).

NTTAP T/TA Requirement: NTTAPs in this category must propose activities in alignment with the Objectives and metrics in the 2020 NTTAP NOFO. Please refer to pages 31-43 of the NOFO.

Question
Review the NTTAP work plan and need section of the original application, and/or NCC application, and address: a) Does the work plan include T/TA activities to increase the number of health centers that receive T/TA on capital development projects to provide access to integrated, comprehensive primary health care?
Response
b) Does the work plan include T/TA activities to increase the number of health centers that receive capital development and growth focused T/TA to address emerging issues as applicable?   Are objective targets relevant and achievable? All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).
Response
Review the activities and audience types in each of the objectives in the one year budget period: Do the training objectives/goals/subject matter address identified T/TA needs?   a) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations.   b) Do the activities support the attainment of objectives and metrics defined for this NTTAP type?   c) Do activities involve dissemination of evidence-based and/or promising practices?   d) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?
Response
Does the work plan include T/TA activities to increase the number of health centers that are providing information to support their interest in the HRSA loan guarantee program?
Response
Does the work plan include T/TA activities to increase capacity of health centers to plan and finance successful capital development projects?
Response

Health Information Technology and Data NTTAP: NTTAP must propose activities to increase electronic health record (EHR) capabilities and quality recognition. NTTAP T/TA activities must increase the use of EHR to report Uniform Data System (UDS) clinical measures. Finally, NTTAP T/TA activities must promote health information technology systems transformation.

NTTAP T/TA Requirement: NTTAPs in this category must propose activities in alignment with the Objectives and metrics in the 2020 NOFO. Please refer to pages 31-43 of the NOFO.

Question
Review the NTTAP work plan and need section of the original application and/or NCC application, and address: a) Does the work plan include T/TA activities to increase the percentage of health centers with providers receiving Meaningful Use and other health IT related incentive payments due to provider use of health center EHR systems?
Response
b) Does the work plan include T/TA activities to increase the percentage of health centers that used an EHR system to report all UDS clinical quality measures into the UDS and on the universe of its patients?   c) Does the work plan include T/TA activities to increase the percentage of health centers integrating advanced health IT to promote population health? Are objective targets relevant and achievable? All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).
Response

Review the activities and audience types in each of the objectives in the one year budget period:
    a) Do the training objectives/goals/subject matter address identified T/TA needs?
    b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations.
    c) Do the activities support the attainment of objectives and metrics defined for this NTTAP type?
    d) Do activities involve dissemination of evidence-based and/or promising practices?
    e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?

Response

Oral Health Care NTTAP: NTTAP must propose activities to expand and integrate high-quality oral health services. NTTAP must also propose T/TA activities to improve oral health outcomes.

NTTAP T/TA Requirement: NTTAPs in this category must propose activities in alignment with the Objectives and metrics in the 2020 NOFO. Please refer to pages 31-43 of the NOFO.

Question
Review the NTTAP work plan and need section of the original application and/or NCC application, and address: a) Does the work plan include T/TA activities to increase the number of health centers that receive T/TA on optimizing oral health care as part of integrated, comprehensive primary health care?
Response
b) Does the work plan include T/TA activities to increase the number of health centers that receive oral health care-focused T/TA to address emerging issues as applicable? Are objective targets relevant and achievable? All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).
Response

Review the audience types in each of the objectives in the one year budget period:
    a) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations.
    b) Do the activities support the attainment of objectives and metrics defined for this NTTAP type?
    c) Do activities involve dissemination of evidence-based and/or promising practices?
    d) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?

Response
Does the work plan include T/TA activities to improve performance on the UDS oral health clinical quality measure?
Response
Does the work plan include T/TA activities to increase number of health centers that have a comprehensive oral health workforce recruitment and retention plan?
Response
Does the work plan include T/TA activities to increase the number of health centers that use oral health providers on integrated care teams?
Response
Does the work plan include T/TA activities to increase the number of health centers that use health IT (e.g. EDR/EHR integration) to integrate oral health and primary care services?

Medical-Legal Partnerships NTTAP: NTTAP must propose activities to increase or expand medical-legal partnerships.

NTTAP T/TA Requirement: NTTAPs in this category must propose activities in alignment with the Objectives and Metrics in the 2020 NOFO. Please refer to pages 31-43 of the NOFO.

Question
Review the NTTAP work plan and need section of the original application and/or NCC application, and address: a) Does the work plan include T/TA activities to increase the number of health centers that address health related legal needs of patients to improve populations and community health?
Response
b) Does the work plan include T/TA activities to increase the number of health centers that receive medical-legal partnerships focused T/TA to address emerging issues as applicable. Refer to page 39 for the menu of options.   Are objective targets relevant and achievable? All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).
Response

Review activities and audience types in the objectives in the one year budget period:
    a) Do the training objectives/goals/subject matter address identified T/TA needs?
    b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations.
    c) Do the activities support the attainment of objective and metrics defined for this NTTAP type?
    d) Do activities involve dissemination of evidence-based and/or promising practices?
    e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?

Response
Does the work plan include T/TA activities to increase the number of patients screened for unmet legal needs that may affect health outcomes?
Response
Does the work plan include T/TA activities to increase the number of health centers that implement medical-legal partnerships to address social determinants of health (SDOH).
Response

Intimate Partner Violence NTTAP: NTTAP must propose activities to address Intimate Partner Violence and Human Trafficking

NTTAP T/TA Requirement: NTTAP in this category must propose activities in alignment with the Objectives and Metrics in the 2020 NOFO. Please refer to pages 31-43 of the NOFO.

Question
Review the NTTAP work plan and need section of the original application and/or NCC application, and address: a) Does the work plan include T/TA activities to increase the number of health centers that have a protocol for addressing intimate partner violence (IPV) to improve community health?
Response
b) Does the work plan include T/TA activities to increase the number of health centers that receive intimate partner violence-focused T/TA to address emerging issues as applicable? Are objective targets relevant and achievable? All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).
Response

Review a combination of activities and audience types in each objective in the one year budget period:
    a) Do the training objectives/goals/subject matter address identified T/TA needs?
    b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations.
    c) Do the activities support the attainment of objectives and metrics defined for this NTTAP type?
    d) Do activities involve dissemination of evidence-based and/or promising practices?
    e) For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?

Response
Does the work plan include T/TA activities to increase the number of health centers that receive T/TA on developing capacity for implementing a range of IPV related services?
Response
Does the work plan include T/TA activities to increase the number of health centers staff who receive T/TA to develop capacity for addressing IPV during patient visits?
Response
Does the work plan include T/TA activities to increase the number of health centers that have or establish formal bidirectional agreements with community-based organizations addressing IPV?
Response
Does the work plan include T/TA activities to increase the number of health centers that have a protocol for addressing human trafficking to improve community health?
Response
Does the work plan include T/TA activities to increase the number of health centers that receive T/TA on developing capacity for implementing a range of human trafficking related services?
Response

<u>National Resource Center for Health Center Training and Technical Assistance NTTAP:</u> Assess whether NTTAP is providing developmental T/TA activities to existing and potential health centers to meaningfully advance excellence in health center operations, performance and/or patient outcomes.

NTTAP T/TA Requirement: NTTAP in this category must propose activities in alignment with the Objectives and metrics in the 2020 NOFO. Please refer to pages 31-43 of the NOFO.

Question
Review the NTTAP work plan and need section of the original application, and address:
a) Does the work plan include T/TA activities to increase the number of health centers providing access to integrated, comprehensive primary care (e.g. primary medical, oral, mental, substance use disorder, vision, enabling services)?
b) Does the work plan include T/TA activities to reduce the percentage of patients 18-75 years of age with diabetes who had hemoglobin A1C greater than 9.0 percent during the measurement period?
c) Does the work plan include T/TA activities to increase the number new access point award recipients and/or Health Center Program look-alikes that received T/TA on the fundamentals of a successful health center?
d) Does the work plan include T/TA activities to increase the number of health centers assisted through collection and dissemination of evidence-based or promising practices in the areas of governance, strategic planning, workforce, QA/QI, and value based care?
e) Does the work plan include T/TA activities to increase the number of health centers that receive T/TA to develop emergency preparedness plans that demonstrate alignment with and participation in federal, state, tribal, regional and local emergency preparedness systems to ensure continuity of care during disasters and public health emergencies?
f) Does the work plan include T/TA activities to increase the number of health centers with executive staff (CEO, COO, CFO, CD/CMO, and CIO) and Board members who complete leadership development training?
g) Does the work plan include T/TA activities to establish a health center clinicians council to promote peer-to-peer learning and identify professional development areas of need?
h) Does the work plan include T/TA activities to increase the number of health centers with operations staff who received training to support development within their positions (e.g. billing, coding, administration, health IT)?
i) Does the work plan include T/TA activities to increase the number of users who access learning resources available on the clearinghouse platform?
j) Does the work plan include T/TA activities to increase the number of learning resources and T/TA materials available on the clearinghouse platform?
k) Does the work plan include T/TA activities to increase the number of T/TA contributors and users who report positive feedback on the availability, quality, and usefulness of T/TA resources (including the health center T/TA needs assessment)?
l) Does the work plan include T/TA activities to increase the number of health centers receiving T/TA in practice transformation to facilitate participation in value-based payment and other sustainable business models?
Are objective targets relevant and achievable? All goals should be Specific, Measurable, Achievable, Relevant and Time-Oriented (SMART).
Response

Review activities and audience types in each of the objectives in the year 2 budget period:
a) Do the training objectives/goals/subject matter address identified T/TA needs? b) Are there participant evaluation data from these trainings? If so, review and document general themes noted in the evaluations. c) Do the activities support the attainment of objective and metrics defined for this NTTAP type? d) Do activities involve dissemination of evidence-based and/or promising practices? For Learning Collaborative activities, do the curriculum and activities support the attainment of the identified goals and objectives?
Response

Appendix E: On-Site Visit Verification Questions per NTTAP Category Type

The questions found in Appendix E are <u>unique to each NTTAP type</u>. Section 3: On-Site/Virtual Site Visit Overview includes questions that apply to all NTTAPS.

Special and Vulnerable Populations NTTAPs: Verify that the NTTAP is providing specialized T/TA activities to existing and potential health centers serving one of the defined special or vulnerable population categories: People Experiencing Homeless; Migratory and Seasonal Agricultural Worker; Residents of Public Housing; LGBT; Asian Americans/Native Hawaiians/and other Pacific Islanders; School-Aged Children; Older Adults.

General Verification Questions

When verifying the activities under each objective, the Consultant should consider the following verification questions. The Consultant should refer to the most recent UDS data and/or PO as appropriate.
 	
     a) What is the NTTAP's approach to ongoing surveillance of the health care environment related to this Activity Area? What data sources are used?
     b) How did the NTTAP identify and prioritize the most pressing needs related to this Activity Area?
     c) How did the NTTAP decide which Activity Audience was appropriate for this particular Activity Area? What factors influenced this decision?
     d) How is the NTTAP using data (e.g. UDS, national data sources, state profiles, etc.) to inform its proposed activities in the Activity Area? *NTTAP may demonstrate any data tracking or organization tools.*
     e) How do the activities listed within the Activity Area address the high priority needs identified in the health care environment?
     f) What factors contributed to the achievement of the identified T/TA objectives?
     g) What factors restricted or undermined the achievement of the T/TA objectives?
     h) How are areas for improvement identified? If applicable, what examples has the NTTAP documented so far and how have these been incorporated?
     i) What type of evaluation was administered for this activity? How does the NTTAP analyze and use data from T/TA evaluations?
     j) How does the NTTAP assess the return on investment (ROI) of this activity?
     k) How did the NTTAP ensure this activity was available and accessible to existing and potential health centers regardless of NTTAP membership or look-alike designation status?

Response
2) Ask the NTTAP to provide examples and documentation for any two (2) collaborations from the sample of T/TA activities documentation provided for the pre-site visit analysis and review. These should be different collaborations than the collaborations found within the two activities per objective selected for presentation during the site visit. These collaborations may be a Learning Collaborative activity or a National Audience activity. For each collaboration the Consultant should ask:

a) What is the rationale for each collaboration (e.g. subject matter expertise)? Ask for impact data if available (this can vary based on when in the project period the NTTAP is receiving the site visit).
b) What impact has this collaboration had on the T/TA activity provided? On health centers?
c) How has the collaboration improved access to comprehensive, culturally competent, quality primary care services to underserved and vulnerable populations? How does the NTTAP track this?
   d) How does the NTTAP minimize duplication of efforts?

Response

Health Center Development Area NTTAPs: Verify that the NTTAP is providing specialized T/TA activities to existing and potential health centers specific to the NTTAP type selected: Clinical Workforce Development; Health Workforce Recruitment and Retention; Capital Development and Growth; Health Information Technology and Data; Oral Health Care; Medical-Legal Partnerships; Intimate Partner Violence Prevention.

Question
When verifying the activities under each objective, the Consultant should consider the following verification questions. The Consultant should refer to the most recent UDS data and/or PO as appropriate. a) What is the NTTAP's approach to ongoing surveillance of the health care environment related to this Activity Area? What data sources are used? b) How did the NTTAP identify and prioritize the most pressing needs related to this Activity Area? c) How did the NTTAP decide which Activity Audience was appropriate for this particular Activity Area? What factors influenced this decision? d) How is the NTTAP using data (e.g. UDS, national data sources, state profiles, etc.) to inform its proposed activities in the Activity Area? *NTTAP may demonstrate any data tracking or organization tools.* e) How do the activities listed within the Activity Area address the high priority needs identified in the health care environment? f) What factors contributed to the achievement of the identified T/TA objectives? g) What factors restricted or undermined the achievement of the T/TA objectives? h) How are areas for improvement identified? If applicable, what examples has the NTTAP documented so far and how have these been incorporated? i) What type of evaluation was administered for this activity? How does the NTTAP analyze and use data from T/TA evaluations? j) How does the NTTAP assess the ROI of this activity? k) How did the NTTAP ensure this activity was available and accessible to existing and potential health centers regardless of NTTAP membership or look-alike designation status?

Response

2) Ask the NTTAP to share information around any two collaborations relating to one or more of the predefined goals for this NTTAP type; Collaborations may be either formal or informal. These should be different collaborations than the collaborations found within the two activities per objective selected for presentation during the site visit. These collaborations may be related a Learning Collaborative activity or a National Audience activity. For each collaboration the Consultant should ask:
a) What is the rationale for each collaboration (e.g. subject matter expertise)? Ask for impact data if available (this can vary based on when in the project period the NTTAP is receiving the site visit).
b) What impact has this collaboration had on the T/TA activity provided? On health centers?
c) How has the collaboration improved access to comprehensive, culturally competent, quality primary care services to underserved and vulnerable populations? How does the NTTAP track this?
d) How does the NTTAP minimize duplication of efforts?

Response

National T/TA Center NTTAP: Verify that the NTTAP is providing specialized T/TA activities to existing and potential health centers to meaningfully advance excellence in health center expansion; operational workforce competency; value based practice transformation, etc.

Question

When verifying the activities under each objective, the Consultant should consider the following verification questions. The Consultant should refer to the most recent UDS data and/or HRSA PO as appropriate.
 	
   a) What is the NTTAP's approach to ongoing surveillance of the health care environment related to this Activity Area? What data sources are used?
   b) How did the NTTAP identify and prioritize the most pressing needs related to this Activity Area?
   c) How did the NTTAP decide which Activity Audience was appropriate for this particular Activity Area? What factors influenced this decision?
   d) How is the NTTAP using data (e.g. UDS, national data sources, state profiles, etc.) to inform its proposed activities in the Activity Area? *NTTAP may demonstrate any data tracking or organization tools.*
   e) How do the activities listed within the Activity Area address the high priority needs identified in the health care environment?
   f) What factors contributed to the achievement of the identified T/TA objectives?
   g) What factors restricted or undermined the achievement of the T/TA objectives?
   h) How are areas for improvement identified? If applicable, what examples has the NTTAP

documented so far and how have these been incorporated?
  i) What type of evaluation was administered for this activity? How does the NTTAP analyze and use data from T/TA evaluations?
  j) How does the NTTAP assess the ROI of this activity?
  k) How did the NTTAP ensure this activity was available and accessible to existing and potential health centers regardless of NTTAP membership or look-alike designation status?

Response

2) Ask the NTTAP to share information around any two collaborations relating to one or more of the predefined objectives for this NTTAP type; Collaborations may be either formal or informal. These should be different collaborations than the collaborations found within the two activities per objective selected for presentation during the site visit. These collaborations may be related to a Learning Collaborative activity or a National Audience activity. For each collaboration the Consultant should ask:
  a) What is the rationale for each collaboration (e.g. subject matter expertise)? Ask for impact data if available (this can vary based on when in the project period the NTTAP is receiving the site visit).
  b) What impact has this collaboration had on the T/TA activity provided? On health centers?
  c) How has the collaboration improved access to comprehensive, culturally competent, quality primary care services to underserved and vulnerable populations? How does the NTTAP track this?
  d) How does the NTTAP minimize duplication of efforts?

Response

Appendix F: Sample Site Visit Agenda

National Health Center Training and Technical Assistance Partners (NTTAP) Cooperative Agreement (Name)
Date: September 1-3, 202X
Time: 9:00 a.m. – 4:30 p.m.

NTTAP Attendees:
(Name(s): Title: Role of the NTTAP)

HRSA and Consultant Attendees: PO Name and Contact Information, other HRSA/BPHC Staff as applicable,
Consultant Name   **DAY ONE**

9:00 a.m. – 9:30 a.m.	**Introductions (PO/or other HRSA Representative if PO unavailable)**

- Discuss purpose of the site visit
- Roles and responsibilities
- BPHC Update & Overview

Staff Attendance

- List staff expected for this portion
- *Prior to site visit, the Consultant should confirm with the NTTAP what staff will be present for each portion of the site visit. Once the agenda is set, Consultant and NTTAP will coordinate with staff to block off their time.*

9:30 a.m. – 11:00 a.m.	**NTTAP Showcase Presentation**

- BPHC Funded Activity Successes
- Innovations

Staff Attendance

- List staff expected for this portion

11:00 a.m. – 12:30 p.m.	**Financial Management and Budget Review**

Staff Attendance

- List staff expected for this portion
- Invite HRSA GMS to attend the session

12:30 p.m. – 1:30 p.m.   Lunch

1:30 p.m. – 4:30 p.m.   Verification (Consultants)

Staff Attendance

- List staff expected for this portion

DAY TWO

9:00 a.m. – 11:30 a.m.	Verification (Consultants) Staff Attendance • List staff expected for this portion
11:30 a.m. – 12:30 p.m.	Lunch
12:30 p.m. – 3:00 p.m.	Verification (Consultants) Staff Attendance • List staff expected for this portion
3:00 p.m. – 3:30 p.m.	Debrief CEO prior to exit conference (optional) Staff Attendance • List staff expected for this portion
3:30 p.m. – 4:30 p.m.	Exit conference Staff Attendance • List staff expected for this portion

Appendix G: Entrance Conference

The Entrance Conference provides an opportunity for introductions of key NTTAP personnel; reiterate the purpose of the visit; review the schedule; and allow the NTTAP to provide a general overview, including any major accomplishments/successes. The Entrance Conference must involve the site visit Consultant, NTTAP PO, and the NTTAP's senior management staff. The Entrance Conference is approximately one to two hours in length. **The entrance conference takes place on Day One of the site visit.**

20 minutes	**Introductions**
	The PO and Consultant should:
	• Review the purpose, scope and intended outcome of the visit
	• Review the site visit agenda and make any necessary changes
	• Describe how site visit outcomes and recommendations will be shared
	• Review Consultant, PO, and NTTAP follow up roles and responsibilities
	• BPHC Update & Overview (Project Officer presents)
90 minutes	**NTTAP Showcase**
	• Presentation topics are at NTTAP's discretion, but suggested subjects include: NTTAP's assessment of public health barriers and opportunities
	• T/TA promising practices and successes
	• New initiatives the NTTAP is undertaking
10 minutes	**Q&A**

Appendix H: NTTAP Showcase Template

The Entrance Conference is an opportunity to meet the NTTAP's key management staff; reiterate the purpose of the visit; review the schedule; and allow the NTTAP to provide a general overview, including any major accomplishments or successes. The Entrance Conference must involve the Consultant, PO, and the NTTAP's senior management staff. The NTTAP should also invite the Board Chair, who can participate remotely or in-person. The Entrance Conference may convene for 1–3 hours, depending on the length of the showcase.

Time	NTTAP Showcase
30 minutes	**NTTAP Showcase Purpose** • Starting point for Consultant-NTTAP dialogue for the next two days • Highlight NTTAP activities, processes or partnerships planned for verification during the on-site visit • Highlight successes, lessons learned from BPHC-funded activities
60–120 minutes	**NTTAP Showcase** Presentation topics are at the NTTAP's discretion but should include an overview of the NTTAP, the T/TA landscape, and all remaining subjects based on the Onsite Analysis questions. Showcase times may vary based on the number of activities covered and questions answered. *During presentation address the bolded sections listed below*

During the entrance conference, the NTTAP will have approximately 60-90 minutes to provide an overview of the NTTAP. Selected topic areas are at the discretion of the NTTAP. Below is a suggested outline.

NTTAP Showcase Purpose
• Starting point for Consultant-NTTAP dialogue for the next two days
• Highlight NTTAP activities, processes or partnerships planned for verification during the on-site visit
• Highlight successes, lessons learned from BPHC-funded activities

NTTAP Background
☐ Staffing and organization chart
☐ NTTAP Program organization chart (if different from the above)
☐ Organization history (NTTAP and broader institution)
☐ Funding streams (BPHC and federal or non-federal sources)

National Health Care Landscape for NTTAP Type
- ☐ Description of health, social and other needs of special/vulnerable populations addressed by the NTTAP
- ☐ Description of health center development area needs addressed by NTTAP
- ☐ Description of health center needs addressed by the National T/TA Center

NTTAP Partnerships
- ☐ Overview of key PCA, HCCN, other NTTAP partnerships
- ☐ Description of key activities performed by partners to achieve goals and metrics

NTTAP T/TA Strategy
- ☐ NTTAP T/TA development strategy (process)
- ☐ NTTAP work plan tracking tool demonstration
- ☐ NTTAP evaluation tools (ROI analysis, as applicable)

NTTAP's Approach to the Predefined Objectives and Metrics (NTTAP type)
- ☐ Overview of predefined objectives and metrics per NTTAP type
- ☐ Summary of any known impact outcomes

Promising Practices
- ☐ Overview of predefined objectives and metrics per NTTAP type
- ☐ Highlight one or two innovations or promising practices
- ☐ Describe how NTTAP leverages BPHC and other resources to support health centers and any products highlighted in this section

Challenges/Restricting Factors
- ☐ Internal
- ☐ External

NTTAP's Vision for Health Center Development
- ☐ Goals, challenges and vision for the future

NTTAP T/TA Resources
- ☐ If time permits, provide demonstration of NTTAP T/TA web-based resources

Appendix I: Exit Conference

The site visit concludes with an exit conference attended by everyone who participated in the site visit process and may include the organization's President/CEO and Board Chair. Members of the team summarize general findings from all aspects of the site visit review and any follow-up actions/steps are discussed, as applicable.

Program Verification Review (NTTAP Type: Special/Vulnerable Populations; Health Center Development Area or National Resource Center)	Verification Status	Task Questions Used to Verify (NTTAP Type: Special/Vulnerable Populations; Health Center Development Area or National Resource Center)
Special and Vulnerable Populations NTTAPs		Pre-site review: Objectives 1-9 Onsite review: Objectives 1-9
Health Center Development Area: Clinical Workforce Development NTTAP		Pre-site review: Objectives 1-6 Onsite review: Objectives 1-6
Health Center Development Area: Recruitment and Retention NTTAP		Pre-site review: Objectives 1-4 Onsite review: Objectives 1-4
Health Center Development Area: Capital Development and Growth NTTAP		Pre-site review: Objectives 1-5 Onsite review: Objectives 1-5
Health Information Technology and Data NTTAP		Pre-site review: Objectives 1-7 Onsite review: Objectives 1-7
Oral Health Care NTTAP		Pre-site review: Objectives 1-8 Onsite review: Objectives 1-8
Medical-Legal Partnerships NTTAP		Pre-site review: Objectives 1-5 Onsite review: Objectives 1-5
Intimate Partner Violence NTTAP		Pre-site review: Objectives 1-9 Onsite review: Objectives 1-9
National T/TA Center or National Resource Center NTTAP		Pre-site review: Objectives 1-14 Onsite review: Objectives 1-14

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 Project Officer to clarify expectations outlined in the NOFO regarding T/TA requirements prior to the Consultant's 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 take place during the report review timeline.

Appendix J: Site Visit Report Template

National Training and Technical Assistance Partners (NTTAP) Cooperative Agreement Site Visit Report

TA Request Details

☐ In –person
☐ Virtual

TA Request Number: TA000xxx

Grantee Information: **NTTAP name and acronym**
NTTAP Street Address
NTTAP City, State and Zip Code

Contact: **First and Last Name (*usually NTTAP Project Director*)**
Contact's email address
Contact's telephone number

Type of Visit: **NTTAP Verification Site Visit**

Date(s) of Visit: **Dates on-site/ virtual at the NTTAP**

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 NTTAP)	Yes or No	Yes or No	Yes or No

If an individual identified above participated by telephone or Voice Over Internet Protocol (VoIP) instead of on-site, please state "virtual" 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.

Program Requirement Verification Review Summary

In circumstances where there is sensitive information (beyond a verification assessment) that must be conveyed to BPHC for a complete understanding and assessment of the NTTAP's situation [or individual(s) within the grantee organization or Board], it should not be incorporated in the Site Visit Report, but rather conveyed to the NTTAP PO via a telephone call. *Please delete before submitting the report.*

Program Verification Review Details

When assessing whether an area for review, the finding is either "Verified" or "Not Verified," not "partially verified." If any part of the information reviewed is not met, then the finding is "Not Verified." Findings from the pre-site and/or on-site segments should be used to substantiate verification. Report should also address any innovations or promising practices identified, as well as areas for performance improvement. **Actions recommended for improvement should be given whether the goal is verified or not.** Finally, interview portion findings are summarized, though they do not contribute to verification status. Only complete for the objectives that are applicable to NTTAP type of the NTTAP receiving the site visit. For the objectives that do not apply, input N/A (not applicable). **Please refer to pre-site and on-site review for each of the applicable verification objectives below. The sections/objectives that are not applicable to the NTTAP type, as well as the instructions in each section, should be deleted before submitting the report.**

Section 1: Objective 1 Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 2: Objective 2 Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report*.

Actions Recommended for Improvement:

Section 3: Objective 3 Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 4: Objective 4 Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 5: Objective 5 (If Applicable) Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 6: Objective 6 Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 7: Objective 7 Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 8: Objective 8 Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 9: Objective 9 Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 10: Objective 10 Add Title of the Objective

Verification Status (Verified or Not Verified):
Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 11: Objective 11 Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 12: Objective 12 Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 13: Objective 13 Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings: Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process.

Delete these instructions upon completing the report.

Actions Recommended for Improvement:

Section 14: Objective 14 Add Title of the Objective

Verification Status (Verified or Not Verified):
Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 15: Objective 15 Add Title of the Objective

Verification Status (Verified or Not Verified):

Verification Review Findings:

Use information placed in each "Response" section during pre-site and on-site segments process to substantiate fact-based findings. Explanation should address each question asked throughout the site visit process. *Delete these instructions upon completing the report.*

Actions Recommended for Improvement:

Section 16. Innovative/Promising Practices

Indicate any of the NTTAP's promising practices or innovations that were noted at any point throughout the site visit process. Areas of promising practice could include data sampling techniques, organizational culture, an effective initiative with their health centers, or leveraging HRSA funds. *Delete these instructions upon completing the report.*

Section 17. Targeted TA Recommendations

This section addresses areas that were identified as verified and meet BPHC NTTAP funding requirements, but the Consultant identifies as having room for potential performance improvement. Consultant should indicate both specific reasons this area was identified for improvement and methods to address improvement.

Follow up by NTTAPs in this area is optional and will be discussed with NTTAP PO during ongoing monitoring. NTTAPs may consider using their Targeted TA days to address identified improvement areas. *Delete these instructions upon completing the report.*

Section 18. Budget Review

Provide a summary budget review based on Pre-Site Analysis Task I. Questions 2-3.

Documents Reviewed

Prior to the Site Visit and to a limited extent during the Site Visit if necessary, the Consultant will review a variety of NTTAP documents. This review and analysis is primarily preparation for the Site Visit, to get as much of an understanding of the NTTAP 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 NTTAP and NTTAP PO to facilitate the review and achieve the Site Visit's purpose (e.g., the approved work plan, activities, and performance measures).

	BPHC Documents
☐	FY 2020 NTTAP Notice of Funding Opportunity (NOFO)
☐	Competing cooperative agreement application
☐	HRSA-Initiated Supplemental Funding Opportunity or Federal Register Notices (FRN) (if applicable)
☐	All work plans from the current project period
☐	Year 2 NCC Progress Report
☐	Federal Financial Report (SF-425) for the current budget period
☐	Most recent budget narrative and staffing plan
	NTTAP Documents
☐	NTTAP website
☐	Most recent organization chart, staffing plan, position descriptions, and staffing bios
☐	Needs assessment documents

☐	Documentation of two (2) sample T/TA activities from each of the required objectives and metrics per NTTAP type. Depending on the NTTAP type, **2 sample TA activities are expected for review- 1 learning collaborative, 1 national audience activity.**[2]
	     T/TA activities documentation should include:
	       ☐ Course Evaluations
	       ☐ Attendance records
	       ☐ All materials shared with participants including: slide deck, handouts, course materials, etc.

☐	Statement of work and budget for contracts paid with BPHC funding for the current budget period.
☐	Work plan related to any approved supplemental funding activity (if applicable).
☐	Publication Plan with links to posted publications for the current project period. Consultant should document that the provided publication links are active and accessible to the widest possible audience.

Please put a bolded "X" by each of the BPHC and NTTAP documents in the list below that were reviewed prior to and/or during this Site Visit. *Delete these instructions upon completing the report.*

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

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[2] NTTAP documentation of "optional" objectives and metrics can be provided and reviewed during the site visit, but only as an *addition* to documentation of activities related to the NTTAP type "required" objectives and metrics.

Appendix K: Promising Practices Guidance

Overview

A promising practice refers to an activity, procedure, approach, or policy that leads to, or is likely to lead to, improved outcomes or increased efficiency for NTTAPS and health centers. HRSA collects these promising practices to share externally with others (e.g., via the BPHC website, other health centers, and technical assistance partners).

The Consultant should document no more than two promising practices during the site visit. The Consultant should closely follow the guidance below in determining if an activity rises to the level of a promising practice.

Promising Practices Documentation

1. When promising practices are identified, the Consultant should document the following:

    a. **Context:** Clearly describe NTTAP or health center's innovation, challenge, or issue.

    b. **Description:** In detail, describe the practice implemented.

    c. **Outcome:** Use quantitative, qualitative data, or both to show how the practice was effective.

    d. **Implementation section:** Describe how other NTTAPs or health centers can implement the promising practice. Please list any special needs or costs associated with this activity. Specify the elements required for the organization's successful implementation (e.g., board approval, policy, funding, collaborative partners and resources, facility, transportation, community acceptance).

2. The HRSA Consultant should ensure NTTAP or health center consents to share the promising practice with others (e.g., via the BPHC website, other health centers, and technical assistance partners).

3. Specify the name, phone number, and email address of a staff person to contact for further information.

4. List any relevant documentation related to promising practice (e.g., policy, forms, patient education handout).

Appendix L: Sample Operational/Budget Meeting Questions

Sample discussion questions for the Operational/Budget meeting:
1. How is the budget implemented? How are contracts and expenditures managed?
2. Explanation of expenses paid and what cost point is used.
3. Responsibility for: team leads for sign off on tasks and deliverables; resource approval process.
4. Standard contracting language that outlines deliverables, timing, compensation, insurance, confidentiality statements. The Consultant and PO will be verifying that processes are in place.
5. Receipt and payment process for receivables. How are NTTAP accounts/payment requests identified (mail, FAX, electronic) and how are duplicate requests for payments identified and managed?
6. Explanation around how staff working on multiple projects outside of NTTAP are managed and time is accounted correctly for these projects.
7. Document requests: Travel policies and procedures, Employee accounting policies. These maybe a part of larger policy documents like employee handbook.

Appendix M: List of Pre-Site Visit Documents

BPHC Provides	NTTAP Provides

❖ FY 2020 NTTAP Notice of Funding Opportunity (NOFO)
❖ The latest competing continuation cooperative agreement application
❖ Year 2 Non-Competing Continuation Progress Report
❖ Year 2 Publication Plan
❖ Year 2 work plan including work plan modifications
❖ Federal Financial Report (SF-425) for the current budget period
❖ Most recent budget narrative and staffing plan
❖ HRSA-Initiated Supplemental Funding Opportunity or Federal Register Notices (FRN) (if applicable)
	❖ T/TA activities documentation should include:
	   ◦ Course evaluations and results
	   ◦ Attendance records
	   ◦ All materials shared with participants including: slide decks, handouts, course materials, etc.
	❖ Statement of work and budget for contracts paid with BPHC funding for each budget period within the current project period.
	❖ Work plans related to any approved supplemental funding activity (if applicable).
	❖ All publication plans with links to posted publications for the current project period. Consultant should document that the provided publication links are active and accessible to the widest possible audience.
	❖ Publications that were selected for review at the onsite or virtual site visit, including links to where they could be found online.
	❖ Results from the National Resource Center (NRC) health center needs assessment (if available)
	❖ NTTAP's website

Needs assessment documents refer to any mechanisms the NTTAP uses as the basis for the proposed goals and T/TA activities described in the original application and the most recently approved Project Work and not necessarily to a single formalized report or survey