Primary Care Office Manual

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Prepared by

The Association of State and Territorial Health Officials

for

State Primary Care Office Directors

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Abbreviation Guide

- ASTHO – Association of State and Territorial Health Officials
- BHW – Bureau of Health Workforce
- BPHC – Bureau of Primary Health Care
- BMISS – Bureau of Health Workforce Management Information System Solutions
- DPSD – Division of Policy and Shortage Designation
- DRO – Division of Regional Operations
- EHBs – Electronic Handbooks
- FOA – Funding Opportunity Announcement
- FQHC – Federally Qualified Health Center
- HPSA – Health Professional Shortage Area
- HRSA – Health Resources & Services Administration
- MUA/P – Medically Underserved Area/Population
- NHSC – National Health Service Corps
- NPDB – National Practitioner Data Bank
- PCA – Primary Care Association
- PCO – Primary Care Office
- SDMS – Shortage Designation and Management System
- SORH – State Office of Rural Health

Introduction

This Primary Care Office (PCO) Manual is a tool for both new and experienced PCO managers. It aims to help PCO staff understand the background of PCO funding, along with program expectations, required reporting, and the federal organizational structure overseeing PCO operations. There are currently 54 PCOs nationwide in both states and U.S. territories. Each office is distinct in its size, staffing, and level of state support. Each PCO has a unique history and approach to meeting the particular needs of underserved individuals in its jurisdiction.

Funding for this manual is supported by the Health Resources and Services Administration (HRSA) through cooperative agreement UD3OA22890 for technical assistance to PCOs with the Association of State and Territorial Health Officials (ASTHO). This version of the manual (March 2017) is the third update since 2011.

Over the years, HRSA's bureau and division organizational structure has changed, as has the group of individuals working there. To reflect these and other changes, the content of this manual is current as of March 2017. The manual is designed to help orient new PCO managers to their roles, but the content should also be of use to other PCO directors and staff as well.

A PCO is required to operate in several disparate areas: measuring access to primary care, helping to recruit and retain health professionals in underserved communities, and collaborating and providing technical assistance to support improved access to primary care services.

There are resources available to assist you in your work. In your federal region, you may find a more experienced PCO managers who can answer your questions. You may also find a state with similar demographics or population size and identify PCO staff with whom you can discuss the best strategy for tackling shortage designations. You may also want to contact ASTHO to explore PCO mentoring opportunities—an effort to help new PCO staff orient themselves with PCO operations. You can always reach out to your assigned HRSA project officer for more guidance.

Through ASTHO, PCOs have established a representational group of PCO managers, one from each of HRSA's 10 geographic regions. The PCO National Committee serves as the PCOs' communication channel and links PCOs within a region or with specific project needs.

This committee provides input to ASTHO and HRSA on matters related to training that ensures that PCOs can carry out program expectations and meet HRSA's goals. The committee has established ad hoc teams to survey the PCOs on specific performance measures and best practices.

Primary Care Offices' Responsibilities

Funding authority for the PCO cooperative agreement is authorized under Title 3, Sections 330 and 333, of the Public Health Service Act, as amended, which includes:

"Assistance to statewide organizations in the development and delivery of comprehensive primary healthcare service in areas that lack an adequate number of health professionals or have populations lacking access to primary care.

Technical and non-financial assistance to community-based providers of comprehensive primary and preventive care for underserved and vulnerable populations."

These are the two overarching functions that PCOs are expected to serve. The activities described in the PCO cooperative agreement program expectations can provide more detail about these functions. Per HRSA, PCOs' expectations fall under three broad activity areas:

- Developing statewide primary care needs assessments.
- Coordinating shortage designations.
- Providing technical assistance and collaboration to help expand access to primary care.

These expectations are the core requirements for all PCOs.

Meeting the Responsibilities and Expectations

After submitting a competitive cooperative agreement application every five years and a non-competing continuation application in each of the four intervening years, HRSA issues a notice of grant award to each state or territory specifying the federal resources it will provide to carry out each PCO's core functions and expectations. States and territories vary widely in their strategies for carrying out this work. This manual aims to provide a detailed description of PCOs' federal expectations and federal funding process.

PCOs need to know about many facets of primary and preventive care in their state's health environment. In addition, PCOs should understand the access barriers and health disparities that exist in their state. As part of this effort, PCO staff must recognize the key target populations at risk for poor healthcare access—individuals without health insurance and individuals with income less than 200% of the federal poverty level. PCOs should also be aware of other programs addressing these issues. This will require comprehension of the scope, programs, and policies of federal programs like Medicaid and relevant sections of other federal and state laws impacting coverage, healthcare delivery, and public health.

Summary of Key Primary Care Office Expectations and Yearly Deliverable Timeline

Program Expectation Area 1: Statewide Needs Assessment

The starting point for PCO efforts to improve access to primary care is the statewide needs assessment. Each PCO is required to prepare a statewide needs assessment to analyze unmet need, disparities, and health workforce issues 12 months after the start of each five-year project period.

Program Expectation Area 2: Shortage Designation Coordination—Measuring Access to Healthcare Providers

The PCO is required to coordinate the Health Professional Shortage Area (HPSA) and Medically Underserved Area/Population (MUA/P) designation process within the state to ensure consistent and accurate assessment of underservice, using data collection, verification, and analysis, as applicable.

Program Expectation Area 3: Technical Assistance and Collaboration that Seeks to Expand Access to Primary Care

- **Coordination of National Health Service Corps (NHSC) Program and Provider Recruitment and Retention**

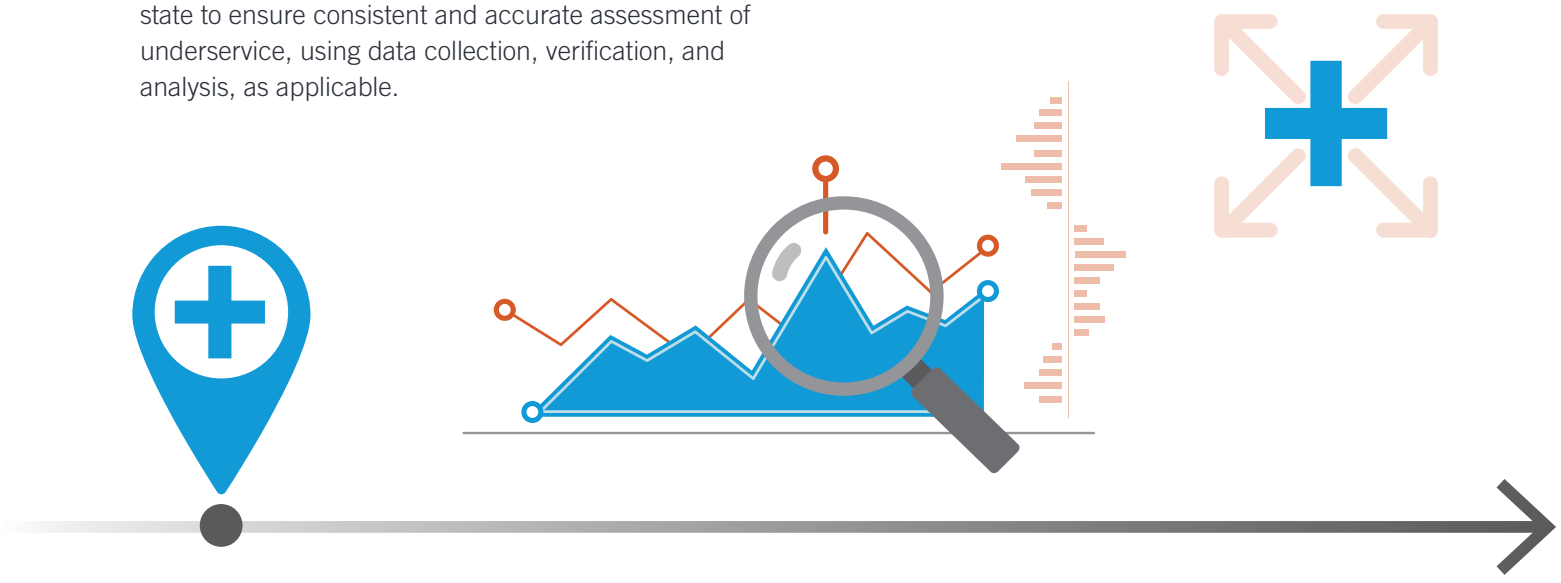
  PCOs are expected to support outreach and education that encourage participation in HRSA's Bureau of Health Workforce (BHW) programs and that will help clinical sites recruit providers to work in underserved areas of the state

- **Collaboration in Health Center Planning and Development:**

  PCOs should collaborate with the state's primary care association (PCA) and other interested entities by providing information to help develop new health centers and expand existing health centers in the state.

- **Collaboration with Other HRSA Partners and Organizations to Support Access to Primary Care Services**

  PCOs should collaborate with other HRSA-supported entities, (e.g., the state PCA and the state office of rural health (SORH)) to provide technical assistance to communities and organizations interested in expanding access to care and to maximize the effectiveness and impact of activities through formal linkages with diverse entities working to strengthen the safety net in the state and region.



Primary Care Office Reporting Schedule			
Report Name	**Period Covered**	**Frequency**	**Due Date**
Summary Progress Report	Five-year project period, Oct. 1–Sept. 30. Matches notice of grant award cooperative agreement dates.	Once every five years, with competitive application.	January (day will vary).
Non-competing	Twelve months: April 1–March 31. Matches notice of grant award cooperative agreement dates.	Annually, when no competitive application is submitted.	January (day will vary).
Continuation Progress Report	Twelve months: Oct. 1–Sept. 30. Matches notice of grant award cooperative agreement dates.	Annually, when no competitive application is submitted.	January (day will vary).
Performance Measures	Twelve months: Oct. 1–Sept. 30.	Annually	August (day will vary).
Statewide Needs Assessment	Five-year project period, Oct. 1–Sept. 30. Matches notice of grant award cooperative agreement dates.	Once every five years, with competitive application.	September 30, 2019

Primary Care Offices and Cooperative Agreements

PCOs are supported by HRSA through use of a cooperative agreement. A cooperative agreement is distinct from a contract (used for procurement of goods or services) or a grant in that the government anticipates substantial federal involvement with the recipient. HRSA's use of a cooperative agreement signals HRSA's wish for substantial involvement in PCO efforts, given that the PCO is conducting specific functions that directly support HRSA programs, including shortage designation, recruitment and retention, and primary care needs assessments. In its funding opportunity announcement (FOA), also known as the PCO guidance, HRSA specifies the nature of its additional involvement:

"In addition to the usual monitoring and technical assistance provided under the cooperative agreement, HRSA program responsibilities shall include:

- Providing consultation in the planning, development, and evaluation of the work plan under the cooperative agreement.
- Participating, as appropriate, in workgroups conducted during the period of the cooperative agreement.
- Monitoring the activities of the work plan through progress review, meetings, and teleconferences.
- Serving as the final authority on NHSC site applications and all shortage designation actions."

The guidance also specifies how PCOs will collaborate with HRSA, as follows:

"The cooperative agreement recipient's responsibilities shall include:

- Completion of activities proposed in response to application review criteria listed in Section V of this application.
- Participation in face-to-face meetings and conference calls with the federal project officer conducted during the period of the cooperative agreement.
- Collaboration with the federal project officer on ongoing review of activities, procedures, and budget items.
- Conducting statewide analysis of unmet need, disparities, and health workforce issues.
- Coordinating HPSAs and the MUA/Ps designation process within the state to ensure consistent accurate assessment of underservice, including data collection, verification, and analysis, as applicable.

- Providing technical assistance and collaboration to expand access to primary care, including: coordination of the NHSC and NURSE Corps programs and provider recruitment and retention, collaboration with health center planning and development, and collaboration with other HRSA partners and organizations to support access to primary care services."

HRSA's choice to use cooperative agreements to support PCOs recognizes PCOs as the coordination points for state and federal collaboration. The federal government and the states have a shared interest in improving access to quality primary care and improving the supply of a well-trained primary care workforce. All PCOs, including those with limited staff and resources, can help coordinate state resources with HRSA resources for these purposes.

For example, states may target placements under the state Conrad J-1 Visa Waiver Program to locations that complement NHSC placements. Similarly, a PCO can help community health centers participate in key state programs, including immunization programs, breast and cervical cancer screening programs, family planning programs, and smoking cessation programs. This leads to coordinated investment of state and federal resources for the greatest impact on shared goals. To be most effective, HRSA and PCOs must work closely together. A cooperative agreement is the best mechanism for this mutual effort.

A Historical Overview of HRSA Investments in Primary Care Development

HRSA's primary care development activities originated in the Bureau of Primary Health Care (BPHC). This bureau's historical roots are firmly planted in underserved communities and with underserved vulnerable populations. The roots of HRSA's investment in states and territories are also linked closely to the development of community health centers and the effective utilization of NHSC resources. Unlike many other federal health programs, HRSA awards funding for the BPHC's health center program to directly support the communities they serve.

In the mid-1980s, HRSA leadership enhanced their direct communication with the state leaders responsible for access to healthcare. Recognizing the unique role state agencies (usually, state health agencies) play in policy development and implementing programs to improve primary care access, HRSA works with state and territorial officials to improve access to care.

As part of this work, HRSA formed partnerships with governors and state health officials to help identify communities with an inadequate supply of primary care providers. The aim was to support state-based staff to assure appropriate placement of and support for available primary care clinicians who had a federal obligation to practice and serve in a medically underserved area as a result of a scholarship award.

These discussions eventually led to small HRSA grant awards to state or territorial governments for what are now referred to as state PCOs. At about the same time that states developed these PCOs, HRSA gave state and regional PCAs direct grant assistance to form membership associations of community and migrant health centers. HRSA funded these associations to provide technical assistance to communities, health centers, and other community-based providers with similar missions. HRSA invested in developing these organizations to assure that the HRSA-funded community and migrant health centers remained community based, owned, and operated. The National Association of Community Health Centers helped form and develop these new organizations alongside HRSA.

From the initiation of this state-based partnership development, HRSA maintained strong relationships with both the state or territorial government entity (the PCO) and the nonprofit 501(c) (3) membership organization (the PCA).

These partnerships and cooperative agreements assure that HRSA-supported community-based primary care investments remain robust and viable. These state and territorial partnerships are essential to assuring that states identify underserved communities and populations and employ NHSC primary care provider resources to provide quality primary care.

PCOs are responsible for identifying and working with underserved communities and populations and coordinating with all types of primary care providers, regardless of whether they receive HRSA resources. For example, PCOs work with rural health clinics, hospitals providing primary care, rural health networks interested in primary care development, and critical access hospitals and private primary care practices interested in learning more about HRSA programs.

PCAs, on the other hand, are membership organizations which have distinct responsibilities through their cooperative agreements with HRSA to provide technical assistance and support to HRSA supported community-based providers. PCAs have specific duties to their members and are guided by a board of directors, many of which are CEOs or staff from community health centers. Acknowledging their discrete missions, it is paramount for PCOs and PCAs to collaborate and leverage their resources, working synergistically on behalf of underserved communities, populations, and the primary care physicians that serve them.

HRSA partnerships with PCOs, PCAs, and other health leaders and stakeholders are an important component of this overall strategy meeting the Agency's mission to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs.

Guidance for Primary Care Offices

PCOs' program requirements are outlined in HRSA's cooperative agreement FOA guidance. HRSA released the most recent guidance on October 31, 2013, and a copy is included in Appendix 2. The FOA is for a five-year project period (currently, for federal fiscal years 2014-2018). Awards in the first year of the project period are awarded competitively. In each of the four subsequent years, HRSA grants awards on a non-competing basis. Following that, the five-year cycle begins, subject to the availability of funds.

The guidance spells out HRSA's specific expectations for PCOs, including the activities they will carry out during the five-year project period, and identifies the funding availability for the program during that period.

Following the FOA instructions, each PCO submits a response to the guidance, which includes a project narrative, a summary progress report, an abstract, a work plan, and a budget. Other parts of the submission include organizational charts, biographical sketches of the PCO staff, and other key documents. HRSA reviews the application competitively through an external appraisal process. HRSA makes the results of the review available to the PCO after the notice of grant award is released.

States and territories have substantial flexibility in how they propose to structure their PCOs' work. However, PCOs must complete all the required program activities specified by HRSA in the FOA, regardless of the structure of their work plans. Some states and territories have added funds and other resources to the PCO effort in order to accomplish the work required to meet these expectations.

Even the smallest PCO can play a significant role in improving access to primary and preventive care. There are many opportunities to work inside and outside the state health agency to strengthen the capacity of Federally Qualified Health Centers (FQHCs), rural health clinics, and NHSC-assisted primary care providers. This is an important part of PCOs' work.

New PCO managers should locate their PCO's most recent competitive year application and any subsequent renewal applications to see how the PCO has progressed during the five-year project period. (This information will also be helpful when it is time to submit required reports and a new five-year application.)

Currently, many state and territorial health agencies are facing a variety of challenges, including reduced support for the public health infrastructure and reductions in trained workforce. At the same time that these resources are being reduced, the need for public health services is increasing. PCOs can help their state agencies address public health priorities, such as infectious diseases, influenza, foodborne illness, and the toll of chronic diseases, while working on the core functions and expectations of HRSA's cooperative agreement.

Funding for Primary Care Offices

Funding for PCOs varies from state to state. In October 2013, when it released its most recent FOA, HRSA calculated the funding for PCOs using a method that included base funding for each of the 54 PCOs (for a total of $8.1 million). HRSA distributed its remaining PCO funds ($2.9 million) based on workload, which it determined by calculating the total number of shortage designations in each state. HRSA's FOA (see Appendix 2) includes a table showing the funding available for each PCO. In subsequent budget periods, when HRSA awarded cooperative agreement renewals, it used the same funding table to make awards. PCOs may receive additional funding, along with direct or indirect state support. Approximately two-thirds of PCOs also function as the SORH. Although the PCO cooperative agreement and the SORH funds are both from HRSA, each program has its own required activities and funding accountability.

Primary Care Offices' Cooperative Agreement Funding Cycle

HRSA requires all states and territories to apply electronically through the Grants.gov website every five years for competitive PCO cooperative agreement funding. PCOs must submit this application on or before the deadline indicated in the FOA.

During the interim four years, PCOs submit non-competing continuation progress reports (see Appendix 3) using HRSA's online Electronic Handbooks (EHBs) system. Grantees seeking continuation funding must submit this progress report on or before the deadline indicated in EHBs. This report serves as an application for funding continuation for grantees seeking assistance for subsequent budget periods within the previously approved five-year project period. HRSA provides detailed instructions for using the EHBs.

Consult your state agency's federal grants office if you need assistance getting access to the Grants.gov and EHBs websites well in advance of any deadlines. HRSA will not accept hard copies, e-mailed applications, or any other transmission. Your state agency may also have required internal deadlines and reviews before you submit either the competitive or noncompeting continuation applications.

Program Expectations

Program expectations for PCOs are identified in HRSA's FOA, and include preparing a statewide needs assessment; coordinating the shortage designation process; providing technical assistance, including coordinating the NHSC program and provider recruitment and retention; and collaborating in health center planning and development with other HRSA partners and organizations to support access to primary care.

Although these expectations have not changed significantly over the history of PCO funding, the methods of carrying them out have changed. The specific process, policies, and actions are directed by different program divisions within HRSA. For example, HRSA provides guidance for the Shortage Designation and Management System (SDMS) in an online manual and through web-based training and technical assistance from BHW's Division of Policy and Shortage Designation (DPSD). In addition, the BHW Division of the National Health Service Corps provides directions for navigating NHSC site applications. Finally, the BHW Division of Business Operations manages the online SDMS and Bureau of Health Workforce Management Information System Solutions (BMISS) systems.

Below are descriptions of the PCO program expectations found in the FOA, with information on where PCOs may find additional HRSA program direction.

Program Expectation Area 1: Statewide Needs Assessment

The starting point for PCO efforts to improve access to primary care is the statewide needs assessment. Each PCO is required to prepare a Statewide Needs Assessment to identify communities in the state or territory with the greatest unmet healthcare needs, disparities, and health workforce shortages, and also identify the key barriers to accessing healthcare for these communities 12 months after the start of each five-year project period. The needs assessment is required to identify geographic areas and populations at county and sub-county levels that:

- Lack access to preventive and primary care services.
- Experience shortages of primary care, mental health, and dental providers.
- Experience key barriers to healthcare (i.e., extended wait times or travel time).
- Demonstrate the highest need for health services, such as levels of poverty, infant mortality, low birth weights, life expectancy, percent or number of underserved individuals, or designation as a MUA/P or HPSA.

PCOs must describe and document target populations and their unmet health needs, using and citing demographic data to support the analysis. This information should include identifying health disparities and populations at high risk for early death or disability. PCOs should describe policy and other barriers that the states will need to overcome to improve care access, as well as the political landscape in the state or territory. The state or territory should also document and analyze policy and economic barriers that impact its ability to reach primary care goals. The document should also address the burden of the uninsured, the unemployed, and those who are no longer in the job market. The PCO should also document and analyze the state or territory's economic and fiscal situation, since it impacts the state's ability to meet its population's primary care needs.

PCOs should review the needs assessment submitted to BHW's DPSD annually and update it to reflect any significant changes. This document is intended to be a living document that guides statewide efforts into the future.

Program Expectation Area 2: Shortage Designation Coordination—Measuring Access to Healthcare Providers

Each PCO is required to coordinate the HPSA and MUA/P designation process within the state to ensure consistent and accurate assessment of underservice, including data collection, verification, and analysis, as applicable. The PCO is expected to coordinate all shortage designation requests and provide assistance, as follows:

- Provide technical assistance to organizations or communities about the designation process.
- Update existing HPSA and MUA/P designations and apply for new ones, as needed.
- Ensure that designation applications are supported with the most up-to-date and appropriate data.
- Proactively seek designations for areas and populations with barriers to care access as demonstrated by primary care, dental, or mental health provider shortages or other high need indicators detailed in the HPSA regulations.
- Maintain knowledge of how to submit complete and accurate HPSA and MUA/P designation applications using current procedures.
- Participate in DPSD training programs (in conjunction with awardee meetings or other meetings) or distance learning training (e.g., web-based training modules or videoconferences) as deemed appropriate by DPSD staff.

For More Information

Access the SDMS online manual of policy and procedures for instructions. This website is only accessible to PCO and DPSD staff and is where PCOs should update and submit designations. Your project officer can assist you or your staff in accessing SDMS.

HPSA and MUA/P updates are a performance measure that BHW tracks and reports and is included in the annual PCO performance measures to indicate the percent of updates that were competed during the period. The transition to the new online designation system, SDMS, has impacted the update schedule.

Program Expectation Area 3: Technical Assistance and Collaboration that Seeks to Expand Access to Primary Care

Coordination of National Health Service Corps Program and Provider Recruitment and Retention

PCOs are expected to support outreach and education efforts that encourage participation in BHW programs and help sites recruit providers to work in underserved areas of the state. Efforts may include distributing BHW program information, speaking about the BHW programs at schools in the PCO's state or territory, and distributing program materials at public events. PCOs should offer technical assistance to potential and current NHSC sites in the pre-application phase of submitting an NHSC site application.

PCOs must maintain knowledge and capacity to review NHSC site applications for merit (e.g., for community support and need for site in the area), as well as for completeness (e.g., for required supporting documentation and HPSA designation). Please note that final documentation on site approval rests with HRSA. NHSC application review is carried out through the online website or portal that PCOs use for shortage designation, and PCOs should submit applications online through the BMISS NHSC portal. The PCO has a time-limited review period to provide recommendations for the NHSC site applications, and this is an annual performance measure.

PCOs should coordinate and collaborate with other state agencies and state recruitment efforts to incorporate NHSC resources in their efforts. This collaboration should involve NHSC scholars and loan repayors, repayors of other federal loans, state loan repayors, and any other state scholar and loan repayment programs. The aim is to create an integrated system that will enhance the state strategy to increase the number of health professionals serving in HPSAs and MUA/Ps.

For More Information

Extensive NHSC information is available on HRSA's NHSC website. PCOs must be knowledgeable about the program and, in particular, know about the requirements for site participation. PCOs should receive and review site applications using the BMISS online application system, also called the portal. The PCO has 21 days (15 business days) to submit state application forms to the NSHC with a recommendation to the BHW

Division of Regional Operations (DRO) field offices. Final approval of any site application is made by DRO staff.

Collaboration in Health Center Planning and Development

PCOs should collaborate with the state's PCA and other interested entities by providing information to help develop or expand health centers in the state. PCOs should serve as the point of contact for the PCA and other entities seeking access to use relevant statewide and sub-county data to support applications for new and expanded capacity health centers.

PCOs should also help PCAs and other entities work with various divisions of the state health department to obtain data about unmet primary care needs. PCOs should help PCAs educate leaders about the role of health centers and the safety net in addressing the needs of the underserved, and educate leaders about what is required to sustain health centers. PCOs should work with PCAs, SORHs, Area Health Education Centers, and other entities to seek to maintain or strengthen partnerships to help support and grow health centers and to encourage the provision of quality primary care. PCOs should work with PCA, SORH, and other entities to develop reciprocal mechanisms of communication, information dissemination, follow-up, and referral to organizations seeking Section 330 and other funding support. The increase in the number of new safety net sites (FQHCs, rural health clinics, and free clinics) is also an annual performance measure.

For more information

Information about the requirements for FQHCs and look-alikes is comprehensively described on HRSA's BPHC website. Additionally, state or regional PCAs can be great resources for identifying health centers and explaining the details of the program. It is imperative that PCOs and PCAs work together with communities so that the requirements are clear and understood by the community-based organization working to develop or expand their health center.

Collaboration with Other HRSA Partners and Organizations to Support Access to Primary Care Services

PCOs should collaborate with other HRSA-supported entities, (e.g., state PCAs, SORHs, and other appropriate entities) to provide technical assistance to communities and organizations interested in expanding access to care and to maximize the effectiveness and impact of activities through formal linkages with diverse entities working to strengthen the safety net in the state or region. The PCO should collect, maintain, and report on the number of clinicians practicing in the state who are obligated under the J-1 Visa Waiver Program or other similar programs. This work should support and enhance access to a comprehensive, culturally competent, quality primary healthcare personnel in underserved areas and for vulnerable populations.

For More Information

In addition to NHSC and FQHCs, other types of clinics and programs support primary care services and can be partners in improving access to healthcare services. Rural health clinics, critical access hospitals, free or charity clinics, state-funded primary care and indigent healthcare programs should all be considered in this effort. It is important to remember that dental and mental health services are also part of a comprehensive primary care delivery system. Knowing how these programs are supported and operated will help the PCO enhance and expand the healthcare safety net.

Realizing Expectations

Carrying out the above expectations can be daunting. Large states can be overwhelmed by the number of individuals who may be underserved or uninsured, the high number of shortage areas, and the need for providers. Small states may be challenged by a lack of funding and staff to carry out these expectations. Online data and applications like the BMISS portal (used for NHSC site approval), SDMS (used for HPSA designations), and EHBs (used for grant-related activities) all aim to make this process more efficient for PCOs. These systems are also designed to assure consistency across all states, territories, impacted communities, and providers.

PCO staffing will vary depending on the size of the cooperative agreement, whether the office is also the SORH, and whether state resources contribute to the work or fund other activities. Each state identifies a PCO manager as the lead staff person. The PCO manager may be assigned exclusively to PCO activities or may have responsibilities for other state or federal projects. The managers are the key point of contact with HRSA staff and form a loosely-structured nationwide group.

Annual meetings and trainings provide an opportunity for these individuals to have ace-to-face introductions.

There are PCO managers who have been responsible for their state or territory's cooperative agreement since the first project period. Several others have more than 10-15 years of experience in their position. Experienced PCO managers can be a terrific resource in your work. Similarly, there may be PCO staff in your region or in similarly-sized states that can provide insight and direction for carrying out the program expectations.

Progress and Performance Reporting

PCOs are required to submit three main reports to HRSA. PCOs complete a summary progress report every five years as part of the other information it prepares and submits with the competing continuation application. PCOs submit a non-competing continuation progress report (see example in Appendix 3) during each of the four years between competing continuation applications. PCOs submit a performance measures report each year in the five-year funding cycle. Each report has a different format and different submission requirements, and the table below provides a high-level overview of these reports.

It is critical for PCO managers to anticipate what data is required for the reports, given the short turnaround times for reporting and the fact that some states have internal review requirements. Your project officer, other PCOs, and other PCO staff may be able to assist you with sample prior submissions and can answer questions about the data used in the reports. It will be helpful to locate reports that your PCO submitted for prior years, and to review them within the context of the current application, the work plan, and the latest statewide needs assessment.

Primary Care Office Reporting Schedule

Report Name	Period Covered	Frequency	Due Date
Summary Progress Report	Five-year project period: Oct. 1 – Sept. 30. Matches notice of grant award cooperative agreement dates.	Once every five years, with competitive application.	January (day will vary).
Non-competing	Twelve months: April 1 – March 31. Matches notice of grant award cooperative agreement dates.	Annually, when no competitive application is submitted.	January (day will vary).
Continuation Progress Report	Twelve months: Oct. 1 – Sept. 30. Matches notice of grant award cooperative agreement dates.	Annually, when no competitive application is submitted.	January (day will vary).
Performance Measures	Twelve months: Oct. 1 – Sept. 30.	Annually	August (day will vary).
Statewide Needs Assessment	Five-year project period: Oct. 1 – Sept. 30. Matches notice of grant award cooperative agreement dates.	Once every five years, one year after start of 5-year project period.	September 30, 2019

Summary Progress Report

When Report is Due

The PCO submits this report as an attachment to the five-year competing continuation application for the PCO cooperative agreement.

How Report is Submitted

The PCO submits this report electronically using the Grants.gov website.

Description of Report (from the Funding Opportunity Announcement)

A well-written accomplishment summary provides a record of past achievements. It is an important source of material for HRSA in preparing annual reports, planning programs, and communicating program-specific accomplishments. The accomplishments of competing continuation applicants are carefully considered during the review process; therefore, applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the accomplishment summary is considered when applications are reviewed and scored, competing continuation applicants who do not include an accomplishment summary may not receive as high a score as applicants who do. The Accomplishment Summary will be evaluated as part of Review Criterion 4: IMPACT (see FOA).

The accomplishment summary should be a brief presentation of the accomplishments in relation to the objectives of the program during the current project period. The report should include:

- **The period covered** (dates).
- **Specific objectives.** Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- **Results.** Describe the program activities conducted for each objective. Include both positive and negative results or technical problems that may be important.

Non-Competing Continuation Progress Report

When Report is Due

Usually in January of each project year.

How Report is Submitted

PCOs submit this report electronically using the EHBs website.

Description of Report

HRSA usually releases the instructions for submitting this report around early November, and the report is due in January. This report provides information for the budget period that will begin on Oct. 1 and end the following Sept. 30. Preparing the required non-competing continuation progress report should help frame a careful review of what activities the PCO planned and implemented in the previous year, which ones were successful, and why. This report also asks the grantee to identify any barriers faced in accomplishing the objectives. The format is somewhat generic to all HRSA continuation projects.

HRSA may also request a proposed budget for the next 12-month project year and/or the remaining years of the five-year project period.

Performance Measures Report

When Report is Due

This report tracks activities over a 12-month period from Oct. 1 to Sept. 30 of the following year. PCOs must submit this report in August of each year.

How Report is Submitted

PCOs submit this report electronically using the EHBs website.

Description of Report

This report provides data on the key activities identified in the work plan. It includes the following information:

- Percent of the complete number of recruitment and retention assistance application state recommendation forms that the state primary care office submits to NHSC within 21 days (15 business days) from the site submission date.
- Impact of federal and state obligated healthcare providers on shortages identified in HPSAs.

- Percent increase in the number of clients provided technical assistance by the state primary care office, detailed by type of requestor and topic requested, in support of developing or expanding healthcare services to vulnerable and underserved communities.
- Percent increase in the number of potential providers or clinical sites that receive in-person or online technical assistance on federal and state recruitment and retention programs.

As PCOs enter and validate their performance measures data, the report also calculates the increase or decrease in activity compared to the previous reporting period.

Statewide Needs Assessment

When Report is Due
September 30, 2019

How Report is Submitted
PCOs submit this report electronically to their Project Officer.

Description of Report
A needs assessment focuses on the ends (i.e. outcomes) to be attained, rather than the means (i.e. process). PCOs are required to conduct a statewide needs assessment, analyze the results, develop and implement services and programs to meet the needs. The information collected and identified from collaborating with public health experts, community leaders, and representatives of high need populations (for example, minority groups, low-income individuals, medically underserved populations and those with chronic conditions) can help set priorities and establish methods to implement more health care services in shortage areas. With a needs assessment, program planners and managers can set criteria for determining how best to allocate available money, people, facilities, and other resources. A needs assessment leads to action that will improve programs, services, organizational structure and operations, or all of the above.

Each state or territory may have different public health needs, priorities or have their own unique circumstances that require action. However, within all states and territories there are common needs.

Collaborating within your state or territory provides different viewpoints from key stakeholders with knowledge about the health needs in the community. There are numerous advantages to working as a collaborative entity, including: sharing expertise and resources, increased assessment quality, shared accountability for outcomes, improved relationships among hospitals, local health departments, and members of the community.

As part of a needs assessment, the PCO may meet with stakeholder's including but not limited to, PCA and other entities on a regular basis to review and update the assessment. Data developed under a Needs Assessment activity should be used to support activities for Shortage Designation Coordination.

Partners for Primary Care Offices

State Offices of Rural Health

SORHs focus their efforts on rural areas and their specific health access issues. These offices often identify and provide technical assistance for critical access hospitals, along with recruiting and retaining health providers in rural communities. Funded by HRSA through the Federal Office of Rural Health Policy, SORHs are located in every state. Approximately two-thirds of SORHs are co-located with the PCO. Their purpose is to maintain a clearinghouse for collection and dissemination of rural health information, coordination of rural health activities, and to provide technical assistance regarding application and participation in Federal and state rural health programs. SORHs also conduct activities pertaining to the recruitment and retention of healthcare professionals to serve in rural areas.

Primary Care Associations

PCAs are private, non-profit organizations that support the Health Center Program by providing training and technical assistance to potential and existing health centers in their respective states. The BPHC currently funds 52 cooperative agreements to State and Regional Primary Care Associations in the amount of $53 million. PCAs support the development of health centers in their state, provide TA that enhance the operations and performance of health centers, and develop strategies to recruit and retain health center staff. PCAs focus training and technical assistance on specific performance metrics and targeted areas that will improve and expand health centers' clinical quality, financial sustainability, patient/provider engagement, and health outcomes.

PCOs and PCAs while both working on the state level may work together to identify priority areas for expanding or developing community health centers, or for helping existing health centers recruit and retain health professionals. PCPs and PCAs can collaborate on workforce recruitment and retention projects, including publicizing programs and incentives, training and residency programs, and on connecting other primary care stakeholders with state offices and resources.

Licensing Boards

Health professions licensing may be combined into one state agency or may be separated by discipline, such as separate physician and dental licensing boards. Because of the variety of disciplines and specialties, it is important for the PCO to know specifics about licensure requirements in their state or territory, renewal frequency, data that might be available from the licensing board, and key contacts at the boards.

State Medicaid Offices

Understanding Medicaid can be helpful in visualizing a state's gaps in access to primary care. Additionally, data from the Medicaid office may be helpful in assessing whether there are access issues for specific Medicaid populations in some areas of the state.

Area Health Education Centers

These centers may be funded by state or federal funds, or both. They may be administratively located as part of an academic health center or exist as separate nonprofit organizations that work with health professionals in training. They can work with the PCO as a way of connecting with professionals as they move from training into practice.

Professional Associations

Physician, dentist, nurse, or other health professional associations may have an interest in recruiting and retention programs, and can help the PCO disseminate information to their members.

Resources for Primary Care Offices

Shortage Designation Resources

- **HRSA Shortage Designation Overview**
  - » This website provides access to more detailed information on the HPSA and MUA/P designations. It also provides a general introduction to HRSA's designation efforts.
- **Health Professional Shortage Area Designation Resources**
  - » This website provides links to key HPSA designation resources, including an overview of the process and guidelines for designation as well as the criteria for establishing HPSA priority levels. The site links to separate detailed criteria for primary medical care designations, dental designations, and mental health designations. The site also includes links to other key resources, including those explaining the process of automatic facility designation.
- **Medically Underserved Areas/Populations Designation Resources**
  - » These sites provide links to key designation resources for MUAs or MUPs, including a description of the designation process and the calculations needed to establish the Index of Medical Underservice, the score that is used to define MUA/Ps.
- **Governor's Designated Shortage Areas for Rural Health Clinics**
  - » This site provides an overview of the process by which governors can designate shortage areas, with federal approval. These shortage areas are eligible locations for rural health clinic operations, and can expand areas of eligibility beyond areas designated under normal criteria. In some states, PCOs are tasked with managing the governor's designation process.
- **Health Professional Shortage Area Find**
  - » PCOs may use this website to look up designated HPSAs in their states. The lookup tool can produce lists of HPSAs by discipline (primary medical care, dental, or mental health), by type (population, area, or facility), and by location (urban, rural, or frontier). It can produce statewide or single county listings.

- **Shortage Area Finder by Address**
  - This website permits determination of whether a specific street address is located within a HRSA designated shortage area. This tool can help PCOs with inquiries from health centers regarding whether their proposed clinical sites are eligible for federal support.
- **Medically Underserved Areas/Populations Find**
  - PCOs may use this website to look up designated MUA/Ps across a state. It can produce statewide or single county listings.
- **Health Workforce Technical Assistance Center**
  - The technical assistance-focused center helps states and local and regional entities collect, analyze, and report health workforce data.

National Health Service Corps Resources

- **National Health Service Corps Home Page**
  - This is the primary website for NHSC.
- **National Health Service Corps Loan Repayment Program Information**
  - This website provides links to information about the NHSC Loan Repayment Program. Here, PCOs can find information about the federally-administered NHSC Loan Repayment Program, the NHSC State Loan Repayment Program, and the newer Students to Service Loan Repayment Program.
- **National Health Service Corps Scholarship Program Information**
  - This website provides links to information about the NHSC Scholarship Program. Here, PCOs can find information about eligibility, the application process and program deadlines.
- **National Health Service Corps Site Reference Guide**
  - This guide can be used as reference for community sites seeking NHSC support. PCOs can utilize the guide while providing technical assistance to communities and health centers who are applying for these resources and managing their NHSC participation.
- **State-Specific National Health Service Corps Data**
  - This search engine generates site-specific data lists, and can help identify site vacancies, filled positions, and breakouts by discipline. Data is available in multiple formats, including .csv and PDF.
- **Health Workforce Connector**
  - This interactive website lists current NHSC and NURSE Corps job opportunities. It allows PCOs to explore active NHSC openings, developing listings by discipline, location, and type of site or employer. Not all clinical sites post jobs to this website, but the website does provide a comprehensive list of all approved NHSC sites by state.
- **American Indian/Alaska Native Program Collaborative Support**
  - This site provides links to information about the how tribal organizations and the Indian Health Service sites can participate in HRSA programs. Here, PCOs may find links to information about Indian organization shortage designation requests, utilizing NHSC resources, and health center program participation.

Other Recruitment and Retention Resources

- **Recruitment and Retention for Rural Health Facilities**
  - This website, run by the Rural Health Information Hub, provides an overview of strategies that can improve health professional recruitment and retention in both rural and underserved communities. PCOs can use this information to when providing technical assistance to health centers and other community agencies.
- **Midwest Retention Toolkit**
  - This guide, developed by the National Rural Health Resource Center and the National Rural Recruitment and Retention Network along with several state health agencies, provides a detailed overview of what health professional employers can do to retain staff. PCOs can use this information when providing technical assistance to health centers and other community agencies.

J-1 Visa Waiver Program Overview (including Conrad State 30 Program)

The J-1 Visa Waiver Program refers to an immigration process that includes the Conrad State 30 Waiver Program or the HHS waiver programs.

- **J-1 Visa Waiver Program Overview**
  - » This website provides an excellent overview of the J-1 Visa Waiver Program and its statutory basis. The J-1 Visa Waiver Program for physicians is an important source of primary care providers for underserved areas. There are several independent versions of this program, including separate Conrad State 30 programs, many of which are operated by PCOs.
- **PCO Conrad State 30 Program Listserv**
  - » PCOs who administer a Conrad State 30 J-1 Visa Waiver Program coordinate with each other through an email listserv. Through this listserv, PCOs can share tools and experiences and have their questions answered by peers. To participate in the listserv, contact Clay Daniel, Texas Primary Care Office, at Clay.Daniel@dshs.state.tx.us.
- **Conrad State 30 Program Contacts**
  - » This website provides a complete listing of Conrad State 30 J-1 Visa Waiver Program contacts. Most of these programs are operated by PCOs, and this listing permits direct contact with PCO peers on program-related matters.
- **HHS' Exchange Visitor Program**
  - » HHS' Office of Global Affairs operates its own J-1 Visa Waiver Program for physicians. This website provides information about the program's requirements.

Needs Assessment Resources

- **Community Health Needs Assessment Toolkit**
  - » This website provides tools for conducting a community needs assessment that PCOs may use when developing a statewide needs assessment.
- **Community Health Improvement Navigator**
  - » This website presents an approach to health needs assessments as part of a larger model of collaborative health improvement. Here, PCOs may find tools for conducting their own needs assessments.
- **Bureau of Primary Health Care Data Resource Guide**
  - » This guide details the data sources and analyses required by HRSA's Bureau of Primary Health Care in the needs assessment process for health center funding applications. The guide provides a summary of indicators and of conditions for using the alternative data sources that it outlines.
- **Association of State and Territorial Health Officials (ASTHO)**
  - » PCOs and Primary Care Needs Assessment Webinar

    This presentation was part of an ASTHO webinar outlining an approach to PCOs' primary care needs assessments. It includes links to data and process resources.
  - » Primary Care Offices and Hospital Community Health Needs Assessments

    This presentation was part of an ASTHO webinar outlining community hospital requirements for conducting community health needs assessments and exploring how PCOs can play a role in assuring that these assessments are directed at improving access to primary care.
  - » Environmental Scan: Best Practices for Developing and Deploying a Competency-Based Training Needs Assessment

    This document provides an overview of workforce needs assessments, challenges related to current assessments, opportunities for collaboration between public health and primary care via needs assessments, and best practices for using needs assessments to further workforce development.
  - » National Public Health Performance Standards

    This web page discusses National Public Health Performance Standards, including how the standards include an assessment to measure state public health systems' capacity and infrastructure.
  - » Developing a State Health Improvement Plan: Guidance and Resources

    This document provides information on how to develop a state health improvement plan.
- **Centers for Disease Control and Prevention (CDC)**
  - » Community Health Needs Assessment

    This website is designed to assist individuals leading or participating in community health improvement initiatives in their states and communities by providing them with relevant tools and resources.

» National Public Health Performance Standards

This webpage provides information on the National Public Health Performance Standards, which are designed to help improve the capacity, performance, and partnerships of state and local public health agencies.

- **HRSA**
  - » Title V Information System

    This webpage provides information about the federal Title V Maternal and Child Health Block Grant Program and how its supports the health of mothers, infants, and children.
  - » Title V Maternal and Child Health Block Grant Program

    This webpage provides background information on the goals, mechanisms, and transformation of the Title V block grant.

Health Center Development Resources

- **Bureau of Primary Health Care Health Center Program Overview**

  This website provides an overview of HRSA's Bureau of Primary Health Care health center program, including the program's purpose and specific program requirements for health centers. PCOs can use links from the site to review statutes, rules, and other health center program guidance.

- **UDS Mapper**
  - » This website, created by the Robert Graham Center, generates primary care needs assessment data profiles and maps for user-definable service areas across the country. It includes zip code tabulation area data on underserved populations currently served by health centers and unmet need for primary care. The lookup engine is specifically geared to the needs assessment data required by health centers in their funding applications. PCOs can use the website to produce data profiles of use to health centers in their development planning. It can also be used to support larger statewide needs assessment.

- **"So You Want to Start a Community Health Center?"**
  - » This guide, developed by the National Association of Community Health Centers, provides an overview for community groups interested in starting a health center. It is an excellent technical assistance resource and can be used by PCOs in collaborating for health center development.

- **Association of State and Territorial Health Officials (ASTHO)**
  - » State and Territorial Health Agency and Primary Care Office Roles with Health Center Development

    This factsheet provides an overview of health centers, summarizes key components of the ACA as they relate to health centers, and identifies potential supporting roles for state and territorial health agencies and PCOs.
  - » PCO and PCA Partnerships to Support Health Center Development

    This report highlights several state examples of collaborations between PCOs and PCAs to support health center development through planning, data support, community development, workforce recruitment and financial and technical support. Although just one example of the myriad public and private partnerships, the report seeks to identify opportunities for PCO engagement to support enhanced access to critical primary care services.

Grant and Cooperative Agreement Management Resources

- **HRSA Grant Management Webinar Materials**
  - » This website has links to materials from a webinar designed to provide an introduction to the HRSA grants management system. This is an excellent source for PCOs responsible for the financial management of their federal agreements.

Primary Care Office Models that Work

- The ASTHO Primary Care Office Tools and Resources page provides key state models that ASTHO has profiled. These web pages list a variety of resources, including issue briefs, case studies, factsheets, and webinars. Additionally, these links include information on collaborations between primary care and other areas of public health and healthcare.

Appendix 1: HRSA's Bureau of Health Workforce Structure and Overview

Bureau of Health Workforce—Primary Care Office Roles and Relationships

HRSA's Bureau of Health Workforce (BHW) manages and coordinates PCO cooperative agreements. Although BHW is primarily responsible for PCO activities, however, PCOs' expectations are linked to other HRSA offices, including the Federal Office of Rural Health Policy and Bureau of Primary Health Care (BPHC). BHW's Division of Policy and Shortage Designation (DPSD) coordinates cooperative agreement oversight, communication, guidance, and activities. It also oversees the shortage designation process. PCOs will have the most interactions and contact with the BHW project officers (POs) assigned to their state. The POs for the PCO cooperative agreement are also the contacts for that state's shortage designation applications and approval processes.

Project Officers' Roles

BHW POs are mainly responsible for monitoring and overseeing the BHW federal assistance programs. POs conduct the day-to-day monitoring activities, are the primary contacts for discussions with recipients, and must ensure that recipients comply with all requirements. POs also provide technical assistance and guidance to help recipients reach program and project goals and objectives. POs obtain management direction from their supervisors for their programs' monitoring approach, and work with grant management specialists (GMS) to effectively manage awards. POs are responsible for notifying both their GMS and the supervisor of recipient risk factors and issues. During the pre-award phase, their supervisors may ask them to help develop the funding opportunity announcement (FOA).

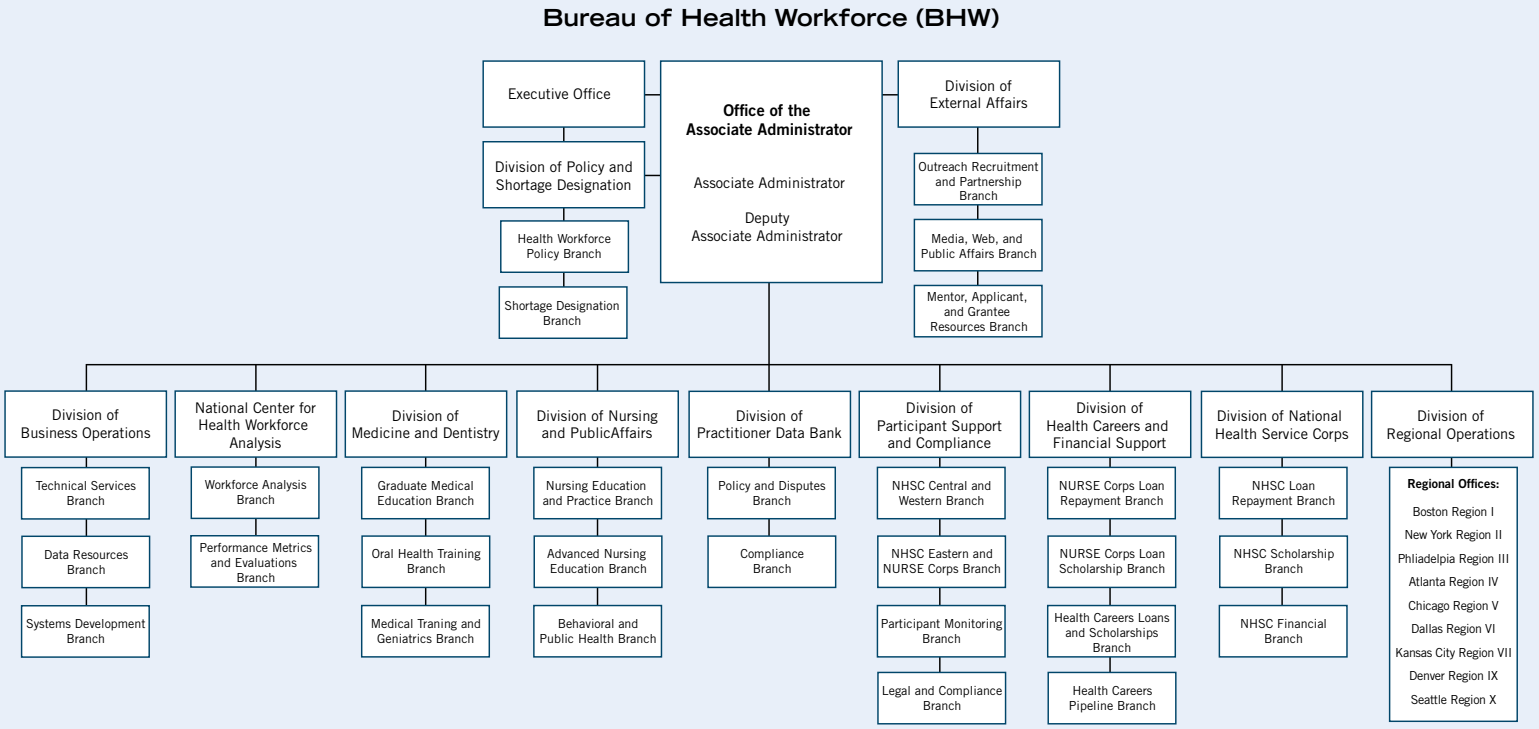
PO activities include:

- Serving as the primary contact for BHW award recipients.
- Managing awards through the competing, noncompeting, and closeout phases of the project.
- Accessing, understanding, and applying the governing authorities for awards administration, including the governing authorities for their specific program assignments.
- Helping to review the program FOA, if requested.
- Providing programmatic assistance during both the pre-review objective review committee calls and the actual committee discussions.
- Reviewing applications for ongoing eligibility.
- Reviewing applications for completeness and eligibility.
- Reviewing the Office of Financial Assistance Management's Division of Financial Integrity financial assessment and risk factors prior to award, if available.
- Reviewing annual and semiannual performance reports and progress reports.
- Preparing and clearing the pre-funding review and funding memo.
- Arranging, participating in, and documenting quarterly monitoring calls and communicating with recipients.
- Recommending action to the GMS on prior approval requests.
- Initiating, overseeing, and documenting site visits.
- Ensuring proper documentation of deliverables in accordance with HRSA and program policies and records management requirements.
- Identifying recipient risks or issues and escalating these issues to their supervisor.
- Collaborating and coordinating with the GMS on programmatic issues.

- Collaborating and coordinating with the GMS to ensure that project-related expenditures are in accordance with applicable statute, regulation, and policy, and reflect activities approved in the application.
- Ensuring proper documentation of deliverables in accordance with HRSA and program policies and records management requirements.
- Identifying recipient risks or issues and escalating these issues to their supervisor.
- Collaborating and coordinating with the GMS on programmatic issues.
- Collaborating and coordinating with the GMS to ensure that project-related expenditures are in accordance with applicable statute, regulation, and policy, and reflect activities approved in the application.

Bureau of Health Workforce

Below is an organizational chart outlining BHW's structure.



Source: "Bureau of Health Workforce," Health Resources and Services Administration, http://www.hrsa.gov/about/organization/bhworg-chart.html (accessed 11/2/2016).

BHW improves the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need. BHW accomplishes this by focusing on three priorities:

- Preparing a workforce that increases the number of diverse, culturally competent primary care providers representing various disciplines;
- Improving workforce distribution throughout the nation, particularly in underserved, rural, and tribal areas; and
- Transforming health care delivery by supporting innovative models of care that integrate health care services and disciplines.

Office of the Associate Administrator

BHW's Office of the Associate Administrator provides leadership, direction, coordination, and planning for BHW's programs designed to help meet the U.S.' health professions workforce needs and improve the health of underserved communities and vulnerable populations. The office guides and directs the bureau's workforce analysis efforts and provides guidance and support for advisory councils. Additionally, the office provides direction by coordinating diverse health professionals' recruitment, education, training, and retention and supporting communities' efforts to build more integrated and sustainable systems of care. Specifically, the office:

- Directs and provides policy guidance for workforce recruitment, student and faculty assistance, training, and placement of health professionals to serve in underserved areas.
- Directs the bureau's health professions workforce data collection and analysis efforts in support of BHW's programs, and oversees evaluation of grantee performance and program outcomes.
- Guides and supports BHW advisory councils' work and coordinates the bureau's Federal Advisory Committees' management activities.
- Leads and guides bureau programs for recruiting and retaining a diverse workforce.
- Establishes program goals, objectives, and priorities, and oversees their execution.
- Maintains effective relationships within HRSA and with other federal and nonfederal agencies, state and local governments, and other public and private organizations concerned with health workforce development and improving access to healthcare for the nation's underserved.
- Represents the bureau, agency, and federal government, as designated, on national committees, maintaining effective relationships within HRSA and with other federal and non-federal agencies, state and local governments, and other public and private organizations concerned with health personnel development, and improving access to healthcare for the nation's underserved.
- Plans, directs, coordinates, and evaluates bureau-wide management activities, including budgets, personnel, procurements, delegations of authority, and responsibilities related to awarding BHW funds.
- Coordinates, reviews, and clears correspondence and official documents entering and leaving the bureau.

Executive Office

The Executive Office collaborates with BHW leadership to plan, coordinate, and direct bureau-wide administrative management activities. Specifically, the office:

- Executes the bureau's budget.
- Provides human resource services for all aspects of personnel management, workforce planning, and allocating and utilizing personnel resources.
- Coordinates the business management functions for the bureau's grants programs.
- Plans, directs, and coordinates bureau-wide administrative management activities, i.e., budget, personnel, procurements, delegations of authority, and responsibilities related to the awarding of BHW funds.
- Coordinates and supports the bureau's quality and internal control efforts.
- Acquires, manages, and maintains supplies, equipment, space, and supports training and travel.
- Assumes special projects or takes responsibility for issues as tasked by the bureau's leadership.

Division of Policy and Shortage Designation

DPSD serves as the primary entity that develops BHW programs and policies. Specifically, the division:

- Analyzes, develops, and drafts policies impacting bureau programs.
- Coordinates program planning and tracks legislation and other information related to BHW's programs.
- Directly supports national efforts to analyze and address equitable distribution of health professionals to improve healthcare access for underserved populations.
- Reviews requests for and designates health professional shortage areas and medically-underserved areas and populations.
- Finalizes designation policies and procedures for both current and proposed designation criteria.
- Oversees grants to state primary care offices and conducts all business management aspects of grant review, negotiation, award, and administration.
- Oversees, processes, and coordinates the HHS sponsored J1-visa program.
- Works collaboratively with other components within HRSA and HHS, and with other federal agencies, state and local governments, and other public and private organizations on issues affecting BHW's programs and policies.
- Performs environmental scans on issues that affect BHW's programs and assesses how programs impact underserved communities.
- Monitors BHW's activities in relation to HRSA's strategic plan.
- Develops budget projections and justifications.
- Serves as the bureau's focal point for program information.

Division of Business Operations

BHW's Division of Business Operations is the seat of the bureau's data management systems, reports, data analysis, and business process automation that support the administration. Specifically, the division:

- Provides leadership for implementing BHW's systems development, enhancement, and administration.
- Designs and implements data systems to assess and improve program performance.
- Provides user support and training to facilitate the effectiveness of the bureau's information systems and deliver excellent customer service to internal and external stakeholders.
- Ensures that data management systems and other tools continue to evolve to support changes to bureau program policy, processes, and data.

Division of External Affairs

BHW's Division of External Affairs provides the bureau's communication and public affairs expertise, develops all external communication, and disseminates public information and promotional materials in support of the bureau's programs and activities. Specifically, the division:

- Leads, coordinates, and conducts outreach and engagement strategies for various audiences, including students, clinicians, healthcare sites, critical shortage facilities, and workforce grantees and applicants.
- Coordinates and conducts the bureau's virtual events for clinicians, grantees, sites, and applicants.
- Establishes and manages partner collaborations with national organizations and academic institutions.
- Develops and implements communication initiatives to promote the bureau's programs to target audiences.
- Maintains responsibility for all targeted communication initiatives.

National Center for Health Workforce Analysis

The National Center for Health Workforce Analysis coordinates and manages the bureau's health professions workforce data collection, analysis, and evaluation efforts. The center leads and monitors the development of workforce projections relating to BHW programs and acts as a national resource for such information and data.

Division of Medicine and Dentistry

The Division of Medicine and Dentistry leads program administration and oversees medical and dental programs. Specifically, the division:

- Administers grants and provides technical assistance to educational institutions and other eligible entities in support of nursing education, practice, retention, diversity, and faculty development.
- Administers grants and provides technical assistance to educational institutions and other eligible entities in support of behavioral and public health education and practice.
- Addresses nursing workforce shortages through projects that focus on expanding enrollment in baccalaureate programs, and develops internships, residency programs, and other training mechanisms to better prepare nurses and behavioral and public health professionals who care for underserved populations.

- Collaborates within the bureau to identify and support analytical studies to determine the present and future supply and requirements for nurses and behavioral and public health professionals.
- Evaluates programmatic data and helps disseminate and apply findings arising from supported programs.
- Provides staff support to the bureau. In addition, the division director, on behalf of the bureau secretary, serves as the chair of the National Advisory Council on Nurse Education and Practice.
- Represents the bureau, agency, and federal government, as designated, on national committees, maintaining effective relationships within HRSA and with other federal and non-federal agencies, state and local governments, and other public and private organizations concerned with health personnel development, and improving access to healthcare for the nation's underserved.

Division of Practitioner Data Bank

The Division of Practitioner Data Bank coordinates with the bureau and other federal entities, state licensing boards, and national, state, and local professional organizations to promote quality assurance efforts and deter fraud and abuse by administering the National Practitioner Data Bank (NPDB). Specifically, the division:

- Monitors adverse licensure information on all licensed healthcare practitioners and healthcare entities.
- Develops, proposes, and monitors efforts for:
  - » Credentialing assessment, granting privileges, and monitoring and evaluating programs for physicians, dentists, other healthcare professionals.
  - » Professional peer review to promote an evaluation of the competence, professional conduct, or the quality and appropriateness of patient care provided by healthcare practitioners.
  - » Risk management and utilization reviews.
- Encourages and supports evaluation and demonstration projects and research using NPDB data on medical malpractice payments and adverse actions taken against practitioners' licenses, clinical privileges, professional society memberships, and eligibility to participate in Medicare and Medicaid.
- Ensures integrity of data collection, and follows all disclosure procedures without fail.
- Conducts and supports research based on the NPDB data.
- Maintains active consultative relations with professional organizations, societies, and federal agencies involved with the NPDB.
- Works with the bureau secretary's office to provide technical assistance to states undertaking malpractice reform.
- Maintains effective relations with the Office of the General Counsel, the Office of the Inspector General, and HHS concerning practitioner licensing and data bank issues.
- Represents the bureau, agency, and federal government, as designated, on national committees, maintaining effective relationships within HRSA and with other federal and non-federal agencies, state and local governments, and other public and private organizations concerned with health personnel development, and improving access to healthcare for the nation's underserved.

Division of Participant Support and Compliance

The Division of Participant Support and Compliance leads the bureau's centralized, comprehensive customer service function to support individual program participants. The division provides regular and ongoing communication, technical assistance, and support to program participants through the period of obligated service and closeout. Specifically, the division:

- Manages the staff and daily operations of the bureau's centralized customer service function.
- Initiates contact with and monitors program participants throughout their service.
- Manages clinician support, employment verification, site status changes and transfers, and in-service reviews.
- Oversees and approves the default, suspension, and waiver processes.
- Oversees the approval process and response for exception requests and congressional inquiries.
- Manages the 6-month verification process.
- Conducts closeout activities for each program participant and issues completion certificates.
- Manages the monthly payroll for NURSE Corps Loan Repayment Program participants.
- Maintains program participants' case files in the bureau's management information system.

Division of Health Careers and Financial Support

The Division of Health Careers and Financial Support responds to inquiries, disseminates program information, provides technical assistance, administers grants, develops appropriate policies and procedures, and processes applications and awards pertaining to health workforce scholarship, loan, loan repayment, and pipeline development programs. Specifically, the division:

- Reviews, ranks, and selects participants and grantees for NURSE Corps, Faculty Loan Repayment Program, Native Hawaiian Health Scholarship Program, and other discretionary grant programs that provide scholarships, loans, and loan repayment to students, health professionals and faculty.
- Verifies and processes loan and lender related payments in the prescribed manner and maintains current information on NURSE Corps and other scholarship, loan, and loan repayment applications and awards through automated BHW information systems.
- Manages NURSE Corps scholar in-school activities.
- Facilitates NURSE Corps scholar placement.
- Administers grants and provides technical assistance to educational institutions and other eligible entities to help develop a diverse and culturally competent health workforce.

Division of National Health Service Corps

The Division of National Health Service Corps (NHSC) responds to inquiries, disseminates program information, provides technical assistance, and processes applications and awards pertaining to the NHSC scholarship and loan repayment programs. Specifically, the division:

- Reviews, ranks, and selects participants for the scholarship and loan repayment programs.
- Verifies and processes loan and lender related payments in the prescribed manner and maintains current information on scholarship and loan repayment applications and awards through automated BHW information systems.
- Manages scholar in-school and postgraduate training activities.
- Administers the NHSC State Loan Repayment Program.
- Provides leadership and staff support for the NHSC National Advisory Committee.

Division of Regional Operations

The Division of Regional Operations is BHW's regional component, cutting across divisions and working with the bureau programs that fund participants to serve in Health Professional Shortage Areas (HPSAs). Specifically, the regional offices support the bureau by:

- Helping to recruit and retain primary healthcare providers in HPSAs.
- Coordinating with state and regional partners and stakeholders and health professions schools in support of the BHW programs and initiatives.
- Reviewing and approving or denying NHSC site applications and recertifications.
- Completing NHSC site visits and providing technical assistance to sites.
- Managing the scholar placement process.

Appendix 2: 2013 Primary Care Office Funding Opportunity Announcement

http://www.astho.org/Programs/Primary-Care/2013-Primary-Care-Office-Funding-Opportunity-Announcement/

Appendix 3: 2015 Non-competing Continuation Progress Report (from the Electronic Handbooks)

http://www.astho.org/Programs/Primary-Care/2015-Non-Competing-Continuation-Progress-Report/

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