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| **WSC Performance Plan – Access to Care** | | | |
| **Sponsoring Organization Name:** | | | |
| **Focus Area: Healthy Futures**  **Performance Measure: Access to Care** | | | |
| **Performance Plan** | | | **Target** |
| **Output:** **UNDUPLICATED** number of individuals receiving information on health insurance, health care access and health benefits programs. | | |  |
| **Outcome:**  **UNDUPLICATED** number of individuals enrolled in health insurance, health services, and health benefits programs. | | |  |
| **Data Collection Process** | | | |
| **Performance Measure Training** | | | |
| 1. Describe the process **to train members, site staff** **and other program staff** on data collection. |  | | |
| **Output Tracking** | | | |
| 1. Describe the procedure to ensure an unduplicated count of clients. |  | | |
| 1. Describe the minimum level of service necessary to be counted in the **Output.** |  | | |
| **Outcome Measurement – Data Analysis** | | | |
| 1. Describe the procedure you will use to determine the number of clients enrolled in health insurance, health services, and health benefits programs. |  | | |
| 1. How will your outcome results inform decision making and project improvement? |  | | |
| **Quarterly Reporting** | | | |
| 1. Identify the name of the person who will provide quarterly WSC reporting. | Name | Phone | Email |
| 1. Describe how you will collect, retain and store all source documentation |  | | |