



IDAHO  
HEALTH  
FACILITIES  
AUTHORITY

# Technical Assistance Program



## Site Application

Site Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contact Information:

Name of Administrator/Manager: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Chief Financial Officer: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

### Type of Health Care Facility: (check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Public/Non-Profit Hospital<br>(# beds _____) | <input type="checkbox"/> Community and Migrant Health Center  |
| <input type="checkbox"/> Public/Non-Profit Nursing Home               | <input type="checkbox"/> Indian Health Center                 |
| <input type="checkbox"/> Public/Non-Profit Health Clinic              | <input type="checkbox"/> Other Non-Profit (describe)<br>_____ |

### Description of Problem/Needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Description of Service Area:

Briefly describe the geographic service area by town and county or zip code; describe any special populations or considerations (age, income levels, percent of person utilizing Medicare/Medicaid).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Technical Assistance Program



Type of Services Requested: (check all that apply)

### Financial Assistance

- Financial Review
- Restructuring Fiscal Services
- Accounts Receivable Management
- Financial Planning
- Management Reporting
- Computer Selection and Setup
- Internal Audit Development
- Productivity Analysis
- Corporate (Medicare) Compliance Program
- Charge System Reviews
- Fiscal Management Seminars (for Boards and Groups)
- Interim Financial Management

### Legal Assistance

- Board of Directors' Training
- Compliance Planning
- Specialized Legal Services
- Review of Contracts/Transactions
- Other Legal Services

### Community Assessment

- Market Analysis (ICD-9/Primary Care data projections)
- Community Market Surveys
- Key Informant Interviews
- Focus Group Interviews
- Community Wide Meetings
- Customer Satisfaction Surveys
- Economic Impact Studies

### Organizational/Management Development

- Organizational Surveys
- Scope of Services
- Employee Satisfaction Surveys
- Board Development
- Leadership Training
- Teambuilding
- Strategic Planning Facilitation
- Recruitment and Retention
- Medical Staff Development/Conflict Resolution
- Rural Health Clinic Application Development

Other: (Please list)

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Do you have a preference for a particular consultant or a TAP consultant member? If so, who: \_\_\_\_\_

### Financial Capability:

On a separate sheet, please summarize the current financial status of the health care facility and provide a copy of the last three years of audited year-end statements (unless you have a financing through the Idaho Health Facilities Authority).

Describe the importance of these services to the financial stability and the ongoing success of your local health care system.