



Preparing and Submitting the Fiscal Year 2022 Native Hawaiian Health Care Improvement Act Non-Competing Continuation Progress Report for Native Hawaiian Health Care Systems and Papa Ola Lokahi

5-H1C-22-001

Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People





AGENDA

- Overview
- How to Submit
- Submission Components
- Reminders and Contacts
- Questions and Answers

What is a Non-Competing Continuation (NCC)?

Award recipients:

- Complete a non-competing continuation progress report in the HRSA Electronic Handbooks (EHBs) during the first and second years of the three-year project period
- Provide **programmatic progress** for the *current* budget period
- Provide **budget information** for the *upcoming* budget period



Summary

Ensure HRSA EHBs has the correct dollar amount listed for your organization

Due Date: March 14, 2022 at 10 PM EDT

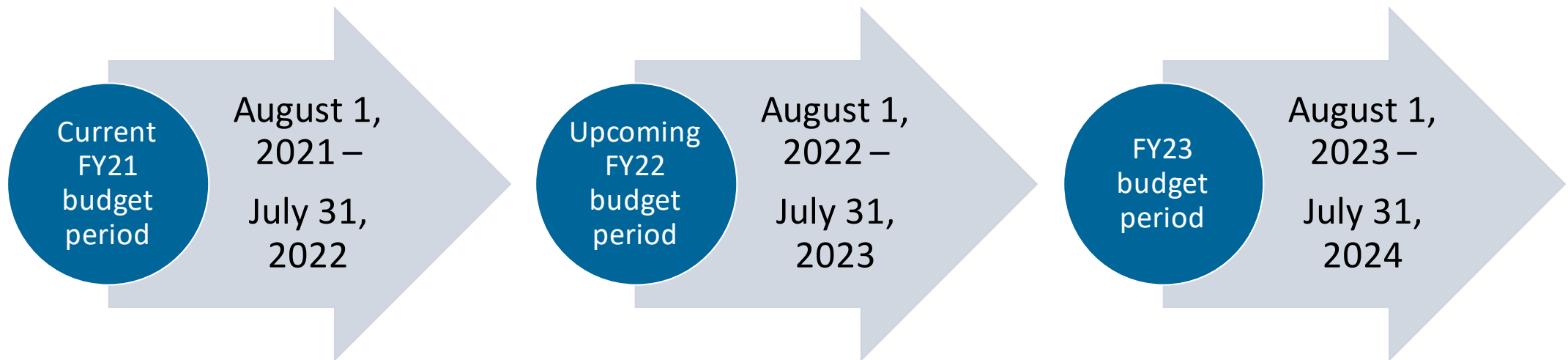


- **Total 2022 health care funding:**
Approx. \$18M*
 - Appropriated annually
 - Amounts per award recipient can vary each year
 - Refer to instructions for cost sharing/matching requirements
- **Budget period start date:** August 1, 2022
- **Application**
 - EHBs submission only
 - 40 pages or less when printed with attachments

* Excludes \$2.3 million in scholarship funding

Overview: 3-Year Period of Performance

August 1, 2021 – July 31, 2024



Overview: Submission Updates



- Executive salary cap increased
- Required and optional clinical measure descriptions updated
- Attachment 8: Current NHHCS Certification from POL
- Attachment 9: List of Currently Certified NHHCS
- New application point of contact

Registration and System Instructions



- For registration guidance, see the EHBs link on the [NHHCIA NCC Technical Assistance Webpage](#)
- For step-by-step system instructions, access the NCC User Guide linked on page 4 of the Instructions

Remember:

Form: Structured submission sections completed online in EHBs. Does not count towards page limit.

Attachment: Documents created by user and uploaded to EHBs. Counts towards page limit.



Submission Components

For details, refer to the Instructions and the NCC User Guide

SF-PPR and SF-PPR-2 Forms

Budget Information: Budget Details Form

Budget Narrative Attachment

Performance Narrative Attachment

Additional Attachments 1-10



Submission Components: SF-PPR and SF-PPR-2 Forms

Required for POL and NHHCS



- Serves as progress report cover page
- Contains basic information about your organization
- For step-by-step system instructions, access the NCC User Guide linked on page 4 of the Instructions

Submission Components:

Budget Presentation

Required for POL and NHHCS

- Includes Budget Information: Budget Details Form and Budget Narrative Attachment
- Provide budget information for the upcoming FY 2022 budget period (August 1, 2022 through July 31, 2023)
- **Your NHHCIA budget narrative should not include any ARP-NH funding your organization received from HRSA**
- Federal funds may not be used to pay the salary of an individual at a rate in excess of **\$203,700**.
 - Effective January, 2022.
- **NHHCS only:**
 - 10 percent cap on administrative expenditures
 - Cost sharing/matching requirement equal to \$1 for every \$5 of federal funds (42 U.S.C. 11705)



Submission Components:

Performance Narrative

Required for POL and NHHCS

Required Elements

1. Changes in target population/demographics
2. Significant progress, challenges, and changes to the approved activities
3. Significant changes to collaborations, partnerships, and coordinated activities
4. Significant changes to program evaluation plans
5. Significant changes to project staffing
6. How the funding match requirement is being met **(NHHCS ONLY)**
7. Progress toward recognizing the full universe of NHHCS, as well as certifying NHHCS that have the qualifications and the capacity to provide the services and meet the requirements of the NHHCIA **(POL ONLY)**



Submission Components: Attachments

Use your last progress report as a starting point to complete these attachments

1. FY 2021 Project Work Plan Progress Report (**POL**)
2. FY 2022 Project Work Plan Update (**POL**)
3. Service Projections Update (**NHHCS**)
4. Clinical Performance Measures Update: Required and Optional (**NHHCS**)
5. Financial Performance Measures Update: Required and Optional (**NHHCS**)
6. Income Analysis Form (**NHHCS**)
7. Summary of Contracts and Agreements (as applicable for **NHHCS & POL**)
8. Current NHHCS Certification from POL (**NHHCS**)
9. List of Currently Certified NHHCS and Updated System Certification Procedure (**POL**)
- ~~8.~~ 10. Other Relevant Documents (as applicable for **NHHCS & POL**)



Attachments 1 & 2:

Project Work Plan

For submission by POL only

- Attachment 1: **FY 2021 Project Work Plan Progress Report**
 - Start with the FY 2021 Project Work Plan Update submitted with the FY 2021 limited competition application
 - Document progress made toward planned activities and goals since last year's submission
- Attachment 2: **FY 2022 Project Work Plan Update**
 - Start with the FY 2021 Project Work Plan Update submitted with the FY 2021 limited competition application
 - Document changes planned for the upcoming FY 2022 budget period (August 1, 2022 - July 31, 2023)



FY 2021 Project Work Plan

Progress Report Sample

PDF sample available on TA
webpage

The table below is for reference only. Start with the FY 2021 Project Work Plan Update included in your FY 2021 limited competition application (or the version approved by your Program Contact if post-award revisions were required), and add a column titled FY 2021 Progress (as shown in red* below) to create an FY 2021 Project Work Plan Progress Report.

Use the new FY 2021 Progress column to provide information regarding progress made toward planned activities and goals since last year's limited competition application. Do not edit any other fields.

OMB No.: 0915-0285. Expiration Date: 3/31/2023

Goal 1:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	FY 2021 Progress*
<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Do not edit information in this column.</i>	<i>Add this column and use it to record progress since last year's application, on each key action step and expected outcome.</i>

Goal 2:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	FY 2021 Progress*



FY 2022 Project Work Plan

Update Sample

PDF sample available on TA
webpage

The table below is for reference only. Start with the FY 2021 Project Work Plan Update submitted with your FY 2021 limited competition application (or the version approved by your Program Contact if post-award revisions were required), and update it as needed to highlight any changes planned for the upcoming FY 2022 budget period (August 1, 2022 through July 31, 2023).

Highlight fields with updates to facilitate HRSA review of proposed changes. Only highlight changes planned for the FY 2022 budget period. The column instructions below should be followed if you add additional Goals or Key Action Step rows.

OMB No.: 0915-0285. Expiration Date: 3/31/2023

Goal 1:				
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible
<i>Define each action step on its own row. Define as many action steps as necessary by adding rows to the table.</i>	<i>A completion date (month and year) must be defined for each action step</i>	<i>An outcome must be defined for each action step.</i>	<i>Identify the process to be utilized to track and measure change.</i>	<i>A responsible person must be identified for each action step.</i>

Goal 2:				
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible
		Highlight areas of change projected for the FY 2022 Budget Period		



Attachment 3:

Service Projections Update

For submission by NHHCS only

Provide progress toward projections for the following:

- Outreach Services
- Education and Health Promotion
- Services of physicians, physicians' assistants, nurse practitioners, or other health professionals



Service Projections

Update Sample

PDF sample available on TA webpage

The table below is for reference only. Start with the Required Service Projections submitted with the FY 2021 limited competition application and add two additional columns (as shown in red* below) to provide numeric data showing progress to date and a narrative explanation of progress in relation to the goal. Do not edit the goal previously provided.

NAME OF NATIVE HAWAIIAN HEALTH CARE SYSTEM	
APPLICATION NUMBER	

Required Service	Performance Measure	Projection	Goal for Three-Year Period of Performance Ending 7/31/24	Numeric Progress Since 8/1/21*	Narrative Progress Since 8/1/21*
Outreach Services	Number of Native Hawaiians informed of the availability of health services	NHHCS to propose a goal for the 3-year period of performance that indicates how many Native Hawaiians will be informed of the availability of services by 7/31/24.	Do not edit the goal previously provided		



Attachments 4 & 5:

Performance Measures

For submission by NHHCS only

- Progress toward all performance measure goals must be tracked over the course of the 3-year period of performance
- Performance Measure Categories
 - Required and Optional Clinical Performance Measures
 - Required and Optional Financial Performance Measures



Required Clinical Performance Measures

6 Required Clinical Performance Measures:

1. Diabetes: Hemoglobin A1c Poor Control
2. Controlling High Blood Pressure
3. Early Entry Into Prenatal Care
4. Childhood Immunizations Status
5. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
6. Body Mass Index Screening and Follow-Up Plan

Optional Clinical Performance Measures

If **optional** clinical performance measures were included in your FY 2021 application, progress must be tracked over the course of the 3-year period of performance

1. Screening for Depression and Follow-up Plan
2. Depression Remission At 12 Months
3. Low Birth Weight
4. Cervical Cancer Screening
5. Tobacco Use: Screening and Cessation Intervention
6. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
7. Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet
8. Colorectal Cancer Screening
9. Breast Cancer Screening
10. HIV Screening
11. HIV Linkage to Care
12. Dental Sealants for Children Between 6-9 Years
13. Prevention and Control of Otitis Media
14. Traditional Healing

Clinical Performance Measures

Sample

PDF sample available on TA
webpage

Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:
Numeric Progress Since August 1, 2021	Provide recent data to demonstrate ongoing progress toward goal.
Narrative Progress Since August 1, 2021	Provide narrative description to explain recent data provided.



Financial Performance Measures

Required and Optional

Include all Required Financial Performance Measures and any Optional Financial Performance Measures that you included in your FY 2021 limited competition application

Required

1. NHHCIA Program Grant Cost Per Total Patient (Grant Costs)

Optional

1. Total Cost Per Total Patient (Costs)
2. Medical Cost Per Medical Visit (Costs)
3. Financial Viability - Non-federal matching funds (percentage of matching funds included in the total project budget)

Financial Performance Measures

Sample

PDF sample available on TA
webpage

Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:
Numeric Progress Since August 1, 2021	Provide recent data to demonstrate ongoing progress toward goal.
Narrative Progress Since August 1, 2021	Provide narrative description to explain recent data provided.

Attachment 6:

Income Analysis Form

For submission by NHHCS only

- Expected income sources, projected patient services income, and other income from all sources (other than the NHHCIA grant)
 - **Exclude any ARP-NH funding your organization received from HRSA**
- Upcoming budget period of August 1, 2022 through July 31, 2023.
 - **Program income** (known as patient service revenue), and;
 - **All other income** (known as other federal, state, local, and other income)



Attachment 7: Summary of Contracts and Agreements

For submission by POL and NHHCS

- **As applicable**
- If changes to contracts and agreements have been made since submission of the FY 2021 limited competition application, upload a brief summary describing project-related contracts and agreements.



Attachment 8:

Current NHHCS Certification from POL

For submission by NHHCS only

- Upload your current NHHCS certification from POL for the period August 1, 2021 through July 31, 2023.



Attachment 9:

List of Currently Certified NHHCS

For submission by POL only

Required:

- Upload a list of all currently certified NHHCS.

If applicable:

- Provide any updates made to the systems certification procedure.



Attachment 10: Other Relevant Documents

For submission by POL and NHHCS

- Previous Attachment 8
- **As applicable**
- If your budget request includes indirect costs, include your indirect cost rate agreement.
- If desired, provide other documents to support the progress report (e.g., publications, survey instruments, data summary charts)



Reminders

EHBs:

- **EHBs submission deadline:** March 14, 2022, by 10:00 PM EDT
- Confirm EHBs registration/access early
- Plan to submit at least 3 days prior to the deadline in order to allow time to address any issues in the submission process

Submissions:

- Not to exceed 40 pages
- Narrative document must be:
 - Single-spaced with 1-inch margins
 - 12 point, easily readable font (e.g., Times New Roman, Arial, Calibri)

Technical Assistance

Resources:

- Sample attachments are available at the [NHHCIA NCC Technical Assistance Webpage](#)
- A recording of today's call will also be posted

Contacts

Progress report questions	Bureau of Primary Health Care Office of Policy and Program Development BPHC Contact Form
Budget or other fiscal questions	Rachel Holmes Office of Federal Assistance Management Division of Grants Management Operations RHolmes1@hrsa.gov or 301-443-0165
Electronic submission issues (i.e., EHBs issues)	Health Center Program Support BPHC Contact Form 877-464-4772



Questions and Answers



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