Fiscal Year 2017

Instructions for Preparing and Submitting the Native Hawaiian Health Care Improvement Act Program Progress Report 5-H1C-17-001

Technical Assistance (TA) page: http://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS
Agenda

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Overview: Purpose and Deadline

Purpose:

To improve the provision of comprehensive disease prevention, health promotion, and primary care services to Native Hawaiians

- Approximately $12.3 million available for FY 2017
  - Six grants
- Project period: 3 years, August 1, 2015 - July 31, 2018
  - Current FY16 budget period: 1 year, August 1, 2016 to July 31, 2017
  - Upcoming FY17 budget period: 1 year, August 1, 2017 to July 31, 2018
- Submission deadline is March 23, 2017 at 12:00 PM HAST (5:00 PM EST)
Overview: Non-Competing Continuation Progress Report

- The Native Hawaiian Health Care Improvement Act (NHHCIA) Program Non-Competing Continuation (NCC) Progress Report provides an update on the progress of NHHCIA award recipients
  - The full limited-competition application is now completed every three years rather than annually
  - During the first and second years of the three-year project period, a Non-Competing Continuation Progress Report must be completed in the HRSA Electronic Handbook (EHB) to continue funding
  - Programmatic progress is presented for the current budget period
  - Budget information is presented for the upcoming budget period

- Total NHHCIA amount will continue to be appropriated annually
  - Amounts per grant recipient may vary each year as outlined in legislation
How to Submit

• Electronic Handbooks Submission (EHB) only
  • EHB is an online system

• If you do not have a username, you must register in EHB

• For EHB registration guidance, click here

• For support on EHB, visit the **NCC User Guide**
Polling Question #1

True or false: Next year, NHHCS and POL will submit a full limited competition application in grants.gov.

a) True
b) False
Answer: Polling Question #1

True or false: Next year, NHHCS and POL will submit a full limited competition application in grants.gov.

a) True
b) False
The Performance Narrative provides a brief narrative highlighting broad issues, significant progress, and challenges that have impacted the target audience and the NHHCS or POL since submission of the FY 2016 progress report.

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)
Submission Components: SF-PPR

• Contains basic information about your organization and serves as the cover pages for the progress report
Submission Components: Budget Presentation

• Includes:
  • Budget Information: Budget Details Form
  • Budget Narrative

• Provide budget information for the upcoming FY 2017 budget period (August 1, 2017 through July 31, 2018)
  • See page 8 of the Instructions and page 30 of the [NCC Progress Report User Guide](#) for further details

• The 10% cap on administrative expenditures and rules for federal matching dollars still apply to NHHCS

• Federal funds may not be used to pay the salary of an individual at a rate in excess of $187,000
Polling Question #2

The Budget Information: Budget Details form and Budget Narrative will provide information for the period:

a) January 1, 2017 – December 31, 2017
b) August 1, 2016 – July 31, 2017
c) August 1, 2017 – July 31, 2018
Answer: Polling Question #2

The Budget Information: Budget Details form and Budget Narrative will provide information for the period:

a) January 1, 2017 – December 31, 2017
b) August 1, 2016 – July 31, 2017
c) August 1, 2017 – July 31, 2018
Submission Components: Attachments

Attachment 1: FY 2016 Project Work Plan Progress Report (required for POL)
Attachment 2: FY 2017 Project Work Plan Update (required for POL)
Attachment 3: Service Projections Update (required for NHHCS)
Attachment 4: Clinical Performance Measures, Required and Optional (required for NHHCS)
Attachment 5: Financial Performance Measures, Required and Optional (required for NHHCS)
Attachment 6: Income Analysis (required for NHHCS)
Attachment 7: Staffing Plan (as applicable for NHHCS & POL)
Attachment 8: Position Descriptions for Key Personnel (as applicable for NHHCS & POL)
Attachment 9: Biographical Sketches for Key Personnel (as applicable for NHHCS & POL)
Attachment 10: Summary of Contracts and Agreements (as applicable for NHHCS & POL)
Attachment 11: Other Relevant Documents (as applicable for NHHCS & POL)
Submission Components: Project Work Plans

POL Only

- **FY 2016 Project Work Plan Progress Report (Attachment 1)**
  - Documents progress made toward planned activities and goals

- **FY 2017 Project Work Plan Update (Attachment 2)**
  - Documents changes planned for the upcoming budget period (August 1, 2017 through July 31, 2018)
Instructions: Start with the FY 2016 Project Work Plan Update included in last year’s submission and add a column titled FY 2016 Progress (as shown in red) to create an FY 2016 Project Work Plan Progress Report.

Use the new FY 2016 Progress column to report progress on planned activities and outcomes since last year’s progress report submission. Do not edit any other fields.

<table>
<thead>
<tr>
<th>Goal 1:</th>
<th>Key Action Steps</th>
<th>Timeline</th>
<th>Expected Outcome</th>
<th>Data Source and Evaluation Methodology</th>
<th>Person/Area Responsible</th>
<th>2016 Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Do not edit information in this column.</td>
<td>Do not edit information in this column.</td>
<td>Do not edit information in this column.</td>
<td>Do not edit information in this column.</td>
<td>Do not edit information in this column.</td>
<td>Add this column and use it to record progress since last year’s submission, on each key action step and expected outcome.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2:</th>
<th>Key Action Steps</th>
<th>Timeline</th>
<th>Expected Outcome</th>
<th>Data Source and Evaluation Methodology</th>
<th>Person/Area Responsible</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Goal 3:</th>
<th>Key Action Steps</th>
<th>Timeline</th>
<th>Expected Outcome</th>
<th>Data Source and Evaluation Methodology</th>
<th>Person/Area Responsible</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
**Instructions:** Start with the FY 2016 Project Work Plan Update submitted with your FY 2016 progress report and update it as needed to highlight any changes planned for the upcoming budget period (August 1, 2017 through July 31, 2018).

Highlight fields with updates to facilitate Project Officer review of proposed changes. Any previously highlighted changes indicated in the FY 2016 Project Work Plan Update submitted with your FY 2016 progress report should not be highlighted. Only highlight changes planned for the FY 2017 budget period. The column instructions should be followed if you add new Goals or Key Action Step rows.

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

<table>
<thead>
<tr>
<th>Goal 2:</th>
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<th>Person/Area Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highlight areas of change projected for the FY 2017 budget period.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<td>Highlight areas of change projected for the FY 2017 budget period.</td>
<td></td>
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</tr>
</tbody>
</table>
Polling Question #3

The Project Work Plan Update and the Project Work Plan Progress Report are required attachments for both NHHCS and POL.

a) True
b) False
The Project Work Plan Update and the Project Work Plan Progress Report are required attachments for both NHHCS and POL.

a) True

b) False
Submission Components: Service Projections

NHHCS Only

• Provide progress toward projections for the following services:
  • Outreach Services
  • Education and Health Promotion
  • Services of physicians, physician assistants, nurse practitioners, or other health professionals
Instructions: Start with the Service Projections Update submitted with the FY 2016 progress report and update the two columns highlighted in red to show quantitative (numeric) progress and qualitative (narrative) progress since August 1, 2015. Add to the previously reported progress by highlighting new progress made since the last progress report submission to facilitate Project Officer review. Do not edit the goals previously provided.

<table>
<thead>
<tr>
<th>Required Service</th>
<th>Performance Measure</th>
<th>Projection</th>
<th>Goal for three-year Project Period ending 7/31/18</th>
<th>Numeric Progress Since 8/1/15</th>
<th>Narrative Progress Since 8/1/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach Services</td>
<td>Number of Native Hawaiians informed of the availability of health services</td>
<td>NHHCS to propose goal for the three-year project period that indicates how many Native Hawaiians will be informed of the availability of services by 7/31/18.</td>
<td>Do not edit the goal previously provided</td>
<td>Highlight numeric progress made since your last submission</td>
<td>Highlight description of new progress made since your last submission</td>
</tr>
<tr>
<td>Education and Health Promotion</td>
<td>Number of formal education/health promotion sessions provided (e.g., planned and structured sessions with specific objectives and outcomes, to include virtual and on-site sessions)</td>
<td>NHHCS to propose goal for the three-year project period that indicates how many formal education/health promotion sessions will be provided by 7/31/18.</td>
<td>Do not edit the goal previously provided</td>
<td>Highlight numeric progress made since your last submission</td>
<td>Highlight description of new progress made since your last submission</td>
</tr>
<tr>
<td>Services of physicians, physicians’ assistants, nurse practitioners, or other health professionals</td>
<td>Number of face-to-face visits between patients and physicians, physician assistants, nurse practitioners, or other health professionals</td>
<td>NHHCS to propose goal for the three-year project period that indicates how many face-to-face visits between patients and physicians, physician assistants, nurse practitioners, or other health professionals will occur by 7/31/18.</td>
<td>Do not edit the goal previously provided</td>
<td>Highlight numeric progress made since your last submission</td>
<td>Highlight description of new progress made since your last submission</td>
</tr>
</tbody>
</table>
Submission Components: Performance Measures

NHHCS Only

• Progress toward all performance measure goals must be tracked over the course of the three-year project period

• Categories of Performance Measures
  • Required and Optional Clinical Performance Measures
  • Required and Optional Financial Performance Measures
Required Clinical Performance Measures

NHHCS Only

6 required clinical performance measures:

1. Diabetes
2. Cardiovascular Disease
3. Pregnancy and Infant Care - Prenatal Health
4. Child Health / Immunizations
5. Nutrition - Weight Assessment and Counseling for Children and Adolescents
6. Nutrition - Adult Weight Screening and Follow-Up
Optional Clinical Performance Measures

NHHCS Only

• If any of the following optional clinical performance measures were included in your FY 2015 application, progress must continue to be tracked

1. Cancer
2. Perinatal Health
3. Oral Health
4. Tobacco Use Screening and Cessation
5. Asthma-Pharmacological Therapy
6. Coronary Artery Disease: Lipid Therapy
7. Ischemic Vascular Disease: Aspirin Therapy
8. Colorectal Cancer Screening
9. HIV Linkage to Care
10. Depression Screening and Follow Up
11. Prevention and Control of Otitis Media
12. Traditional Healing
Clinical Performance Measures Sample

The Clinical Performance Measures forms are for reference only. Start with the Required and Optional Clinical Performance Measures Forms submitted with the FY 2016 progress report, and add two new rows highlighted in red to provide both a numeric data update and a narrative explanation of such progress in relation to the goal. Do not change the data in any of the other rows/cells.

In your progress report, you must include all Required Clinical Performance Measures and any Optional Clinical Performance Measures that you included in your FY 2015 application.
Financial Performance Measures

NHHCS Only

At least 2 financial measures must be tracked:

Required
1. Grant Costs - Total NHHCIA grant amount per patient

Optional (at least one selected in 2015 and tracked over time)
1. Total Costs – Total Cost per Patient
2. Medical Costs – Medical Cost per Medical Visit
3. Financial Viability - Non-Federal Matching Funds (percentage of matching funds included in the total project budget)
The Financial Performance Measures forms are for reference only. Start with the Required and Optional Financial Performance Measures Forms submitted with the FY 2016 progress report, and add two new rows (as shown in red) to provide both a numeric data update and a narrative explanation of such progress in relation to the goal. Do not change the data in any of the other rows/cells. In your progress report, you must include all Required Financial Performance Measures and any Optional Financial Performance Measures that you included in your FY 2015 application.

### 1. Required Focus Area - Grant Costs

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Total NHHCIA grant amount per patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this Performance Measure Applicable to your Organization?</td>
<td>Yes</td>
</tr>
<tr>
<td>Target Goal Description</td>
<td>This field contains information submitted as part of last year’s progress report. Do not edit.</td>
</tr>
<tr>
<td>Numerator Description</td>
<td>Total NHHCIA grant amount drawn down for the calendar measurement year</td>
</tr>
<tr>
<td>Denominator Description</td>
<td>Total patients for the calendar measurement year</td>
</tr>
<tr>
<td>Baseline Data</td>
<td>Baseline Year: Do not edit information provided in last year’s progress report in this field. Measure Type: Numerator: Denominator: Calculated Baseline:</td>
</tr>
<tr>
<td>Numeric Progress since August 1, 2015</td>
<td>This field contains data submitted as part of last year’s progress report. Do not edit.</td>
</tr>
<tr>
<td>Narrative Progress since August 1, 2015</td>
<td>This field contains information submitted as part of last year’s progress report. Do not edit.</td>
</tr>
<tr>
<td>Numeric Progress</td>
<td>Provide recent data to demonstrate ongoing progress toward goal</td>
</tr>
<tr>
<td>Narrative Progress</td>
<td>Provide narrative to explain recent data provided</td>
</tr>
</tbody>
</table>
Polling Question #4

At a minimum, how many clinical and financial performance measures must be tracked by NHHCS?

a) None

b) 6 clinical and 1 financial

c) 6 clinical and 2 financial

d) All listed on the sample forms
Answer: Polling Question #4

At a minimum, how many clinical and financial performance measures must be tracked by NHHCS?

a) None
b) 6 clinical and 1 financial
c) 6 clinical and 2 financial
d) All listed on the sample forms
Submission Components: Other Attachments

- Attachment 6: Income Analysis (NHHCS Only)

- Attachments 7-11 only need to be submitted if there have been changes (POL and NHHCS):
  - Staffing Plan
  - Position Descriptions for Key Personnel
  - Biographical Sketches for Key Personnel
  - Summary of Contracts and Agreements
  - Other Relevant Documents (Please note that if you have an indirect cost rate agreement, you must include it in Attachment 11)
Helpful Tips

• Confirm EHB registration/access

• EHB submission deadline is March 23, 2017, by 12:00 PM HAST (5:00 PM EST)

• Applications may not exceed 40 attachment pages

• Submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Arial, Courier) and 1-inch margins

• Forms, templates, and samples are available at http://bphc.hrsa.gov/programopportunities/fundingopportunities/nhhcs/
Technical Assistance Contacts

Application assistance:
• Mari Novosad: BPHCNH@hrsa.gov or 301.594.4300

Budget development assistance:
• Christie Walker: cwalker@hrsa.gov or 301.443.7742

EHB application assistance:
• BPHC Helpline at 877.974.2742 or http://www.hrsa.gov/about/contact/bphc.aspx to submit a Web request
Questions and Answers

Any questions?