



## Fiscal Year 2016

# Instructions for Preparing and Submitting the Native Hawaiian Health Care Improvement Act Program Progress Report 5-H1C-16-001

Technical Assistance (TA) page:

<http://bphc.hrsa.gov/programopportunities/fundingopportunities/NHCS>



**HRSA**  
Health Resources & Services Administration

# Agenda

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- **Overview**
  - Purpose and Deadline
  - Non-Competing Continuation Progress Report
- **How to Submit**
- **Submission Components**
  - SF-PPR
  - Budget Presentation
  - Performance Narrative
  - Attachments
    - Project Work Plans
    - Service Projections
    - Performance Measures
    - Other Attachments
- **Helpful Tips**
- **Technical Assistance Contacts**
- **Questions & Answers**

# Overview: Purpose and Deadline

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## 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 2016**
  - Six grants
- **Project period: 3 years, August 1, 2015 - July 31, 2018**
  - Current FY15 budget period: 1 year, August 1, 2015 to July 31, 2016
  - Upcoming FY16 budget period: 1 year, August 1, 2016 to July 31, 2017
- **Submission deadline is April 15, 2016 @ 12:00 PM HAST (5:00 PM EST)**

# Overview: Non-Competing Continuation Progress Reports

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- **The 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

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- **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

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True or false: NHHCS and POL will submit a progress report in EHB only again next year.

- True
- False

# Answer: Polling Question #1

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True or false: NHHCS and POL will submit a progress report in EHB only again next year.

- **True**
- False

# Submission Components: SF-PPR

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- **Contains basic information about your organization and serves as the cover page for the progress report**

# Submission Components: Budget Presentation

- **Includes:**
  - Budget Information: Budget Details Form
  - Budget Narrative
- **Provide budget information for the FY 2016 budget period (August 1, 2016 through July 31, 2017)**
  - 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 \$185,100**

# Submission Components: Performance Narrative

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**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 2015 competitive application.**

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)

# Polling Question #2

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The budget presentation and Performance Narrative are required for:

- a) POL
- b) NHHCS
- c) Both POL and NHHCS

# Answer: Polling Question #2

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The budget presentation and Performance Narrative are required for:

- a) POL
- b) NHHCS
- c) Both POL and NHHCS**

# Submission Components: Attachments

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**Attachment 1: FY 2015 Project Work Plan Progress Report** (required for POL)

**Attachment 2: FY 2016 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

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## POL Only

- **FY 2015 Project Work Plan Progress Report (Attachment 1)**
  - Documents progress made toward planned activities and goals
- **FY 2016 Project Work Plan Update (Attachment 2)**
  - Documents changes planned for the FY 2016 budget period (August 1, 2016 through July 31, 2017)

# FY15 Project Work Plan Progress Report Sample

**Instructions:** Start with the Project Work Plan submitted with your FY 2015 application (or the version approved by your Project Officer if your Project Officer requested post-award revision), and update it with a Progress column (as shown in red) to create an FY 2015 Project Work Plan Progress Report.

Use the new Progress column to report progress on planned activities and outcomes since submission of the FY 2015 competitive application. Do not edit any other fields in the FY 2015 Project Work Plan.

Goal 1:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Progress
<i>Do not edit information in this column.</i>	<i>Add this column and use it to record progress to date 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	Progress
Goal 3:					
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible	Progress

# FY16 Project Work Plan Update Sample

**Instructions:** Start with the FY 2015 Project Work Plan submitted with your FY 2015 application (or the version approved by your Project Officer if your Project Officer requested post-award revision), and update it as needed to highlight any changes planned for the FY 2016 budget period (August 1, 2016 through July 31, 2017).

Highlight fields with updates to facilitate Project Officer review of proposed changes. The column instructions should be followed if you add new Goals or Key Action Step rows.

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>An expected completion date (month and year) must be defined for each action step.</i>	<i>An expected 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 2016 budget period.		
Goal 3:				
Key Action Steps	Timeline	Expected Outcome	Data Source and Evaluation Methodology	Person/Area Responsible
	Highlight areas of change projected for the FY 2016 budget period.			

# Polling Question #3

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**POL should download and fill in the Work Plan samples from the TA web site when preparing the progress report.**

- a) True
- b) False

# Answer: Polling Question #3

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POL should download and fill in the Work Plan samples from the TA web site when preparing the progress report.

- a) True
- b) False**

# Submission Components: Service Projections

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## 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

# Service Projections Sample

**Instructions:** Start with the Service Projections submitted with the FY 2015 application and add two additional columns to show quantitative (numeric) progress and qualitative (narrative) progress since August 1, 2015.

NAME OF NATIVE HAWAIIAN HEALTH CARE SYSTEM					
Application Number					
Required Service	Performance Measure	Projection	Goal for three-year Project Period ending 7/31/18	Numeric Progress Since 8/1/15	Narrative Progress Since 8/1/15
Outreach Services	Number of Native Hawaiians informed of the availability of health services	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.			
Education and Health Promotion	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)	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.			
Services of physicians, physicians' assistants, nurse practitioners, or other health professionals	Number of face-to-face visits between patients and physicians, physicians assistants, nurse practitioners, or other health professionals	NHHCS to propose goal for the three-year project period that indicates how many face-to-face visits between patients and physicians, physicians assistants, nurse practitioners, or other health professionals will occur by 7/31/18.			

# Submission Components: Performance Measures

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## 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

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## 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 the FY 2015 application, progress must be tracked

1. Cervical 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

**Instructions:** Start with the Required and Optional Clinical Performance Measures Forms submitted with the FY 2015 application, and add two rows to each (as shown) to provide both a numeric data update showing progress to date 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.

OMB No.: 0915-0285, Expiration Date: 9/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM <b>REQUIRED CLINICAL PERFORMANCE MEASURE</b>		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
<b>1. Focus Area: Prevention and Control of Diabetes</b>			
Performance Measure	Proportion of adult patients with a diagnosis of Type I or Type II diabetes, whose hemoglobin A1c (HbA1c) was greater than 9% at the time of the last reading in the measurement year.		
Target Goal Description			
Numerator Description	Number of adult patients whose most recent hemoglobin A1c level during the measurement year was greater than 9% among those patients included in the denominator.		
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type I or Type II diabetes, who have been seen in the clinic for medical visits at least twice during the reporting year and do not meet any of the exclusion criteria.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			

# Financial Performance Measures

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## 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)

# Polling Question #4

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

- 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

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

- a) None
- b) 6 clinical and 1 financial
- c) 6 clinical and 2 financial**
- d) All listed on the sample forms

# Other Attachments

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- **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

# Helpful Tips

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- **Confirm EHB registration/access**
- **EHB deadline is April 15, 2016, by 12:00 PM HAST (5:00PM 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

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## Application assistance:

- Margot Bolon: [BPHCNH@hrsa.gov](mailto:BPHCNH@hrsa.gov) or 301.594.4300

## Budget development assistance:

- Christie Walker: [cwalker@hrsa.gov](mailto: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

# Q&A

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## Any questions?