

U.S. Department of Health and Human Services
Health Resources and Services Administration
Federal Office of Rural Health Policy Hospital/State Division
Small Rural Hospital Improvement Program
Noncompeting Continuation Progress Report
Program Specific Instructions for the Submission of the Performance
Narrative

Funding Announcement Number:
5-H3H-18-001

Due in EHBs: February 12, 2018

The continuation of grant funding is based on compliance with applicable statutory and regulatory requirements, demonstrated organizational capacity to accomplish the project's goals, adequate justification for all projected costs, availability of appropriated funds, and a determination that continued funding would be in the best interest of the Government. Inadequate justification and/or progress may result in the reduction of approved funding levels.

I. Year 2018 NCC Overview

Summary of Funding:

This non-competing continuation will provide funding during budget year 2018-2019. The budget period start date is June 1, 2018.

II. 2018 NCC Instructions

The non-competing continuation progress report should not exceed 25 pages (including attachments). Progress Reports that exceed the specified page limit may be deemed non-compliant.

The 25-page limit includes the Performance Narrative and any attachments. EHB web-based forms (i.e. SF-424, SF-PPR, SF-PPR 2) will not count towards the 25-page limit.

For additional information on progress reports, please refer to the NCC Progress Report User Guide for Grantees at:

<https://grants.hrsa.gov/WebExternal/Include/Documents/NCC%20Progress%20Report%20User%20Guide%20for%20Non-H80%20Grants.pdf> for detailed instructions on how to submit this report in EHB.

The Non-Competing Continuation (NCC) Progress Report includes the following:

Content	Title	Type	Required	Max. Pages
SF-PPR	SF-PPR <i>Please refer to pages 13-21 of the NCC Progress Report User Guide for Grantees</i>	Form	Yes	N/A
	SF-PPR-2 <i>Please refer to pages 21-28 of the NCC Progress Report User Guide for Grantees</i>	Form	Yes	N/A
	SF-424	Form	Yes	N/A
Performance Narrative	Progress Summary <i>Please refer to pages 28-30 of the NCC Progress Report User Guide for Grantees</i>	Attachment	Yes	<i>Within 25 page max.</i>
	Work Plan FY18	Attachment	Yes	<i>Within 25 page max.</i>
	Improving the SHIP	Attachment	Yes	<i>Within 25 page max.</i>
	Program Monitoring & Evaluation	Attachment	Yes	<i>Within 25 page max.</i>
	Budget Justification- <i>Please refer to pages 34-35 of the NCC Progress Report User Guide for Grantees</i>	Attachment	Yes	<i>Within 25 page max.</i>
Appendices	Spreadsheet of SHIP Applicants	Attachment	Yes	N/A
	Position Description/Vitae for any new SHIP staff since most recent application submission	Attachment	Yes	N/A
	Other Relevant Documents (ie., Monitoring and Evaluation template/plan)	Attachment	No	N/A

III. 2018 NCC Submission Details

A. Performance Narrative (Attachment - Required)

Organize the narrative section of the non-competing continuation progress report into the sections listed below and **include the section headings**. Be specific as rewrites will be required where specificity is lacking.

Section I: Summary of Hospital and State Office level activities and progress

List the goals and objectives contained in the Work Plan of your competing or most recently approved application. Summarize SHIP activities undertaken and accomplishments and progress achieved on each of the project objectives. Include preliminary data or other quantitative information when possible. Include accomplishment and highlight details for both the State Office of Rural Health and Hospitals/Networks as follows:

State Office of Rural Health (SORH) Staff Information

Discussion of any difficulties in hiring or retaining staff; and Barriers relevant to progress and strategies taken to overcome them.

Hospitals and/or Networks

For Hospitals:

Progress on specific goals and objectives; and Brief summary of overall project accomplishments and highlights during the reporting period.

For Networks:

Summarize networks/consortia efforts that have been operational with SHIP funds on behalf of SHIP hospitals for the current and past FY. Include the name of network/consortia, purpose, hospitals served, and outcomes and/or improvements as a result of network efforts.

Discuss your plans for pursuing networks/consortia to meet strategic SHIP goals as identified in the goals and objectives, if applicable. **SHIP funds cannot be used in the planning and development of networks/consortia.*

Section II. Variance or Deviations

Describe any deviation from previously approved work plan and the reason(s) for the change. (*Note: Significant Changes must be submitted through EHB Prior Approval Module and cannot be approved as part of the NCC Progress Report.*)

Discuss/describe any problem areas during the current budget period and efforts to address them. Include any anticipated problems in meeting project(s) goals and objectives during the next budget period and actions that will be taken to attend to them.

Deviation due to Hospital ineligibility or forfeiture

If applicable, discuss hospitals that forfeited (decided not to participate after indicating submitting a hospital application) SHIP funds Post-Award in the most recent FY. Include the following:

-Name of Hospital

-Reason for non-participation/non-compliance

SHIP Coordinator Actions-describe follow-up and outcomes

- Is/Are the hospital/s participating in FY18?

Special Note: As part of program compliance check, Program Officers may request copies of hospital applications post-award.

Section III. FY18 Work plan

Briefly describe activities or investments that will be used to achieve objectives proposed during the FY18 budget period in the narrative, indicating any changes from the FY17 work plan. (e.g. new hospitals, new activities from SHIP Purchasing Menu, etc.).

Reminder: SHIP funds are to be spent in a prioritized manner. **Critical Access Hospitals (CAHs)** are to base funding expenditures in this order:

- 1) HCAHPS or ICD-10 activities (one or the other or both, in no order), if a hospital has yet to implement either activity, and
- 2) If a hospital has already signed-up for and/or implemented both HCAHPS and ICD-10, then that hospital may select a different activity listed on the SHIP Purchasing Menu.

If a hospital is currently using all equipment and/or services listed on the SHIP Purchasing Menu (see Appendix A), then that hospital may select an alternative piece of equipment and/or service provided:

- 1) This purchase will optimally affect a hospital's transition into an accountable care organization, increase value based purchasing objectives, and/or aid in the adoption of ICD-10, or supports payment bundling activities, and;
- 2) The hospital receives permission from both their state SHIP Coordinator and the Federal Office of Rural Health Policy (FORHP) Project Officer has been informed.

Non-CAHs will prioritize HCAHPS and/or ICD-10 activities, or if they have implemented both, an activity listed on the SHIP Purchasing Menu. If a non-CAH is completing all Purchasing Menu activities, then that hospital may engage in a different purchase, provided:

- 1) This purchase will optimally affect a hospital's transition into an accountable care organization environment, increase value based purchasing objectives, and/or improve hospital financial processes, and
- 2) Hospital receives permission from their state SHIP Coordinator and the FORHP Project Officer has been informed.

Section IV. Improving the SHIP

Provide a brief (no more than 1-2 paragraphs) discussion/response to the following:

- *What SHIP activities are most important to your hospitals?*
- *What other activities would you like to see as part of the SHIP menu and in which category?*
- *What program improvements or technical assistance would help SHIP better serve your hospitals?*
- *Describe support for network planning and/or operations among hospitals in your state.*

Section V. Program Monitoring and Evaluation

Briefly discuss SHIP hospital monitoring and evaluation to identify hospitals at risk of non-compliance and how do you address non-compliance (no more than 1-2 paragraphs).

*If you utilize a Monitoring and Evaluation template, please include in the Appendix under “Other Relevant Documents”

Section VI. Budget Narrative

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives and, if applicable, complementary to Flex activities. The budget period is for ONE year. Do NOT use this section to expand the project narrative.

**Travel and Other are not allowed*

IV. REPORTING REQUIREMENTS

Federal Financial Report

Federal Financial Report

Prior budget period Federal Financial Report (FFR) is required by October 30, 2018, and must be submitted electronically through the EHBs. If you anticipate that there will be an unobligated balance (UOB) of funds at the completion of the current budget period and that these funds will be needed to complete the project objectives, you must request a carry-over to use the UOB to complete your project. You may do so with the electronic submission of the FFR or by submitting a request through the HRSA EHBs within 30 days of the electronic FFR submission. The request to use the UOB shall include an explanation of why the funds were not spent, why the extension is needed, a revised budget, and a budget justification. Also, include the most recent FFR, if not already submitted. **No requests for use of UOB’s will be accepted past the 30 days post-FFR submission.**

Reminder: *Changes in scope, key personnel and significant re-budgeting must be submitted through the EHB Prior Approval Module, and are not to be included as part of the Request for Extension/Use of Unobligated Funds)*

B. Appendices (Attachment- As Applicable)

Grantees are allowed to attach only the appendices listed below with the NCC Progress Report submission.

Each attachment must contain the grant number, project title, organization name, and primary contact name. Grantees must ensure that each attachment is correctly labeled and attached in the “Appendices” section as follows:

Appendix 1: State Spreadsheet of SHIP Applicants

TAB 1: FY18 SHIP Work Plan

All statewide participating hospital information must be included in this attachment. All hospitals – new and returning – should submit signed applications to the grantee, as the official record holder, for their files. Do not attach to the NCC. List all new hospital applicants, returning applicants, and those hospitals not returning from FY 17. Within these categories, alphabetize the hospitals and provide the full physical address, county, and names of both CEOs and Hospital Coordinator of SHIP Project(s). Within the same spreadsheet, also provide the information below for each new and returning hospital:

- a) Critical Access Hospital (CAH) designation (yes or no);
- b) Bed count;
- c) Amount requested in dollars and the amount requested by percent of award that each hospital will spend on 1) value-based purchasing, 2) accountable care organizations or shared savings, and/or 3) payment bundling/PPS. Also list the purchases of each hospital under their respective category. Hospitals may select more than one category to fund, provided they follow investment priorities described in Section III. *Work Plan*.
- d) Indicate if the hospital is requesting
 1. Direct funding
 2. Full or partial network funding; or
 3. Funding to be released to the SORH
- e) CMS Certification Number (CCN)
- f) Provide the totals for the following
 1. Total number of participating hospitals
 2. Number of returning hospital
 3. Number of new hospitals
 4. Number of hospitals not-returning and reason.

- g) Amount of funds for the state in dollars and percent expended in each category

Reminder: A sample Hospital Applicant Form is available through the Rural Center website, <http://www.ruralcenter.org/tasc>.

TAB 2: FY17 Progress

For FY17, please include each hospital, the FY17 investment/activity, progress (complete, incomplete, or in progress), any change in investment/activity, and the impact/change or measure related to that activity.

Appendix 2: Position Description/Vitae for any new staff supported by SHIP funding since most recent application or NCC submission

Appendix 3: Other Relevant Documents

e.g. New or revised supplementary information such as memorandums of understanding, letters of commitment or support letters, monitoring and evaluation plan, etc.

V. TECHNICAL ASSISTANCE

Program Assistance

Please contact your Project Officer to obtain additional information regarding overall program issues:

Bridget Ware, MCP
Project Officer
Federal Office of Rural Health Policy
5600 Fishers Lane, Room 17W-53
Rockville, Maryland 20857
Telephone: 301.443.3822
E-mail: bware@hrsa.gov

Grants Management

Grantees may obtain additional information regarding business, administrative or fiscal issues related to the NCC submission by contacting:

Potie Pettway
Lead Grants Management Specialist
Division of Grants Management
Operations
Health Resources and Services
Administration
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: 301.443.1014
E-mail: ppettway@hrsa.gov

Electronic Progress Report - HRSA EHBs Assistance

Grantees may need assistance when working online to submit their noncompeting continuation information electronically. For assistance with submitting the information in HRSA's EHBs, contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Contact Center

Phone: (877) Go4-HRSA or (877) 464-4772

Fax: (301) 998-7377

E-mail: CallCenter@HRSA.GOV

Additional NCC Support

Additional guidance and examples can be found at the following:

<https://www.ruralcenter.org/ship>

SHIP Purchasing Menu: Planned FY2018 (June 1, 2018- May 31, 2019) Expenditures

Check box(es) to indicate proposed activities from the purchasing menu below. In the final box, indicate the dollar amount by investment category. **Total Budget Estimate CANNOT exceed \$9,000**

Value-Based Purchasing (VBP) Investment Activities Activities that support improved data collection to facilitate quality reporting and improvement.	Activity(ies) Hospital	Activity(ies) Network/ Consortium	Briefly describe the Activity
A. Quality reporting data collection/related training (e.g. eCQM implementation)	<input type="checkbox"/>	<input type="checkbox"/>	
B. HCAHPS data collection process/related training	<input type="checkbox"/>	<input type="checkbox"/>	
C. Efficiency or quality improvement training/project in support of VBP related initiatives	<input type="checkbox"/>	<input type="checkbox"/>	
D. Provider-Based Clinic Quality Measures Education	<input type="checkbox"/>	<input type="checkbox"/>	
E. Alternative Payment Model and Merit-Based Incentive Payment training/education	<input type="checkbox"/>	<input type="checkbox"/>	

Accountable Care Organization (ACO) or Shared Savings Investment Activities Activities that support the development or the basic tenets of ACOs or shared savings programs.	Activity(ies) Hospitals	Activity(ies) Network/ Consortium	Briefly describe the Activity
A. Computerized provider order entry implementation and/or training	<input type="checkbox"/>	<input type="checkbox"/>	
B. Pharmacy services implementation	<input type="checkbox"/>	<input type="checkbox"/>	
C. Disease registry training and/or software/hardware	<input type="checkbox"/>	<input type="checkbox"/>	
D. Efficiency or quality improvement training/project in support of ACO or shared savings related initiatives	<input type="checkbox"/>	<input type="checkbox"/>	
E. Systems performance training	<input type="checkbox"/>	<input type="checkbox"/>	
F. Mobile health equipment installation/use	<input type="checkbox"/>	<input type="checkbox"/>	
G. Community paramedicine training and/or equipment installation/use	<input type="checkbox"/>	<input type="checkbox"/>	
H. Health Information Technology Training for Value and ACOs	<input type="checkbox"/>	<input type="checkbox"/>	

Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities Activities that improve hospital financial processes.	Activity(ies) Hospitals	Activity(ies) Network/ Consortium	Briefly describe the Activity
A. ICD-10 software	<input type="checkbox"/>	<input type="checkbox"/>	
B. ICD-10 training	<input type="checkbox"/>	<input type="checkbox"/>	

Payment Bundling (PB) or Prospective Payment System (PPS) Investment Activities Activities that improve hospital financial processes.	Activity(ies) Hospitals	Activity(ies) Network/ Consortium	Briefly describe the Activity
C. Efficiency or quality improvement training/project in support of PB or PPS related initiatives	<input type="checkbox"/>	<input type="checkbox"/>	
D. S-10 Cost Reporting training/project	<input type="checkbox"/>	<input type="checkbox"/>	
E. Pricing Transparency Training	<input type="checkbox"/>	<input type="checkbox"/>	

Investment Category	Amount Requested	Percent by Category
VBP Investment Activities	<i>Enter Amount</i>	<i>Enter Percent of funding</i>
ACO or Shared Savings Investment Activities	<i>Enter Amount</i>	<i>Enter Percent</i>
PB or PPS Investment Activities	<i>Enter Amount</i>	<i>Enter Percent</i>
Total Requested	\$9,000.00	100%