U.S. Department of Health and Human Services Health Resources and Services Administration Federal Office of Rural Health Policy

# Medicare Rural Hospital Flexibility Program

Noncompeting Continuation Progress Report Program Specific Instructions for the Submission of the Performance Narrative 5-H54-16-001 Available in EHB: March 15, 2016 Due in EHB: May 16, 2016 Funding Start Date: September 1, 2016

The continuation of grant funding will be 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 Federal government. Inadequate justification and/or progress may result in the reduction of approved funding levels.

# I. 2016 NCC Overview

This non-competing continuation (NCC) will provide funding during budget year 2016 - 2017. The budget period start date is September 1, 2016

# **II. 2016 NCC Instructions**

The forms and documents identified in the following table are required submissions for the 2016 NCC.

Content	Title	Туре	Required	Max. Pages
SF-PPR	SF-PPR	Form	Yes	N/A
	SF-PPR-2	Form	Yes	N/A
Performance Narrative	Performance Narrative	Attachment	Yes	15
Appendices	FY 15 Work Plan	Attachment	Yes	N/A
	FY 16 Work Plan	Attachment	Yes	N/A
	FY 16 Budget Justification Narrative	Attachment	Yes	N/A
	Position Descriptions of New Staff	Attachment	Yes	N/A

Curriculum Vitaes of New Staff	Attachment	Yes	N/A
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## III. 2014 NCC Submission Details

## A. Progress Summary (Attachment – Required)

<b>Reporting Period</b>				
September 1, 2015 – March 15, 2016				

The purpose of the *Performance Narrative* is to provide a comprehensive overview of the project and to provide documentation of project activities and accomplishments during the current FY 2015 budget period. This documentation will provide information about the overall progress of the project and plans for continuation of the project in the FY 2016 budget period. The narrative is submitted as an attachment in the "Program Specific Information" section of the NCC Progress Report. Discuss progress on each funded activity during this current reporting period (September 1, 2015 – March 15<sup>th</sup>, 2016). The Performance Narrative should include the following information in the order listed below and should be no more than 15 pages in length (single spaced, type 12 font, one-inch margins), not counting the appendices:

### Program Specific Instructions for the Performance Narrative and Appendices

The Performance Narrative section in EHB includes discussion of the Current FY 15 Work Plan. It should provide a comprehensive discussion of project activities and accomplishments since the start of the grant (September 1, 2015), including progress to date, and planned activities for the remainder of the current year.

In the Performance Narrative, clearly describe the following elements:

- (1) Progress made on all Flex activities since the start of the FY 2015 Flex Grant Program on September 1, 2015,
  - a. Progress must relate to the goals, objectives, and activities stated in your FY 2015 Flex Application. The information presented must clearly demonstrate the progress of the goals, objectives, and activities; the associated measures for which data were collected; and describe the impact for each of the Program Areas listed below in which Flex activities were conducted. The Flex Grant Guidance providing more detail about the Program areas can be found here: <u>https://www.ruralcenter.org/tasc/resources/fiscal-year-</u>2015-medicare-rural-hospital-flexibility-flex-grant-guidance
  - b. Flex Program Areas:
    - i. Quality Improvement (QI) Medicare Beneficiary Quality Improvement Program (MBQIP)
    - ii. Financial and Operational Improvement
    - iii. Population Health Management and Emergency Medical Service (EMS) Integration

- iv. Designation of Critical Access Hospitals (CAHs) in the State
- v. Integration of Innovative Healthcare Models
- (2) A summary of planned activities to be conducted for the remainder of the current budget period (ending August 31, 2016);
- (3) Discussion of any significant changes, challenges and barriers faced or anticipated in the remainder of the year, including activities that may not be completed, may be delayed or those that may need a change of scope; Discussion of unfilled positions and plans to fill the position to prevent unused funding;
- (4) Discussion of how to mitigate or address these significant changes, challenges, and barriers;
- (5) Lessons Learned and/or Best Practices from FY 15 Flex Program;
- (6) Summary of FY 16 Flex Program (Beginning September 1, 2016) and any potential adjustments or expansions of program activities;
- (7) Other Information: Discuss other related areas of interest, such as descriptions of linkages that have been established with other programs, technical assistance needs, or other relevant information such as adjustments to your evaluation plan.

Instructions for the Appendices

- Attachment 1: FY 15 Work Plan. Review and update of the previously submitted FY 15 Work Plan to show status of activities and outcomes. The updated Work Plan should include the quantitative outputs based on previously identified measurements associated with the activities. Additionally, if a new activity has been introduced through a change in scope, or an activity has been terminated, this must be noted and identified clearly.
- Attachment 2: FY 16 Work Plan for the Sept. 1, 2016 Aug. 31, 2017 period. The FY 16 Work Plan should be presented in an operationalized format, defined as translating program goals, objectives, and activities into specific measurable outputs and outcomes. Specific measurable variables should be identified to evaluate the outcome of each significant activity. Current baseline measurements should be included where applicable (for example, current days in Accounts Receivable (AR) if the planned activity aims to reduce days in AR for participating CAHs). Include ongoing activities that will continue from the current budget period, as well as any new activities and indicate if each activity is new or ongoing. A suggested work plan template can be found here:

https://www.ruralcenter.org/tasc/resources/suggested-flex-program-work-plan-template

- Attachment 3: FY 16 Budget Justification Narrative. Please provide a Budget Justification Narrative that is sufficiently detailed and covers use of federal funds for each object class category. Travel and contractual costs must be itemized. Discuss any significant changes to your FY16 budget relative to FY15.
  - o FORHP expects all grantees to participate in the 2017 Flex National Meeting and one Regional or National meeting each year related to the administration of the Flex

Grant, as a part of ensuring program maintenance and integrity. The budget should include necessary travel funds;.

- A Flex representative is encouraged to attend the NRHA CAH Conference in Kansas City, MO.
- Whenever staff turnover occurs by personnel directly responsible for executing the duties of the Flex grant, the replacement personnel are required to attend a Flex Workshop in Duluth, MN within one year of start date.
- Attachment 4: Position Descriptions for all new positions for which grant support is requested. Please indicate if new positions are filled or currently vacant.
- Attachment 5: Curriculum vitae or resume for any staff hired since submission of the 2015 Competing Continuation Application.

# **IV. REPORTING REQUIREMENTS**

<b>Reporting Requirement</b>	<b>Reporting Deadline</b>	
Federal Financial Report	January 30 <sup>th</sup> 2017	
Performance Improvement Management System	October 31 <sup>st</sup> , 2017	
NCC Progress Report for FY2016	TBD, Spring 2017	

## **Federal Financial Report**

The Federal Financial Report (FFR) for the previous budget period (FY2015) must be submitted **no later than January 30, 2017**, and must be submitted electronically through the HRSA EHBs. While it is an expectation that all funds are used within the year they are awarded, 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 activities of the project objectives, you must request prior approval to use the UOB as carryover for your project in the new budget period. You may do so by submitting a prior approval request through the HRSA EHBs within 30 days of the electronic FFR due date (March 1, 2017). The request to use the UOB shall include an explanation of why the funds were not spent and why the carryover is needed, a detailed budget justification and SF424A. The prior approval is subject to review by grants management and the program office for appropriate justification and alignment with program objectives and the grantee is reminded that only activities listed in the approved FY 2015 work plan are eligible for carryover into FY 2016 budget period.

### Performance Improvement Management System (PIMS)

The Federal Office of Rural Health Policy has created specific performance measures within the Performance Improvement Management System (PIMS) located in the HRSA EHBs. Grantees will be required to update the program specific information in the PIMS by October 30th, 2017.

### Non Competing Continuation Progress Report

An NCC Progress Report, submitted via the HRSA EHB, will be required to detail the progress made during the FY2016 budget year, as well as to request continuation of funds for the following FY2017 budget year, dependent on the availability of appropriated funds, recipient satisfactory performance, and

a decision that continued funding is in the best interest of the federal government. The exact date of the Spring 2017 deadline for the NCC Progress Report submission is yet to be determined, and will be shared with the grantee with the release of the FY2017 NCC Progress Report instructions.

## V. TECHNICAL ASSISTANCE

#### **Program Assistance**

Grantees are encouraged to request assistance, if needed, when submitting their NCC Progress Report. Please contact the Flex Program Coordinator or your FORHP project officer to obtain additional information regarding overall program issues:

Kevin Chaney, MGS Flex Program Coordinator Health Resources and Services Administration Federal Office of Rural Health Policy 5600 Fishers Lane Rockville, Maryland 20857 Telephone: 301.945.0851 E-mail: <u>kchaney@hrsa.gov</u>

#### **Grants Management**

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

Kimberly Dews Grants Management Specialist Division of Grants Management Operations, OFAM Health Resources and Services Administration 5600 Fishers Lane, Rockville, Maryland 20857 Telephone: 301.443.0655 E-mail: kdews@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, 8 a.m. to 8 p.m. ET, weekdays (except Federal holidays):

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

E-mail: http://www.hrsa.gov/about/contact/ehbhelp.aspx