

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

Bureau of Primary Health Care

Native Hawaiian Health Care Improvement Act

Funding Opportunity Number: HRSA-18-020

Funding Opportunity Type(s): Limited Competition

Catalog of Federal Domestic Assistance (CFDA) Number: 93.932

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: May 4, 2018

**MODIFIED on April 13, 2018 to include: change to extend
Grants.gov due date to May 4, 2018, revise funding amounts and
update SAM.gov registration statement**

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately! Deadline extensions are not granted for lack of registration. Registration in all systems, including SAM.gov and Grants.gov, may take up to 1 month to complete.

Issuance Date: February 16, 2018

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NH Technical Assistance Web site:

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>

Authority: Native Hawaiian Health Care Improvement Act, as amended (42 U.S.C. 11701 - 11714)

ATTENTION: This NOFO is for previously identified organizations that have been appropriated money by Congress for specific projects. This notice is not open to the public.

HRSA-18-020

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care is accepting applications for fiscal year (FY) 2018 Native Hawaiian Health Care Improvement Act (NHHCIA). The purpose of this grant program is to improve the provision of comprehensive disease prevention, health promotion, and primary care services to Native Hawaiians. Applicants are limited to currently funded Native Hawaiian Health Care Systems (NHHCS) and Papa Ola Lokahi (POL), whose project periods expire on July 31, 2018.

Funding Opportunity Title:	Native Hawaiian Health Care Improvement Act
Funding Opportunity Number:	HRSA-18-020
Due Date for Applications:	May 4, 2018
Anticipated Total Annual Available FY18 Funding:	\$15,624,696
Estimated Number and Type of Award(s):	Six grants
Estimated Award Amount:	Varies by organization (see Table 1)
Cost Sharing/Match Required:	Yes All applicants, except POL, must accrue non-federal matching funds in an amount equal to \$1 for every \$5 of federal funds.
Project Period/Period of Performance:	August 1, 2018 – July 31, 2021 (up to 3 years)
Eligible Applicants:	To be eligible for funding, an applicant must be one of the organizations listed in Table 1 . See Section III-1 of this notice of funding opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 Application Guide*, available online at <http://www.hrsa.gov/grants/apply/applicationguide/sf424guide.pdf>, except where instructed in this NOFO to do otherwise. A short video explaining the *Application Guide* is available at <http://www.hrsa.gov/grants/apply/applicationguide/>.

Technical Assistance

Application resources, as well as form samples and a frequently asked questions document, are available at the NHHCIA Technical Assistance Web site (<https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>)

Refer to “How to Apply for a Grant”, available at <http://www.hrsa.gov/grants/apply>, for general (i.e., not NHHCIA specific) videos and slides on a variety of application and submission components.

Summary of Changes (compared to FY 2015 Limited Competition)

- The term Notice of Funding Opportunity (NOFO) has replaced the term Funding Opportunity Announcement (FOA).
- You **must** use the [Grants.gov Workspace](#) to complete the Grants.gov forms and submit your application.
- “Collaboration” has been added as a new criterion in both the Project Narrative and Review Criteria sections of the NOFO.
- A Medicaid reimbursement arrangement is *required* if NHHCS provides services directly or through a contract with an organization [42 U.S.C. 11707(a)(c)].
- The Clinical Performance Measures were updated to reflect the most current list of relevant Clinical Performance Measures.

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I. PROGRAM FUNDING OPPORTUNITY DESCRIPTION

1. Purpose

This notice solicits applications for the Native Hawaiian Health Care Improvement Act (NHHCIA) program. The NHHCIA, as amended (42 U.S.C. 11701 - 11714), states that “it is the policy of the United States in fulfillment of its special responsibilities and legal obligations to the indigenous people of Hawaii ... to (1) raise the health status of Native Hawaiians to the highest possible health level; and (2) provide existing Native Hawaiian health care programs with all resources necessary to effectuate this policy” [see 42 U.S.C. 11702(a)]. The NHHCIA authorizes funding for the following activities:

- Service grant to Papa Ola Lokahi (POL) for the activities described in the NHHCIA, including the coordination of the health care programs and services provided to Native Hawaiians.
- Service grants to the five recognized community-based Native Hawaiian Health Care Systems (NHHCS) to provide a full range of services identified by the legislation and tailored to fit the needs of their respective island communities.

This is a limited competition program announcement. This NOFO provides instructions to be used by existing recipients under the NHHCIA in preparing applications for funding for fiscal years 2018 through 2020.

2. Background

This program is authorized under the NHHCIA, as amended (42 U.S.C. 11701 and 11714). The Native Hawaiian population experiences barriers to accessing health care services that significantly impact overall health status. Geographic isolation from health services is also a serious barrier for many Native Hawaiians.

As a result of these and other barriers, Native Hawaiians suffer disproportionately from many chronic diseases that underlie premature disability and high morbidity and mortality rates. When compared to other population groups, Native Hawaiians have significantly higher rates of diabetes mellitus, heart disease, obesity, stroke, asthma, hypertension, dental caries, and cancer.

Program Requirements

NATIVE HAWAIIAN HEALTH CARE SYSTEMS (NHHCS)

NHHCS receiving grants under the NHHCIA program are required to provide comprehensive disease prevention, health promotion, and primary health services to Native Hawaiians, either directly or through contract per 42 U.S.C. 11705. Specifically, NHHCS are required to provide the following mandatory services in accordance with the authorizing legislation [see 42 U.S.C. 11705(c)(1)(A-G)]:

- (A) Outreach services to inform Native Hawaiians of the availability of health services;

- (B) Education in health promotion and disease prevention of the Native Hawaiian population by, wherever possible, Native Hawaiian health care practitioners, community outreach workers, counselors, and cultural educators;
- (C) Services of physicians, physicians' assistants, nurse practitioners, or other health professionals;
- (D) Immunizations;
- (E) Prevention and control of diabetes, high blood pressure, and otitis media;
- (F) Pregnancy and infant care; and
- (G) Improvement of nutrition.

In addition to the mandatory services above, the following services are authorized under the statute and may be provided by NHHCS but are not mandated [see 42 U.S.C. 11705(c)(2)(A-C)]:

- (A) Identification, treatment, control, and reduction of the incidence of preventable illnesses and conditions endemic to Native Hawaiians;
- (B) Collection of data related to the prevention of diseases and illnesses among Native Hawaiians; and
- (C) Services within the meaning of the terms "health promotion," "disease prevention," and "primary health services" as defined under the NHHCIA [see 42 U.S.C. 11711], as excerpted below.

42 U.S.C. 11711(1) *Disease Prevention*

The term "disease prevention" includes:

- a) Immunizations;
- b) Control of high blood pressure;
- c) Control of sexually transmittable diseases;
- d) Prevention and control of diabetes;
- e) Control of toxic agents;
- f) Occupational safety and health;
- g) Accident prevention;
- h) Fluoridation of water;
- i) Control of infectious agents; and
- j) Provision of mental health care.

42 U.S.C. 11711(2) *Health Promotion*

The term "health promotion" includes:

- a) Pregnancy and infant care, including prevention of fetal alcohol syndrome;
- b) Cessation of tobacco smoking;
- c) Reduction in the misuse of alcohol and drugs;
- d) Improvement of nutrition;
- e) Improvement in physical fitness;
- f) Family planning;
- g) Control of stress; and
- h) Educational programs with the mission of improving the health, capability, and well-being of Native Hawaiians.

42 U.S.C. 11711(8) *Primary Health Services*

The term “primary health services” includes:

- a) Services of physicians, physicians' assistants, nurse practitioners, and other health professionals;
- b) Diagnostic laboratory and radiologic services;
- c) Preventive health services (including children's eye and ear examinations to determine the need for vision and hearing correction, perinatal services, well child services, and family planning services);
- d) Emergency medical services;
- e) Transportation services as required for adequate patient care;
- f) Preventive dental services; and
- g) Pharmaceutical services, as may be appropriate.

Governance: Each NHHCS must be organized under the laws of the State of Hawaii; provide or arrange for health care services through practitioners licensed by the State of Hawaii; and be a public or nonprofit private entity in which Native Hawaiian health practitioners significantly participate in the planning, management, monitoring, and evaluation of health services (see 42 U.S.C. 11711(4)).

PAPA OLA LOKAHI (POL)

POL is required to perform the following activities in accordance with the administrative grant section of the authorizing legislation [see 42 U.S.C. 11706].

1. Coordinate, implement, and update a Native Hawaiian comprehensive health care master plan designed to promote comprehensive health promotion and disease prevention services and to maintain and improve the health status of Native Hawaiians [see 42 U.S.C. 11703(a), 11704(a)(1), and 11706(a)(1)].
2. Conduct training for Native Hawaiian health care practitioners, community outreach workers, counselors, and cultural educators to educate the Native Hawaiian population regarding health promotion and disease prevention [see 42 U.S.C. 11704(a)(2) and 11706(a)(2)].
3. Identify and perform research into the diseases that are most prevalent among Native Hawaiians [see 42 U.S.C. 11704(a)(3) and 11706(a)(3)].
4. Develop an action plan outlining the contributions that each member organization of POL will make in carrying out the policy of the NHHCIA [see 42 U.S.C. 11704(a)(4) and 11706(a)(4)].
5. Serve as a clearinghouse for NHHCIA [see 42 U.S.C. 11704(c) and 11706(a)(5)]:
 - (A) Collection and maintenance of data associated with the health status of Native Hawaiians;
 - (B) Identification and research into diseases affecting Native Hawaiians; and
 - (C) Availability of Native Hawaiian project funds, research projects, and publications.
6. Coordinate and assist with the health care programs and services provided to Native Hawaiians [see 42 U.S.C. 11704(d) and 11706(a)(6)].
7. Administer special projects pursuant to 42 U.S.C. 11704(b) and 11706(a)(7).

Additionally, POL is responsible for [see 42 U.S.C. 11711(6)(F)]:

1. Recognizing the full universe of NHHCS for the purpose of planning, conducting, or administering programs, or portions of programs, authorized by this chapter for the benefit of Native Hawaiians.
2. Certifying NHHCS that have the qualifications and the capacity to provide the services and meet the requirements of this program.

Governance: The Board of POL consists of Alu Like, E Ola Mau, Ho`ola Lahui Hawai`i, Hui Malama Ola Na `Oiwai, Hui No Ke Ola Pono, Ke Ola Mamo, Na Pu`uwai, the Office of Hawaiian Affairs of the State of Hawaii, the Office of Hawaiian Health of the Hawaii State Department of Health, the University of Hawaii, and other entities or organizations which the POL deems appropriate to achieve its stated purpose (unless the Secretary determines that the entity has not developed a mission statement and action plan pertaining to contributions the organization will make to the NHHCS [see 42 U.S.C. 11711(7)]).

Failure to meet NHHCIA funding requirements may jeopardize grant funding per Uniform Guidance [2 CFR part 200](#) as codified by the United States Department of Health and Human Services (HHS) at [45 CFR part 75](#). HRSA will assess award recipients for compliance prior to and during the project period. When non-compliance is identified (e.g., an NHHCS fails to accrue non-federal matching funds in an amount equal to \$1 for every \$5 of federal funds, an organization does not adhere to program requirements), HRSA will take action to resolve compliance issues, which may include the placement of conditions and or draw down restriction on the award. If an organization fails to successfully resolve compliance issues, HRSA may withdraw support through the cancellation of all, or part, of the grant award.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: Competing Continuation (for limited competition)

HRSA will provide funding in the form of a grant.

2. Summary of Funding

Approximately \$15.6 million is expected to be available annually to fund six recipients. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner.

The project period is August 1, 2018 through July 31, 2021 (3 years). For the purpose of this application, you may apply for the ceiling amount listed in [Table 1](#) (includes both direct and indirect, facilities and administrative costs) per year. However, the ceiling amount for each award recipient may vary for each future budget period within the project period and will be announced through the Non-Competing Continuation instructions document. Funding beyond the first year is dependent on the availability of appropriated

funds for the NHHCIA program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

Table 1: Maximum Awards for FY 2018

Recipient Name	Maximum Funding Amount
Ho'ola Lahui Hawaii	\$2,853,366
Hui Malama Ola Ha'Oiwi	\$2,820,697
Hui No Ke Ola Pono	\$3,117,125
Ke Ola Mamo	\$2,934,835
Na Pu'uwai	\$2,247,614
Papa Ola Lokahi (POL)	\$1,651,059
Total	\$15,624,696

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements as per [45 CFR part 75](#).

III. Eligibility Information

1. Eligible Applicants

This Congressional Special Initiative is a limited competition program notice. To be eligible for funding, an applicant must be one of the organizations listed in [Table 1](#).

2. Cost Sharing/Matching

Cost sharing/matching is required for this program. As described in the authorizing statute [42 U.S.C. 11705(e)], all applicants, **except** POL, must accrue non-federal matching funds in an amount equal to \$1 for every \$5 of federal funds (see [Budget](#) for details). This means that at least 16.7 percent of the total budget must be paid for with non-federal resources.

Non-federal contributions may be in cash or in-kind. In-kind contributions must be fairly evaluated and may include plant, equipment, or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions. Federal sources may be used as matching funds if received as fees, payments, or reimbursements for the provision of a specific service, such as patient care reimbursements received under Medicare or Medicaid. Generated program income may be used as matching funds.

3. Other

Any application that fails to satisfy the deadline requirement referenced in *Section IV.4* will be considered non-responsive and will not be considered for funding under this notice.

NOTE: Multiple applications from an organization are not allowable.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov. You must use the SF-424 application package associated with this NOFO, following the directions provided at <http://www.grants.gov/applicants/apply-for-grants.html>.

Effective December 31, 2017 - You **must** use the [Grants.gov Workspace](#) to complete the workspace forms and submit your Grants.gov application package. After this date, you will no longer be able to use PDF application packages.

HRSA recommends that you supply an email address to Grants.gov on the grant opportunity synopsis page when accessing the NOFO (also known as “Instructions” on Grants.gov) or application package. This allows Grants.gov to email organizations in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the [Find Grant Opportunities](#) page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA’s [SF-424 Application Guide](#) provides instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the Application Guide in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in HRSA’s [SF-424 Application Guide](#) except where instructed in the NOFO to do otherwise. Applications must be submitted in the English language and must be in the terms of U.S. dollars (45 CFR § 75.111(a)).

If HRSA receives an incomplete or non-responsive application, additional information may be requested during application review, which could result in a delay in NoA issuance.

See Section 8.5 of the *Application Guide* for the Application Completeness Checklist.

Application Page Limit

The total size of all uploaded files may not exceed the equivalent of **100 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support required in the *Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do not count in the page limitation. Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
- 3) Where the prospective recipient is unable to attest to the statements in this certification, an explanation shall be included in [Attachments 13-15: Other Relevant Documents](#).

See Section 4.1 viii of HRSA's [SF-424 Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 Application Guide](#) (including the budget, budget narrative, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's [SF-424 Application Guide](#). In addition to the information requested in the application guide, the project abstract must provide a brief history of the organization and how the proposed project will address the health care needs in the Native Hawaiian population.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the narrative: Need, Project Update, Response, Collaboration, Evaluative Measures, Resources/Capabilities, and Support Requested.

- The requested information should appear in the appropriate section of the Project Narrative or the designated forms and attachments.
- Reference attachments and forms as needed to clarify information about the applicant organization, proposed activities, and key personnel. Referenced items must be part of the submission.

NATIVE HAWAIIAN HEALTH CARE SYSTEMS (NHHCS): Narrative Instructions

NEED (Corresponds to Section V's [NHHCS Review Criterion #1](#))

- 1) Using reliable “island-specific” data for the population of individuals who will be served, describe the unique characteristics of the target population that affect access to health care, health care utilization, and health status, including:
 - a. Island-specific geographic areas where significant numbers of Native Hawaiians will be served.
 - b. Demographic, cultural, and ethnic factors.
 - c. Unemployment or educational factors.
 - d. Barriers to accessing health services (e.g., cultural or language issues, access issues related to managed care or reimbursement, geography, or transportation).
 - e. The health status and treatment needs of the target population (i.e., unique or special treatment needs).
- 2) Describe the health care environment of the service area and target population, including:
 - a. Existing health services currently available to the target population.
 - b. Service delivery considerations.
 - c. Significant changes that affect the availability of health care services.

PROJECT UPDATE (Corresponds to Section V's [NHHCS Review Criterion #2](#))

The project update should cover the time period of **August 1, 2017 to February 28, 2018** and address the following:

- 1) Describe the services and program activities for the project period, as proposed in the FY 2015 limited competition application and adjusted in the FY 2017 non-competing continuation progress report submission, including:
 - a. Progress, milestones, and accomplishments.
 - b. Challenges and barriers, and how they have been addressed.
 - c. Major changes or adjustments to the project, including changes in the service area and population served, services provided, and/or agreements with other organizations to provide services to the target community. Describe how those changes comply with NHHCIA legislation.

- 2) The status of any unresolved issues, including business/management issues, identified in the previous Notice of Award (NoA) and/or site visit.
- 3) The status of any audit conditions or exceptions as identified in the most recent audit report.
- 4) How the legislative match requirement was met.

RESPONSE (Corresponds to Section V's [NHHCS Review Criterion #3](#))

The Response should address services to be provided and program activities that will occur over the 3-year project period of **August 1, 2018 to July 31, 2021**.

- 1) Describe the services and activities planned to address the needs of the target population and meet the requirements outlined in the authorizing legislation. Using the services listed in [Appendix A](#), describe how all required and the additional services, will be provided by the organization as part of the proposed project.
- 2) Describe arrangements with other organizations to provide services, including contractual and financial agreements between the NHHCS and other health care entities in the community (e.g., health centers, Area Health Education Centers, hospitals, universities, community-based organizations).
- 3) Outline a plan to assure that all newly proposed activities will be initiated within 120 days of award.
- 4) Describe continuous quality improvement/quality assurance plans and activities relevant to the proposed project.

COLLABORATION (Corresponds to Section V's [NHHCS Review Criterion #4](#))

- 1) Describe and document in [Attachment 11](#) (e.g., dated letters of support, signed memoranda of agreement) efforts to collaborate with other Native Hawaiian Health Care programs and/or other organizations providing health services to Native Hawaiians in the service area.
- 2) Describe collaboration with POL to carry out the mission of the NHHCIA. Include a copy of any formal agreement as part of [Attachment 13](#): Other Relevant Documents.

EVALUATIVE MEASURES (Corresponds to Section V's [NHHCS Review Criterion #5](#))

- 1) Provide in Attachments [2](#), [3](#), [4](#), and [5](#) realistic and achievable goals for required and optional services and financial indicators as described in Appendix B (see [Appendix B](#) for instructions).
- 2) Describe how progress towards meeting identified goals will be measured and evaluated.

- 3) Describe how evaluation results will be used to improve program performance over the course of the project period.

RESOURCES/CAPABILITIES (Corresponds to Section V's [NHHCS Review Criterion #6](#))

- 1) Describe the experience and expertise of the proposed personnel, as well as the organizational capacity to implement the project.
- 2) Describe the retention and recruitment of qualified staff, including the recruitment of Native Hawaiian scholars in concert with POL.
- 3) Describe the organization's corporate compliance competences, including financial and operational oversight, and review and update of malpractice and other insurances.
- 4) Describe the organization's data analysis and data reporting capability required to meet the [Program Requirements](#) in the NHHCIA.
- 5) Describe how the organization's governing board, listed in [Attachment 10](#), complies with the legislation (see [Governance](#)), and how it monitors and evaluates the organization's operational and financial performance.
- 6) Describe the organization's fiscal management and management information systems (MIS) capacity, including financial leadership at the staff and board levels, as indicated in [Attachments 8, 9, and 10](#).
- 7) Describe the organization's revenues and collection activities, including self-pay income, third-party reimbursement, and sliding-fee schedule collections, consistent with [Attachment 6](#). Describe the organization's fiscal status and plans for maintaining long-term financial viability, including establishment or maintenance of the required Medicaid reimbursement arrangement.¹

SUPPORT REQUESTED (Corresponds to Section V's [NHHCS Review Criterion #7](#))

- 1) Provide a complete and detailed budget presentation through submission of the SF-424A and Budget Narrative (see Section 4.2.iii. [Budget](#) and Section 4.2.iv. [Budget Narrative](#) for details) that aligns and is consistent with identified needs, proposed activities, and project goals.
- 2) Demonstrate that funds will not be duplicative or used to supplant or replace existing resources.
- 3) Describe plans to:
 - a. Acquire the non-federal matching funds in an amount equal to \$1 for every \$5 of federal funds.

¹ A Medicaid reimbursement is *required* if the entity provides services directly or if the entity will provide such health services through a contract with an organization 42 U.S.C. 11707(a)(c).

- b. Adhere to the 10 percent administrative cap.

Please note: If you have assessed that you will be unable to comply with the matching requirement, take action to achieve full compliance before submitting your application.

PAPA OLA LOKAHI (POL): Narrative Instructions

NEED (Corresponds to Section V's [POL Review Criterion #1](#))

- 1) Describe the need for and barriers to training Native Hawaiian health care practitioners, community outreach workers, counselors, and cultural educators who are carrying out health promotion and disease prevention education activities for the Native Hawaiian population.
- 2) Describe the need for and barriers to collecting data associated with the health status of Native Hawaiians, including aggregate data related to the services provided by the NHHCS.
- 3) Describe the need for and barriers to identifying and researching the diseases that are most prevalent among Native Hawaiians.
- 4) Describe the need for and barriers to coordinate, implement, and update a Native Hawaiian comprehensive health care master plan designed to promote comprehensive health promotion and disease prevention services and to maintain and improve the health status of Native Hawaiians.

PROJECT UPDATE (Corresponds to Section V's [POL Review Criterion #2](#))

The Project Update should cover the time period of **August 1, 2017 to February 28, 2018** and address the following:

- 1) Describe the services and program activities for the project period, as proposed in the FY 2015 limited competition application and adjusted in the FY 2017 non-competing continuation progress report submission, including:
 - a. Progress, milestones, and accomplishments.
 - b. Challenges and barriers, and how they have been addressed.
 - c. Major changes or adjustments to the project, including changes in the services provided, and/or agreements with other organizations to provide services. Describe how all changes comply with NHHCIA legislation.
- 2) The status of any unresolved issues identified in the previous NoA and/or site visit.
- 3) Provide progress on the FY 2017 Project Work Plan Update, including:
 - a. Progress in implementing the activities and meeting specific performance goals described in the Work Plan (see the [Program Requirements](#) section for details).
 - b. Continuous performance improvement activities.

- c. Plans for maintaining long-term viability (e.g., financial viability, future requirements for space, personnel, and capital).
- d. Recruitment and retention of qualified staff.
- e. Governance and board development.
- f. Fiscal status and your management information systems (MIS) capabilities.

RESPONSE (Corresponds to Section V's [POL Review Criterion #3](#))

The Response should address services to be provided and program activities that will occur over the 3-year project period of **August 1, 2018 to July 31, 2021**.

- 1) Provide a 3-year Project Work Plan that addresses the health care environment and the requirements of the legislation (see [Program Requirements](#)) as [Attachment 1](#) (a sample is available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>). Include the following sections in the plan table:
 - a. Goal – Goals should be time-framed, measureable, and designed to meet the [Program Requirements](#).
 - b. Key Action Steps – Activities that will contribute to the achievement of a goal.
 - c. Timeline – When each action step will be accomplished.
 - d. Expected Outcome – The predicted result of the action step, which quantifies what the action step will accomplish.
 - e. Data Source and Evaluation Methodology – Where the data originated (e.g., name and date of survey) and the process for tracking and measuring change.
 - f. Person/Area Responsible – Who will be accountable for accomplishing the action step.
 - g. Collaborative Partners – The community or member organizations that will contribute to carrying out the Key Action Steps.
- 2) Describe how the activities detailed in the Project Work Plan are consistent with the identified needs.
- 3) Describe how the full universe of NHHCS – including both existing and new organizations – will be planned, recognized, and certified over the course of the project period such that multiple qualified NHHCS may be positioned to serve one or more of the identified island communities in FY 2021. Include a description of how the planning, recognition, and certification processes will be publicized to the island communities.
- 4) Outline a plan to assure that all newly proposed activities will be initiated within 120 days of award.

COLLABORATION (Corresponds to Section V's [POL Review Criterion #4](#))

- 1) Describe and document in [Attachment 11](#) (e.g., dated letters of support, signed memoranda of agreement) efforts to coordinate and assist with the health care programs and services provided to Native Hawaiians.

- 2) Describe collaboration with the five NHHCS to carry out the mission of the NHHCIA. Include a copy of any formal agreements as part of [Attachment 13](#): Other Relevant Documents.

EVALUATIVE MEASURES (Corresponds to Section V's [POL Review Criterion #5](#))

- 1) Describe how progress towards meeting identified goals and expected outcomes will be evaluated.
- 2) Describe how evaluation results will be used to improve program performance over the course of the project period.

RESOURCES/CAPABILITIES (Corresponds to Section V's [POL Review Criterion #6](#))

- 1) Describe the experience and expertise of the proposed personnel, including the organizational capacity to implement the project.
- 2) Describe how you will assist the NHHCS with the retention and recruitment of qualified staff, including the recruitment of Native Hawaiian scholars.
- 3) Describe how the organization's governing board, listed in [Attachment 10](#), complies with the legislation (see [Governance](#)), and how it monitors and evaluates the organization's operational and financial performance.
- 4) Describe the organization's fiscal management and management information systems (MIS) capacity, including financial leadership at the staff and board levels, as indicated in [Attachments 8, 9, and 10](#).
- 5) Describe the organization's fiscal status and plans for maintaining long-term financial viability.
- 6) Describe the organization's data analysis and data reporting capability required to meet the [Program Requirements](#) in the NHHCIA.

SUPPORT REQUESTED (Corresponds to Section V's [POL Review Criterion #7](#))

- 1) Provide a complete and detailed budget presentation through the submission of the SF-424A and Budget Narrative (see Section 4.2.iii. [Budget](#) and Section 4.2.iv. [Budget Narrative](#) for details) that aligns and is consistent with identified needs, proposed activities, and project goals.
- 2) Demonstrate that funds will not be duplicative or used to supplant or replace existing resources.

To ensure that you fully address the Review Criteria, this table provides a crosswalk between relevant Narrative and Review Criteria sections.

<u>Narrative Section</u>	<u>Review Criteria</u>
Need	(1) Need
Project Update	(2) Project Update
Response	(3) Response
Collaboration	(4) Collaboration
Evaluative Measures	(5) Evaluative Measures
Resources/Capabilities	(6) Resources/Capabilities
Support Requested	(7) Support Requested

iii. Budget

See Section 4.1.iv of HRSA's [SF-424 Application Guide](#). Please note: the directions offered in the SF-424 Application Guide may differ from those offered by Grants.gov. Please follow the instructions included in the Application Guide and the additional budget instructions provided below. A budget that follows the Application Guide will ensure that, if the application is selected for funding, you will have a well-organized plan and, by carefully following the approved plan, can avoid audit issues during the implementation phase.

While the NHHCIA project period is for 3 years, the funding will continue to be appropriated and awarded annually. As such, provide budget and budget justification information for the first year (as listed in [Table 1](#)) of the 3-year project period. Applications that exceed the ceiling amount will only be awarded the funding listed in [Table 1](#).

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

In addition, the NHHCIA program requires the following:

STANDARD FORM 424A:

Complete Sections A, B, C, E, and F of the SF-424A Budget Information – Non-Construction Programs. The budget must be prepared for the requested first 12-month period (August 1, 2018 – July 31, 2019) as listed in [Table 1](#). All budget amounts must be rounded to the nearest whole dollar.

The following guidelines must be used in the completion of the SF-424A. A sample SF-424A is available at

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>.

SECTION A – BUDGET SUMMARY

Under New or Revised Budget, use the rows 1-4 to provide the proposed budget for the first 12-month budget period.

SECTION B – BUDGET CATEGORIES

Provide the object class category breakdown for the annual amount specified in Section A. Each line represents a distinct object class category that must be addressed

in the Budget Narrative. The federal, match, and administrative expenses must be entered in columns 1, 2, and 3 (label the columns accordingly) and equal the total proposed budget identified in Section A. Applicants (with the exception of POL) are required to show the 10 percent administrative cap in the line-item budget detail.

SECTION C – NON-FEDERAL RESOURCES

Enter the non-federal resources. Applicants (with the exception of POL) are required to include non-federal matching funds in an amount equal to \$1 for every \$5 of federal funds. Non-federal contributions may be in cash or in-kind. In-kind contributions must be fairly evaluated and may include plant, equipment, or services. Amounts provided by the federal government, or services assisted or subsidized to any significant extent by the federal government, may not be included as match. Federal sources may be used as matching funds if received as fees, payments, or reimbursements for the provision of a specific service, such as patient care reimbursements received under Medicare or Medicaid. Generated program income may be used as matching funds.

SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDED NEEDED FOR THE BALANCE OF THE PROJECT

Enter the federal funds requested for future budget periods within the 3-year project period. Enter the federal request for Year 2 in the (b) First column and Year 3 in the (c) Second column. For the purpose of this application, enter the amount listed in [Table 1](#) for Year 2 and Year 3, with the knowledge that based on Congressional appropriation and subsequent funding distribution negotiations, this value may change from year to year within the project period. The Third and Fourth year columns must remain \$0.

SECTION F – OTHER BUDGET INFORMATION (ONLY IF APPLICABLE)

Line 21: Explain amounts for individual object class categories that may appear to be out of the ordinary.

Line 22: Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the project period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23: Provide other explanation as necessary.

The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202 states, “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.” Please see Section 4.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Application Guide](#) for additional information. Note that these or other salary limitations may apply in FY 2018, as required by law.

iv. Budget Narrative

See Section 4.1.v. of HRSA’s [SF-424 Application Guide](#).

In addition, the NHHCIA program requires a detailed budget narrative in line-item format corresponding with Section B of the SF-424A for the **first 12-month period** of the 3-year project.

Provide the following information in the Budget Narrative:

- The total resources required to achieve the goals and objectives.
- The expectations regarding federal grant support and maximization of non-grant revenue relative to the proposed plan.
- A **detailed** presentation of the breakdown and sources for matching funds as required in 42 U.S.C. § 11705(e). *This is **not** a requirement for POL.*
- A demonstration of adherence to the 10 percent administrative cap. *This is **not** a requirement for POL.*
- **For POL only:** One-time minor capital needs, defined as the purchase of equipment with a useful life of more than one year and costing more than \$5,000.

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward the application page limit.** Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled.**

*Attachment 1: Project Work Plan (**Required for POL**)*

For POL, upload the Project Work Plan for the 3-year project period. Refer to the [Response](#) section for details on the required elements. A sample is available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>.

*Attachment 2: Required Service Projections (**Required for NHHCS**)*

For NHHCS, upload the Required Service Projections form (see [Table 2](#)). Refer to Appendix B for detailed instructions. A sample is available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>.

*Attachment 3: Required Clinical Performance Measures (**Required for NHHCS**)*

For NHHCS, upload the Required Clinical Performance Measures forms (see [Table 3](#)). Refer to Appendix B for detailed instructions. Required forms are available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>.

*Attachment 4: Optional Clinical Performance Measures (**Optional for NHHCS**)*

For NHHCS, upload the Optional Clinical Performance Measures form, as desired (see [Table 4](#)). Refer to Appendix B for detailed instructions. Required forms are available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>.

*Attachment 5: Required Financial Performance Measures (**Required for NHHCS**)*

For NHHCS, upload the Required Financial Performance Measures form (see [Table 5](#)). Refer to Appendix B for detailed instructions. Required forms are available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>.

*Attachment 6: Income Analysis Form (**Required for NHHCS**)*

Upload the Income Analysis Form. Refer to [Appendix C](#) for detailed instructions. Required forms are available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>.

Attachment 7: Staffing Plan (Required for NHHCS and POL)

Upload a staffing plan table that provides a justification for each staff member, including education and experience qualifications, and a rationale for the amount of time being requested for each staff position to be supported under the grant. A sample and instructions are available at

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>.

Attachment 8: Position Descriptions for Key Personnel (Required for NHHCS and POL)

Upload position descriptions for **key** personnel only, including chief executive officer (CEO), chief financial officer (CFO), chief operating officer (COO), and project director (PD). Each position description should be limited to one page and must include the position title; description of duties and responsibilities; position qualifications; supervisory relationships; salary range; and work hours.

NOTE: This information only has to be provided if it has changed since your last submission to HRSA. If the information has not changed, indicate so for this attachment.

Attachment 9: Biographical Sketches for Key Personnel (Required for NHHCS and POL)

Upload biographical sketches for **key** personnel only, including CEO, CFO, COO, and PD. Biographical sketches should not exceed one page each. When applicable, biographical sketches should include training, language fluency, and experience working with the cultural and linguistically diverse populations to be served, as applicable.

NOTE: This information only has to be provided if it has changed since your last submission to HRSA. If the information has not changed, indicate so for this attachment.

Attachment 10: Current Board Member Characteristics (Required for NHHCS and POL)

Upload the form, including office held, area of expertise, and years of continuous Board service. Required forms are available at

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>.

Attachment 11: Letters of Support (Required for NHHCS and POL)

Upload **current** dated letters of support that specifically indicate commitment to the project (e.g., financial support, in-kind services, staff, space, equipment).

Attachment 12: Summary of Contracts and Agreements (as applicable)

Upload a BRIEF SUMMARY describing project-related contracts and agreements. The summary must address the following items for each contract or agreement:

- Name and contract information for each affiliated agency;
- Type of contract or agreement (e.g., contract, affiliation agreement);
- Brief description of the purpose and scope (i.e., type of services provided, how/where services are provided); and
- Timeframe for each agreement/contract/affiliation.

Attachment 13-15: Other Relevant Documents (as applicable)

Include other relevant documents to support the proposed project plan, including your indirect cost rate agreement, if applicable.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier, for your organization/agency and provide that number in the application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d)).

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)
- System for Award Management (SAM) (<https://www.sam.gov>)
- Grants.gov (<http://www.grants.gov/>)

For further details, see Section 3.1 of HRSA's [*SF-424 Application Guide*](#).

Entities already registered in SAM.gov are advised to log into [SAM.gov](#) and review their registration information, particularly their financial information.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *May 4, 2018 at 11:59 p.m. Eastern Time*.

See Section 8.2.5 – Summary of emails from Grants.gov of HRSA's [*SF-424 Application*](#)

[Guide](#) for additional information.

5. Intergovernmental Review

NHHCIA is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR Part 100.

6. Funding Restrictions

You may request funding for a project period of up to 3 years, at no more than the amount listed in [Table 1](#) per year (inclusive of direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government. Award amounts beyond the first budget year may vary from the amount listed [Table 1](#) based on Congressional appropriation and subsequent funding distribution negotiations.

Funds under this notice may not be used for the following purposes:

Funds awarded to NHHCS organizations may not be used to:

- Provide inpatient services.
- Make cash payments to intended recipients of health services
- Purchase or improve real property (other than minor remodeling/repairs).
- Purchase major medical equipment.

As described in the authorizing statute [42 U.S.C. 11707(e)], NHHCS **may not** spend more than 10 percent of grant funds for the purpose of administering the grant (e.g., administrative salaries, office/non-program supplies, audit services).

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's [SF-424 Application Guide](#) for additional information. Note that these or other restrictions will apply in FY 2018, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding, including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. Program income may count toward the NHHCS match requirement. Post-award requirements for program income can be found at [45 CFR § 75.307](#).

V. Application Review Information

1. Review Criteria

Applications are not subject to independent objective review procedures and do not compete with other applications for funds. They are, however, reviewed by HRSA grants management officials (business and financial review) and program staff (technical review and analysis of project plans and performance measures) to determine if the applicant: 1) performed satisfactorily; 2) is in compliance with statutory/regulatory requirements; and 3) proposed appropriate goals and activities with allowable and reasonable costs. Applicants should pay strict attention to addressing all criteria, as they are the basis upon which federal staff will evaluate their application. Each application will be evaluated on the following review criteria:

NHHCS Review Criteria

Criterion 1: NEED

- 1) Through the use of reliable “island-specific” data, the extent to which the applicant provides a thorough description of the characteristics and the needs of the target population, including the following:
 - a. Specific geographic areas where significant numbers of Native Hawaiians will be served.
 - b. Demographic, cultural, and ethnic factors.
 - c. Unemployment or educational factors.
 - d. Barriers to accessing health services.
 - e. The health status and treatment needs of the target population.
- 2) The extent to which the applicant provides a thorough description of the health care environment of the service area and target population, including the following:
 - a. Existing health services currently available to the target population.
 - b. Service delivery considerations.
 - c. Any significant changes that affect the availability of health care services.

Criterion 2: PROJECT UPDATE

The project update should cover the time period of **August 1, 2017 to February 28, 2018**.

- 1) The extent to which the applicant describes the services and program activities for the project period, as proposed in the FY 2015 limited competition application and adjusted in the FY 2017 non-competing continuation progress report submission, including:
 - a. Progress, milestones, and accomplishments.
 - b. Challenges and barriers, and how they have been addressed.
 - c. Major changes or adjustments to the project, including changes in the service area and population served, provided services, and/or agreements with other

organizations to provide services to the target community. Describe how those changes comply with NHHCIA legislation.

- 2) If applicable, the extent to which the applicant reports on the status of unresolved issues identified in the previous NoA and/or site visit.
- 3) If applicable, the extent to which the applicant reports on the status of audit conditions or exceptions.
- 4) The extent to which the applicant has met the legislatively required match.

Criterion 3: RESPONSE

The response should address services to be provided and program activities that will occur over the 3-year project period of **August 1, 2018 to July 31, 2021**.

- 1) The extent to which the proposed project addresses the needs of the target population and responds to the program requirements outlined in the authorizing legislation and listed in [Appendix A](#).
- 2) The extent to which the applicant will effectively collaborate with other organizations to achieve proposed objectives and describes the related contractual and financial arrangements with those organizations.
- 3) The extent to which the applicant demonstrates that newly proposed activities can be initiated within 120 days of award.
- 4) The extent to which the applicant describes the use of continuous quality improvement/quality assurance plans and activities relevant to the proposed project.

Criterion 4: COLLABORATION

- 1) The extent to which the applicant describes and documents in [Attachment 11](#) (e.g., dated letters of support, signed memoranda of agreement) efforts to collaborate with other Native Hawaiian Health Care programs and/or other organizations providing health services to Native Hawaiians in the service area.
- 2) The extent to which the applicant describes both formal and informal collaboration efforts with POL to carry out the mission of the NHHCIA. Copies of formal agreements should be included as part of [Attachment 13](#): Other Relevant Documents.

Criterion 5: EVALUATIVE MEASURES

- 1) The extent to which the applicant establishes in Attachments [2](#), [3](#), [4](#), and [5](#) realistic and achievable goals for required and optional services and financial indicators as described in Appendix B (see [Appendix B](#) for instructions).
- 2) The extent to which the applicant demonstrates how it will measure and evaluate progress toward goals and expected outcomes.
- 3) The extent to which the applicant clearly describes how evaluation results will be used to improve program performance over the course of the project period.

Criterion 6: RESOURCES/CAPABILITIES

- 1) The extent to which the applicant demonstrates the experience and expertise of the proposed personnel, as well as the organizational capacity to implement the project.
- 2) The extent to which the applicant describes its plan for retention and recruitment of qualified staff, including the recruitment of Native Hawaiian scholars in concert with POL.
- 3) The extent to which the organization demonstrates corporate compliance competences, including financial and operational oversight, and review and update of malpractice and other insurances.
- 4) The extent to which the applicant describes the organization's data analysis and data reporting capability required to meet the [Program Requirements](#) in the NHHCIA.
- 5) The extent to which the organization's governing board listed in [Attachment 10](#) is in compliance with the legislation (see [Governance](#)) and monitors and evaluates the organization's operational and financial performance.
- 6) The extent to which the applicant describes its fiscal management and MIS capacity, including financial leadership at the staff and board levels, as indicated in [Attachments 8, 9, and 10](#).
- 7) The extent to which the applicant demonstrates that it bills and collects service revenue from third parties, including self-pay and sliding-fee-schedule collections, consistent with [Attachment 6](#) and describes its ability to maintain long-term financial viability including the establishment or maintenance of the required Medicaid reimbursement arrangement.

Criterion 7: SUPPORT REQUESTED

- 1) The extent to which the proposed budget is reasonable, aligned, and consistent with the identified needs, proposed activities, and project goals in relation to the objectives, complexity of the activities, and the anticipated results.
- 2) The extent to which the applicant demonstrates that funds will not be duplicative of or used to supplant or replace other funding sources.
- 3) The extent to which the applicant describes a clear plan to:
 - a. Acquire the required non-federal matching funds (\$1 for every \$5 of federal funds).
 - b. Adhere to the 10 percent administrative cap.

POL Review Criteria

Criterion 1: NEED

- 1) The extent to which the applicant provides a thorough description of the need for and barriers to training Native Hawaiian health care practitioners, community outreach workers, counselors, and cultural educators who are carrying out health promotion and disease prevention education activities for the Native Hawaiian population.
- 2) The extent to which the applicant provides a thorough description of the need for and barriers to collecting data associated with the health status of Native Hawaiians including aggregate data related to the services provided by the NHHCS.
- 3) The extent to which the applicant provides a thorough description of the need for and barriers to identifying and researching diseases that are most prevalent among Native Hawaiians.
- 4) The extent to which the applicant describes the need for and barriers to coordinate, implement, and update a Native Hawaiian comprehensive health care master plan designed to promote comprehensive health promotion and disease prevention services and to maintain and improve the health status of Native Hawaiians.

Criterion 2: PROJECT UPDATE

The project update should cover the time period of August 1, 2017 to February 28, 2018.

- 1) The extent to which the applicant describes the services and program activities, as proposed in the FY 2015 limited competition application and adjusted in the FY 2017 non-competing continuation progress report submission, including:
 - a. Progress, milestones, and accomplishments.
 - b. Challenges and barriers, and how they have been addressed.

- c. Major changes or adjustments to the project, including changes in services provided and/or agreements with other organizations to provide services. Describe how those changes comply with NHHCIA legislation.
- 2) If applicable, the extent to which the applicant reports on the status of unresolved issues identified in the previous NoA and/or site visit.
 - 3) The extent to which the applicant provides specific updates to the FY 2017 Project Work Plan Update, including:
 - a. Progress in implementing the activities and meeting specific performance goals described in the Work Plan (see the [Program Requirements](#) section for details).
 - b. Continuous performance improvement activities.
 - c. Plans for maintaining long-term viability (e.g., financial viability, future requirements for space, personnel, and capital).
 - d. Recruitment and retention of qualified staff.
 - e. Governance and board development.
 - f. Fiscal status and Management Information Systems (MIS) capabilities.

Criterion 3: RESPONSE

The Response should address services provided and program activities that will occur over the 3-year project period of August 1, 2018 to July 31, 2021.

- 1) The extent to which the Project Work Plan and proposed activities respond to the [Program Requirements](#).
- 2) The extent to which activities detailed in the Project Work Plan are consistent with the identified needs.
- 3) The extent to which a thorough plan is described for planning, recognizing, and certifying NHHCS such that multiple qualified NHHCS may be positioned to compete to serve one or more of the identified island communities in FY 2021.
- 4) The extent to which the applicant demonstrates that newly proposed activities can be initiated within 120 days of award.

Criterion 4: COLLABORATION

- 1) The extent to which the applicant describes in [Attachment 11](#) efforts to coordinate and assist with the health care programs and services provided to Native Hawaiians.
- 2) The extent to which the applicant describes in [Attachment 13](#): Other Relevant Documents, formal and informal efforts to collaborate with the five NHHCS to carry out the purpose of the NHHCIA.

Criterion 5: EVALUATIVE MEASURES

- 1) The extent to which the applicant demonstrates how it will measure and evaluate progress toward goals and expected outcomes.
- 2) The extent to which the applicant clearly describes how evaluation results will be used to improve program performance over the course of the project period.

Criterion 6: RESOURCES/CAPABILITIES

- 1) The extent to which the applicant demonstrates the experience and expertise of the proposed personnel and organizational capacity to implement the proposed project.
- 2) The extent to which the applicant describes how the organization will assist the NHHCS with the retention and recruitment of qualified staff, including the recruitment of Native Hawaiian scholars.
- 3) The extent to which the organization's governing board listed in [Attachment 10](#) is in compliance with the legislation and monitors and evaluates the organization's operational and financial performance.
- 4) The extent to which the applicant demonstrates its fiscal management capabilities by describing appropriate fiscal management and MIS capacity including financial leadership at the staff and board levels, as indicated in [Attachments 8, 9, and 10](#).
- 5) The extent to which the applicant describes its fiscal status and plans for maintaining long-term financial viability.
- 6) The extent to which the applicant describes its data analysis and data reporting capability required to meet the [Program Requirements](#) in the NHHCIA.

Criterion 7: SUPPORT REQUESTED

- 1) The extent to which the budget is complete, detailed, aligned, and consistent with the identified needs, proposed activities, and project goals.
- 2) The extent to which requested funds will not be duplicative or used to supplant or replace existing resources.

2. Review and Selection Process

In addition to the review of applications based on the [Review Criteria](#), HRSA may also consider assessment of risk and the other pre-award activities described in Section 3

below. This program does not have any funding priorities, preferences or special considerations.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

Applications are reviewed for considerations that include past performance, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, HRSA's approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

Noncompliance with the [Program Requirements](#) could result in a grant not being renewed or being discontinued. If this occurs, the Secretary is authorized to enter into a grant with another entity that provides services to the same population of Native Hawaiians. Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider any of your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS ([45 CFR § 75.212](#)).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of August 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of August 1, 2018. See Section 5.4 of HRSA's [SF-424 Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's [SF-424 Application Guide](#).

3. Reporting

Award recipients must comply with Section 6 of HRSA's [SF-424 Application Guide](#) and the following reporting and review activities:

- 1) **Native Hawaiian Data System Reports** – Reports must be submitted in accordance with instructions provided by the HRSA Project Officer and the HRSA Office of Quality Improvement.
- 2) **Non-Competing Continuation (NCC) Progress Reports** – Submission and approval of an annual NCC progress report is required to enable funding for future budget periods within the 3-year project period. The NCC progress report will be due in the HRSA Electronic Handbook (EHB) approximately 4 months prior to the next budget period start date. Complete instructions, including which information to submit concurrently to POL (42 U.S.C. 11707(c)(5)), will be provided when the modules become available in EHB.
- 3) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in [FAPIS](#), as required in [45 CFR part 75 Appendix XII](#).

VII. Agency Contacts

You may request additional information regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Christie Walker
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
5600 Fishers Lane, Mailstop 10SWH03
Rockville, MD 20857
Telephone: (301) 443-7742
Email: cwalker@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Dave Butterworth
Public Health Analyst, OPPD
Bureau of Primary Health Care
Health Resources and Services Administration
5600 Fishers Lane, Room 16N09
Rockville, MD 20857
Telephone: (301) 594-4300
Email: BPHCNH@hrsa.gov

Tanya Cepero-Chapman
Project Officer, OSHS
Bureau of Primary Health Care
Health Resources and Services Administration
5600 Fishers Lane, Room 17N128A
Rockville, MD 20857
Telephone: (301) 443-7439
Email: TCepero-Chapman@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@grants.gov
Self-Service Knowledge Base: <https://grants-portal.psc.gov/Welcome.aspx?pt=Grants>

VIII. Other Information

Application resources, as well as form samples and a frequently asked questions document, are available at the NHHCIA Technical Assistance Web site

(<https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>)

Refer to “How to Apply for a Grant”, available at <http://www.hrsa.gov/grants/apply>, for general (i.e., not NHHCIA specific) videos and slides on a variety of application and submission components.

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA’s [SF-424 Application Guide](#).

APPENDIX A: REQUIRED AND OPTIONAL ADDITIONAL SERVICES FOR NATIVE HAWAIIAN HEALTH CARE SYSTEMS

Sections 11705(c)(1) and (2) of the NHHCIA define the mandatory and optional services to be provided by NHHCS under this grant, which are summarized as follows:

Required Services (11705(c)(1))

- **Outreach services** to inform Native Hawaiians of the availability of health services
- **Education services** on health promotion and disease prevention (preferably by Native Hawaiian health care practitioners, community outreach workers, counselors, and cultural educators)
- **Services** of physicians, physician assistants, nurse practitioners, or other health professionals
- **Immunizations**
- **Diabetes** prevention and control
- **High blood pressure** prevention and control
- **Otitis media** prevention and control
- **Pregnancy and infant care**, including the prevention of fetal alcohol syndrome
- **Nutrition** improvement

Optional Additional Services (11705(c)(2))

- **Preventable illness and conditions control**, including identification, treatment, and reduction of the incidence of preventable illnesses and conditions endemic to Native Hawaiians
- **Health promotion services**, including:
 1. Cessation of tobacco smoking
 2. Reduction in the misuse of alcohol and drugs
 3. Improvement in physical fitness
 4. Family planning
 5. Stress reduction
- **Disease prevention services**, including:
 1. Control of sexually transmittable diseases
 2. Control of toxic agents
 3. Occupational safety and health
 4. Accident prevention
 5. Fluoridation of water
 6. Control of infectious agents
- **Primary health services**, including:
 1. Diagnostic laboratory and radiologic services
 2. Emergency medical services
 3. Preventive health services (including well-child services, vision and hearing screenings)
 4. Transportation services for adequate patient care

5. Preventive dental services
 6. Pharmaceutical services
 7. Provision of mental health care
- **Data collection** related to disease and illness prevention among Native Hawaiians

APPENDIX B: PERFORMANCE MEASURES

Standardized performance measures enable HRSA to evaluate the progress of the NHHCS against the legislative requirements ([Appendix A](#)) and identify opportunities for quality improvement. As noted in the **EVALUATION** section of the Project Narrative, NHHCS applicants are required to develop performance measures that establish goals for the 3-year project period.

Performance measurement forms must be downloaded from <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>, completed, and uploaded into Grants.gov as Attachments 2 through 5 as indicated below. Instructions for developing the performance measures are provided below.

Note: Consider application page limit and only include selected Optional Performance Measures in application.

Required Service Projections and Clinical Performance Measures

There are three required service projections ([Table 2](#)) and six required clinical performance measures ([Table 3](#)) that link to legislatively required NHHCS services. All nine data points must be provided as part of this application and tracked over the course of the 3-year project period. Required service projections must be uploaded as [Attachment 2](#). Required clinical performance measures must be uploaded as [Attachment 3](#).

Optional Clinical Performance Measures

Applicants may provide additional optional clinical performance measures (presented in [Table 4](#)) and/or include self-defined optional clinical performance measures specific to the identified community health needs and available health services, as desired. If provided, optional clinical performance measures should be uploaded as [Attachment 4](#).

Required and Optional Financial Performance Measures

Applicants must report on the Grant Costs measure and at least one of the remaining three optional financial performance measures listed in [Table 5](#) for a total of two financial performance measures. As desired, applicants may include additional financial performance measures as listed in [Table 5](#) and/or include self-defined optional financial performance measures specific to the organization. Financial measures must be uploaded as [Attachment 5](#).

Clinical and Financial Performance Measures Form (Tables 3-5) Field Descriptions

Focus Area: This is a concise categorization of the specific area to be addressed (e.g., Diabetes, Cardiovascular Disease, Costs, and Financial Viability). Applicants may specify additional focus areas that address key needs of the target population or organization when including additional performance measures.

Performance Measure: This field defines each measure with specific criteria.

Target Goal Description: Provide a quantitative goal for each performance measure that can be achieved by the end of the 3-year project period.

Numerator Description: The numerator for each performance measure is listed in [Tables 4, 5, and 6](#) and on the required forms available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>. Applicants must provide a numerator description for each additional self-defined performance measure.

Denominator Description: The denominator for each performance measure is listed in [Tables 4, 5, and 6](#) and on the required forms available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>. Applicants must provide a denominator description for each additional self-defined performance measure.

Baseline Data: The baseline data field contains four subfields that provide information regarding the initial threshold used to measure progress over the course of the project period. The **Baseline Year** subfield identifies the initial data reference point from which progress is measured. The **Measure Type** subfield provides the unit of measure (i.e., percentage or ratio). The **Numerator** and **Denominator** subfields identify the quantified patient or organizational characteristics to be measured over time. If this is the first year the applicant organization will be gathering this data, the applicant may enter "0" in the **Numerator** and **Denominator** subfields and must indicate in the Comments field when baseline data will be available.

- Applicants are to use prior calendar year patient/audit data and the UDS definitions to set baselines. Definitions can be found in the most recent 2017 UDS manual available at <https://bphc.hrsa.gov/datareporting/reporting/2017udsreportingmanual.pdf>

Data Source and Methodology: Cite data sources and describe the methodology used to collect and analyze data to develop each performance measure (e.g., electronic health records (EHR), chart audit). Data must be valid, reliable, and derived from established management information systems, when available.

Key Factor and Major Planned Action: The Key Factor and Major Planned Action field contains three subfields. The **Key Factor Type** subfield requires applicants to categorize each key factor as Contributing or Restricting. One key factor must be specified for each type. The **Key Factor Description** subfield provides a description of the factors predicted to contribute to or restrict progress toward stated goals. The **Major Planned Action Description** subfield provides a description of the major actions planned for addressing key factors. Use this subfield to provide major action steps and strategies for achieving each performance measure goal.

Comments: Provide additional information for each performance measure, as desired. If data have not been tracked in the past and the baseline is zero, use this field to describe

a data collection plan that will enable baseline data to be available within the first year of the project period.

Resources for the Development of Performance Measures

The following resources may be helpful when developing clinical performance measures:

- State and national performance UDS benchmarks and comparison data (available at Health Center Data).
- 2014 Clinical Quality Measures (available at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2014_ClinicalQualityMeasures.html).
- Healthy People 2020 objectives (available at <http://www.healthypeople.gov/2020/topicsobjectives2020/default>).

Table 2: Required Service Projections – Upload as [Attachment 2](https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/) (sample available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>)

#	Required Service	Performance Measure	Projection
1	Outreach Services	Number of Native Hawaiians informed of the availability of health services.	NHHCS to propose goal for the 3-year project period that indicates how many Native Hawaiians will be informed of the availability of services by 7/31/21.
2	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) and number of people attending these sessions.	NHHCS to propose goals for the 3-year project-period that indicate how many formal education/health promotion sessions will be provided and how many people will attend these sessions by 7/31/21.
3	Services of physicians, physicians' assistants, nurse practitioners, or other health professionals	Number of face-to-face visits between patients and physicians, physician's assistants, nurse practitioners, or other health professionals.	NHHCS to propose goal for the 3-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 7/31/21.

Table 3: Required Clinical Performance Measures – Upload as [Attachment 3](https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/) (forms available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>)

Note: The definitions for all required Clinical Performance Measures have been updated.

#	Target Area	Performance Measure	Measure Details
1	Diabetes: HemoglobinA 1c Poor Control	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	<p>Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0% or who had no test conducted during the measurement period</p> <p>Denominator: Patients 18 to 75 years of age with Type 1 or Type 2 diabetes who have a medical visit during the measurement period, excluding patients with gestational diabetes or steroid-induced diabetes (Note: Patients with a diagnosis of secondary diabetes due to another condition should not be included)</p>
2	Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90 mm Hg) during the measurement period	<p>Numerator: Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mm Hg and diastolic blood pressure < 90 mm Hg) during the measurement period</p> <p>Denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period, excluding patients with evidence of end stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period. Also exclude patients who are pregnant during the measurement period</p>
3	Early Entry into Prenatal Care	Percentage of prenatal care patients who entered prenatal care during their first trimester	<p>Numerator: Women entering prenatal care at the health center, including a referral provider, or with another health center during their first trimester</p> <p>Denominator: Women seen for prenatal care during the measurement period</p>

4	Childhood Immunization Status (CIS)	Percentage of children 2 years of age who were fully immunized by their second birthday	<p>Numerator: Number of children who were fully immunized before their second birthday. A child is fully immunized if s/he has been vaccinated or there is documented evidence of contraindication for the vaccine or a history of illness for ALL of the following: four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines)</p> <p>Denominator: Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period</p>
5	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3 -17 years of age who had a medical visit and evidence of height, weight, and BMI percentile documentation, and who had documentation of (1) counseling for nutrition; and (2) counseling for physical activity during the measurement year	<p>Numerator: Number of patients who had their BMI percentile (not just BMI or height and weight) documented during the measurement period, and who had documentation of (1) counseling for nutrition and (2) counseling for physical activity during the measurement period</p> <p>Denominator: Patients 3-17 years of age with at least one medical visit during the measurement period</p>

6	Body Mass Index (BMI) Screening and Follow-up	Percentage of patients age 18 years and older who have a visit during the measurement period with a documented BMI during the most recent visit, or within the six months prior to that visit, and when the BMI is outside of normal parameters a follow-up plan is documented during the visit, or during the previous six months of the visit with the BMI outside of normal parameters	<p>Numerator: Patients age 18-64 years with a BMI greater than or equal to 18.5 and less than 25, or patients age 65 years and older with a BMI greater than or equal to 23 and less than 30</p> <p>Denominator: All patients age 18 years of age and older with a medical visit during the measurement period, excluding patients who are pregnant (18-64) or visits where the patient is receiving palliative care, refuses measurement of height and/or weight, the patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate</p>
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Table 4: Optional Clinical Performance Measures – Upload as [Attachment 4](https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/) (forms available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>)

Note: * Indicates an optional Clinical Performance Measure that has been updated.

#	Target Area	Performance Measure	Measure Details
1	Cervical Cancer Screening*	Percentage of women 21-64 years of age, who were screened for cervical cancer using either of the following criteria: 1) Women age 21-64 who had cervical cytology performed every 3 years, or 2) Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years	<p>Numerator: Women with one or more screenings for cervical cancer, defined by any one of the following: 1) Cervical cytology performed during the measurement period, or the two years prior to the measurement period, for women who are at least 21 years old at the time of the test, or 2) Cervical cytology/human papillomavirus (HPV) co-testing performed during the measurement period, or the four years prior to the measurement period, for women who are at least 30 years old at the time of the test</p> <p>Denominator: Women 23-64 years of age with a visit during the measurement period, excluding women who had a hysterectomy with no residual cervix</p>
2	Low Birth Weight*	Percentage of babies of health center prenatal care patients born whose birthweight was below normal (less than 2,500 grams)	<p>Numerator: Children born with a birthweight under 2,500 grams</p> <p>Denominator: Babies born during the measurement period to prenatal care patients, excluding still births and miscarriages</p>

3	Dental Sealants for Children between 6 - 9 Years*	Percentage of children 6 through 9 years of age, at moderate to high risk for caries who received a sealant on a permanent first molar during the measurement year	<p>Numerator: Children who received a sealant on a permanent first molar tooth during the measurement year</p> <p>Denominator: Children 6- 9 years of age who had a dental visit in the measurement period who had an oral assessment, or comprehensive or periodic oral evaluation visit, and are at moderate to high risk for caries, except children for whom all first permanent molars are non-sealable</p>
4	Tobacco Use: Screening and Cessation Intervention *	Percentage of patients 18 years of age and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention, if identified as a tobacco user	<p>Numerator: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user</p> <p>Denominator: All patients 18 years of age and older seen for at least two medical visits, or at least one preventive medical visit, during the measurement period</p>
5	Use of Appropriate Medications for Asthma*	Percentage of patients 5-64 years of age with a diagnosis of persistent asthma and who were appropriately ordered medication during the measurement period	<p>Numerator: Patients who were dispensed at least one prescription for a preferred therapy during the measurement period</p> <p>Denominator: Patients 5-64 years of age with persistent asthma and who had at least one medical visit during the measurement period, excluding patients with a diagnosis of emphysema, COPD, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure that overlaps the measurement period</p>
6	Coronary Artery Disease (CAD): Lipid Therapy*	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) who	<p>Numerator: Number of patients who received a prescription for, were provided, or were taking lipid lowering medications</p> <p>Denominator: Number of patients 18 years of age and older who had an active diagnosis of coronary artery disease (CAD),</p>

		were prescribed a lipid-lowering therapy	were diagnosed as having a myocardial infarction (MI), or who had cardiac surgery in the past, excluding patients whose last LDL lab test during the measurement period was less than 130 mg/dL and individuals with an allergy to, or a history of, adverse outcomes from, or intolerance to, LDL lowering medications
7	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet*	Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and had documentation of use of aspirin or another antiplatelet during the measurement period	<p>Numerator: Patients who have documentation of use of aspirin or another antiplatelet during the measurement period</p> <p>Denominator: Patients 18 years of age and older with a visit during the measurement period, who had an active diagnosis of IVD or who were discharged alive for AMI, CABG, or PCI during the 12 months prior to the measurement period</p>

8	Colorectal Cancer Screening*	Percentage of patients age 50 - 75 years who had appropriate screening for colorectal cancer	<p>Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: fecal occult blood test (FOBT), including the fecal immunochemical (FIT) test during the measurement period; flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period; or colonoscopy during the measurement period or the nine years prior to the measurement period</p> <p>Denominator: Patients 50-75 years of age with a medical visit during the measurement period, excluding patients with a diagnosis or past history of total colectomy or colorectal cancer</p>
9	HIV Linkage to Care*	Percentage of newly diagnosed HIV patients who were seen for follow up treatment within 90 days of first-ever HIV diagnosis	<p>Numerator: Newly diagnosed HIV patients that received treatment within 90 days of diagnosis, including patients who were newly diagnosed by health center providers, had a medical visit with a health center provider who initiates treatment for HIV, or had a visit with a referral resource who initiates treatment for HIV</p> <p>Denominator: Patients first diagnosed with HIV by the health center between October 1 of the prior year through September 30 of the current measurement year, and had at least one medical visit during the measurement period or prior year</p>
10	Screening for Clinical Depression and Follow-up Plan*	Percentage of patients 12 years of age and older screened for depression on the date of the visit using an age appropriate standardized	<p>Numerator: Patients screened for depression on the date of the visit using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen</p> <p>Denominator: All patients 12 years of age</p>

		depression screening tool AND, if screening is positive, a follow-up plan is documented on the date of the positive screen	and older with at least one eligible visit during the measurement period, excluding patients with an active diagnosis of Depression or Bipolar Disorder, patient refuses to participate, medical reason(s), such as patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools
11	Prevention and Control of Otitis Media	Number of patients under age 18 years with diagnosis of otitis media	<p>Numerator: Number of visits by patients under age 18 years with diagnosis of otitis media (any mention of ICD-9-CM codes 3810-3814, 382)</p> <p>Denominator: Number of visits by patients under age 18 years who received medical care during the measurement year</p>
12	Traditional Healing	Health system determines the performance measure	Health system determines the numerator and denominator

Table 5: Financial Performance Measures – Upload as [Attachment 5](https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/) (form available at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/>)

Note: Grant Costs is required. Applicants must select at least one of the remaining three financial measures.

#	Required Focus Area	Performance Measure	Measure Detail
1	NHHCIA Program Grant Cost Per Total	Ratio of total NHHCIA grant funds per patient served in the measurement calendar year	Numerator: Total NHHCIA grants drawn-down for the period from January 1 to December 31 of the measurement calendar year

#	Required Focus Area	Performance Measure	Measure Detail
	Patient (Grant costs)		Denominator: Total number of patients
#	Optional Focus Areas (must select 1 of 3)	Performance Measure	Measure Detail
2	Total Cost Per Total Patient (Costs)	Ratio of total cost per patient served in the measurement calendar year	Numerator: Total accrued cost before donations and after allocation of overhead Denominator: Total number of patients
3	Medical Cost Per Medical Visit (Costs)	Ratio of total medical cost per medical visit in the measurement calendar year	Numerator: Total accrued medical staff and other medical cost after allocation of overhead, excluding lab and x-ray cost Denominator: Medical visits, excluding nurse visits
4	Financial Viability	Non-Federal Matching Funds (percentage of matching funds included in the total project budget)	Numerator: Non-Federal Matching Funds Denominator: Total Budget

APPENDIX C: INCOME ANALYSIS FORM INSTRUCTIONS

(upload as [Attachment 6](#))

NHHCS applicants must use the Income Analysis Form template posted at <https://bphc.hrsa.gov/programopportunities/fundingopportunities/NHHCS/> to show the projected patient services and other income from all sources (other than the NHHCS grant) for the 3-year project period. The Income Analysis form is divided into two parts: (1) program income (known as patient service revenue) and (2) all other income (known as other federal, state, local and other income).

Patient service revenue is revenue that is directly tied to the provision of services to the health care system's patients. Services to patients that are reimbursed by health insurance plans, managed care organizations, categorical grant programs (e.g., family planning), employers, and health provider organizations are classified as patient service revenue. Reimbursements may be based upon visits, procedures, member months, enrollees, the achievement of performance goals, or other service related measures. All income not classifiable as program income is classified as other income.

Part 1: Patient Service Revenue - Program Income

The program income section groups billable visits and income into the same five payer groupings used in the Uniform Data System (UDS – see the UDS Manual available at <https://bphc.hrsa.gov/datareporting/reporting/2017udsreportingmanual.pdf> for details). All patient service revenue is reported in this section of the form. This includes all income from medical, dental, mental health, substance abuse, other professional, vision, and other clinical services as well as income from ancillary services such as laboratory, pharmacy, and imaging services.

Patient service revenue associated with sites or services not in the approved scope of project including those pending approval is to be excluded.

Column (a) Patients by Primary Medical Insurance: These are the projected number of unduplicated patients classified by payer based upon the patient's **primary medical insurance**. The primary insurance is the payer that is billed first. The patients are classified in the same way as found in UDS Table 4, lines 7 – 12. This column should not include patients who are only seen for non-billable or enabling service visits. Examples for determining where to count patients include:

- A crossover patient with Medicare and Medicaid coverage is to be classified as a Medicare patient on line 2.
- A Medicaid patient with no dental coverage who is only seen for dental services is to be classified as a Medicaid patient on line 1 with a self-pay visit on line 5.

Column (b): Billable Visits: These include all billable/reimbursable visits. There may be other exclusions or additions which, if significant, should be noted in the Comment/Explanatory Notes box at the bottom of the form. Billable services related to laboratory, pharmacy, imaging, and other ancillary services are not to be included in this column.

Column (c): Income per Visit: This value may be calculated by dividing projected income by billable visits.

Column (d): Projected Income: This is the projected accrued net revenue, including an allowance for bad debt from all patient services for each pay grouping in the first year of the proposed project period.

Column (e): Prior FY Income: This is the income data from the most recent fiscal year, which will be either interim statement data or audit data. The fiscal year was specified because the interim data can eventually be compared to actual audit data.

(Lines 1 – 5) Payer Categories: There are five payer categories including Medicaid, Medicare, Other Public, Private, and Self-Pay, reflecting the five payer groupings used in Table 9d of the UDS. The UDS instructions are to be used to define each payer category (see the UDS Manual available at <https://bphc.hrsa.gov/datareporting/reporting/2017udsreportingmanual.pdf>).

Visits are reported on the line of the primary payer (payer billed first). The income is classified by the payer groupings where the income is earned. When a single visit involves more than one payer, attribute that portion of the visit income to the payer group from which it is earned. In cases where there are deductibles and co-payments to be paid by the patient, that income is to be shown on the self-pay line. If the co-payment is to be paid by another payer, that income should be shown on the other payer's line. It is acceptable if the applicant cannot accurately associate the income to secondary and subsequent sources.

All service income is to be classified by payer, including pharmacy and other ancillary service revenue. In the event the applicant does not normally classify the projected ancillary or other service revenue by payer category, the projected income is to be allocated by payer group using a reasonable allocation method, such as the proportion of medical visits or charges. The method used should be noted in the Comments/Explanatory Notes section at the bottom of the form.

(Line 1) Medicaid: This includes income for services billed to and paid for by Medicaid (Title XIX), regardless of whether they are paid directly or through a fiscal intermediary or an HMO. Medicaid income may include fee-for-service reimbursement, capitated managed care, fee-for-service managed care, Early Periodic Screening, Diagnosis, and Treatment (EPSDT), Children's Health Insurance Program (CHIP), and other reimbursement arrangements administered either directly by the state agency or by a fiscal intermediary. It includes all projected Medicaid income from managed care capitation, incentives, and primary care case management income.

(Line 2) Medicare: This includes income from fee-for-service reimbursement, capitated managed care, fee-for-service managed care, Medicare Advantage plans, and other reimbursement arrangements administered either directly by Medicare or by a fiscal intermediary. It includes all projected income from managed care capitation, risk pool

distributions, performance incentives, and care management fee income from the ACA Medicare Demonstration Program.

(Line 3) Other Public: This includes income from federal, state, or local government programs earned for providing services that is not reported elsewhere. A CHIP operated independently from the Medicaid program is an example of other public insurance. Other public also includes income from categorical grant programs when the grant income is earned by providing services. Examples of these include CDC's National Breast and Cervical Cancer Early Detection Program and the Title X Family Planning Program.

(Line 4) Private: This includes income from private insurance plans, managed care plans, insurance plans from the ACA marketplaces/exchanges, and other private contracts for service. This includes plans such as Blue Cross and Blue Shield, commercial insurance, managed care plans, self-insured employer plans, group contracts with unions and employers, service contracts with employers and Veteran's Administration Community Based Outpatient Clinic (CBOC) contracts. Income from health benefit plans which are earned by government employees, veterans, retirees, and dependents, such as TRICARE, the federal employee health benefits program, state employee health insurance benefit programs, teacher health insurance, and similar plans are to be classified as private insurance. Private insurance is earned or paid for by the beneficiary and other public insurance is unearned or based upon meeting the plan's eligibility criteria.

(Line 5) Self-Pay: This includes income from patients, including full-pay self-pay and sliding fee patients, as well as the portion of the visit income for which an insured patient is personally responsible.

(Line 6) Total: This is the sum of lines 1-5.

Part 2: Other Income – Other Federal, State, Local and Other Income

This section includes all income other than the patient service revenue shown in Part 1 (exclusive of the Native Hawaiian grant request). It includes other federal, state, local, and other income. It is income that is earned but not directly tied to providing visits, procedures, or other specific services. Income is to be classified on the lines below based upon the source from whom the revenue is received. Income from services provided to non-health care system patients (patients of an entity with which the health care system is contracting) either in-house or under contract with another entity such as a hospital, nursing home or other health care system is to be reported in Part 2: Other Income (see examples below). This would include income from in-house retail pharmacy sales to individuals who are not patients of the health care system. See Lines 9 and 10 for examples of services provided to non-health care system patients (patients of an entity with which the health care system is contracting).

(Line 7) Other Federal: This is income from federal grants where the applicant is the recipient of a Notice of Award from a federal agency. It does not include the Native Hawaiian grant request or federal funds awarded through intermediaries (see Line 9 below). It includes grants from federal sources such as the Centers for Disease Control

(CDC), Housing and Urban Development (HUD), Centers for Medicare & Medicaid Services (CMS), and others. It includes other HHS grants under the Ryan White HIV/AIDS Program - Part C, Facility Investment Program grants, and others. The CMS electronic health record incentive program income is reported here in order to be consistent with the UDS reporting instruction.

(Line 8) State Government: This is income from state government grants, contracts, and programs, including uncompensated care grants; state indigent care income; emergency preparedness grants; mortgage assistance; capital improvement grants; school health grants; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); immunization grants; and similar awards.

(Line 9) Local Government: This is income from local government grants, contracts, and programs, including local indigent care income, community development block grants, capital improvement project grants, and similar awards. For example: (1) a health care system that contracts with the local Department of Health to provide services to the Department's patients is to report all the income earned under this contract on this line, and (2) Ryan White Part A funds are federal funds awarded to municipalities who in turn make awards to provider organizations, so Ryan White Part A grants would be classified as income earned from a local government and be shown on this line.

(Line 10) Private Grants/Contracts: This is income from private sources such as foundations, non-profit entities, hospitals, nursing homes, drug companies, employers, other health care systems, and similar entities. For example, a health care system operating a 340B pharmacy in part for its own patients and in part as a contractor to another health care system is to report the pharmacy income for its own patients in Part 1 and the income from the contracted health care system on this line.

(Line 11) Contributions: This is income from private entities and individual donors which may be the result of fund raising.

(Line 12) Other: This is incidental income not reported elsewhere and includes items such as interest income, patient record fees, vending machine income, dues, and rental income. Applicants typically have at least some Other income to report on Line 12.

(Line 13) Applicant (Retained Earnings): This is the amount of funds needed from the applicant's retained earnings or reserves in order to achieve a breakeven budget. Explain in the Comments/Explanatory notes section why applicant funds (retained earnings) are needed to achieve a breakeven budget. Amounts from non-federal sources, combined with the Native Hawaiian grant request, should be adequate to support normal operations.

(Line 14) Total Other: This is the sum of lines 7 – 13.

(Line 15) Total Non-Federal (Program Income Plus Other): This is the sum of Lines 6 and 14 and is the total non-federal income.

Note that in-kind donations are not included as income on the Income Analysis form. Applicants may discuss in-kind donations in the [SUPPORT REQUESTED](#) section of the Project Narrative. Additionally, such donations may be included on the SF-424A (Section A: Budget Summary—Non-Federal Resources under New or Revised Budget).