

**Health Resources and Services Administration
Federal Office of Rural Health Policy**

Medicare Rural Hospital Flexibility Program
FY 2023 Noncompeting Continuation (NCC) Progress Report
Instructions for Submission
Funding Announcement Number: HRSA-5-U2W-23-001
Available in EHB: March 2, 2023
Due Date: May 5, 2023
Budget Start Date: September 1, 2023

This is the Health Resources and Services Administration (HRSA) streamlined process to renew your budget period and release the continuation funding for your ongoing award. The continuation of grant funding is based on compliance with applicable statutory and regulatory requirements, demonstrated organizational capacity to accomplish the project's goals, adequate justification for all projected costs, availability of appropriated funds, and a determination that continued funding would be in the best interest of the Government. Inadequate justification and/or progress may result in the reduction of approved funding levels.

HRSA's expectations are that grantees will pursue all years of their grant projects as originally proposed and recommended for approval in competitive review, in terms of scope of work and budget line items. The continuation funding process is not a vehicle to request changes in scope or re-budgeting of your project. If significant changes in scope or budgeting are necessary, first discuss the proposed changes with your assigned HRSA FORHP Project Officer, and then request prior approval separately through EHB, as is specified in your Notice of Award (NOA).

The NCC Progress Report is intended to report on Medicare Rural Hospital Flexibility (Flex) Program activities only and should not report on other HRSA funded programs unless the activity specifically relates to the Flex Program.

This NCC Progress Report will provide funding during the FY2023 budget year. The budget period start date is September 1, 2023. This is Year 5 of a 5-year project period (September 1, 2019 – August 31, 2024). The purpose of the Medicare Rural Hospital Flexibility Program is to enable state designated entities to support critical access hospitals in quality improvement, quality reporting, performance improvement, and benchmarking; to assist facilities seeking designation as critical access hospitals; and to create a program to establish or expand the provision of rural emergency medical services. Flex Program objectives include the areas of quality, operational, financial, population health, and rural emergency medical services improvement with the goal of supporting access to necessary health care services in rural communities.

NCC Progress Report Required Sections

The following sections are required to submit the NCC Progress Report in HRSA EHBs:

- SF-PPR (EHB web-based form)
- SF-PPR-2 (cover page continuation; EHBs web-based form)
- Performance Narrative (no more than 10 pages)
- Attachments (see list below)

Performance Narrative Instructions

The Performance Narrative is uploaded as one attachment in the “Program Specific Information” section of the NCC Progress Report in the EHBs.

The purpose of the Performance Narrative is to provide a comprehensive overview of the project and to provide documentation of project activities and accomplishments during the current FY2022 budget period. Discuss progress on each funded activity during this current budget period (September 1, 2022 – August 31, 2023). **Do not delete any of the narrative headings.**

The Performance Narrative should include the following information in the order listed below and should be no more than 10 pages in length (appendices do not count towards page count). Information must be reported in a narrative form, portrait format. **Do not copy/paste your work plan**; rather frame the Performance Narrative as a summary of your work plan. Make sure document is clearly labeled with your organization’s name and HRSA award number. **Reminder:** The NCC Progress Report is intended to report on Medicare Rural Hospital Flexibility Program activities only and should not report on other HRSA funded programs unless the activity specifically relates to the Flex Program.

- I. **Progress on Activities:** Provide a short high-level summary (2-3 paragraphs) on the progress of your grant activities during the FY 2022 budget period. Provide a summary of the project’s activities including the impact of activities and outcomes. Include other relevant accomplishments such as dissemination of completed projects and/or presentations. Indicate any barriers or challenges to the project’s progress during the current budget period and describe efforts taken to address them. If you incorporated health equity into your grant related activities or grant related data collection include a description that includes a brief summary and outcomes of that work.
- II. **Noteworthy Accomplishment:** Describe your biggest accomplishment during the FY2022 period. Include a summary of the activity, program objectives and any progress/process measures and outcomes/impact.
- III. **Significant Changes:** Summarize any significant changes to the project occurring during the reporting period that required the submission of a prior approval request, including changes of scope, supplemental funding requests, key personnel changes, etc.
- IV. **Plan for Upcoming Budget Year:** Discuss your project plan for the coming budget year September 1, 2023 – August 31, 2024. Provide a detailed statement of the milestones or progress toward the outcome objectives planned for the period for which NCC funds are being sought and a description of the process objectives and activities that will be undertaken to achieve those milestones. Discuss any modifications (other than significant changes requiring a prior approval request) to the approved project plan, including changes to goals and/or objectives for the upcoming year (any anticipated change of scope will require a separate EHB prior approval submission).

Required Attachments

Only include the attachments listed below with the NCC Progress Report submission. Each attachment must contain the Grant Number, Project Title, Organization Name, and Primary Contact Name. Ensure that each attachment is correctly labeled and attached in the “Appendices” section as follows:

1. Current Work Plan Matrix (table)
 2. Future Work Plan Matrix (table) **(Note: Attachment 1 and Attachment 2 may be combined into one document, if the difference between the two work plans is clear.)**
 3. Budget Justification Narrative
 4. Position Descriptions
 5. Biographical Sketches/Resumes
 6. EMS Supplement Progress Report
 7. EMS Supplement Budget Justification
 8. EMS Supplement Work Plan
- **Attachment #1:** Updated *Current Work Plan Matrix* for the current budget period (**September 1, 2022 – August 31, 2023**), in table format, landscape format that includes activities, completion date, responsible staff and entity, progress/process measures and outcome/impact pertaining to the goals and objectives of the program. Please note that the progress/process measures section and outcomes/impact section should contain detailed information on progress made in the current budget period. The Current Work Plan Matrix is a snapshot of what will be captured in the Performance Narrative section. FORHP expects the Objectives, Activities, and Process Measures/Outcomes to be outlined in a table format without narrative.
 - **Attachment #2:** Provide a *Future Work Plan Matrix* for the budget period (**September 1, 2023 – August 31, 2024**), in table format, landscape format that includes activities, anticipated completion date, responsible staff and entity, expected progress/process measures and outcome/impact pertaining to the goals and objectives of the program. The Future Work Plan should include any adaptations or updated progress/process measures for the upcoming year based upon most recent results. Include ongoing activities that will continue from the current budget period, and any new activities. Projects designed for a single budget year should fully develop their measurement strategy and present it clearly. Projects designed for more than one year will need to define the measurement strategy and set intermittent targets reflective of the activities to be executed in addressing the Objectives. FORHP expects the Objectives, Activities, and Outcomes to be outlined in a table format without narrative.
 - **Attachment #3:** Provide a *Budget Justification Narrative* that sufficiently details each object class category as follows ([A sample template](#) has been provided by TASC. This template is not required but please reference the content included):
 - 1) Personnel category: Indicate the employee name, title, base salary, FTE, salary requested. At least one full time equivalent position must be dedicated to the Flex Program.
 - 2) Fringe Benefits: indicate the fringe benefit rate and benefit breakdown, i.e. insurance at .55%.

- 3) Travel category: for local travel indicate the staff member(s), number of trips, mileage and mileage rate; for long distance travel indicate the staff member(s), airfare, hotel, per diem, mileage, mileage rate, car rental/ground transportation and parking.
 - a. Travel is required to the annual Flex Program Reverse Site Visit as well as one other regional or national meeting each year.
 - b. Any new staff directly responsible for executing the duties of the Flex award are required to attend a Flex Program Workshop within one year of their start date.
- 4) Equipment category: list equipment costs and provide justification for the need of the equipment to carry out the program's goals.
- 5) Supplies category: list the items that the project will use to implement the proposed project such as office supplies or educational supplies (brochures, videos).
- 6) Contractual category: Itemized services provided.
- 7) Other category: Include all costs that do not fit into any other category. In some cases, rent or utilities.
- 8) Indirect costs. If indirect costs are included in the budget, attach a copy of the current indirect cost rate agreement. Indirect costs for the Flex program are limited by statute. Following HRSA policy this indirect cost limitation is applied to the direct cost of the program and the requested indirect cost in the proposed budget should be no more than 15% of the direct cost. This limit comes to approximately 13.04% of the total program award, inclusive of direct and indirect costs.

Discuss any significant changes to your budget relative to the budget laid out in your competitive application.

- **Attachment #4:** *Position Descriptions* for all new or revised positions for which grant support is requested. State "no changes" on attachment if applicable. NOTE: Project Director changes MUST be submitted as a prior approval in the EHBs, and not as part of the NCC submission.
- **Attachment #5:** *Biographical sketches or resumes* for any staff hired since submission of prior NCC application. State "no changes" on attachment if applicable.
- **Attachment #6:** *EMS Supplement: Progress Report (Required for FY22 EMS Supplement Awardees, not for NCEs)*. Awardees of the EMS Supplemental Funding must include an updated progress report to provide program related progress made so far during FY22 (September 1, 2022 – August 31, 2023) and future activities for the upcoming reporting period (September 1, 2023– August 31, 2024) on your Medicare Rural Hospital Flexibility Program – Emergency Medical Services Supplement Cooperative Agreement.

Your progress report should include the following:

- Significant Progress, Changes, and Challenges faced or anticipated in the remainder of the year, including activities potentially not completed, in danger of delay, or those that need a change of scope. Discuss any staffing changes since the start of FY22 and any unfilled positions and plans to fill the positions. Describe plans to mitigate or manage significant changes, challenges, and barriers. This section should be about 2 paragraphs.
- **Attachment #7:** *EMS Supplement Budget Justification (Required for FY22 EMS Supplement Awardees)* The purpose of the Budget Justification Narrative is to provide a clear overview of

proposed spending for the program-funded project. The Budget Justification must be sufficiently detailed and cover use of federal funds for each object class category listed on the SF-424A.

Travel and contractual costs must be itemized. Itemized travel costs should include, at minimum, airfare or mileage, lodging, per diem, and miscellaneous expenses as applicable for each trip, plus any other requirements determined by your organization's travel policies. Itemized contractual costs should include deliverables.

- **Attachment #8: EMS Supplement Current and Future Work Plan Update (Required for FY22 EMS Supplement Awardees)** Please use the [EMS Supplement Work Plan Template](#) to update your current year (FY 2022) template and your future year (FY 2023) template.

Reporting Requirements

Federal Financial Report (FFR) submitted through the Payment Management System (PMS)

Annual FFRs are due on **January 30** and must be submitted electronically through the Payment Management System (PMS). While it is an expectation that all funds are used within the year they are awarded, if you anticipate that there will be an unobligated balance (UOB) of funds at the end of the current budget period, you must note this in the 'FFR Remarks' block of the FFR. Additionally, you must request prior approval to use the UOB as carryover for your project in the new budget period. You may do so by submitting a prior approval request through the HRSA EHBs within 30 days of the electronic FFR submission. The request to use the UOB shall include an explanation of why the funds were not spent and why the carryover is needed, a detailed budget justification and SF424A. Only activities listed in the approved work plan are eligible for carryover into the next budget period.

Performance Improvement Management System (PIMS)

The Federal Office of Rural Health Policy has created specific performance measures that grantees will be required to report within the Performance Improvement System (PIMS) located in HRSA's Electronic Handbook (EHB), due **October 30**. Grantees are required to update the program specific information in the HRSA Electronic Handbooks (EHBs) annually. Further instructions will be provided by your Project Officer. For Flex, the PIMS report focuses on two topics that reflect some, but not all, of the significant work of state Flex programs: 1) CAH participation in Flex-funded performance improvement activities and 2) total state Flex program spending (for both performance improvement and other work) in each activity category of the Flex program.

End of Year Report

The End of Year Report, due **November 30**, captures the completed work plan for the completed budget year and a narrative report which captures noteworthy accomplishments.

HRSA Contacts

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

Laura Seifert
Medicare Rural Hospital Flexibility Program Coordinator
Health Resources and Services Administration

Federal Office of Rural Health Policy
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301.443.3343
Email: lseifert@hrsa.gov

Grantees may obtain additional information regarding business, administrative, or fiscal issues related to this NCC Progress Report by contacting:

Bria Haley
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM, HRHB
5600 Fishers Lane
Rockville, MD 20857
Telephone: 301.443.3778
Email: bhaley@hrsa.gov

Recipients may need assistance when working online to submit their information electronically through HRSA's Electronic Handbooks. For assistance with submitting information in HRSA's EHBs (i.e. technical system issues), contact the HRSA Call Center, Monday-Friday, 9:00 a.m. to 5:30 p.m. ET:

HRSA Call Center
Phone: (877) 464-4772
TTY: (877) 897-9910
Fax: (301) 998-7377
E-mail: CallCenter@HRSA.GOV

APPENDIX A: FY 2023 FUNDING LEVELS

This table shows the FY 2023 Flex funding levels by state that are the same from FY 2022 funding levels. These funding levels are contingent upon final appropriation dollars available.

Cooperative Agreement Number	State	Organization	FY23 U2W Funding Amount
U2WRH33307	AK	HEALTH AND SOCIAL SERVICES, ALASKA DEPARTMENT OF	\$667,245.00
U2WRH33293	AL	PUBLIC HEALTH, ALABAMA DEPARTMENT OF	\$397,624.00
U2WRH33304	AR	ARKANSAS DEPARTMENT OF HEALTH	\$657,311.00
U2WRH33311	AZ	University Of Arizona	\$602,355.00
U2WRH45477	CA	California Department of Health Care Access and Information	\$591,876.00
U2WRH33305	CO	COLORADO RURAL HEALTH CENTER	\$715,230.00
U2WRH33316	FL	Health, Florida Department of	\$557,970.00
U2WRH33286	GA	COMMUNITY HEALTH, GEORGIA DEPT OF	\$710,887.00
U2WRH33309	HI	HEALTH, HAWAII DEPARTMENT OF	\$486,801.00
U2WRH33302	IA	PUBLIC HEALTH, IOWA DEPARTMENT OF	\$826,323.00
U2WRH33308	ID	HEALTH AND WELFARE, IDAHO DEPARTMENT OF	\$699,906.00
U2WRH33301	IL	Public Health, Illinois Department Of	\$899,640.00
U2WRH33300	IN	Indiana State Department Of Health	\$716,787.00
U2WRH33306	KS	HEALTH AND ENVIRONMENT, KANSAS DEPARTMENT OF	\$1,057,268.00
U2WRH33312	KY	University Of Kentucky	\$657,469.00
U2WRH33310	LA	Health, Louisiana Department Of	\$615,288.00
U2WRH33294	MA	PUBLIC HEALTH, MASSACHUSETTS DEPT OF	\$345,653.00
U2WRH33288	ME	HEALTH AND HUMAN SERVICES, MAINE DEPARTMENT OF	\$477,892.00
U2WRH33317	MI	Michigan Center For Rural Health	\$755,670.00
U2WRH33314	MN	DEPARTMENT OF HEALTH MINNESOTA	\$994,754.00
U2WRH33295	MO	HEALTH AND SENIOR SERVICES, MISSOURI DEPARTMENT OF	\$557,026.00
U2WRH33290	MS	HEALTH, MISSISSIPPI STATE DEPARTMENT OF	\$532,766.00
U2WRH33320	MT	PUBLIC HEALTH AND HUMAN SERVICES, MONTANA DEPARTMENT OF	\$880,105.00
U2WRH33287	NC	Health & Human Services, North Carolina Department Of	\$683,406.00
U2WRH33321	ND	University Of North Dakota	\$890,219.00
U2WRH33315	NE	HEALTH AND HUMAN SERVICES, NEBRASKA DEPARTMENT OF	\$963,235.00
U2WRH33289	NH	HEALTH AND HUMAN SERVICES, NEW HAMPSHIRE DEPT OF	\$470,968.00
U2WRH33297	NM	HEALTH, NEW MEXICO DEPARTMENT OF	\$346,687.00
U2WRH33318	NV	Nevada System of Higher Education	\$540,311.00
U2WRH33296	NY	HEALTH RESEARCH, INC.	\$430,989.00
U2WRH33298	OH	Health, Ohio Department of	\$751,135.00
U2WRH33319	OK	OKLAHOMA STATE UNIVERSITY	\$734,986.00
U2WRH33327	OR	Oregon Health & Science University	\$761,600.00

U2WRH33292	PA	Pennsylvania State University, The	\$485,100.00
U2WRH33328	SC	South Carolina Office of Rural Health	\$430,472.00
U2WRH33329	SD	South Dakota Department of Health	\$735,252.00
U2WRH33325	TN	Health, Tennessee Dept Of	\$543,956.00
U2WRH33313	TX	AGRICULTURE, TEXAS DEPARTMENT OF	\$983,832.00
U2WRH33323	UT	DEPARTMENT OF HEALTH UTAH	\$427,120.00
U2WRH33299	VA	HEALTH, VIRGINIA DEPARTMENT OF	\$389,281.00
U2WRH33291	VT	Human Services, Vermont Agency Of	\$349,441.00
U2WRH33326	WA	HEALTH, WASHINGTON STATE DEPARTMENT OF	\$749,318.00
U2WRH33303	WI	UNIVERSITY OF WISCONSIN SYSTEM	\$878,356.00
U2WRH33324	WV	Health And Human Resources, West Virginia Department Of	\$601,546.00
U2WRH33330	WY	WYOMING, DEPARTMENT OF HEALTH	\$542,812.00