

Fiscal Year 2021 National Hypertension Control Initiative Supplemental Funding for Health Centers (NHCI-HC) Guidance

EXECUTIVE SUMMARY

Due Date for Submissions	December 3, 2020 (5:00 pm ET)
Anticipated Total Available Funding	\$60 million
Award Amount	Formula-based, see Award Information
Estimated Number of Awards	400
Period of Performance	Approximately 3 years (through the end of the FY 2023 budget period)
Eligible Award Recipients	Organizations receiving Health Center Program operational (H80) grant funding

Visit the [NHCI-HC technical assistance webpage](#) for details about live and recorded events, agency contacts, and other resources specific to this funding opportunity.

PURPOSE

The Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) and Office of Minority Health (OMH) are partnering through the National Hypertension Control Initiative: Addressing Disparities among Racial and Ethnic Minority Populations (HTN Initiative).¹ HRSA plans to offer funding to health centers under this initiative to increase provider and staff engagement in implementing evidence-based practices, including using advanced self-measured blood pressure technology, to increase the number of adult patients with controlled hypertension.

AUTHORITY

The Health Center Program is authorized by section 330 of the Public Health Service Act (PHSA) (42 U.S.C. § 254b). Health centers receive funding, as appropriate, under sections 330(e), (g), (h) and/or (i) of the PHSA (42 U.S.C. § 254b(e), (g), (h), and/or (i)).

ELIGIBILITY

Organizations that are a Health Center Program operational (H80) grant award recipient (health center) may request NHCI-HC funds.²

¹ Information on the HTN Initiative is available at <https://www.minorityhealth.hhs.gov/hypertension>.

² For a list of health centers with active H80 awards, see [HRSA Data Warehouse Map Tool](#).

BACKGROUND

Nationally, 75 million Americans have hypertension, and almost half do not have the condition under control.³ Hypertension increases risk for heart disease and stroke, which are leading causes of death in the United States.⁴ Left undetected or uncontrolled, hypertension can lead to heart failure, kidney disease, vision loss, and sexual dysfunction.⁵ Mothers with uncontrolled high blood pressure during pregnancy are at a higher risk of complications before, during, and after the birth.⁶ Adults with hypertension might be at an increased risk for severe illness from SARS-CoV-2, the virus that causes COVID-19.⁷ By improving hypertension control for vulnerable populations, NHCI-HC awards support HHS's COVID-19 response.⁸

Evidence shows that self-measured blood pressure (SMBP), also known as home blood pressure monitoring, and accompanying clinical support can improve access and quality of care for patients with hypertension while making blood pressure control more convenient.^{9,10,11,12} With an approximate cost of \$60, a Bluetooth or wireless-enabled device can deliver blood pressure readings that are 50 percent more accurate than those taken in the doctor's office.¹³ Information from SMBP may be transmitted conveniently and in real-time digitally via remote patient monitoring to help patients and clinicians monitor blood pressure and manage a treatment plan.

In 2019, health centers provided comprehensive primary health care services to nearly 30 million patients with a focus on the Nation's most vulnerable populations, including one in three people living in poverty. Among adult patients, 4.8 million (28.2 percent)

³ Million Hearts®. Undiagnosed Hypertension. Accessed on September 3, 2020 from <https://millionhearts.hhs.gov/tools-protocols/undiagnosed-hypertension.html>.

⁴ Centers for Disease Control and Prevention. Underlying Cause of Death, 1999–2018. CDC WONDER Online Database. Atlanta, GA: Centers for Disease Control and Prevention; 2018. <http://wonder.cdc.gov/ucd-icd10.html>. Accessed March 12, 2020.

⁵ Health Threats From High Blood Pressure. American Heart Association. Accessed on September 29, 2020 from <https://www.heart.org/en/health-topics/high-blood-pressure/health-threats-from-high-blood-pressure>.

⁶ High Blood Pressure During Pregnancy. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention. Accessed on September 29, 2020 from <https://www.cdc.gov/bloodpressure/pregnancy.htm#:~:text=If%20you%20had%20high%20blood,might%20need%20emergency%20medical%20care.>

⁷ Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). People with Certain Medical Conditions. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#serious-heart-conditions>. Accessed 9 October 2020.

⁸ COVID-19 Associated Hospitalization Related to Underlying Medical Conditions. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-underlying-medical-conditions.html>. Accessed 28 September 2020.

⁹ Million Hearts® Self-Measured Blood Pressure Monitoring. Accessed on August 24, 2020 from <https://millionhearts.hhs.gov/tools-protocols/smbp.html#refs>

¹⁰ Self-Measurement: How patients and care teams are bringing blood pressure to control. Three Community Health Centers Million Hearts® SMBP Program. Accessed on August 24, 2020 from <https://www.youtube.com/watch?v=XGO-I59UMDg&feature=youtu.be>

¹¹ Whelton PK, Carey RM, Aronow WS, Casey DE Jr, Collins KJ, Dennison Himmelfarb C, DePalma SM, Gidding S, Jamerson KA, Jones DW, MacLaughlin EJ, Muntner P, Ovbigele B, Smith SC Jr, Spencer CC, Stafford RS, Taler SJ, Thomas RJ, Williams KA Sr, Williamson JD, Wright JT Jr. 2017 ACC/AHA/ AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Hypertension. 2017

¹² *Healthy People 2030*. Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-it/increase-proportion-adults-who-use-it-track-health-care-data-or-communicate-providers-hchi-07>. Accessed 7 September 2020.

¹³ Banegas J, Ruilope L, de la Sierra A, Vinyoles E, Gorostidi M, de la Cruz J, Ruiz-Hurtado G, Segura J, Rodríguez-Artalejo F, & Williams B. (2018). Relationship between Clinic and Ambulatory Blood-Pressure Measurements and Mortality. The New England Journal of Medicine, 378(16), 1509–1520.

had a diagnosis of hypertension, 57.7 percent of which identify as a racial and/or ethnic minority.¹⁴ Health centers can increase diagnosis of hypertension and improve blood pressure control by building upon their patient-centered and team-based service delivery model, health information technology capacity, and continuous quality improvement infrastructure, and enabling services that support access, patient education, and care coordination.

Health centers that receive NCHI-HC awards will receive training and technical assistance (T/TA) from a national organization funded by a separate award and programmatic authority through the partnership between HRSA and OMH. The T/TA will help award recipients achieve the NCHI funding purpose, and ultimately advance the aims of the HTN Initiative, which are to increase:

- Awareness and adoption of health education programs and linkages to community services for effective hypertension control;
- Patient and provider engagement, education, and training for hypertension control clinical quality improvement;
- The use of advanced SMBP technology to achieve HHS Million Hearts® 2022 Campaign hypertension control clinical outcome of 80 percent;
- Clinical interventions to support improved health outcomes among the most at-risk hypertensive health center patients; and
- Reduce the risk of poor outcomes from COVID-19.

Specifically, NCHI-HC award recipients will engage in T/TA activities provided by the HTN Initiative T/TA provider, including facilitated peer learning groups, didactics, and progress evaluations to support the assessment of organizational and patient needs and the continuous quality improvement of project implementation to maximize the impact of the initiative.

AWARD INFORMATION

Approximately \$60 million in supplemental funding is available in FY 2021 to support NCHI-HC activities over a 3-year period through the end of your FY 2023 H80 budget period subject to performance and HRSA approval of carryover requests. Funding will be awarded under the same subsection(s) and proportions as your H80 award.¹⁵

HRSA anticipates awarding funding using a formula that considers the number of patients with hypertension within your health center. You may request funding based on the following:

- Base value of \$90,000 plus

¹⁴ HRSA Data Warehouse. National Health Center Data. <https://data.hrsa.gov/tools/data-reporting/program-data/national>. Accessed 30 September 2020.

¹⁵ Health Center Program sub-program funding streams are: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC).

- \$60 per patient with uncontrolled hypertension reported in the 2019 Uniform Data System (UDS).

You will only receive NHCI-HC funding if your health center:

- Will fully participate in T/TA activities offered in support of this award;
- Achieved blood pressure control in less than 58.9 percent of patients 18 to 85 years of age who have been diagnosed with hypertension using your 2019 UDS data or your 2020 data to date from your electronic health record (EHR) universe;¹⁶ and
- Served at least 100 patients 18 to 85 years of age who have been diagnosed with hypertension using your 2019 UDS data or your 2020 data to date from your EHR universe.

Data on these hypertension metrics from your 2019 UDS report will be prepopulated into your submission forms. If your prepopulated 2019 UDS data do not meet the specified thresholds, you may provide 2020 data to date to demonstrate alignment.

Approximately \$60 million in supplemental funds will be available, and the formula may be adjusted based on the number of approvable submissions.

SUMMARY OF FUNDING

With the support provided by the HTN Initiative T/TA provider, you will use one-time supplemental NHCI-HC funds to increase provider and staff engagement in implementing evidence-based practices, including using advanced SMBP technology, to increase the number of adult patients with controlled hypertension. To do so, you must use these funds or other available resources to address each of the four NHCI-HC requirements:

- Conduct outreach and engage patients with uncontrolled hypertension to participate in the HTN Initiative,
- Fully participate in T/TA activities offered in support of your NHCI-HC award,
- Ensure access¹⁷ to and support use of Bluetooth or wireless-enabled SMBP devices for a majority of your patients with hypertension, and use their data to inform hypertension treatment plans, and
- Collect and share data to support participation in initiative evaluation and reporting activities.

¹⁶ The National Committee on Quality Assurance (NCQA) National Health Effectiveness Data and Information Set (HEDIS) Medicaid hypertension control benchmark is 58.9 percent. NCQA, through HEDIS, is the largest established program for quality improvement in the United States, has shown progress in improving hypertension control, and is a national leader for providing high quality health care.

¹⁷ Ensuring access may include the purchase of Bluetooth or wireless-enabled SMBP devices and/or the use of such devices already available to be distributed to patients.

Funding may also support a wide-range of other in-scope activities to increase blood pressure control in adult patients diagnosed with hypertension, to include:

- Personnel (e.g., health information technology staff; patient educators; project manager; software developer; quality improvement staff; clinical, enabling, administrative, and other support staff);
- Personnel training;
- Supplies (e.g., outreach materials; new and/or enhanced digital platforms and tools to support SMBP and integration SMBP data into electronic health records); and
- Equipment (e.g., servers, EHR purchase or upgrade).

You may use funding for activities that support the NCHI-HC purpose through the end of your FY 2023 H80 budget period, as demonstrated in your Budget Narrative and Project Plan and subject to performance and HRSA approval of carryover requests. The sum of equipment costs for all 3 years may not exceed \$150,000. Additionally, you may need to enhance partnerships and referral agreements to address social determinants of health contributing to disparities in blood pressure control.

SUBMISSION REQUIREMENTS

To request NCHI-HC funding you must submit the following items through HRSA Electronic Handbooks (EHBs) by 5 pm ET on December 3, 2020.

- Application for Federal Assistance (SF-424A)
 - Include an SF-424A that represents the total funding request for the 3-year period.
 - Include a Budget Narrative, Budget Justification, and Personnel Justification Table for each of the 3 years. The salary rate limitation of \$197,300 applies to this funding. As a reminder, if you have staff members that work on multiple projects/grants, they may not exceed 1.0 full-time equivalent (FTE) across all grants.
- Project Overview Form
- Project Plan Form

As appropriate to support your request, you may submit the following.

- An Equipment List Form for years 1, 2, and 3 if equipment costs are included in the SF-424A and Budget Narrative
- Attachments to further support your request for funding
 - New or renegotiated Indirect Cost Rate Agreement
 - Other documents (up to five files may be uploaded)

See the [NCHI-HC technical assistance webpage](#) for detailed guidance, including examples, to help you complete your submission.

INELIGIBLE COSTS

You may **not** use NHCI-HC funding for the following:

- Costs that are supported by other Health Center Program funds.
- Purchase or upgrade of an EHR that is not certified by the Office of the National Coordinator for Health Information Technology;¹⁸
- New construction activities, including additions or expansions;
- Minor alteration or renovation (A/R) projects;¹⁹
- Mobile units;
- Purchase or installation of trailers and pre-fabricated modular units;
- Facility or land purchases; or
- Purchase of vehicles to transport patients or health center personnel.

Under existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This includes all funding awarded under this opportunity and is consistent with past practice and long-standing requirements applicable to grant awards to health centers.

ANNOUNCEMENT, DUE DATE, AND AWARD NOTICE

On or about November 16, 2020, HRSA sent an email to all Health Center Program award recipients with an active H80 grant via the individuals registered as H80 project director, business official, and authorizing official in EHBs. The email provided a unique submission access link and passcode. The email also provided your H80 sub-program proportions to allow you to calculate the distribution of your NHCI-HC budget request correctly across your sub-program funding streams.²⁰

Submissions are due in EHBs on Thursday, December 3, 2020 by 5 pm ET. HRSA anticipates making awards in mid-January 2021. HRSA may adjust final award amounts to each health center based upon the number of fundable submissions. Funding is not expected to continue beyond the 3-year period of performance.

REPORTING REQUIREMENTS

If awarded, you will provide updates to HRSA semi-annually on your progress implementing proposed activities. Data collected through annual UDS reports will describe the number of patients 18 to 85 years of age diagnosed with hypertension and the number with controlled blood pressure, including breakdowns by racial and ethnic group. You will also submit an expenditure report detailing use of NHCI-HC funding at

¹⁸ The Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology have established standards and other criteria for structured data. For additional information, refer to <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html>

¹⁹ Minor A/R projects include work to repair, improve, and/or reconfigure the interior arrangements or other physical characteristics of a location.

²⁰ Health Center Program sub-program funding streams are: Community Health Centers (CHC), Migrant Health Centers (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC).

the end of the each of your H80 budget periods. Additional information and progress updates may be requested on HRSA's behalf by the HTN Initiative T/TA provider.

Please note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020.

SUBMISSION REVIEWS

HRSA will conduct reviews for completeness, eligibility, and allowable costs. HRSA will only fund health centers that:

- Will fully participate in the T/TA activities offered in support of this award;
- Achieved blood pressure control in less than 58.9 percent of patients 18 to 85 years of age who have been diagnosed with hypertension using your 2019 UDS data or your 2020 data to date from your electronic health record (EHR) universe;²¹ and
- Served at least 100 patients 18 to 85 years of age who have been diagnosed with hypertension using your 2019 UDS data or your 2020 data to date from your EHR universe.

Additionally, submissions will be reviewed to ensure plans to achieve the four [NHCI-HC requirements](#). HRSA reserves the right to request budget modifications and/or project plan revisions if a submission is not fully responsive to this guidance or proposes ineligible activities or purchases.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities there under are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions. Award recipients must comply with applicable requirements of all other federal laws, executive orders, regulations, and policies governing the Health Center Program.

COMPLIANCE STATUS

You will not receive NHCI-HC funding if you meet any of the following exclusion criteria at the time HRSA makes funding decisions:

²¹ The National Committee on Quality Assurance (NCQA) National Health Effectiveness Data and Information Set (HEDIS) Medicaid hypertension control benchmark is 58.9 percent. NCQA, through HEDIS, is the largest established program for quality improvement in the United States, has shown progress in improving hypertension control, and is a national leader for providing high quality health care.

- Are no longer an active Health Center Program awardee (under sections 330(e), (g), (h), and/or (i)), or
- Have any 30-day conditions on your H80 award related to Health Center Program requirement area(s).

ASSESSMENT OF RISK AND OTHER PRE-AWARD ACTIVITIES

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

HRSA reviews submissions receiving a favorable prefunding review for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of management systems, ensuring continued eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you 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 HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine if HRSA can make an award, if special conditions are required, and what level of funding is appropriate. HRSA may conduct onsite visits and/or use the organization's current compliance status to inform final funding decisions.

Award decisions, including funding level, are discretionary and are not subject to appeal to any HRSA or HHS official or board.

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 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 C.F.R. § 75.205](#).

HRSA will report to FAPIIS a determination that an organization is not qualified ([45 C.F.R. § 75.212](#)).