

FQHC Look-Alike Program Frequently-Asked Questions (FAQs)

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I. General Application Questions

1. Where can I find the document “Federally Qualified Health Center Look-Alike Application Instructions for Calendar Year 2011/2012?”

The Look-Alike Application Instructions for Calendar Year 2011/2012 are located on the Look-Alike Technical Assistance webpage available at <http://bphc.hrsa.gov/about/lookalike/index.html>.

2. What are the key differences between the 2011-2012 application instructions and the previous instructions in Policy Information Notice (PIN) 2009-06?

There are several key differences, including:

- All applications must be submitted through the HRSA Electronic Handbooks (EHB).
- Look-Alikes will report annual data through the Uniform Data System (UDS) in the EHB. Data reported in the EHB will no longer be included in the Annual Certification application.
- Contracts for required services will be summarized in an attachment rather than attached in full, except for contracts that constitute a substantial scope of the project, which are indicated on Form 8: Health Center Agreements.
- A budget form (Form 3A) has been added to the application requirements.
- The Change in Scope request process is unchanged from and can still be found in PIN 2009-06.

More details about changes can be found in the document “Federally Qualified Health Center Look-Alike Program Implementation of Electronic Information Systems” (Program Assistance

Letter (PAL) 2011-08) at <http://bphc.hrsa.gov/policiesregulations/policies/pal201108.html> and PAL 2011-10, "Federally Qualified Health Center Look-Alike Program Implementation of Electronic Annual Data" at <http://bphc.hrsa.gov/policiesregulations/policies/pal201110.htmlReporting>.

3. Where can I find the forms referenced in the application instructions?

You can see the required forms here <http://bphc.hrsa.gov/about/lookalike/index.html>. However, you cannot complete offline and upload these forms. All forms must be completed online within the EHB system.

4. Do the 2011-2012 application instructions include any changes relating to: (a) parent-subsidary relations; (b) chief executive officer (CEO) voting restrictions; (c) waivers of governance requirements; or (d) use of outside chief medical officers (CMOs) or chief financial officers (CFO) (e.g., CMOs or CFO's of parent entity)?

The 2010-2011 instructions do not modify or supersede any of the previous requirements regarding affiliations, parent-subsidary relations, CEO voting restrictions, or the use of outside CMOs or CFOs. For clarity, this means that: (a) Look-Alikes may not have a parent-subsidary model; (b) CEOs cannot have voting rights on the Board of Directors; (c) governance waivers are only available for organizations exclusively serving special populations and sparsely populated rural areas; and (d) a Look-Alike may contract for a CMO and/or CFO. Please refer to PIN 1997-27, "Affiliation Agreements of Migrant and Community Health Centers," and PIN 1998-24, "Amendment to PIN 1997-27," for further information on the affiliation, parent-subsidary model, and the use of outside CMOs and CFOs. These PINs can be located on HRSA's website at <http://bphc.hrsa.gov/policy/#affiliations>.

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II. Initial Designation Applications

5. Is there an expedited Initial Designation application and review process available for organizations that applied for but did not receive a New Access Points (NAP) award?

All Initial Designation applications must be submitted in the HRSA Electronic Handbooks (EHB) according to the instructions located at <http://bphc.hrsa.gov/about/lookalike/index.html>. While no special accommodations can be made for organizations that previously submitted a NAP application, those applicants will likely find that the Look-Alike Initial Designation application requirements align closely with those for the NAP application.

6. How long will it take for my Initial Designation application to be reviewed?

The estimated timeline for HRSA review of Initial Designation applications is 105 days. This timeline will be extended if follow-up information is requested from the applicant. If the application is approved by HRSA, Centers for Medicare and Medicaid Services (CMS) review will require an additional 30 days. The total time from submission to notification of approval for a successful application should range between 135 and 210 days.

7. If my organization's application is disapproved, can it submit another Initial Designation application?

Yes. An organization whose application is disapproved can submit a new Initial Designation application at any time. We strongly recommend that the organization fully review the HRSA feedback provided on the disapproved application and work with their Primary Care Association and/or Primary Care Office before submitting a new application.

8. What technical assistance resources are available for Initial Designation applicants?

We strongly encourage organizations to work with their Primary Care Associations and Primary Care Offices in preparing Initial Designation applications. Additional technical assistance resources and materials are available on the Look-Alike Technical Assistance Webpage available at <http://bphc.hrsa.gov/about/lookalike/index.html>. HRSA staff are also available to provide technical assistance by phone and email. You can reach us at FQHCLAL@hrsa.gov or 301-594-4300.

9. We applied under the New Access Point funding opportunity but did not receive a grant. Can we use the same letters of support for an Initial Designation application?

Because it has been some time since the New Access Point application was submitted, it would be preferable for you to submit more recent letters of support. This is an opportunity to demonstrate coordination of services and collaboration with other providers, particularly if you have made additional progress in these areas since the development of your NAP application.

10. An organization has to be a non-profit or public entity to apply for the Look-Alike Program. How do you define "non-profit entity?"

The applicant of record for the Look-Alike designation must be incorporated as a non-profit organization and have received tax-exempt status from the IRS (usually under 501-C-3). Further, the organization must demonstrate that it can independently meet all Health Center Program requirements. Look-Alike applicants and Look-Alike organizations cannot be owned, controlled, or operated by another entity.

11. I run a free clinic that I would like to transition to a Look-Alike. To what extent do we need to change our operations before submitting an Initial Designation application?

Look-Alike applicants must be compliant with all Health Center Program requirements at the time of application. This includes the requirement to maximize all sources of revenue, including providing all required primary care, supportive and enabling services on a sliding fee scale, based on an individual's ability to pay. Therefore, it is likely that a free clinic will need to make some operational adjustments to comply with this requirement, at a minimum, in order to operate under the Health Center Program model before applying to be a Look-Alike.

12. Will HRSA do site visits to all new Look-Alikes?

HRSA successfully piloted site visits to Look-Alikes and plans to continue Look-Alike site visits on a case by case basis. We expect to visit each Look-Alike designee at least one time during their designation period.

13. We conducted a comprehensive needs assessment 18 months ago. If we applied for Look-Alike designation, would that needs assessment be acceptable?

Having a current accounting of the needs of the community is the underpinning of the Initial Designation application. If there are major changes that have occurred in the community, it would be advantageous to include a more recent needs assessment that reflects these changes. At a minimum, it would be important acknowledge the length of time since the last needs assessment was performed, report on any significant changes that have occurred since it was completed, and specify plans for conducting an updated needs assessment.

14. Can HRSA provide an example of a co-applicant agreement that can be used as a model?

Because co-applicant agreements may contain confidential information, HRSA cannot release an organization's co-applicant agreement documentation without a Freedom of Information Act request. Another approach may be to directly contact and/or consult your Primary Care Association and request to be connected with a public entity health center in your State that might be willing to share their agreement with you.

15. One of the Initial Designation application requirements is that an organization be operational and in compliance with all Health Center Program requirements at the time of application. How long must an organization be operational under the Health Center Program requirements before submitting an Initial Designation application?

There is no specific time period required. At a minimum, it is important to demonstrate that the governing board is properly executing its authorities over the organization's operations. Six months of operation (and six months of board meeting minutes) is generally a good test period. Regardless of the number of months of operation, an organization that is not compliant with any Health Center Program requirement(s) cannot be approved.

16. Can you clarify what constitutes being owned or controlled by another entity?

Being a subsidiary of another organization is one example. The governing board of the proposed Look-Alike must retain independent authority over the organization's operation (or the co-applicant board, in the case of a public entity applying with a co-applicant board). Any affiliation agreement that diminishes an organization's ability to carry out Health Center Program activities, vests in another party the ultimate authority to oversee and approve key aspects of the organization's activities, or in other ways poses risks to the organization's integrity or autonomy would not be acceptable. PIN 1997-27, "Affiliation Agreements of Community and Migrant Health Centers" provides additional guidance. This PIN can be found at <http://bphc.hrsa.gov/policiesregulations/policies/pin199727.html>

17. We are an urban hospital that is considering expanding services through a new site for which we plan to pursue Look-Alike designation. Can our existing hospital board oversee the new clinic?

The proposed Look-Alike organization must have an independent governing board that is vested with the authority to make decisions for the organization. Per Health Center Program requirements, the governing board of the Look-Alike organization must be reasonably representative of the community served by the Look-Alike and have a majority of its members be patients of the health center services.

18. The governing board requirement states that 51% or more of the board be comprised of health center patients. How do you define “patient?”

Patient representatives to the Board of Directors should be active consumers of health center services and use the center as their primary source of care. At a minimum, a consumer member of the board should have an active patient file and a patient encounter in the last two years. The underlying philosophy of the consumer-majority board is that the patient members of the board are able to reasonably represent the experiences and needs of the other patients of the health center for whom the health center is their primary source of health care.

19. How should I document evaluation of board performance documented in an Initial Designation application?

These are the internal procedures of the governing board which measure the extent to which the board is meeting its identified goals and objectives for the health center and for their own operations. These procedures should be described in the narrative and may be documented in the governing board bylaws.

20. We have documentation of work done by our quality improvement/quality assurance (QI/QA) committee. Should we provide that documentation in our Initial Designation application?

Although you are not required to submit minutes of board committees, the minutes of the Board of Directors that are submitted with application should demonstrate the operation of a QI/QA committee. You may also submit other documentation that you believe will be helpful to the application review. You can provide that additional documentation under “Additional attachments.”

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III. Annual Certification and Renewal of Designation Applications

21. When will my organization’s annual certification application become available in the EHB so we can begin working on it?

Annual Certification applications will be available in the EHB 150 days prior to the end of a current Look-Alike’s annual certification period. Contacts listed in the EHB for the organization will receive an email notification when the application becomes available, after which you will have 60 days to complete the application.

As appropriate, the Renewal of Designation application will be available in the EHB 180 days prior to the end of a current Look-Alike's designation period. Contacts listed in the EHB for the organization will receive an email notification when the application becomes available, after which you will have 90 days to complete the application.

22. Why can't I access my organization's Annual Certification application in the EHB?

There could be a few reasons that you are unable to access the Annual Certification application in EHB. First, ensure that you have registered in the EHB and have added your name to the organization's Look-Alike portfolio. Being linked to another HRSA portfolio (e.g., from a Health Center Program grant) will not grant you access to your Look-Alike portfolio. Second, your application may not be available because it is too soon for you to work on it. The EHB will open an Annual Certification application 60 days before it is due or 150 days prior to the end of your annual certification period. The project director for your organization identified in the EHB will receive an email from the EHB when your application is available to begin working on it.

23. If our Look-Alike organization has a Renewal of Designation application due this year, must we also submit an Annual Certification application?

No. The Renewal of Designation application is submitted at the end of the organization's designation period. The Annual Certification application is a progress report submitted after each annual certification period, except for the last year of the designation period, at which time the Renewal of Designation application is due.

24. The 2011-2012 application instructions do not specify that Annual Certification applicants must submit an annual audit. Do we need to submit an audit with our application?

As a Look-Alike, your organization is required to submit an annual audit. However, your EHB-transmitted Notice of Look-Alike Designation (NLD) will include the audit submission as a term of the designation, so you do not need to provide the audit as part of your Annual Certification application.

25. We submitted a Renewal of Designation application last year. How much of the same detail is required for the Annual Certification application?

You don't need to restate the Renewal of Designation application, but you should highlight the current status and any changes that have occurred since the last application was submitted.

26. Can the EHB authorizing official (AO) and the project director (PD) be different people?

Yes. They can be different people but they do not need to be. The AO is the only individual delegated by the governing board with the authority to submit a Look-Alike application.

27. Do I have to provide letters of support with every Annual Certification application?

Evidence of new or revised collaborations are expected to be submitted with an Annual Certification application. Getting new letters of support is an opportunity to go back to organizations that have provided support in the past as well as to document any new

collaboration that you may have developed over the past year. In addition to providing evidence to HRSA, asking for this support on a regular basis is a way to build or reinforce lines of communication and may help to forge new or strengthen existing relationships.

28. What time period should I report on for my Annual Certification application?

The Annual Certification application reports on your progress from one annual certification period to the next. So, the report should be based on your annual certification year. However, because the application is due several weeks before the end of the designation period, you may project/extrapolate forward based on the information you do have where needed.

Examples:

- 1) **Annual Certification application Form 3A: Look Alike Budget Information**—this should be a prospective budget based on your annual certification period. For many organizations, this is unlikely to align with the organization’s fiscal year or the calendar year.
- 2) **Annual Certification application Form 3: Income Analysis**—the last column for “actual accrued income” can be extrapolated for the period of time for which you won’t have data (basically between the time of reporting and your annual certification period end date).

29. What time period should I report on for the number of patients in the Annual Certification application?

The Annual Certification application reports on your progress from one annual certification period to the next. So, the report should be based on your annual certification year. However, because the application is due several weeks before the end of the designation period, you may project/extrapolate forward based on the information you do have where needed. Please note, that reporting data on Patients by Age and Gender will be included in the CY 2011 UDS Data Table 3A and is not be included in the Annual Certification application.

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IV. Annual Data Reporting through the Uniform Data System (UDS) in the EHB

30. Starting in January 2012, HRSA will require annual data reporting through the UDS. Will this include financial data? How will organizations report financial data if the calendar year does not align with the organization’s fiscal year?

Data reporting through the annual Uniform Data System (UDS) will be done on a calendar year (CY) basis. This is aligned with all data reporting done by Health Center Program grantees. This means that for many organizations data reported for the UDS will cross fiscal years. In such cases, organizations should submit some unaudited financial data in the UDS.

31. If I just submitted an Annual Certification application, do I need to report UDS data in 2012?

Yes. All Look-Alikes are required to report 2011 UDS data unless granted an exception by HRSA. All UDS data must be submitted in the EHB by February 15, 2012.

32. If my organization was recently designated as a Look-Alike, do I need to report data in the EHB for CY 2011?

Organizations that received a Look-Alike designation between September 1, 2011 and December 31, 2011 can request an exemption from HRSA to the 2011 UDS annual data reporting.

33. Where can I find copies of the 2011 UDS data tables that will be required for Look-Alikes?

All UDS tables must be completed online within the EHB system. Microsoft Word versions of the required tables are available at this location <http://bphc.hrsa.gov/about/lookalike/index.html>. Note that many areas of the forms are grayed out, indicating that this data is either not applicable or not required for Look-Alike reporting in 2012.

34. What technical assistance resources are available to support Look-Alike annual UDS data reporting requirements?

A technical assistance call was conducted in November 2011 to provide Look-Alikes with an overview of how to access the UDS system in the EHB and to review each of the required tables in the Look-Alike UDS. Slides and an audio recording of that call can be located at <http://bphc.hrsa.gov/about/lookalike/index.html>.

A variety of technical assistance resources, including more information and in-person trainings, user manuals, live help, and online tutorials are available on the Health Center Program Reporting and Technical Assistance webpage located at <http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/>.

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V. Audits

35. My organization is a public entity applying for initial designation with a co-applicant board. Am I required to submit our public agency audit with our Look-Alike application, and if designated as a Look-Alike, annually thereafter?

Yes. Both non-profit and public entity Look-Alike applicants must provide a copy of the organization's financial audit (including any management letter issued with the audit, if applicable), to HRSA with the Initial Designation application. If designated as a Look-Alike, the organization will be required, as a term of each Notice of Look Alike Designation, to submit an annual audit to HRSA within 30 days of receipt of the audit from the auditor or within 9 months of the end of the corporate fiscal year, whichever is earlier.

36. Can my organization purchase supplies or services, such as IT support, from a related party?

HRSA expects that all applicants follow Generally Accepted Accounting Principles (GAAP). Specific questions that relate to these principles are best addressed to the organization's auditor.

37. Our organization has not been operational long enough to have a financial audit. Can we still submit a Look-Alike Initial Designation application?

Yes. It is acceptable to provide monthly financial statements in lieu of a financial audit with the Initial Designation application. However, once designated as a Look-Alike, organizations must submit an annual financial audit (including any management letter issued with the audit, if applicable).

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VI. EHB

38. I created a service area map through the GeoSpatial Warehouse but the EHB system will not allow me to upload and HTML file. How do I upload the file?

You should save the file locally in a format that is accepted by EHB. All acceptable formats are outlined in the EHB User Guides. Document types supported in HRSA EHB include the following: .DOC, .DOCX - Microsoft Word, .RTF - Rich Text Format, .TXT - Text, .WPD - Word Perfect Document, .PDF - Adobe Portable Document Format, and .XLS, .XLSX - Microsoft Excel.

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VII. Medicaid and Medicare

39. Do I need to provide separate Medicare billing numbers for each site for an Initial Designation application?

If your organization is designated as a Look-Alike, you will need to apply for unique Medicare billing numbers (known as PTANs) for each permanent and seasonal site. If your organization is currently operating under Medicare rules for multi-site group practices, you need only supply a single Medicare (and Medicaid) number with your Initial Designation application. However, you must provide that Medicare (and Medicaid) number on Form 5B: Service Sites for *each site* you propose to include in your Look-Alike scope of project.

40. If I already have Medicaid and Medicare provider numbers, do I need to re-enroll in Medicaid and Medicare after getting a Look-Alike designation?

Yes. Once designated as a Look-Alike, organizations have to apply separately to CMS for Medicare and to their State Medicaid agency for Medicaid in order to be reimbursed as an FQHC according to the FQHC payment methodologies. For information on how to enroll in Medicare as an FQHC, see <http://bphc.hrsa.gov/policiesregulations/policies/pal201104.html>.

41. Can I begin billing at the FQHC Medicaid and Medicare FQHC reimbursement rates as soon as I am designated as a Look-Alike?

No. You cannot bill at the Medicare FQHC rate until you have applied to and received approval from CMS. Payment at the FQHC rate begins the day CMS approves the application; it is not retroactive to the date of application or Look-Alike designation. Medicaid requirements vary from state to state, so Look-Alike organizations should check with their state Medicaid office to determine what is allowable. However, many states require health centers to have received CMS approval to bill as an FQHC before they can apply for Medicaid reimbursement as an FQHC. In addition, like Medicare, many states begin payment at the FQHC rate on the date that the Medicaid application is approved and do not make it retroactive.

42. Do I need to provide separate Medicare numbers for each site for an Initial Designation application?

No. If your organization is designated as a Look-Alike, you will need to apply for Medicare numbers for each site. While this is a requirement for organizations operating as FQHCs, Initial Designation applicants need only supply a single Medicare (and Medicaid) number.

43. If I already have Medicaid and Medicare provider numbers, do I still need to enroll in Medicaid and Medicare after getting a Look-Alike designation?

Yes. Once designated as a Look-Alike, organizations have to apply separately to CMS for Medicare and to their State Medicaid agency for Medicaid in order to be reimbursed as an FQHC according to the FQHC payment methodologies.

44. Can I begin billing at the FQHC Medicaid and Medicare FQHC reimbursement rates as soon as I am designated as a Look-Alike?

You cannot bill at the Medicare FQHC rate until you have applied to and received approval from CMS. Medicaid requirements vary from state to state, so you should check with your state Medicaid office to determine what is allowable.

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VIII. Performance Measures

45. How should an applicant report on the revised Diabetes clinical performance measure since only one number can be entered for the Numerator and Denominator subfields of the EHB form?

Applicants are required to report on adult patients with HbA1c levels that are less than or equal to 9 percent in the Baseline Data (numerator and denominator subfields) and Projected Data fields. If desired, an applicant may choose to report on the additional revised measure thresholds (i.e., less than 7 percent, less than 8 percent, greater than 9 percent) in the Comments field. Please note that reporting on all four thresholds will be required in the 2011 UDS Report.

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IX. Service Area and Medically Underserved Areas (MUA)/Medically Underserved Populations (MUPs)

46. In developing a Look-Alike Initial Designation application, should an applicant consider service area overlap?

Yes. Organizations submitting a Look-Alike Initial Designation application and current Look-Alikes requesting a change in scope of project to add or relocate a site, must demonstrate that there is unmet need within the service area to support the addition of a new service delivery site. Additionally, Look-Alike applicants and current Look-Alikes must demonstrate collaboration and coordination of health care services with other area health care providers, including existing Health Center Program grantees and Look-Alikes, through letters of support, Memorandums of Agreement/Understanding, and/or other formal documentation. HRSA's policy and process for determining service area overlap is identified in PIN 2007-09, "Service Area Overlap: Policy and Process," which can be found at

<http://bphc.hrsa.gov/policiesregulations/policies/pin200709.html>.

47. Does our clinic site have to be located within a federally-designated Medically Underserved Area (MUA) and/or serve a Medically Underserved Population (MUP) in order to be eligible?

No. All organizations submitting a Look-Alike Initial Designation application and current Look-Alikes must demonstrate that they are serving, in whole or in part, a federally-designated MUA and/or MUP. While the clinic site does not have to be located in an MUA, the organization must demonstrate that it primarily serves persons that live in a MUA or are part of an MUP.

48. Does HRSA have thresholds regarding the percentage of patients that are served from a MUA or MUP?

No. There are no statutory or regulatory thresholds for the number or percentage of patients who live in an MUA or are part of an MUP, that a Look-Alike must serve. However, Look-Alikes are expected to serve populations with the greatest need.

49. Where can I locate a list of the current MUAs and MUPs?

A database of MUAs and MUPs can be found at the following web site <http://muafind.hrsa.gov/>.

50. Does a Look-Alike applicant that exclusively serves a special population need to also serve a designated MUA?

No. A Look-Alike applicant that exclusively serves a Health Center Program special population (i.e., homeless individuals and families, migrant/seasonal farm workers, or public housing residents) is not required to serve a MUA since the aforementioned special populations are considered special medically underserved populations (MUP). However, HRSA strongly encourages initial designation applicants that exclusively serve a special population group to consider seeking an MUA/MUP designation for their target area/population.

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X. Look-Alikes and Health Center Program Grantees

51. Can a current Health Center Program grantee apply for Look-Alike designation for a site(s)?

Yes. A current Health Center Program grantee can apply for Look-Alike status for a site that is not currently included in its Health Center Program grantee scope of project. If HRSA recommends designation and it is approved by CMS, then the organization will have “dual status” as both a Health Center Program grantee and a Look-Alike. Information on dual status can be found in Program Assistance Letter 2006-01, “Dual Status - Health Centers that are both Look-Alikes and Section 330 Grantees,” which can be located at <http://bphc.hrsa.gov/policy/pal0601.htm>.

52. I am a Health Center Program grantee considering an expansion of services to another site. What are some considerations for adding a new site to our existing scope of project vs. applying for Look-Alike designation?

Health Center Program grantees that are also designated as Look-Alikes are defined by HRSA as “dual status” organizations. Having two designation types—grantee and Look-Alike—can create an administrative challenge because the two organization types must maintain separate administrative functions and record keeping. For instance, the grantee may have FTCA coverage for the portion of the operation supported by the Health Center Program grant while the portion designated as a Look-Alike would not. Likewise, grant funds can be used to support the costs of operation for the scope of project supported by the grant but cannot be used to support the scope of project under the Look-Alike designation. Finally, the organization would be required to submit two different annual UDS reports—one for the scope supported by the Health Center Program grant and another for the scope under the Look-Alike designation.

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XI. Governance Requirements

53. How can I apply for a waiver of governance requirements?

An organization can request consideration of a waiver of certain governance requirements as part of an Initial Designation or Renewal of Designation application. Waivers of governing board requirements are limited to the consumer-majority board composition requirement and the requirement that the board meet monthly. Waivers of these requirements may only be requested by organizations applying to exclusively serve one or more special populations, e.g., migrant and seasonal farmworkers, homeless individuals and families, and/or residents of public housing. Applicants requesting a waiver of governance requirements are required to demonstrate in their request, the alternative methods they will employ to gather and utilize patient input to inform the organization’s operations.

54. If my organization serves a general underserved population, can it apply for a waiver of governance requirements?

Waivers of governing board requirements are limited to organizations applying to exclusively serve one or more special populations, e.g., migrant and seasonal farmworkers, homeless individuals and families, and/or residents of public housing. Applicants serving a general underserved population are not eligible to request/receive a waiver of any governance requirements.

55. Are there any differences in the way tribal governments have to apply for Look-Alike designation?

The application process for Look-Alike designation for tribal governments is the same as for organizations. However, the tribal governments do not have to meet the same governance requirements as other organizations.

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XII. Scope of Project

56. My organization is an existing Look-Alike and would like to open a new site. Do I need to submit an Initial Designation application for this new site?

If the new site will be operating as part of and under the oversight of the Board of Directors of the existing Look-Alike organization, the Look-Alike organization can request a change in scope of project to add this site to the existing Look-Alike scope of project rather than submitting a new Initial Designation application.

57. Can a Look-Alike add or delete a service or site from its current scope of project in the Annual Certification or Renewal of Designation application?

No. Look-Alikes may not propose any change(s) in their HRSA-approved scope of project through their Annual Recertification or Renewal of Designation application. Look-Alikes must submit a separate change in scope application to request changes to their approved scope of project. Please refer to Section III.6 in PIN 2009-06, "Change in Scope of Application," for guidance on submitting an application to change the scope of project, which is available online at <http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pin200906.pdf>. In addition, please refer to PIN 2008-01, "Defining Scope of Project and Policy for Requesting Changes," for HRSA's policy on change in scope, which is available online at <http://bphc.hrsa.gov/policy/pin0801/>.

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XIII. Needs Assessment and Core Health Indicators

58. What baseline should be used for the "Other" Core Health Indicators noted in the Need for Assistance Worksheet section of the application instructions?

HRSA does not provide benchmarks for the “Other” core health indicators in the Need for Assistance Worksheet. Organizations may elect to use an “Other” as an alternative for that core health indicator category if none of the specified indicators represent the area or target population served by the organization. If providing an “Other” indicator, specify the indicator’s definition, data source used, proposed benchmark to be used, source of the benchmark, and rationale for using this alternative category indicator.

59. Hospital data as well as county and/or sub-county level data is frequently difficult to access or not reflective of the community/population served. Please clarify HRSA’s expectations regarding the Need for Assistance Worksheet portion of the Need criterion and the availability of data.

Applicants are expected to utilize external, quantitative data (other than their internal clinic data), to present the need for primary and preventive health care services in the communities/populations they serve. In cases where the data is difficult to access, the use of an extrapolation methodology is allowed to describe the need in the service area or target population. Instead of using more aggregate level data, such as the State or county, that may not reflect the health center’s target population, applicants can use the experience of one population (the “standard” population) to project the data for the target population. Extrapolation methodology involves using a proportion of the target population (e.g., race, ethnicity, age, or income level) and the percent, ratio, or rate of disease in the “standard” population (e.g., infant mortality rate, percent without dental visit in last year, or HIV infection prevalence) to determine what the organization’s target population would expect to experience for that disease or outcome if they had the same experience as the standard population.

60. Where can organizations go for technical assistance in responding to the data requested in the Need for Assistance Worksheet portion of the Need criterion?

Organizations may contact their respective State PCA and PCO for assistance in obtaining data to respond to the Need for Assistance portion of the Need criterion. A listing of State PCAs and PCOs is available on HRSA’s web site at <http://bphc.hrsa.gov/technicalassistance/>.

University studies and Federal government agencies such as, the Agency for Healthcare Research and Quality (<http://www.ahrq.gov/data/>) and the Centers for Disease Control and Prevention (<http://www.cdc.gov/DataStatistics/>), report State health status incidence and prevalence data.

61. In the event the organization cannot obtain data from other sources, can we use our own clinic data in responding to the Need for Assistance portion of the Need criterion in the Initial Designation and Renewal of Designation program narrative?

No. An applicant may not use its clinic data to respond to the Need for Assistance portion of the Need criterion. Clinic data is based on the patients that access care from the organization, which may differ from the organization’s target population and/or service area population. Data reported for the disparity indicators should be in the same unit and format as that listed in the application guidance. Applicants may also select “Other” as an indicator. However, the source(s) cited should be recognized reliable data sources (e.g., university, Federal/State/local agency), with scientifically accepted data collection and/or data methods.

62. The disparity indicators in question two of the Need for Assistance portion of the Need criterion have varying formats. If an applicant selects “Other” as a disparity indicator, in what unit and format should it be reported?

The applicant may elect to provide an alternate indicator to each of the disparity categories under "Other," rather than respond to one of the identified indicators within the disparity category. If providing an “Other” disparity category indicator, the applicant must specify the disparity category indicator definition to be used, data source used, and rationale for using this alternative disparity category indicator.

63. My organization primarily serves adult populations, so we do not have data to report for health indicators, such as immunization rates pertaining to children. How should we address this issue in our application?

Applicants must report on all the required core health indicators, based on the entire target population of the area served by all of the health center sites rather than the current patients of the health center.

64. Our organization currently has dual status as both a Health Center Program grantee and Look-Alike. The organization has several grantee sites located in one community, with the Look-Alike site in another community. Can we use health indicators from the community in which our grantee sites are located?

No. You must provide data specific to the population served by the Look-Alike.

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XIV. Other

65. Where can I find a map or list of Look-Alike organizations?

Look-Alike organizations can be located by using the UDS Mapper, which you can access at this location <http://www.udsmapper.org/login.cfm>. Once you create a log in, you can use the “Define a Service Area” tool to define what you want to see by zip code, county, or state. Then, under “Map Elements,” “Optional,” you can select whether you want to map Health Center Program grantees, Look-Alikes, rural health clinics, hospitals, etc.

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