



# Look-Alike Annual Certification (AC) Application Instructions Briefing

[AC Technical Assistance \(TA\) Webpage](#)



**HRSA**  
Health Resources & Services Administration

# Participant Question #1

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Is this your first time completing an AC submission?

1. Yes, my organization is a new look-alike (LAL) and I have never completed an AC.
2. Yes. Although my organization has been a LAL for some time, I have never completed an AC.
3. No, I have completed the AC in previous years.
4. Not applicable (e.g., BPHC staff, PCA staff)

# Agenda

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- **Overview**
- **Timeline**
- **Submission Components**
  - Cover Page
  - Budget Narrative
  - Program Specific Forms
  - Program Narrative Update
- **Technical Assistance Resources**
- **Questions & Answers**

# Overview

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- **Currently we have approximately 60 LALs**
- **LAL instructions last updated in 2013**
- **New AC instructions are closely aligned to the Budget Period Progress Report (BPR) submitted by the award recipients**

# Summary of Changes

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- **The AC submission has been streamlined to be a succinct progress report, rather than a lengthy application submission.**
- **Many of the forms and documents previously required as part of the AC submission are no longer required.**

# Timeline

- Email will be sent to AO when AC is available in EHB (5 months before certification period ends)
- LALs will have 60 days to complete and submit the AC in the EHB
- **Failure to submit a timely and complete AC submission may result in termination of the LAL designation and all corresponding benefits**



# Submission Components

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- **Cover Page**
- **Budget Narrative**
- **Program Specific Forms**
- **Program Narrative Update**

# Cover Page

✓ **Success:**

Authorized Representative Information added successfully.

▼ 00 [REDACTED] CLINIC INC Due Date: 09/04/2016 (Due In: 41 Days) | Section Status: Not Complete

Look-Alike Number: LAL000C

Original Deadline: 09/04/2016

Created On: 07/06/2016

Project Officer: Williams, Christie

Project Officer Email: reitester1@hotmail.com

Project Officer Contact #: (301) 594-4314

Last Updated By: [REDACTED] 7/25/2016 9:21:32 AM

Application Type: Annual Certification

Program Name: Look-Alike Health Center Program

▼ Resources [↗](#)

View

[Application](#) | [LAL AC Instructions](#) | [LAL Application User Guide](#)

Fields with \* are required

**Applicant Information**

Legal Name

[REDACTED] CLINIC INC

Employer Identification Number (e.g. 53-2079819)

Organizational DUNS

Mailing Address

\* **Select Target Population(s)**

Select

Target Population Type

# Budget Narrative

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- Will be the only attachment for the AC submission
- Should provide a breakdown of all projected costs for the upcoming certification period
- Should align with the amounts listed in Forms 3 and 3A
- A sample is available on the [AC TA Webpage](#)

# Budget Narrative (cont'd)

REVENUE	CERTIFICATION PERIOD
<b>REVENUE</b> – <i>Consistent with information presented in Form 3: Income Analysis.</i>	
APPLICANT ORGANIZATION	
STATE FUNDS	
LOCAL FUNDS	
FEDERAL FUNDING (break out by source — e.g., HUD, CDC )	
OTHER SUPPORT	
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)	
<b>TOTAL REVENUE</b>	
<b>EXPENSES:</b> <i>Object class totals should be consistent with those presented in Form 3A: Look-Alike Budget Information.</i>	
<b>PERSONNEL</b>	
ADMINISTRATION	

# Program Specific Forms

Form 3: Income Analysis

Form 3A: Look-Alike Budget Information

Form 5A: Services Provided (pre-populated & locked)

Form 5B: Service Sites (pre-populated & locked)

Form 5C: Other Activities/Locations (pre-populated & locked)

Scope Certification Form

# Program Specific Forms: Form 3: Income Analysis

- Provides a breakdown of projected income for the upcoming one-year certification period.
- Detailed instructions are included in Appendix A of the AC instructions.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration				FOR HRSA USE ONLY	
FORM 3: INCOME ANALYSIS				Number	Application Tracking Number
Note: The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If not, explain in the Comments/Explanatory Notes box.					
Part 1: Patient Service Revenue – Program Income					
Payer Category	Patients by Primary Medical Insurance (a)	Billable Visits (b)	Income per Visit (c)	Projected Income (d)	Prior FY Income
1. Medicaid					
2. Medicare					
3. Other Public					
4. Private					
5. Self Pay					
6. Total (Lines 1-5)	will auto-calculate in EHB	will auto-calculate in EHB	N/A	will auto-calculate in EHB	will auto-calculate in EHB
Part 2: Other Income – Other Federal, State, Local, and Other Income					
7. Other Federal	N/A	N/A	N/A		

# Program Specific Forms: Form 3A: Look-Alike Budget Information

- Provides a breakdown of projected expenses and revenue for the upcoming one-year certification period
- should be consistent with amounts described in the budget narrative

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  FORM 3A: LOOK-ALIKE BUDGET INFORMATION		FOR HRSA USE ONLY			
		LAL Number	Application Tracking Number		
Note: The program income total on this form must match the program income total on Form 3.					
Budget Category	Community Health Centers (CHC - 330(e))	Migrant Health Centers (MHC - 330(g))	Health Care for the Homeless (HCH - 330(h))	Public Housing Primary Care (PHPC - 330(i))	Total <i>will auto-calculate in EHB</i>
<b>1. Expenses</b>					
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					

# Program Specific Forms: Forms 5A – 5C

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- Pre-populated from LAL's approved scope of project
- Forms are locked and cannot be changed in the AC submission
- Included in the AC to serve as a reference during completion of the Program Narrative Update and Scope Certification Form

**NOTE:** If information presented in Forms 5A-5C is not accurate after it has been refreshed, you must take action to correct this information prior to AC submission. Please contact your Project Officer for assistance.

# Program Specific Forms: Scope Certification Form

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>	<b>FOR HRSA USE ONLY</b>	
	<b>LAL Number</b>	<b>Application Tracking Number</b>
<b>1. Scope of Project Certification – Services – <i>select only one below</i></b>		
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project.		
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it requires changes that I have submitted through the change in scope process.		
<b>2. Scope of Project Certification – Sites – <i>select only one below</i></b>		
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it accurately reflects all sites included in my current approved scope of project.		
<input type="checkbox"/> By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it requires changes that I have submitted through the change in scope process.		

# Participant Question #2

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Can LALs make changes to their LAL scope of project in the AC submission?

A. Yes

B. No

# Answer to Question #2

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The correct answer is B.

A. Yes

**B. No**

# Program Narrative Update

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## Four Key Areas:

- **Environment**
- **Organizational Capacity**
- **Patient Capacity**
- **Clinical & Financial Performance Measures**

# Reporting the Certification Period Progress

The Program Narrative Update must address the following:

- *Progress* and changes from the beginning of the current certification period;
- *Expected progress* for the remainder of the current certification period; and
- *Projected changes* for the upcoming certification period.



# Program Narrative Update: Environment

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- Discuss changes in the region, state, and/or community over the past year that have directly impacted/affected the project's progress (e.g., changing service area demographics/shifting target population needs, changes in major health care providers in the service area, changes in key program partnerships, changes in insurance coverage, including Medicaid, Medicare and Children's Health Insurance Program (CHIP)).

# Program Narrative Update: Organizational Capacity

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- Discuss changes in the organization's capacity over the past year that have impacted or may impact the implementation of the designated project, including changes in:
  - Staffing, including staff composition and/or key staff vacancies
  - Operations
  - Systems, including financial, clinical, and/or practice management systems
  - Financial status

# Program Narrative Update: Patient Capacity

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- Discuss the trend in unduplicated patients served and report progress in reaching the projected number of patients to be served in the identified categories. Explain key factors driving significant changes in patient numbers and any downward trends or limited progress toward the projected patient goals.

# Program Narrative Update: Patient Capacity (cont'd)

**TASKS** << Program Narrative Update - Patient Capacity

**Note(s):**  
Describe the progress made from the beginning of a designee's current certification period until the date of AC submission, the expected progress for the remainder of the certification period, and any projected changes for the upcoming certification period.

.L, INC. Due Date: 09/05/2016 (Due In: 47 Days) | Section Status: Not Started

**Resources**

View  
LAL AC User Guide | LAL AC Instructions

Fields with \* are required

Environment and Organizational Capacity Patient Capacity Clinical/Financial Performance Measures

**Patient Capacity**

- Referencing the % Change 2013-2015 Trend, % Change 2014-2015, and % Progress Toward Goal columns:
  - Discuss the trend in unduplicated patients served and report progress in reaching the projected number of patients to be served in the identified categories.
  - Explain key factors driving significant changes in patient numbers and any downward trends or limited progress towards the projected patient goals.

**Notes:**

- % Change and % Progress Data are pre-populated calculations based on UDS reporting.
- 2013-2015 Patient Number data are pre-populated from Table 3a in the UDS Report.

Designation Period: (Pre-populated from most recent Notice of Look-Alike Designation)

Unduplicated Patients	2013 Patient Number	2014 Patient Number	2015 Patient Number	% Change 2013-2015 Trend	% Change 2014-2015 Trend	% Progress toward Goal	Projected Number of Patients	Patient Capacity Narrative (for Current Designation Period)
Total Unduplicated Patients	2772	2424	2307	-16.77%	-4.83%	38.45%	6000	

Approximately 2 pages (0) (Max: 5000 Characters, 3000 Characters left)

# Program Narrative Update: Performance Measures

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- Discuss trends in clinical/financial performance measures. Maintenance or improvement in performance is expected; downward trends or limited progress towards the projected goals must be explained.
- Describe the following as they relate to the data reported:
  - Progress toward goals;
  - Key contributing and restricting factors impacting/affecting progress toward goals; and
  - Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.

# Program Narrative Update: Performance Measures (cont'd)

- LALs will be establishing goals for the first time for Oral Health—Sealants, HIV Linkage to Care, and Depression Screening and Follow-Up.
- Due to changing measure definitions, N/A will be shown for all fields related to the Diabetes measure and progress will not be reported.
- Measure goals will NOT be prepopulated in this year's version of the AC EHB module. These fields will be blank and editable and LALs must provide a goal. Past submissions are available for reference.
- If AC goals differ from those in the last LAL submission, provide an explanation in the Measure Narrative section.

# Participant Question #3

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How many Key Areas comprise the Program Narrative Update:

- A. 2
- B. 4
- C. 3
- D. 5

# Answer to Question #3

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The correct answer is B.

A. 2

**B. 4**

C. 3

D. 5

# NOTE REGARDING THE AC SUBMISSION

- AC submissions lacking all required documents and information will be considered incomplete or non-responsive.
- Incomplete or non-responsive AC submissions will be returned through a “request change” notification via EHB.
- You are required to submit an AC submission within the certification period, by the established deadline timeframes.
- **Failure to submit a timely and complete AC submission may result in termination of the LAL designation and all corresponding benefits.**
- Carefully review your AC submission to ensure it is both complete and responsive prior to submission.

# Technical Assistance (TA) Contacts

- **Annual Certification TA Webpage:**

<http://bphc.hrsa.gov/programopportunities/lookalike/AC/index.html>

- **Program related questions**

--Web form: [http://bphccommunications.force.com/KnowledgeApp/pkb\\_oppd](http://bphccommunications.force.com/KnowledgeApp/pkb_oppd)

--Look-Alike Response Team: [lookalike@hrsa.gov](mailto:lookalike@hrsa.gov) or 301-594-4300

(Note: the [lookalike@hrsa.gov](mailto:lookalike@hrsa.gov) email address is being phased out and will not be operational in the coming months. Please submit questions via the Web form when possible.)

- **EHB related questions**

--BPHC Helpline Web Form (<http://www.hrsa.gov/about/contact/bphc.aspx>) or 877-974-2742

# Questions & Answers

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# Participant Questions #4 & #5

**Did this presentation help you feel more prepared to provide a complete AC submission?**

**What other information about the AC submission would you find helpful?**