



Health Center Program Look-Alike Application Instructions

Renewal of Designation
and Annual Certification Applications



Call Overview



- Application Types
- Application Submission
- Summary of Changes
- Change in Designation Period
- Program Oversight Timeline
- Application Components
- Technical Assistance Resources
- Questions and Answers



Look-Alike Application Types



Application Type	Description
Renewal of Designation	Comprehensive application required for existing look-alike organizations to renew their look-alike designation typically every 3 years
Annual Certification	An annual program update submitted by existing look-alikes in the years between Renewal of Designation submissions



Application Submission



RENEWAL OF DESIGNATION

- Applications must be submitted through the HRSA EHB
 - Refer to HRSA's *Electronic Submission User Guide*, available online at <http://bphc.hrsa.gov/about/lookalike/index.html> for detailed application and submission instructions.
- Once the Renewal of Designation application process is started in the EHB system, it must be completed and submitted in a maximum of **90 calendar days**.
- Applications that are ineligible or not completed within 90 days will not be considered for designation. **Failure to submit the Renewal of Designation application could result in termination of the look-alike designation.**



Application Submission



ANNUAL CERTIFICATION

- Applications must be submitted through the HRSA EHB
 - Refer to HRSA's *Electronic Submission User Guide*, available online at <http://bphc.hrsa.gov/about/lookalike/index.html> for detailed application and submission instructions.
- Once the Annual Certification application process is started in the EHB system, it must be completed and submitted in a maximum of **60 calendar days**.
- Applications that are ineligible or not completed within 60 days will not be considered for designation. **Failure to submit the application could result in termination of the look-alike designation.**



Summary of Changes



Renewal of Designation

- Maximum designation period for renewal of designation is 3 years
- Look-alikes will receive a site visit to assess compliance at least once during each designation period
- Emphasis that applicant provides comprehensive primary medical care as its primary purpose
- More detailed description of contracts and referral arrangements
- All applicants are required to report prenatal and perinatal performance measures (PAL 2013-07)
- Modifications to existing clinical performance measures
- Some Forms have been revised
- Attachment 16 – Budget Narrative is added



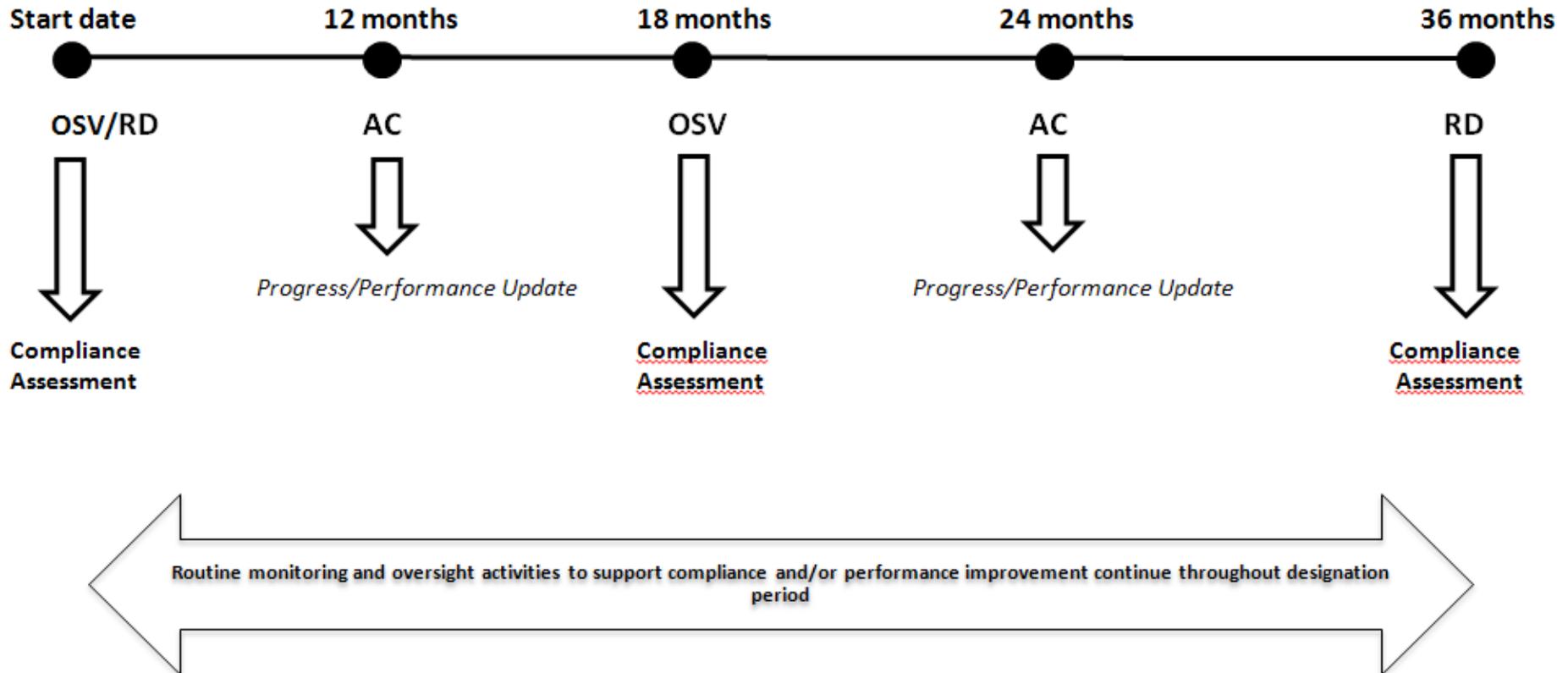
Summary of Changes



Annual Certification

- Emphasis that applicant provides comprehensive primary medical care as its primary purpose.
- More detailed description of contracts and referral arrangements
- All applicants are required to report prenatal and perinatal performance measures (PAL 2013-07)
- Modifications to existing clinical performance measures
- Forms 2, 3, 6A, 9 and 12 have been revised
- Attachment 7 – Most Recent Independent Financial Audit added
- Attachment 8 – Schedule of Discounts/Sliding Fee Scale added
- Attachment 9 – Budget Narrative is added

Program Oversight Timeline





Application Components



- Program Narrative
- Forms
- Attachments



Program Narrative



- Need
- Response
- Collaboration
- Evaluative Measures
- Impact (*Annual Certification application only*)
- Resources/Capabilities
- Governance



Forms



Renewal of Designation Application Content	Type
Cover Page	Form
Form 1A: General Information Worksheet	Form
Table of Contents	Document
Project Abstract	Document
Project Narrative	Document
Clinical Performance Measures	Form
Financial Performance Measures	Form
Form 2: Staffing Profile	Form
Form 3: Income Analysis Form	Document
Form 3A: FQHC Look-Alike Budget	Form
Form 4: Community Characteristics	Form
Form 5A: Services Provided	Form
Form 5B: Service Sites	Form
Form 5C: Other Activities/Locations (As Applicable)	Form
Form 6A: Current Board Member Characteristics	Form
Form 6B: Request for Waiver of Governance Requirements	Form
Form 8: Health Center Agreements	Form
Form 9: Need for Assistance	Form
Form 10: Annual Emergency Preparedness and Management Report	Form
Form 12: Contacts Information	Form



Forms



Annual Certification Application Content	Type
Cover Page	Form
Project Abstract	Document
Project Narrative	Document
Clinical Performance Measures	Form
Financial Performance Measures	Form
Form 1A: General Information Worksheet	Form
Form 2: Staffing Profile	Form
Form 3: Income Analysis Form	Document
Form 3A: FQHC Look-Alike Budget	Form
Form 5A: Services Provided (Read Only)	Form
Form 5B: Service Sites (Read Only)	Form
Form 5C: Other Activities/Locations (As Applicable)	Form
Form 6A: Current Board Member Characteristics	Form
Form 8: Health Center Agreements (As Applicable)	Form
Form 10: Annual Emergency Preparedness and Management Report	Form
Form 12: Contacts Information	Form



Summary of Form Changes



- Form 2 – Staffing Plan has been updated to include a column to report staff expenses.
- Form 3 – Income Analysis has been revised to streamline the reporting of projected income.
- Form 6A – Current Board Member Characteristics will be pre-populated.
- Form 9 – Need for Assistance Worksheet has been revised to include more current indicators.
- Form 12 – Organization Contacts will be pre-populated.
- The EHB User Interface has been upgraded for 508 compliance. Hover over information icons for directions while completing forms.



Attachments



Renewal of Designation Application Content	Type
Attachment 1: Service Area Map	Document
Attachment 2: Current or Requested MUA/MUP Designation	Document
Attachment 3: Governing Board Bylaws	Document
Attachment 4: Co-Applicant Agreement for Public Centers (As Applicable)	Document
Attachment 5: Affiliation, Contract, and/or Referral Agreements (As Applicable)	Document
Attachment 6: Articles of Incorporation	Document
Attachment 7: Evidence of Non-Profit or Public Agency Status	Document
Attachment 8: Medicare and Medicaid Provider Documentation	Document
Attachment 9: Organizational Chart	Document
Attachment 10: Position Descriptions for Key Personnel	Document
Attachment 11: Resumes for Key Personnel	Document
Attachment 12: Schedule of Discounts/Sliding Fee Scale	Document
Attachment 13: Most Recent Independent Financial Audit	Document
Attachment 14: Letters of Support	Document
Attachment 15: Floor Plans	Document
Attachment 16: Budget Narrative	Document
Attachment 17: Other Information (As Applicable)	Document



Attachments



Annual Certification Application Content	Type
Attachment 1: Service Area Map	Document
Attachment 2: Governing Board Bylaws (As Applicable)	Document
Attachment 3: Affiliation, Contract, and/or Referral Agreements (As Applicable)	Document
Attachment 4: Organizational Chart (As Applicable)	Document
Attachment 5: Position Descriptions for Key Personnel (As Applicable)	Document
Attachment 6: Resumes for Key Personnel (As Applicable)	Document
Attachment 7: Most Recent Independent Financial Audit	Document
Attachment 8: Schedule of Discounts/Sliding Fee Scale	Document
Attachment 9: Budget Narrative	Document
Attachment 10: Other Information (As Applicable)	Document



Technical Assistance Resources



- Look-Alike Application Instructions and EHB System User Guides:
<http://bphc.hrsa.gov/about/lookalike/index.html>
- Look-Alike Application Resources document under “Application Help” on the TA page
- EHB Related Questions: BPHCHelpline@hrsa.gov or 877-974-2742
- Contact the assigned Project Officer

Question & Answer Session

