



# Look-Alike Overview and Initial Designation Application Process

U.S. Department of Health and Human Services  
Health Resources and Services Administration  
Bureau of Primary Health Care

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[http://bphc.hrsa.gov/programopportunities/lookalike/  
initialdesignationinstructions.html](http://bphc.hrsa.gov/programopportunities/lookalike/initialdesignationinstructions.html)



**HRSA**  
Health Resources & Services Administration

# Agenda

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- **Health Center Program Overview**
- **Look-Alike Overview**
- **Changes from 2013 Instructions**
- **Eligibility Requirements**
- **Application Process**
- **Application Components**
- **Tips and Resources**
- **Questions and Answers**

# Overview

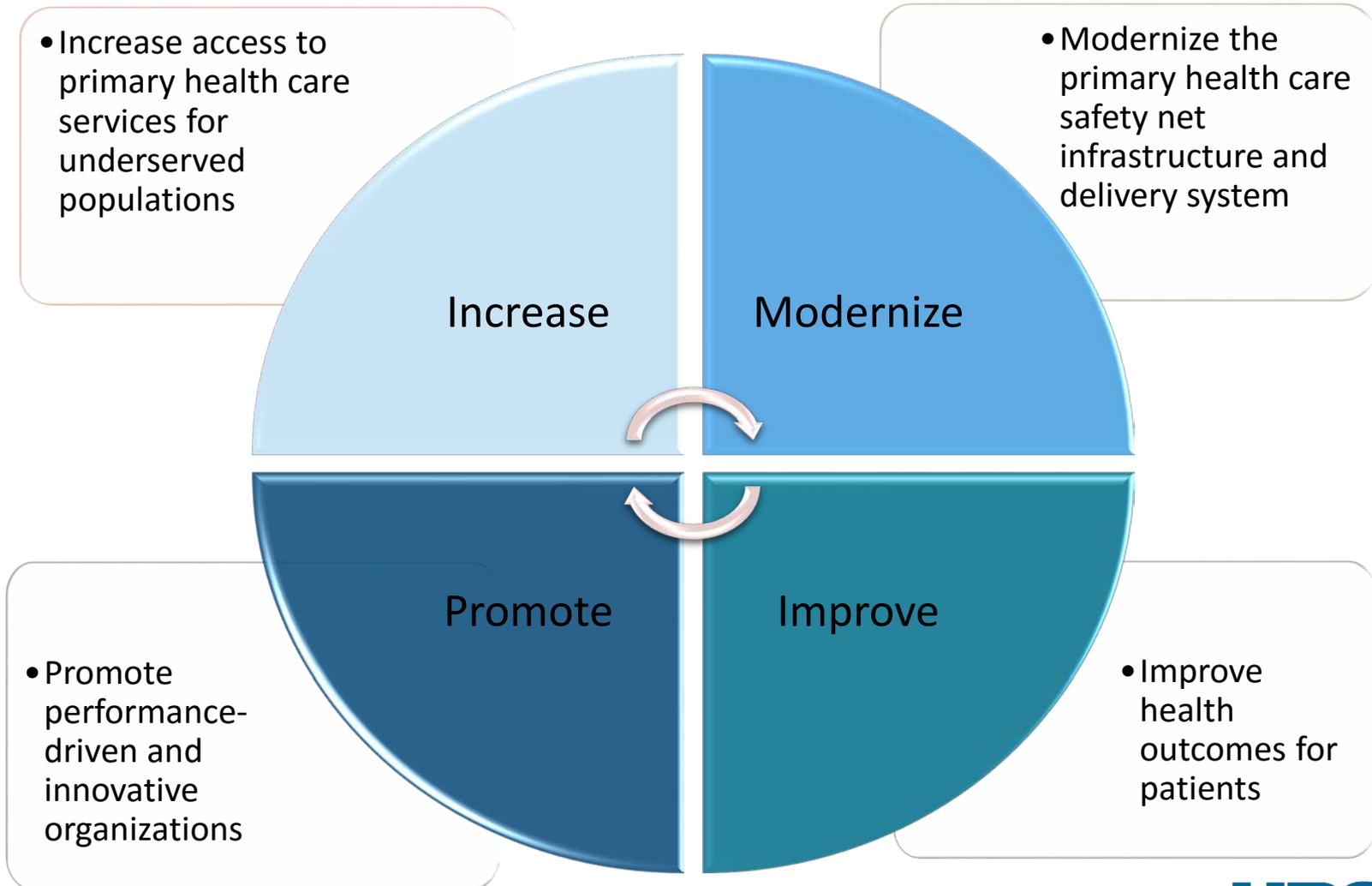
## Health Center Program Mission

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Improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services



# Health Center Program Key Strategies



# Health Center Program Fundamentals

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- Provide high quality, culturally competent, comprehensive primary care, as well as supportive services such as education, translation, and transportation that promote access to health care
- Community-based organizations with autonomous, patient-majority governing boards
- Focus on underserved populations and communities
- Respond to individual needs of community
- Diverse in size, capacity, populations served, and staff

# Overview

## Types of Health Centers

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Health Center Program award recipients and look-alikes serve any combination of populations based on the proposed service area's needs:

- **Community Health Centers (CHC, section 330(e))** serve the general underserved population
- **Migrant Health Centers (MHC, section 330(g))** serve migratory and seasonal agricultural workers and their families
- **Health Care for the Homeless (HCH, section 330(h))** serve people experiencing homelessness
- **Public Housing Primary Care (PHPC, section 330(i))** serve residents of public housing

# What is an FQHC?



A Federally Qualified Health Center (FQHC) is a term used by the Centers for Medicare & Medicaid Services (CMS) to indicate eligibility for reimbursement by Medicare, Medicaid, and Child Health Insurance Program (CHIP) using specific payment methodologies.

**To be an FQHC, an entity must fall under one of the following categories:**

- **Meet requirements of the Health Center Program and receive Health Center Program funding.**
- **Meet requirements of the Health Center Program but do not receive Health Center Program funding.**
- **Organizations that qualify as an outpatient health program or facility operated by a tribe or tribal organization.**

# What is a Look-Alike?

Health Center Program

Award  
Recipients  
(funded)

Look-  
Alikes  
(unfunded)

# Health Center Program Benefits

Benefit	Applicable to Look-Alikes
Health Center Program funding	NO
Federally Qualified Health Center (FQHC) Prospective Payment Systems (PPS) reimbursement for services provided under Medicaid	YES
FQHC PPS reimbursement for services provided under Medicare	YES
Purchase of discounted drugs under the 340B Federal Drug Pricing Program	YES
Federal Tort Claims Act (FTCA) medical malpractice insurance	NO
Automatic Health Professional Shortage Area (HPSA) Designation	YES
Access to National Health Service Corps providers	YES

# Highlights of Application Changes

- To be eligible:
  - An applicant may not propose sites that are in the scope of project of any Health Center Program award recipient.
  - An applicant requesting Public Housing Primary Care designation must demonstrate that it has consulted with the public housing residents.
  - A Health Center Program award recipient applying for initial designation for site(s) not currently in scope must demonstrate separate and distinct scopes of project for the look-alike designation and Health Center Program award.
- Primary medical care current and projected patients must be greater than current or projected patients for all other services provided, as indicated on **Form 1A: General Information Worksheet**.
- **Form 1C: Documents on File** has been added as a required form.
- General Primary Medical Care must be provided directly and/or through formal written contractual agreements in which the health center pays for the service, as indicated on **Form 5A: Services Provided** (Columns I and/or II).

# Highlights of Application Changes Continued

- The applicant's **Form 5B: Service Sites** must include the service area zip codes from which at least 75% of the current patients reside.
- **Form 6B: Request for Waiver of Board Member Requirements** was revised to comply with current Health Center Program requirements.
- **Form 9: Need for Assistance Worksheet** is no longer included.
- **Clinical performance measures** have been updated to align with PAL 2016-02: [Approved Uniform Data System Changes for Calendar Year 2016](#) and three audit-related **financial performance measures** have been deleted.
- **Attachments 18: Budget Narrative** and **19: Health Center Program Requirements Compliance** have been added.
- The Application Review and Determination processes and timeframes have been updated to incorporate **onsite assessments**.
- The maximum designation period is now **three** years.



# ELIGIBILITY

# Look-Alike Eligibility Requirements

Eligibility Requirements	Documentation
1. Must be a nonprofit organization OR public entity.	Attachment 9: Evidence of Nonprofit or Public Center Status
2. Must demonstrate that the organization is not owned, controlled, or operated by another entity.	Project Narrative Attachment 4: Corporate Bylaws Attachment 8: Articles of Incorporation Attachment 15: Financial Statements and Independent Financial Audit
3. Must be compliant with all Health Center Program requirements.	Project Narrative Attachment 19: Health Center Program Requirements Compliance

# Look-Alike Eligibility Requirements

(continued, 4-6)

Eligibility Requirements	Documentation
<p>4. Must be operational under the authority of a compliant governing board.</p>	<p>Attachment 4: Corporate Bylaws            Attachment 5: Governing Board Meeting Minutes            Attachment 10: Medicare and Medicaid Documentation            Attachment 15: Financial Statements and Independent Financial Audit            Form 6A: Current Board Member Characteristics.</p>
<p>5. Must demonstrate that the organization's main purpose is primary medical care.</p>	<p>Form 1A: General Information Worksheet            Form 5A: Services Provided</p>
<p>6. Must provide all required services, either directly onsite or through established arrangements.</p>	<p>Form 5A: Services Provided            Attachment 7: Summary of Contracts and Agreements</p>

# Look-Alike Eligibility Requirements

(continued, 7-9)

Eligibility Requirements	Documentation
7. Must ensure access to services for all individuals in the targeted service area or population without regard to ability to pay.	Project Narrative Attachment 14: Sliding Fee Discount Schedule
8. Must have at least one permanent service delivery site operating at least 40 hours per week.	Form 5B: Service Sites
9. Must only include sites in the look-alike scope of project that are not currently sites in the scope of project of any Health Center Program award recipient.	Form 5B: Service Sites

# Look-Alike Eligibility Requirements

(continued, 10-12)

Eligibility Requirement	Documentation
<p>10. <b>Community Health Center</b> applicants must serve a currently designated medically underserved area (MUA) or medically underserved population (MUP).</p>	<p>Form 1A: General Information Worksheet            Attachment 2: Service Area Map and Table            Attachment 3: Current MUA/MUP Designation</p>
<p>11. Must define the service area to include those zip codes where at least 75% of the current patients reside</p>	<p>Form 5B: Service Sites            Attachment 1: Patient Origin Study            Attachment 2: Service Area Map and Table</p>
<p>12. <b>Public Housing Primary Care</b> applicants must demonstrate consultation with public housing residents in the preparation of the application and ensure ongoing consultation with residents.</p>	<p>Project Narrative</p>

# Look-Alike Eligibility Requirements

(continued, 13-15)

Eligibility Requirement	Documentation
<p>13. <b>School-based health center</b> applicants must demonstrate that the entire underserved population in the service area has access to all required services.</p>	<p>Project Narrative            Form 5A: Services Provided            Form 5B: Service Sites</p>
<p>14. <b>Current Health Center Program award recipients</b> must demonstrate and maintain separate scopes of project for the look-alike designation and Health Center Program award.</p>	<p>Project Narrative            Attachment 1: Patient Origin Study            Attachment 15: Financial Statements            Form 5B: Service Sites</p>
<p>15. Must include Need, Response, Collaboration, Evaluative Measures, Resources/Capabilities, and Governance sections.</p>	<p>Project Narrative</p>

# Compliance at the Time of Application

Applicants must demonstrate full compliance with Health Center Program requirements at <http://www.bphc.hrsa.gov/programrequirements/summary.html>.

1	Needs Assessment	10	Contractual/Affiliation Agreements
2	Required and Additional Services	11	Collaborative Relationships
3	Staffing	12	Financial Management and Control Policies
4	Accessible Hours of Operation/Locations	13	Billing and Collections
5	After Hours Coverage	14	Budget
6	Hospital Admitting Privileges and Continuum of Care	15	Program Data Reporting Systems
7	Sliding Fee Discounts	16	Board Authority
8	Quality Improvement/Assurance Plan	17	Board of Composition
9	Key Management Staff	18	Conflict of Interest Policy

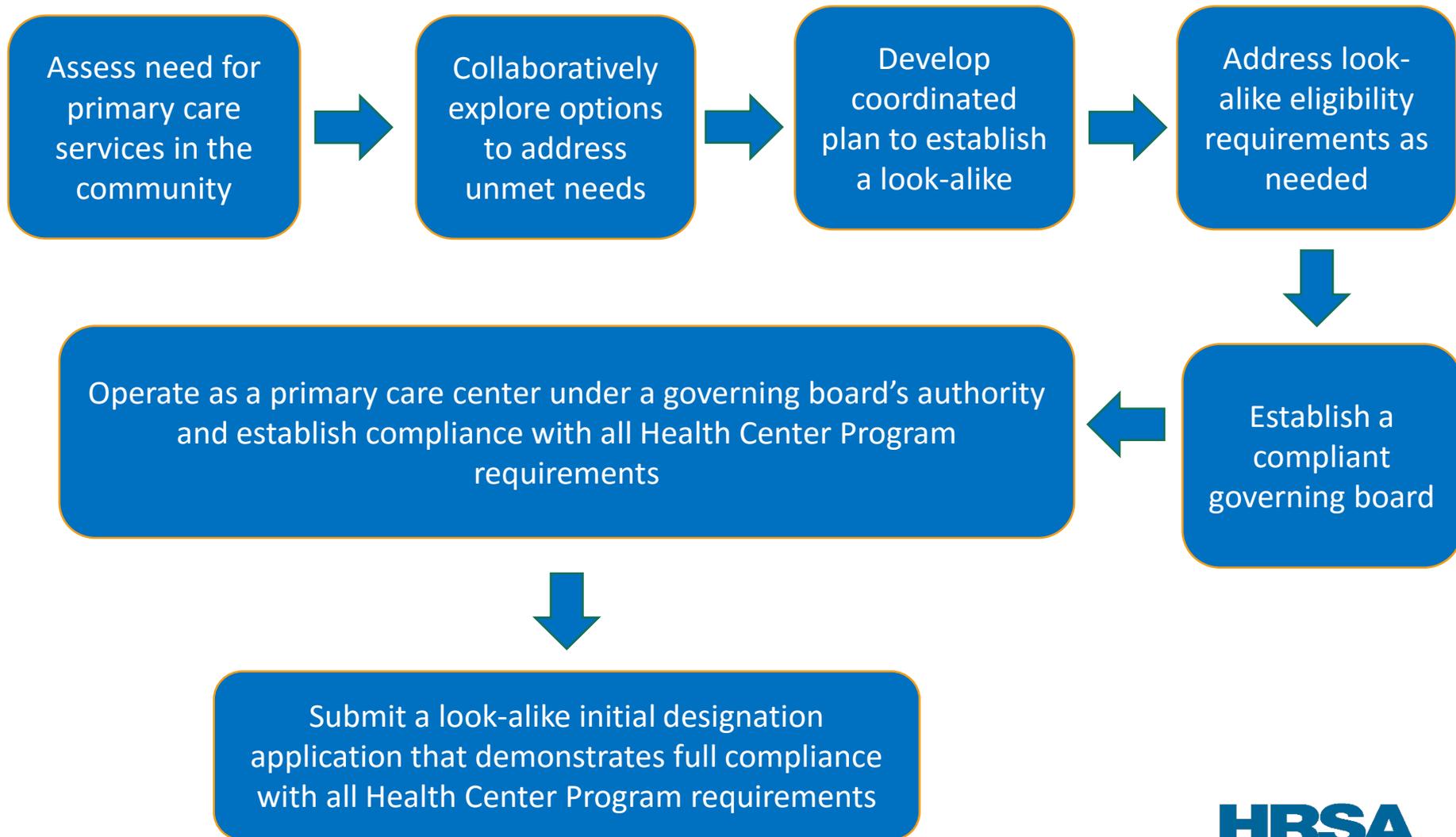


# APPLICATION PROCESS

# Application Process: Awards and Look-Alike Comparison

Award	Look-Alike Designation
Competitive	Not competitive
Announced application deadlines	Rolling
Submitted application is final	Additional information may be requested
No onsite compliance assessment	Onsite assessment and technical assistance

# Example Initial Designation Application Preparation Steps

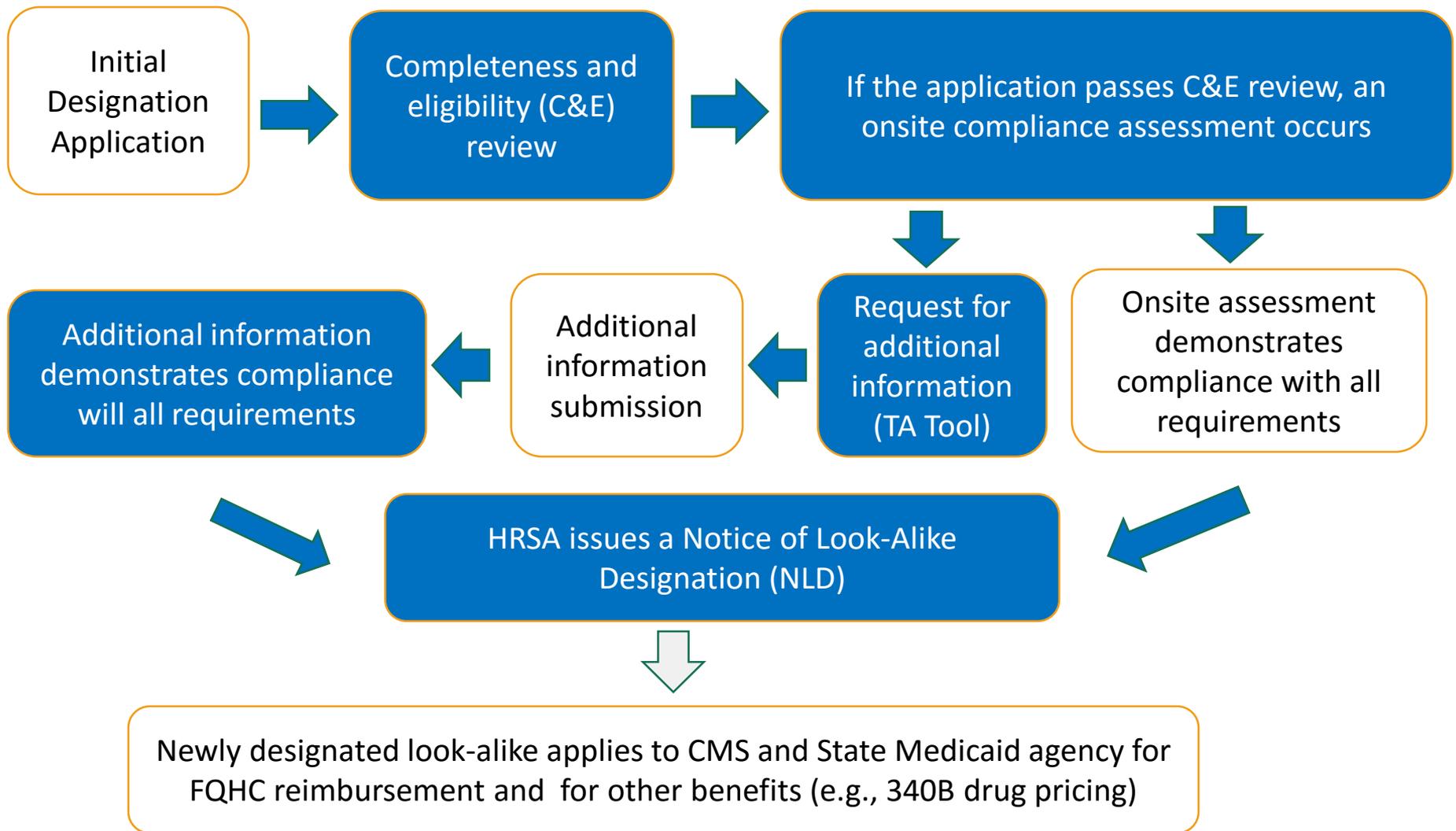


# Application Submission

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- **Applications must be submitted through the HRSA Electronic Handbook (EHB).**
  - To register in EHB, go to <https://grants.hrsa.gov/webexternal/> and click Create an Account.
  - Refer to the *EHB Look-Alike Initial Designation User Guide* at <http://bphc.hrsa.gov/programopportunities/lookalike/initialdesignationsinstructions.html> for more information about creating and submitting the application in EHB.
- **Once an application is started, you have a maximum of 90 calendar days to complete and submit the application in EHB.**

# Application Review Process



# Application Review

(HRSA timeframes are approximate and may vary)

Responsible Entity	Step in Process	Number of Days
Applicant	Development and submission of application once the application has been created in EHB.	90
HRSA	Preliminary review to assess eligibility and completeness of the application.	30
HRSA and Applicant	Site Visit Scheduling and Preparation	60-90
HRSA	Onsite compliance review and delivery of TA tool detailing actions necessary to meet requirements.	60-75
Applicant	Response to additional information requested by HRSA.	30
HRSA	Review of applicant response to additional information and issuance of Notice of Look-Alike Designation or Disapproval.	30-45



# APPLICATION COMPONENTS

# Application Components

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- **Project Abstract**
- **Project Narrative**
  - Need
  - Response
  - Collaboration
  - Evaluative Measures
  - Resources/Capabilities
  - Governance
- **Attachments**
- **Program-Specific Forms**

# Project Narrative: Need

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Health Centers must serve populations in high need, underserved areas. Applicants must:

- Conduct a needs assessment to determine unmet need.
- Demonstrate that there is sufficient need in the service area to support a health center.
- Define a logical service area based on need and organizational capacity. The service area is the area in which the majority of the organization's patients reside.

# Project Narrative: Response

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**Health centers must provide primary medical care as their main purpose. Applicants must:**

- **Describe the service delivery sites and how they are appropriate for the needs of the target population.**
- **Demonstrate that all persons in the target population have access to the full range of required primary, preventive, and enabling health care services, without regard to ability to pay.**
- **Document that the number of current and projected medical patients is greater than current and projected patients for other service types.**
- **Explain how the primary health care services are provided.**

# Project Narrative: Collaboration

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Health centers must provide collaborative and coordinated health care. Applicants must:

- Demonstrate collaboration between providers within the service area.
- Provide letters of support from other providers and relevant state agencies.

# Project Narrative: Evaluative Measures

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Health centers must have systems which accurately collect and organize data for program reporting and decision making.

Applicants must:

- Set realistic goals for clinical and financial performance improvement.
- Periodically assess the health care needs of the target population to support program improvement.
- Describe the use of electronic health records (EHRs).

# Project Narrative: Resources/Capabilities

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Health centers must maintain management and financial systems to enable cost-effective, high-quality primary health care services. Applicants must:

- Demonstrate how the organizational structure and staffing are appropriate for the operational needs of the health center.
- Describe current financial status, systems, policies, and procedures.

# Project Narrative: Governance

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Health centers must have an independent, patient-majority governing board. Applicants must:

- Demonstrate that the board maintains appropriate authority to oversee the operations of the health center.
- Document that the board is composed of a majority of individuals who are health center patients and represent the patients served.

# Attachments, 1-10

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- **Attachment 1: Patient Origin Study**
- **Attachment 2: Service Area Map and Table**
- **Attachment 3: Current MUA/MUP Designation**
- **Attachment 4: Corporate Bylaws**
- **Attachment 5: Governing Board Meeting Minutes**
- **Attachment 6: Co-Applicant Agreement, as applicable**
- **Attachment 7: Summary of Contracts and Agreements**
- **Attachment 8: Articles of Incorporation**
- **Attachment 9: Evidence of Nonprofit or Public Center Status**
- **Attachment 10: Medicare and Medicaid Documentation**

# Attachments, 11-20

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- **Attachment 11: Organizational Chart**
- **Attachment 12: Position Descriptions for Key Personnel**
- **Attachment 13: Biographical Sketches for Key Personnel**
- **Attachment 14: Sliding Fee Discount Schedule & Schedule of Charges**
- **Attachment 15: Financial Statements & Independent Financial Audit**
- **Attachment 16: Letters of Support**
- **Attachment 17: Floor Plans**
- **Attachment 18: Budget Narrative**
- **Attachment 19: Health Center Program Requirements Compliance**
- **Attachment 20: Other Relevant Documents, as applicable**

# Program Specific Forms

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- **Form 1A: General Information Worksheet**
  - Number of current and projected medical patients must be greater than the number of current and projected patients for other service types
- **Form 1C: Documents on File**
- **Form 2: Staffing Profile**
- **Form 3: Income Analysis**
- **Form 3A: Look-Alike Budget Information**
- **Form 4: Community Characteristics**
- **Form 5A: Services Provided**
  - General Primary Medical Care must be provided directly (Column I) and/or through formal written contractual agreements (Column II)

# Form 5A: Required Services Overview

- **Column I: Services Provided Directly by Applicant**
- **Column II: Services Provided via Formal Written Contract or Agreement**
  - Health center pays (and bills) for services provided by individual providers or a provider group under a formal contract/agreement.
- **Column III: Services Provided via Formal Written Referral Arrangement**
  - Health center does not pay or bill for the service, however, it does maintain responsibility for the patient's treatment plan.
  - Applicant must describe:
    - How services will be provided on a sliding fee discount scale;
    - How visits will be documented in the patient record; and
    - How follow-up care will be assured.

Refer to the Scope of Project policy documents and resources at <http://bphc.hrsa.gov/programrequirements/scope.html>

# Program Specific Forms, continued

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- **Form 5B: Service Sites**

- At least one service site must be a permanent service delivery site that operates for a minimum of 40 hours per week (with the exception of health centers that request designation for only MHC, which may have a seasonal rather than permanent site)

- **Form 5C: Other Activities/Locations, as applicable**

- **Form 6A: Current Board Member Characteristics**

- **Form 6B: Request for Waiver of Board Member Requirement**

- **Form 8: Health Center Agreements**

- **Form 10: Emergency Preparedness Report**

- **Form 12: Organization Contacts**

- **Clinical and Financial Performance Measures**

# Clinical Performance Measures

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1. **Diabetes**
2. **Hypertension: Controlling High Blood Pressure**
3. **Cervical Cancer Screening**
4. **Prenatal Care**
5. **Low Birth Weight**
6. **Childhood Immunization Status**
7. **Oral Health/Dental Sealants**
8. **Adolescent Weight Screening and Follow-Up**
9. **Adult Weight Screening and Follow-up**

# Clinical Performance Measures

(continued, 10-16)

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10. Tobacco Use Screening and Follow-up
11. Asthma: Pharmacological Therapy
12. Coronary Artery Disease: Lipid Therapy
13. Ischemic Vascular Disease: Aspirin Therapy
14. Colorectal Cancer Screening
15. HIV Linkage to Care
16. Screening for Clinical Depression and Follow-Up Plan

# Financial Performance Measures

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1. Total Cost Per Patient
2. Medical Cost Per Medical Patient



# TIPS AND RESOURCES

# Preparing a Successful Application

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- Follow the current initial designation application instructions for the Project Narrative and for each form and attachment.
- Refer to the EHB Look-Alike Initial Designation User Guide on the TA Web page for assistance completing forms and submitting in EHB.
- Ensure that information is consistent across forms, attachments, and the Project Narrative.
- Clearly demonstrate that the organization is operational (e.g., providing primary health care services, under a compliant governing board).
- Thoroughly demonstrate how the organization currently meets all Health Center Program requirements. See <http://bphc.hrsa.gov/programrequirements/index.html>.

# Health Center Program Requirements Resources

- Consult BPHC Policy Information Notices (PINs) and Program Assistance Letters (PALs) for guidance as needed. Search PINs and PALs at: <http://bphc.hrsa.gov/policiesregulations/policies/index.html>.
- For detailed information regarding Health Center Program governance requirements, see PIN 2014-01: [Health Center Program Governance](#).
- Refer to the Scope of Project policy documents and resources at <http://bphc.hrsa.gov/programrequirements/scope.html> for information about defining your scope of project (i.e., services, sites, service area zip codes, target population).
- If contracting services, refer to [Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75](#) for characteristics of a contractor agreement.

# Technical Assistance Resources

## PCOs, PCAs, and NCAs

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- **Primary Care Offices:**
  - MUA/MUP designation
  - Population to One FTE Physician ratio
- **Primary Care Associations:**
  - Resource for information specific to a state or region
- **National Cooperative Agreement Partners:**
  - Special Populations Resources
- **See a list of PCAs, NCAs, and PCOs here:**  
<http://bphc.hrsa.gov/qualityimprovement/supportnetworks/index.html>

# Technical Assistance

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- **Look-Alike Initial Designation TA Web page**
  - <http://bphc.hrsa.gov/programopportunities/lookalike/initialdesignationinstructions.html>
- **Look-Alike TA Response Team**
  - [http://bphccommunications.force.com/KnowledgeApp/pkb\\_oppd](http://bphccommunications.force.com/KnowledgeApp/pkb_oppd)
- **BPHC Helpline for EHB questions**
  - <http://www.hrsa.gov/about/contact/bphc.aspx>
  - 877.974.2742 ext.3