



Fiscal Year 2022 Look-Alike (LAL) Renewal of Designation (RD) Technical Assistance Briefing

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Vision: Healthy Communities, Healthy People



Agenda

AGENDA

- Overview
- Summary of Changes
- Timeline
- Access and Deadline Dates
- Application and Submission Information
- Designation Information
- Reminders
- Technical Assistance Contacts



Overview

Look-Alikes (LALs) **maximize access** to health care for medically underserved populations and communities:

- Benefits:
 - 340B Drug Pricing Program
 - FQHC Reimbursement
 - Health Professional Shortage Area Designation
 - Access to National Health Service Corps Providers
- Renewal of Designation (RD) does **not** confer Federal Tort Claims Act (FTCA) coverage
- Designation period: Up to **3 years**
- Completion and submission of the LAL RD application is **required** to maintain designation

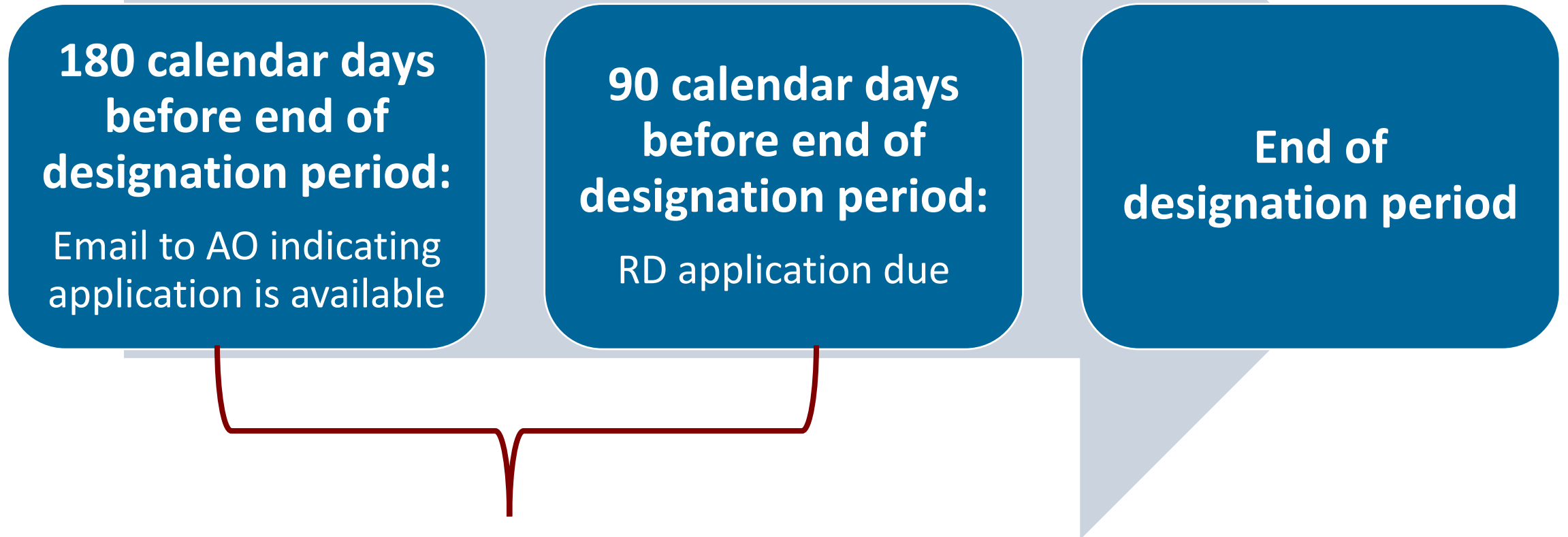


Summary of Changes

- HRSA extended designation periods by 1 year where statutorily permissible.
- A new item about the impact of the COVID-19 public health emergency was added to the Need section of the Project Narrative.
- The Clinical and Financial Performance Measure forms were removed and Question 3 in Evaluative Measures was expanded.
- Nonprofit/public center documentation was added to Form 1C: Documents on File.
- The Scope Certification Page requires attestation that applicants have reviewed the uniform Data System (UDS) manual and will report the required data annually in UDS.



Application Timeline



Complete and submit application in EHBs



Access and Deadline Dates

Certification Period Start Date	HRSA EHBs Access	HRSA EHBs Deadline (5:00 PM ET)
January 1, 2022	July 4, 2021	October 2, 2021
February 1, 2022	August 4, 2021	November 2, 2021
March 1, 2022	September 1, 2021	November 30, 2021
April 1, 2022	October 2, 2021	December 31, 2021
May 1, 2022	November 1, 2021	January 30, 2022
June 1, 2022	December 2, 2021	March 1, 2022



Application and Submission Information

Submit the following application components in the HRSA EHBs:



Compliance Assessment

- [Health Center Program Compliance Manual](#)
- Project Narrative questions, forms, and attachments that will be assessed for determining compliance are noted with a bolded, underlined asterisk (*****)
- Refer to the Compliance Assessment Guide (located at the RD technical assistance webpage) for the Compliance Manual chapters and elements that correspond to items with *****



The screenshot shows the HRSA Health Center Program website. The header includes the HRSA logo and navigation tabs for Program Requirements, Quality Improvement, Program Opportunities, Health Center Data, Federal Tort Claims Act, and About the Health Center Program. The main content area is titled "Health Center Program Compliance Manual introduction" and includes a section for "Applicability" with detailed text. A sidebar on the right offers a download link for the manual (PDF, 1.8 MB, last updated August 2018) and a table of contents with expandable sections for Introduction, Chapter 1: Health Center Program Eligibility, and Chapter 2: Health Center Program Oversight.

Program Specific Forms

Form 1A: General Information
Worksheet

Form 1C: Documents on File - Updated

*_Form 2: Staffing Profile

*_Form 3: Income Analysis

*_Form 3A: Look-Alike Budget
Information

Form 4: Community Characteristics

Form 5A: Services Provided

Form 5B: Service Sites

Form 5C: Other Activities/Locations (if
applicable)

*_Form 6A: Current Board Member
Characteristics

*_Form 6B: Request for Waiver of Board
Member Requirements

8: Health Center Agreements

Form 12: Organization Contacts

Scope Certification Form - Updated

* _ HRSA will use content, in whole or part, to assess compliance



Update to Form 1C

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 1C: DOCUMENTS ON FILE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
<p>Note: Date of Last Review/Revision must use the date format of MM/DD/YYYY. This listing does not include all policy/procedure documents required to be maintained on file. Records demonstrating implementation of required policies and procedures must also be available for review.</p>		
Governance	Date of Last Review/Revision (maximum 100 characters)	Not Applicable (N/A)
Governing Board Bylaws.		
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)		
Evidence of Nonprofit or Public Center Status		



Updated Scope Certification Form

- **Scope of Project: Sites and Services** ensures an accurate scope of project, certify that:
 - Form 5A: Services Provided and Form 5B: Service Sites accurately reflect all services/service delivery methods and sites included in the current scope of project. **OR**
 - Form 5A: Services Provided and Form 5B: Service Sites require changes that **you have already submitted** through the change in scope process.
- **120 Day Compliance Achievement Plan Certification**
- **Uniform Data System (UDS) Report Certification**

OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number
1. Scope of Project Certification – Services – select only one option below		
<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.		
2. Scope of Project Certification – Sites – select only one option below		
<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.		
3. 120 Day Compliance Achievement Plan Certification		
<input type="checkbox"/> By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of release of the Notice of Look-Alike Designation (NLD) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition(s) from the current designation period and/or the placement of new condition(s) on the designation based on the review of this application. I also acknowledge that all conditions on my designation must be addressed within the timeframes and by the due dates specified on my Health Center Program NLD and that the Compliance Achievement Plan I submit must align with such timelines.		
4. Uniform Data System (UDS) Report Certification		
<input type="checkbox"/> By checking this box, I certify that I have reviewed the UDS Resources , including the most recent UDS Manual and understand that my organization will be required to report data on patients, services, staffing, and financing annually. I also acknowledge that failure to submit a complete report by the specified deadline may result in conditions or restrictions being placed on the Health Center Program designation.		



Attachments

Attachment 1: Service Area Map & Table

*Attachment 2: Bylaws

*Attachment 3: Project Organizational Chart

*Attachment 4: Position Descriptions for Key Management Staff

Attachment 5: Biographical Sketches for Key Management Staff

*Attachment 6: Co-Applicant Agreement (as applicable)

Attachment 7: Summary of Contracts & Agreements (as applicable)

*Attachment 8: Collaboration Documentation

*Attachment 9: Sliding Fee Discount Schedule(s)

Attachment 10: Budget Narrative

Attachment 11: Other Relevant Documents (as applicable)

* HRSA will use content, in whole or part, to assess compliance



Designation Period Length Criteria

- Designation period determined by compliance
- Any conditions related to Health Center Program requirements at the time of designation qualify for a 1-year designation period
 - You will receive a 1-year designation period if you did NOT have consecutive 1-year designation periods in the previous two years
 - You will NOT receive renewal of your designation if you had consecutive 1-year designation periods in the previous two years
- See the Designation Period Length Criteria in Section V of the RD Instructions (Page 24) for details



Reminders

- ✓ LALs with a 3-year designation period scheduled to end in FY 2022 received a 1-year extension and will submit an Annual Certification (AC) application in FY 2022
 - LALs with a period of performance end date NOT in FY 2022 (October 1, 2021 – September 30, 2022) will also submit an AC
- ✓ RD Application submission is **due 90 days before** the end of current designation period
- ✓ Ensure application submission is complete and responsive
 - RD applications lacking all required documents and information will be considered **incomplete** or **non-responsive**
- ✓ Failure to submit a **timely** and **complete** application may result in **termination of the LAL designation** and all corresponding benefits
- ✓ Technical assistance materials are available on the LAL-RD TA Webpage



RD Technical Assistance Contacts

Resource	Contact
RD TA Webpage	https://bphc.hrsa.gov/programopportunities/lookalike/rd/index.html
Program Questions	Karen Fitzgerald 301-594-4300 https://www.hrsa.gov/about/contact/bphc.aspx
EHBs Questions	Health Center Program Support 877-464-4772 https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form



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