

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration  
Bureau of Primary Health Care**



***Look-Alike Initial Designation  
Application Instructions***

**Release Date: August 13, 2020**

**Application Due Date in HRSA EHBs: rolling (90 days after  
the application is started)**

*Note that registration in SAM.gov and HRSA EHBs may take up to one month to  
complete.*

Look-Alike Initial Designation Application Response Team  
Bureau of Primary Health Care  
Office of Policy and Program Development  
Contact: [BPHC Contact Form](#)  
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[Initial Designation Technical Assistance Webpage](#)

Authority: Social Security Act, Sections 1861(aa)(4) and 1905(l)(2)(B) (42 U.S.C. 1395x(aa)(4)(B) and 42 U.S.C. 1396d(l)(2)(B)(iii)), and Public Health Service Act, Section 330 (42 U.S.C. 254b)

## EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care is accepting applications for look-alike initial designation (ID). Health Center Program look-alikes are organizations that, like Health Center Program award recipients, improve the health of the nation’s underserved communities and vulnerable populations by expanding access to comprehensive, culturally competent, quality primary health care services in compliance with Health Center Program requirements, but that do not receive Health Center Program grant funding.

Application Title:	Look-alike Initial Designation
Application Due Date in HRSA Electronic Handbooks (EHBs):	90 days after the application is started
Designation Period:	Up to 3 years
Eligible Applicants:	<p>Eligible applicants include public and nonprofit entities. The applicant organization must not be owned, controlled, or operated by another entity.</p> <p>At the time of application submission, applicants must demonstrate that they are:</p> <ul style="list-style-type: none"> <li>• Operational and currently delivering primary health care services to patients within the service area.</li> <li>• Compliant with all <a href="#">Health Center Program requirements</a>.</li> <li>• Providing comprehensive primary medical care as the main purpose at one or more permanent service delivery sites.</li> <li>• Providing access to services for the service area/target population, for all individuals, without regard to ability to pay.</li> <li>• Serving a designated Medically Underserved Area (MUA) or Medically Underserved Population (MUP).</li> </ul> <p>See the <a href="#">Eligibility</a> section of these instructions for complete eligibility information.</p>

### **Technical Assistance**

The [Look-alike ID technical assistance \(TA\) webpage](#) provides essential resources for application preparation, including an instructional webinar, sample documents and the [HRSA EHBs Look-Alike Initial Designation User Guide](#), which offers instructions on how to complete the application forms in HRSA EHBs. In addition, the [Health Center Program Compliance Manual](#) serves as an important resource to assist you in understanding and demonstrating compliance with Health Center Program requirements.

Throughout the application development and preparation process, you are encouraged to work with appropriate Primary Care Association (PCA), Primary Care Office (PCO), and/or National Training and Technical Assistance Partners (NTTAPs) to prepare a responsive application. For a listing of HRSA-supported PCAs and NTTAPs, see the [Strategic Partnerships webpage](#). For a listing of PCO contacts, see the [Shortage Designation State Primary Care Offices webpage](#).

### **Summary of Changes**

These instructions include the following key changes since the last initial designation application instructions were released in March 2020:

- [Project Narrative](#) and [Appendix A: Demonstrating Eligibility](#) were clarified to further explain documentation needed to demonstrate eligibility.
- [Form 1C: Documents on File](#) was added to provide a summary of documents that support the implementation of Health Center Program requirements.
- A question on the use of telehealth has been added to the Project Narrative [RESPONSE](#) section.
- Form 10: Emergency Preparedness Report was removed and replaced by a question on maintaining continuity of services during disasters and emergencies in the Project Narrative [RESOURCES/CAPABILITIES](#) section.
- Two [clinical performance measures](#) were removed (Use of Appropriate Medications for Asthma and Coronary Artery Disease: Lipid Therapy), four were added (Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, Depression Remission at 12 Months, Breast Cancer Screening, and HIV Screening) and one was revised (HIV Linkage to Care).
- If your proposed look-alike service site is within five miles of another Health Center Program award recipient or look-alike site, or if your service area has a Health Center Program penetration level of the low-income population that is 75 percent or greater, and you do not sufficiently document both collaboration and unmet need within the service area, HRSA may not approve your look-alike site(s).
- If 10 or more program requirements have non-compliant findings, HRSA may disapprove your initial designation application after the Operational Site Visit. See the [Application Review](#) section of these instructions for more information.

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# I. Look-Alike Initial Designation Description

## 1. Background

These instructions describe the process to apply for Health Center Program look-alike designation. Health Center Program look-alikes are organizations that, like Health Center Program award recipients, improve the health of the nation's underserved communities and vulnerable populations by expanding access to comprehensive, culturally competent, quality primary health care services in compliance with Health Center Program requirements, but that do not receive Health Center Program funding.

The Social Security Act, Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act specify a category of facilities known as Federally Qualified Health Centers (FQHCs). One type of FQHC is an entity determined by HRSA to meet the requirements of the Health Center Program, but not funded through the Health Center Program. The Health Center Program requirements are set forth in Section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b), as amended. HRSA refers to these organizations as Health Center Program "look-alikes." Section 1905(l)(2)(B) of the Social Security Act requires that a look-alike "entity may not be owned, controlled or operated by another entity."<sup>1</sup>

While look-alikes do not receive Health Center Program grant funding, receipt of HRSA look-alike designation serves as a basis for eligibility for certain associated federal benefits, such as 340B Drug Pricing participation, National Health Service Corps participation, and FQHC Medicare and Medicaid reimbursement. Please note, however, that eligibility for such associated federal benefits is not solely based upon look-alike designation, but also requires compliance with applicable requirements of those specific programs in addition to Health Center Program look-alike designation. FQHC reimbursement can only be requested for services included within the organization's Health Center Program scope of project. The [Centers for Medicare & Medicaid Services \(CMS\)](#) oversees Medicare FQHC reimbursement and your state's Medicaid agency has a separate Medicaid enrollment process for FQHC reimbursement. More information about the 340B Drug Pricing Program is available at the [HRSA Office of Pharmacy Affairs webpage](#). Look-alikes, because they do not receive Health Center Program funding, are not eligible to apply for or receive Federal Tort Claims Act (FTCA) coverage under applicable laws.

Both Health Center Program award recipients and look-alikes provide a comprehensive system of care that is responsive to the primary health care needs of their service area and must continuously demonstrate compliance with all Health Center Program requirements.

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<sup>1</sup>To receive look-alike designation from HRSA and associated federal benefits, look-alikes must meet the Health Center Program requirements (Sections 1861(aa)(4)(B) and 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1395x(aa)(4)(B) and 42 U.S.C. 1396d(l)(2)(B)(iii)).

## 2. Initial Designation Application Requirements

Your application must:

- Document the need for primary health care services in your service area<sup>2</sup> and demonstrate the availability and accessibility of primary health care services to all individuals in the service area regardless of ability to pay.
- Demonstrate compliance with the Health Center Program requirements under Section 330 of the PHS Act as detailed in the [Health Center Program Compliance Manual](#) and corresponding regulations and policies. HRSA will conduct a pre-designation Operational Site Visit to assess compliance with Health Center Program requirements based on the [Site Visit Protocol](#). See the [Application Review](#) section of these instructions.
- Demonstrate collaborative and coordinated delivery systems for the provision of health care to the underserved.

HRSA may consider the extent to which an area may currently be served by the Health Center Program when deciding to designate a look-alike applicant. If your proposed look-alike service site is within five miles of a Health Center Program award recipient or look-alike site, or if your service area has a Health Center Program penetration level of the low-income population that is 75 percent or greater (per the [UDS Mapper](#)), and you do not sufficiently document both collaboration (e.g., letters of support from Health Center Program award recipients and look-alikes that serve a significant number of patients in the area) and unmet need within the service area, HRSA may not approve your look-alike site(s).

HRSA may also consider your service area boundaries, including how they conform to relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs. If your service area does not have relevant/rational boundaries, HRSA may not approve your look-alike site(s).

## 3. Health Center Population Types

Health Center Program look-alikes provide access to primary health care services for a specific population and/or community. Applicants may be designated to serve the general medically underserved population and/or special populations authorized under Section 330 of the PHS Act. The types of health centers authorized under Section 330 of the PHS Act are:

- Community Health Center (CHC – Section 330(e));
- Migrant Health Center (MHC – Section 330(g));
- Health Care for the Homeless (HCH – Section 330(h)); and
- Public Housing Primary Care (PHPC – Section 330(i)).

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<sup>2</sup> Applicants define their service area based on where current patient populations reside as documented by the zip codes listed on [Form 5B: Service Sites](#). Throughout this document, “your service area” refers to the service area you propose in this application, consistent with [Form 5B: Service Sites](#), [Attachment 1: Patient Origin and Utilization Information](#), and [Attachment 2: Service Area Map](#).

Specific legislative requirements for applicants requesting designation under each health center type are outlined below.

### **Community Health Center (CHC) Applicants**

- Ensure compliance with PHS Act Section 330(e) and program regulations, requirements, and policies.
- Ensure the availability and accessibility of required primary health care services to underserved populations in the service area.

### **Migrant Health Center (MHC) Applicants**

- Ensure compliance with PHS Act Section 330(g); and, as applicable, Section 330(e), program regulations, requirements, and policies.<sup>3</sup>
- Ensure the availability and accessibility of required primary health care services to migratory and seasonal agricultural workers and their families in the service area, which includes:
  - Migratory agricultural workers who are individuals whose principal employment is in agriculture, and who have been so employed within the last 24 months, and who establish for the purposes of such employment a temporary abode;
  - Seasonal agricultural workers who are individuals whose principal employment is in agriculture on a seasonal basis and who do not meet the definition of a migratory agricultural worker;
  - Individuals who are no longer employed in migratory or seasonal agriculture because of age or disability who are within such catchment area; and/or
  - Family members of the individuals described above.

**Note:** Agriculture refers to farming in all its branches, as defined by the North American Industry Classification System under codes 111, 112, 1151, and 1152 (48 CFR § 219.303).<sup>4</sup>

### **Health Care for the Homeless (HCH) Applicants**

- Ensure compliance with PHS Act Section 330(h); and, as applicable, Section 330(e), program regulations, requirements, and policies.
- Ensure the availability and accessibility of required primary health care services to individuals:
  - Who lack housing (without regard to whether the individual is a member of a family);

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<sup>3</sup> 42 CFR Part 56 only applies to look-alikes exclusively serving migratory and seasonal agricultural workers.

<sup>4</sup> For more information about the North American Industry Classification System, see <https://www.census.gov/eos/www/naics/index.html>.

- Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
- Who reside in transitional housing;
- Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations;<sup>5</sup> and/or
- Who are children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness.
- Provide substance use disorder services.

### Public Housing Primary Care (PHPC) Applicants

- Ensure compliance with PHS Act Section 330(i); and, as applicable, Section 330(e), program regulations, requirements, and policies.
- Ensure the availability and accessibility of required primary health care services to residents of public housing and individuals living in areas immediately accessible to such public housing.
  - *Public housing* includes public housing agency-developed, owned, or assisted low-income housing, including mixed finance projects. It does not include housing units with no public housing agency support other than Section 8 housing vouchers.
- Consult with residents of the public housing sites regarding the planning and administration of the program.

## II. Eligibility Information

Applicants must meet the following eligibility requirements **at the time of application**. See [Appendix A: Demonstrating Eligibility](#) for details about the required application components you must submit to demonstrate eligibility. Current Health Center Program award recipients are not eligible applicants.<sup>6</sup>

- 1) Your organization must be a domestic public or nonprofit private entity.<sup>6,7</sup> Domestic faith-based and community organizations, tribes, and tribal organizations are eligible to apply.
- 2) Your organization must not be owned, controlled, or operated by another entity.<sup>6,8</sup> Specifically, the organization applying for look-alike initial designation must:
  - Own and control the organization's assets and liabilities. The organization may not have a sole corporate member, and may not be a subsidiary of another organization.

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<sup>5</sup> See the [UDS Manual](#) for examples of shelter arrangements.

<sup>6</sup> Refer to Chapter 1: Health Center Program Eligibility of the [Health Center Program Compliance Manual](#).

<sup>7</sup> Only public agency health centers can have a co-applicant. A co-applicant is the established body that serves as the health center's governing board when the public agency cannot meet the Health Center Program governing board requirements directly (This subcategory of health centers is authorized under Section 330(r)(2)(A) of the PHS Act). However, this does not confer any grant rights to the co-applicant organization.

<sup>8</sup> Section 1905(l)(2)(B)(iii) of the Social Security Act, as amended.



- Operate the health center project. Your organization must employ a project director (PD)/chief executive officer (CEO) who carries out independent, day-to-day oversight of health center activities solely on behalf of the governing board. Additionally, the applicant is expected to perform a substantive role in the project and meet the program requirements. HRSA will not accept applications submitted on behalf of another organization.
- 3) Your organization must be operational and currently providing **all** required primary health care services.<sup>9</sup>
  - 4) You must currently provide comprehensive primary medical care as your main purpose, as documented on [Form 1A: General Information Worksheet](#) and [Form 5A: Services Provided](#).
  - 5) Your organization must be compliant with all Health Center Program requirements as detailed in the [Health Center Program Compliance Manual](#).
  - 6) You must provide access to primary health care services for all individuals in the service area and target population, regardless of ability to pay. In instances where a sub-population is targeted, you must ensure services are available and accessible to others who seek services at the proposed site(s).
  - 7) You must request initial designation for at least one permanent service delivery site<sup>10</sup> that provides comprehensive primary medical care as its main purpose and operates for a minimum of 40 hours per week (with the exception of projects serving only migratory and seasonal agricultural workers, for which you may have a full-time seasonal rather than permanent site). A permanent site is a fixed building location that operates year-round.
  - 8) Your look-alike service site(s) must be located in a building that does **not** include any current Health Center Program award recipient or look-alike sites.
  - 9) You must demonstrate that the applicant organization currently serves the population of a defined geographic area with unmet need that is federally designated, in whole or in part, as a Medically Underserved Area (MUA) or a Medically Underserved Population (MUP).<sup>11</sup>

**Note:** Applicants requesting look-alike designation only for special populations (MHC, HCH, and/or PHPC) are not required to have MUA/MUP designation. See [Health Center Population Types](#) above for definitions of MHC, HCH, and PHPC populations.

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<sup>9</sup> Refer to Chapter 1: Health Center Program Eligibility of the [Health Center Program Compliance Manual](#).

<sup>10</sup> See [Policy Information Notice 2008-01: Defining Scope of Project and Policy for Requesting Changes](#), which describes and defines the term “service sites.”

<sup>11</sup> Search for MUAs and MUPs at [MUA Find](#) and [Find Shortage Areas](#).

- 10) **Public Housing Primary Care applicants only:** You must demonstrate that you have consulted with public housing residents in the preparation of the ID application. You must also ensure ongoing consultation with public housing residents regarding the planning and administration of your health center.

### III. Application and Submission Information

Before you apply, you must first obtain a valid Dun and Bradstreet Universal Numbering System (DUNS) number for your organization, also known as the Unique Entity Identifier. You must also register with the System for Award Management (SAM) and HRSA EHBs. These are three separate systems:

- Dun and Bradstreet (<http://www.dnb.com/duns-number.html>)<sup>12</sup>
- System for Award Management (SAM) (<https://www.sam.gov/>)
- HRSA EHBs (<https://grants.hrsa.gov/webexternal/>)

In order to create and submit your application in HRSA EHBs, the Authorizing Official (AO) and other application preparers must first register in the system. To register, go to <https://grants.hrsa.gov/webexternal/> and click “Create an Account.” Registration is required once for each user, who then associates his/her username with the applicant organization.

Once you create your application, your AO must submit it in HRSA EHBs within 90 days. See the [HRSA EHBs Look-Alike Initial Designation User Guide](#) for more information about creating and submitting the application in HRSA EHBs.

#### Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

By submission of this application, you certify that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency. Failure to make required disclosures can result in any of the remedies described in [45 C.F.R. § 75.371](#), including suspension or debarment (see also 2 C.F.R. parts [180](#) and [376](#), and [31 U.S.C. § 3321](#)). If you are unable to attest to the statements in this certification, include an explanation in Attachment 19: Other Relevant Documents.

### IV. Application Components

You must submit your application in English. Your application must include the following required components:

- Project Abstract
- Project Narrative
- Attachments

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<sup>12</sup> In the future, the DUNS number will be replaced by the Unique Entity Identifier (UEI), which is requested in and assigned by SAM.gov. For more details, see [Planned UEI Updates in Grant Application Forms](#) and [General Service Administration's UEI Update](#).

- Program Specific Forms (samples are available at the [Look-alike ID webpage](#))
- Clinical and Financial Performance Measures

The total size of all uploaded files may not exceed the equivalent of 175 pages when printed by HRSA. The page limit includes the abstract, project and budget narrative, and attachments. Standard OMB-approved forms that are included in HRSA EHBs are not included in the page limit.

## 1. Project Abstract

The project abstract should be a single-spaced, one page summary of the application. Place the following at the top of the abstract:

- Project Title: Look-Alike Initial Designation
- Applicant organization name and address
- Webpage address (if applicable)
- Project Director name, phone number, and email address

Briefly summarize the following:

- 1) Brief history of the organization and community/population group(s) served;
- 2) Current number of providers, service delivery locations and when each site began providing comprehensive primary care services, services provided, and current and projected number of unduplicated patients.
- 3) Major health care needs and barriers to care in the service area and how the look-alike will address those needs and increase access to care.

## 2. Project Narrative

Provide a comprehensive description of all aspects of the proposed project. It should be succinct, self-explanatory, and **consistent with forms and attachments**.

The Project Narrative must:

- Address the Project Narrative items below, with the requested information appearing under the appropriate section header or in the designated forms and attachments.
- Reference the attachments and forms as needed.
- Reflect the entire scope of the project (services, providers, sites, service area zip codes, and patient population).
- Document that your health center<sup>13</sup> is **currently** providing all required primary health care services to residents within the service area.
- Demonstrate compliance with Health Center Program requirements, as detailed in the [Health Center Program Compliance Manual](#).

Use the following section headers for the narrative: Need, Response, Collaboration, Evaluative Measures, Resources/Capabilities, and Governance.

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<sup>13</sup> Throughout this document, “your health center” refers to the look-alike applicant.

## **NEED**

Information provided in the NEED section must:

- Demonstrate compliance with the Needs Assessment Health Center Program requirement described in Chapter 3 of the [Health Center Program Compliance Manual](#).
  - Serve as the basis for, and align with, the activities and goals described throughout the application.
  - Be used to inform and improve the delivery of your health center services.
- 1) Describe your service area (consistent with [Attachment 2: Service Area Map and Table](#), including):
    - a) The service area boundaries, including how they conform to relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs. If your service area is comprised of noncontiguous zip codes, explain why.
    - b) How you determined your service area based on where the current patients reside (e.g., include as Service Area Zip Codes on [Form 5B: Service Sites](#) those zip codes where at least 75 percent of the current patients reside, based on your current number of unduplicated patients indicated on [Form 1A: General Information Worksheet](#) and listed in [Attachment 1: Patient Origin and Utilization Information](#)).
    - c) The Medically Underserved Area and/or Medically Underserved Population that you serve (unless you are requesting look-alike designation only for special populations (MHC, HCH, and/or PHPC)).
    - d) The extent to which the service area is currently served by Health Center Program award recipients and look-alikes, including the health center locations and proximity to your service delivery site(s). Reference the Health Center Program penetration percentages on the table provided in [Attachment 2: Service Area Map and Table](#). If your service delivery site is within five miles of a Health Center Program award recipient or look-alike site, explain why additional health center services are necessary to meet unmet needs in the community.
    - e) The extent to which your target population is currently served by other primary health care providers (e.g., rural health clinics, critical access hospitals, private providers serving Medicaid patients) and the remaining unmet need.
  - 2) Describe your process for assessing the needs of the service area/target population, including:
    - a) How often you conduct or update the needs assessment.
    - b) How you use the results to inform and improve service delivery.
    - c) Citing current data for the service area and, if applicable, for each special population (MHC, HCH, PHPC), address the following:
      - Factors associated with access to care and health care utilization (e.g., geography, transportation, occupation, transience, unemployment, income level, educational attainment).

- Most significant causes of morbidity and mortality (e.g., diabetes, cancer, cardiovascular disease, low birth weight, substance use disorder), as well as any associated health disparities.
- Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (e.g., language barriers, food insecurity, housing insecurity, financial strain, lack of transportation, the physical environment, intimate partner violence, human trafficking).<sup>14</sup>

**Note:** *In your description of need for services in the service area, you must include data informed by or gathered through consultation with appropriate state and local government agencies (e.g., health department, state Medicaid agency, state Primary Care Office) and data informed by or gathered through consultation with other health care providers. In addition, the Service Area Needs Assessment Methodology (SANAM) and its accompanying Unmet Need Score (UNS) can help you quantify unmet need in your service area. See the UNS Workbook and related resources available at the [Look-alike ID webpage](#).*

## **RESPONSE**

Information provided in the RESPONSE section must:

- Respond to the needs identified in the NEED section, above.
- Demonstrate compliance with the Health Center Program requirements described in the following chapters of the [Health Center Program Compliance Manual](#):
  - Chapter 4: Required and Additional Services;
  - Chapter 6: Accessible Locations and Hours of Operation;
  - Chapter 7: Coverage for Medical Emergencies During and After Hours;
  - Chapter 8: Continuity of Care and Hospital Admitting; and
  - Chapter 9: Sliding Fee Discount Program.

- 1) Describe how you provide access to all required services<sup>15</sup> and any additional services<sup>16</sup> (consistent with [Form 5A: Services Provided](#)) to meet identified unmet needs, including:
  - a) The method of service provision, including whether services are provided directly ([Form 5A, Column I](#)), through contracts or agreements for which your health

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<sup>14</sup> Social determinants of health (SDOH) include factors like socioeconomic status, neighborhood and physical environment, social support networks, community violence, and intimate partner violence. SDOH affect a wide range of health, functioning, and quality-of-life outcomes and risks. Addressing SDOH, such as intimate partner violence, is a HRSA objective to improve health and well-being of individuals and the communities in which they reside.

<sup>15</sup> Refer to [Scope of Project](#), including the [Form 5A Service Descriptors](#) for details regarding health care services and the [Form 5A Column Descriptors](#) for information about service delivery methods.

<sup>16</sup> Additional services are not required. However, when offered as part of your proposed scope of project, they must be made available to all patients, and provided without regard to ability to pay and on a sliding fee discount schedule.

- center pays ([Form 5A, Column II](#)), or through formal written referral arrangements ([Form 5A, Column III](#)).<sup>17</sup>
- **If you are requesting HCH designation**, describe how you make substance use disorder services available to all patients (consistent with [Form 5A: Services Provided](#)).
  - You must demonstrate that contracts and/or formal written referral arrangements are in place for any services not provided directly by your health center in [Attachment 7: Contracts and Referral Arrangements](#).
  - If you provide a majority of primary health care services via contract, include the contract/agreement as an attachment to [Form 8: Health Center Agreements](#).
- b) How you document services provided through contractual agreements ([Form 5A, Column II](#)) in the patient’s record and how your health center pays for the services.
- c) How you manage services provided through referral arrangements ([Form 5A, Column III](#)), and the process for tracking and referring patients back to your health center for appropriate follow-up care.
- d) How your enabling services (e.g., case management, outreach, eligibility assistance, health education, transportation, translation) facilitate access to care, particularly to address the barriers to care identified in the NEED section and for any targeted special populations.
- f) How you provide access to all required services for the entire underserved population (all individuals and age groups) in the service area.
- e) Plans for future expansion of services if your organization is designated, as applicable.
- 2) Describe your service delivery site(s) and how you assure the availability and accessibility of services (consistent with [Forms 5A: Services Provided](#)) within the service area relative to where the target population lives and works (e.g., areas immediately accessible to public housing for applicants targeting residents of public housing). Specifically address:
- a) Site address(es) where services are being provided (consistent with [Form 5B: Service Sites](#) and [Attachment 2: Service Area Map and Table](#)). If you lease the site, summarize the lease agreement in [Attachment 7: Contracts and Referral Arrangements](#).
  - b) How patients have access to the full range of services. For applicants with more than one site, include the distance and duration for patients to travel to or between service sites if all services are not available at all sites.
  - c) How you minimize access barriers, including barriers related to the area’s physical characteristics, residential patterns, or economic and social groupings.

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<sup>17</sup> Because your look-alike must be independently operated and provide comprehensive primary medical care as your main purpose, General Primary Medical Care must be offered either directly by your health center (Column I) or via contracts in which your health center pays for the service (Column II). General Primary Medical Care cannot be provided solely by formal written referral arrangements (Column III).

- d) How the following factors facilitate access: location, total number and site type (e.g., fixed site, mobile unit, school-based clinic), hours of operation, and number of exam rooms. Attach floor plans for all sites as [Attachment 16](#).
  - e) If your service delivery sites are distant from each other, explain how this supports your patient population and organizational viability.
- 3) Describe how you address continuity of care, including:
- a) Hospital admitting privileges.
  - b) Receipt, follow-up, and recording of medical information from other providers/entities.
  - c) Follow-up for patients who are hospitalized or visit a hospital's emergency department.
- 4) Describe the following aspects of your board-approved sliding fee discount program (SFDP) policies:
- a) How they apply uniformly to all patients.
  - b) Definitions of income and family size.
  - c) Methods for assessing all patients for sliding fee discount eligibility based only on income and family size.
  - d) How the structure of the sliding fee discount schedule(s) (SFDS) ensures that patient charges are adjusted based on the ability to pay (consistent with [Attachment 14: Sliding Fee Discount Schedule](#)).
  - e) If you have a nominal charge for patients with income at or below 100 percent of the Federal Poverty Guidelines (FPG),<sup>18</sup> describe how the nominal charge: (1) is flat, (2) is set at a level that is nominal from the perspective of the patient, and (3) does not reflect the actual cost of the service being provided. Indicate as not applicable if you do not have a nominal charge.
- 5) Describe how you promptly respond to patient medical emergencies during and after regularly scheduled hours, including:
- a) How you ensure that at least one staff member certified in basic life support skills is present at each service delivery site (consistent with Form 5B: Service Sites).
  - b) How you ensure after-hours coverage that:
    - Is provided via telephone or face-to-face by an individual with the qualifications and training necessary to exercise professional judgement in assessing the need for emergency care.
    - Includes the ability to refer patients either to a licensed independent practitioner for further consultation or to locations, such as emergency rooms or urgent care facilities, for further assessment or immediate care, as needed.
  - c) How you inform patients of after-hours coverage, including those with limited English proficiency (i.e., languages(s), literacy levels, and formats of information).
- 6) Indicate the unduplicated number of current patients that you serve, as documented on [Form 1A: General Information Worksheet](#) and [Attachment 1: Patient Origin and](#)

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<sup>18</sup> FPG are available at available at <https://aspe.hhs.gov/poverty-guidelines>.

[Utilization Information](#) and describe how you determined the projected number of patients to be served by the end of the designation period.

- 7) Describe how you use or plan to use telehealth<sup>19</sup> to:
  - a) Provide in-scope services<sup>20</sup> (list all services that are provided via telehealth).
  - b) Communicate with providers and staff at other clinical locations.
  - c) Receive or perform clinical consultations.
  - d) Send and receive health care information from mobile devices to remotely monitor patients.<sup>21</sup>

## **COLLABORATION**

Information in the COLLABORATION section must:

- Demonstrate compliance with the Collaborative Relationships Health Center Program requirement described in [Chapter 14](#) of the [Health Center Program Compliance Manual](#).
  - Be supported by documents provided in [Attachment 15: Collaboration Documentation](#).
- 1) Describe your efforts to coordinate and integrate activities with other providers and programs in the service area (consistent with in [Attachment 2: Service Area Map and Table](#)), including local hospitals, specialty providers, home visiting programs and state and local tuberculosis programs, and those that serve targeted special populations, to support:
    - a) Continuity of care across community providers.
    - b) Access to other health or community services that impact the patient population.
    - c) A reduction in non-urgent use of hospital emergency departments.
  - 2) Describe how you ensure that primary care services complement other health services in the community, particularly services provided by critical access hospitals, rural health clinics, and other nearby Health Center Program service delivery site(s).
  - 3) Provide documentation of current and proposed collaborations through letters of support, commitment, and/or investment that reference the specific collaboration and/or coordinated activities in support of the proposed look-alike in [Attachment 15: Collaboration Documentation](#). Also provide a copy of the template used to request documentation of collaboration (e.g., letters of support). The template must reference both the project for which you are seeking look-alike designation as well

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<sup>19</sup> Telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

<sup>20</sup> For information about telehealth and health center scope of project, see Program Assistance Letter (PAL) 2020-01 at <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/telehealth-pal.pdf>.

<sup>21</sup> For more information, see <http://www.telehealthtechnology.org/toolkits/mhealth>.



as any proposed future expansion post-designation. If you do not provide documentation of collaboration with one or more of the service area entities below:

- a) Describe your plans to establish and maintain a working relationship with each provider/organization that did not provide a letter of support.
- b) Explain why you could not obtain such documentation and provide evidence of your request to collaborate in [Attachment 15: Collaboration Documentation](#).

In particular, document collaboration<sup>22</sup> with primary health care and other providers serving similar patient populations in the service area (consistent with [Attachment 2: Service Area Map and Table](#)), including at a minimum:

- a) Health Center Program award recipients and look-alikes.
- b) Health departments.
- c) Local hospitals, including critical access hospitals.
- d) Rural health clinics.
- e) Other primary care providers (e.g., clinics supported by the Indian Health Service).
- f) Community organizations (e.g., social service organizations, schools, homeless shelters, veterans service organizations), as applicable.

Indicate as not applicable any of the above providers/organizations that do not have locations in the service area.

## ***EVALUATIVE MEASURES***

Information provided in the EVALUATIVE MEASURES section must demonstrate compliance with the Health Center Program requirements described in the following chapters of the [Health Center Program Compliance Manual](#):

- Chapter 10: Quality Improvement/Assurance; and
- Chapter 18: Program Monitoring and Data Reporting Systems.

- 1) Describe how your Quality Improvement/Assurance (QI/QA) program addresses:
  - a) Adherence to current clinical guidelines and standards of care in the provision of services.
  - b) Identification and analysis of patient safety and adverse events, including implementation of follow-up actions, as necessary.
  - c) Assessment of patient satisfaction, including hearing and resolving patient grievances.
  - d) Quarterly QI/QA assessments using data from patient records to inform modifications to the provision of services.
  - e) QI/QA reports to support oversight and decision-making regarding the provision of services by key management staff and the governing board.
  - f) Responsibilities of the individual designated to oversee the QI/QA program.

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<sup>22</sup> If your service delivery site is within five miles of another Health Center Program award recipient or look-alike site, or if your service area has a Health Center Program penetration level of the low-income population that is 75 percent or greater, and you do not sufficiently document both collaboration and unmet need within the service area, HRSA may not approve your ID application.

- 2) Describe how your electronic health record (EHR) system will:
  - a) Protect the confidentiality of patient information and safeguard it, consistent with federal and state requirements.
  - b) Facilitate performance monitoring and improvement of patient outcomes.
  - c) Track social risk factors that impact patient and population health.
- 3) On the Clinical and Financial Performance Measures forms only (see instructions under [Program Specific Forms](#)), establish realistic goals that are responsive to clinical and financial performance.<sup>23</sup>

### **RESOURCES/CAPABILITIES**

Information in the RESOURCES/CAPABILITIES section must demonstrate compliance with the Health Center Program requirements described in the following chapters of the [Health Center Program Compliance Manual](#):

- Chapter 1: Health Center Program Eligibility
- Chapter 5: Clinical Staffing
- Chapter 11: Key Management Staff
- Chapter 12: Contracts and Subawards
- Chapter 13: Conflict of Interest
- Chapter 15: Financial Management and Accounting Systems
- Chapter 16: Billing and Collections

- 1) Describe how your organizational structure is appropriate to implement the look-alike scope of project (consistent with [Attachments 4: Bylaws](#), [8: Articles of Incorporation](#), and [11: Organizational Chart](#), and, as applicable, [Attachment 6: Co-Applicant Agreement](#)). Specifically address:
  - a) Whether your health center is part of a parent, affiliate, or subsidiary organization, and how you ensure that the health center is independently owned, controlled, and operated (consistent with [Form 8: Health Center Agreements](#)).
  - b) How you maintain appropriate oversight and authority over all contracts for services, sites, and substantive programmatic work (consistent with Forms [5A: Services Provided](#), [5B: Service Sites](#), and [8: Health Center Agreements](#), and [Attachment 7: Contracts and Referral Arrangements](#)).<sup>24</sup>
  - c) How you ensure control over your health center's assets and liabilities (consistent with [Attachment 10: Financial Statements](#)).
  - d) How the Project Director (PD)/Chief Executive Officer (CEO) carries out independent, day-to-day oversight of health center activities solely on behalf of the governing board and is directly employed by your health center.<sup>25</sup>

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<sup>23</sup> Health Center Program [Quality Improvement Initiatives](#) support access to comprehensive, patient-centered health care and enhanced clinical outcomes.

<sup>24</sup> Upon designation, your organization will be the legal entity held accountable for carrying out the approved Health Center Program scope of project, including any activities carried out by contractors.

<sup>25</sup> The PD/CEO must be a direct employee of your health center. See Chapter 11: Key Management Staff of the [Health Center Program Compliance Manual](#).

- 2) Describe the following related to your staffing plan (consistent with [Form 2: Staffing Profile](#)) and credentialing and privileging procedures:
  - a) How you ensure that clinical staff, contracts, and/or formal written referral arrangements with other providers/organizations will carry out all required and additional services (consistent with [Form 5A: Services Provided](#)).
  - b) How you considered size, demographics, and health care needs of the service area/patient population when determining the number and mix of clinical support staff.
  - c) How you maintain documentation of licensure, credentialing verification, and applicable privileges for clinical staff (e.g., employees, individual contractors, volunteers), including who has approval authority for credentialing and privileging of clinical staff.

**Note:** Indicate contracted providers on [Form 2: Staffing Profile](#) and in [Attachment 7: Contracts and Referral Arrangements](#).

- 3) Describe your management team (e.g., PD/CEO, clinical director (CD), chief financial officer (CFO), chief information officer (CIO), chief operating officer (COO)), consistent with [Attachment 12: Position Descriptions for Key Personnel](#) and [Attachment 13: Biographical Sketches for Key Personnel](#), including:
  - a) How the makeup and distribution of functions among key management staff, along with their qualifications, supports the operation and oversight of your health center, consistent with your proposed scope and organizational complexity.
  - b) Responsibilities of the CEO for reporting to the governing board and overseeing other key management staff in carrying out the day-to-day activities of your health center. If the CEO is part time, discuss how this is sufficient to support oversight of your health center.
- 4) As documented in [Attachment 10: Financial Statements](#), describe how your financial accounting and internal control systems ensure:
  - a) Effective control over, and accountability for, all funds, property, and other assets associated with your health center.
  - b) The capacity to track the financial performance of the organization, including identification of trends or conditions that may warrant action to maintain financial stability.
  - c) That the proposed scope of project for the look-alike designation is maintained as separate and distinct from any other lines of business, if applicable.
- 5) Describe how you conduct billing and collections, including:
  - a) How board-approved policies and operating procedures include specific circumstances for when you will waive or reduce fees or payments required due to a patient's inability to pay.
  - b) Participating in Medicare, Medicaid, Children's Health Insurance Program (CHIP), and, as appropriate, other public and private assistance programs or insurance, as applicable (consistent with [Form 3: Income Analysis](#)).

- 6) Describe provisions that are in place to prohibit real or apparent conflict of interest by board members, employees, consultants, and others in the procurement of supplies, property, equipment, and services.
- 7) Describe your current capability and/or plans for maintaining continuity of services and responding to urgent primary health care needs during disasters and emergent or established public health and other emergencies, including:<sup>26</sup>
  - a) Response and recovery plans.
  - b) Backup systems to facilitate communications.
  - c) Patient records access.
  - d) Integration into state and local preparedness plans.
  - e) Provision of status updates to HRSA-supported Primary Care Associations, as applicable.

## **GOVERNANCE**

Information in the GOVERNANCE section must demonstrate compliance with the Health Center Program requirements described in the following chapters of the [Health Center Program Compliance Manual](#):

- Chapter 19: Board Authority
- Chapter 20: Board Composition

**Items 1-4 below are not applicable to look-alike initial designation applicants operated by Indian tribes or tribal, Indian, or urban Indian organizations.**

- 1) Describe where in [Attachment 4: Bylaws](#) you document meeting the following board composition requirements (consistent with compliance demonstrated on [Form 6A: Current Board Member Characteristics](#)):
  - a) Board size is at least 9 and no more than 25 members, with either a specific number or range of board members prescribed.<sup>27</sup>
  - b) At least 51 percent of voting board members are patients<sup>28</sup> served by your health center.<sup>29</sup>
  - c) Patient members of the board, as a group, represent the individuals served by your health center in terms of demographic factors (e.g., gender, race, ethnicity).

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<sup>26</sup> Consistent with the Center for Medicare & Medicaid Services (CMS) national emergency preparedness requirements. See details at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>.

<sup>27</sup> For the purposes of the Health Center Program, the term 'board member' refers only to voting members of the board.

<sup>28</sup> For the purposes of board composition, a patient is an individual who has received at least one service in the past 24 months that generated a health center visit, where both the service and the site where the patient received service are within the proposed scope of project.

<sup>29</sup> If you are targeting only [special populations](#) (MHC, HCH, and/or PHPC), you may request a waiver of the 51 percent patient majority board composition requirement by showing good cause on [Form 6B: Request for Waiver of Board Member Requirement](#) (as applicable). A waiver of the 51 percent patient majority governance requirement is not available for applicants requesting CHC designation.

- d) Non-patient members are representative of the community served by your health center or the health center's service area.
- e) Non-patient members are selected to provide relevant expertise and skills (e.g., community affairs, local government, finance and banking, legal affairs, trade unions and other commercial and industrial concerns, social services).
- f) No more than one-half of non-patient board members earn more than 10 percent of their annual income from the health care industry.
- g) Health center employees and immediate family members of employees may not be health center board members.<sup>30</sup>

**Note:** Document current board members on [Form 6A: Current Board Member Characteristics](#), including least one member from/for **each special population** for which you are requesting designation.<sup>31</sup>

- 2) Describe where in [Attachment 4: Bylaws](#) and, if applicable, [Attachment 6: Co-Applicant Agreement](#) you document meeting the following board authority requirements:
  - a) Holding monthly meetings.
  - b) Approving the selection (and dismissal or termination) of the Project Director/CEO.
  - c) Approving the annual Health Center Program budget and applications.
  - d) Approving sites, hours of operation, and services.
  - e) Evaluating the performance of your health center.
  - f) Establishing or adopting policy related to the operations of your health center.
  - g) Assuring your health center operates in compliance with applicable federal, state, and local laws and regulations.
  
- 3) Describe how your governing board maintains authority and oversight over the Health Center Program project, as outlined in Attachments [4: Bylaws](#), [6: Co-Applicant Agreement](#), [8: Articles of Incorporation](#), [11: Organizational Chart](#), and recorded in board minutes and other relevant documents. Specifically address the following:
  - a) No individual, entity, or committee (including, but not limited to, an executive committee authorized by the board) reserves or has approval/veto power over the board with regard to the required authorities and functions.
  - b) Collaboration or agreements with other entities do not restrict or infringe upon the board's required authorities and functions (consistent with [Form 8: Health Center Agreements](#), as applicable).
  - c) When the board last performed the following functions:
    - Conducting and approving the evaluation of the Project Director/CEO.

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<sup>30</sup> In the case of public agencies with [co-applicant](#) boards, this includes employees or immediate family members of either the co-applicant organization or the public agency in which your health center project is located (e.g., employees within the same department, division, or agency).

<sup>31</sup> The member must be able to clearly communicate the special population's needs/concerns (e.g., migratory and seasonal agricultural workers advocate, former or current homeless individual, current resident of public housing).

- Approving the annual budget.
  - Monitoring the financial status of your health center, including reviewing the results of the annual audit, and taking appropriate follow-up actions.
  - Conducting long-range/strategic planning.
  - Evaluating the performance of your health center.
- d) **Applicants requesting PHPC designation:** How the service delivery plan was developed in consultation with residents of the targeted public housing and residents of public housing will be involved in administration of the health center.

4) **PUBLIC AGENCY APPLICANTS WITH A CO-APPLICANT BOARD ONLY:**<sup>32</sup>

Describe the public agency's relationship with the co-applicant board, including:

- a) Brief history of the partnership.
- b) How the co-applicant board maintains specific responsibility for oversight of the proposed look-alike scope of project.
- c) How you collaborate in carrying out the proposed scope of project.
- d) How [Attachment 6: Co-Applicant Agreement](#) delegates the required authorities and functions to the co-applicant board and delineates the respective roles and responsibilities of the public agency and the co-applicant in carrying out the project.

5) **INDIAN TRIBES OR TRIBAL, INDIAN, OR URBAN INDIAN APPLICANTS ONLY:**

Describe your organization's governance structure, operation, and process for assuring adequate:

- a) Input from the community/target population on health center priorities.
- b) Fiscal and programmatic oversight of the Health Center Program project.

### 3. Attachments

Provide the following attachments in the order specified below. Where applicable, the attachments should demonstrate compliance with Health Center Program requirements, as detailed in the [Health Center Program Compliance Manual](#).

Label each attachment according to the number provided (e.g., Attachment 4: Bylaws). Merge similar documents (e.g., letters of support) into a single file. Provide a table of contents for attachments with multiple components.

#### **Attachment 1: Patient Origin and Utilization Information**

Upload a patient origin report, listing all the zip codes in which current patients reside and the number of patients from each zip code, starting with the zip code with the greatest number of patients served (see sample table below). Your service area should

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<sup>32</sup> For public agency applicants with a co-applicant board, the public agency may establish and retain the authority to adopt and approve policies that support financial management and accounting systems and personnel policies. Only public agency applicants may establish a separate co-applicant health center governing board to meet all Health Center Program requirements. Refer to [Chapter 19: Board Authority](#) of the [Health Center Program Compliance Manual](#).

be comprised of the zip codes where at least 75 percent of the current patients reside. This list of zip codes should be consistent with the zip codes entered on [Form 5B: Service Sites](#) and shown on [Attachment 2: Service Area Map and Table](#). The total number of patients should be consistent with the current number of unduplicated patients indicated on [Form 1A: General Information Worksheet](#).

**Table 1: Sample Patient Origin Report**

	Zip Code	Number of Patients	Percent of Total
<b>Service Area Zip Codes (at least 75%)</b>	00005	806	40%
	00004	499	25%
	00001	293	15%
	00008	202	10%
<b>Zip Codes for Other Patients Served</b>	00002	65	3%
	00007	20	1%
	Other	67	3%
	Unknown	58	3%
<b>TOTAL</b>		2,010	100%

### Attachment 2: Service Area Map and Table

Create a map of the service area using the [UDS Mapper](#). For a tutorial, see [Specific Use Cases: Create a Service Area Map and Data Table](#). Upload the map, indicating:

- Your service site(s) listed on [Form 5B: Service Sites](#).
- Service area zip codes (consistent with patient origin report in [Attachment 1](#)).
- Medically underserved area (MUA) and/or population (MUP).<sup>33</sup>
- Health Center Program award recipients and look-alikes.
- Other health providers serving the zip codes, as described in the [COLLABORATION](#) section of the Project Narrative.

**Include the corresponding table** created by the [UDS Mapper](#) that lists:

- Each zip code tabulation area (ZCTA) in the service area.
- The number of Health Center Program award recipients and look-alikes serving each ZCTA.
- The dominant award recipient serving each ZCTA.
- Total population and low-income population for each ZCTA.
- Total Health Center Program patients.
- Low-income population and total population Health Center Program penetration levels for each ZCTA and for the overall service area.

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<sup>33</sup> Serving a designated MUA or MUP is a requirement for applicants requesting look-alike designation to serve the general medically underserved population (CHC). See [Eligibility Information](#).

### **Attachment 3: Medicare and Medicaid Documentation**

Upload documentation from CMS and your State Medicaid agency demonstrating that your organization is an approved primary care Medicare and Medicaid provider.

### **Attachment 4: Bylaws**

Upload (in its entirety) your most recent bylaws. Bylaws must be signed and dated, indicating review and approval by your governing board. Additionally, bylaws must demonstrate compliance with Health Center Program governance requirements as detailed in Chapters [19: Board Authority](#) and [20: Board Composition](#) of the [Health Center Program Compliance Manual](#). Public centers that have a co-applicant must submit the co-applicant governing board bylaws. See the [GOVERNANCE](#) section of the Project Narrative for more details.

### **Attachment 5: Governing Board Meeting Minutes**

Upload the most current six months of consecutive governing board meeting minutes that demonstrate how the board exercises its authority over health center operations in compliance with Health Center Program requirements, including evidence of board oversight and decision making. The board meeting minutes must be signed and dated, indicate the board's involvement in the development and approval of the look-alike application, and adequately capture board proceedings, including recording discussions, actions, and decisions made by the board. See [Chapter 19: Board Authority](#) of the [Health Center Program Compliance Manual](#). Indian tribes or tribal, Indian, or urban Indian applicants are not required to submit board meeting minutes.

### **Attachment 6: Co-Applicant Agreement for Public Agencies**

If you are a public agency and your board cannot directly meet all Health Center Program governance requirements, you must establish a separate co-applicant health center governing board that meets the requirements. Public agency applicants that have a co-applicant board must submit the entire formal co-applicant agreement that:

- Is signed by both the co-applicant governing board and the public agency.
- Delegates the required authorities and functions to the co-applicant board.
- Delineates the roles and responsibilities of the public agency and the co-applicant in carrying out the Health Center Program project.

**Note:** Public agencies must comply with all applicable governance requirements and regulations. See the [Health Center Program Compliance Manual](#), Chapters 19 and 20.

### **Attachment 7: Contracts and Referral Arrangements**

Upload two summaries, as described below. Do not include contracts for the acquisition of supplies, material, equipment, or general support services (e.g., janitorial services).

- 1) A summary of all patient service-related contracts and referral arrangements, consistent with [Form 5A: Services Provided](#), Columns II and III, respectively. If you do not have formal agreements with another entity, clearly indicate this in the



narrative. Refer to the [Scope of Project](#) policy documents, including the [Column Descriptors for Form 5A: Services Provided](#), for the requirements for providing services via formal written contract/agreement and formal written referral arrangement. The summary must address the following items for each contract or agreement:

- a) Name of each contractor or referral organization (e.g., provider).
  - b) Type of agreement (e.g., contract, referral arrangement).
  - c) Brief description of the type of services provided, how and where services will be provided, and the timeframe for the agreement.
  - d) How services will be provided in compliance with [Sliding Fee Discount Program](#) requirements.
- 2) A summary of other agreements (e.g., property lease, affiliation agreements, contracts for management and other services not included on [Form 5A: Services Provided](#)), including:
- a) Name of each affiliated agency or contractor.
  - b) Brief description of each agreement, including the type of services to be provided, how and where services will be provided, and the timeframe.

**Note:** *HRSA may request that you submit contract(s) and/or written referral arrangement(s) during the preliminary eligibility review. Additionally, all contract, referral, and affiliation agreements must be available for review during the compliance review (see the [Application Review](#) section).*

### **Attachment 8: Articles of Incorporation**

Upload your Articles of Incorporation, including the official signatory page and state seal or stamp of acceptance. A public agency with a co-applicant should upload the co-applicant's Articles of Incorporation, if incorporated.

### **Attachment 9: Evidence of Nonprofit or Public Agency Status**

A private, nonprofit organization must submit one of the following as evidence of nonprofit status:

- A copy of a currently valid Internal Revenue Service (IRS) tax exemption letter/certificate.
- A statement from a state taxing body, state attorney general, or other appropriate state official certifying that your organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of your organization's certificate of incorporation or similar document (e.g., articles of incorporation) showing the state or tribal seal that clearly establishes nonprofit status.
- Any of the above proof for a state or national parent organization, and a statement signed by the parent organization that your organization is a local nonprofit affiliate.

A public agency must provide documentation demonstrating that the organization qualifies as a public agency (e.g., state or local health department) by submitting one of the following:

- A current dated letter affirming the organization's status as a state, territorial, county, city, or municipal government; a health department organized at the state, territory, county, city or municipal level; or a subdivision or municipality of a United States (U.S.) affiliated sovereign State (e.g., Republic of Palau).
- A copy of the law that created the organization and that grants one or more sovereign powers (e.g., the power to tax, eminent domain, police power) to the organization (e.g., a public hospital district).
- A ruling from the State Attorney General affirming the legal status of an entity as either a political subdivision or instrumentality of the State (e.g., a public university).
- A "letter ruling" which provides a positive written determination by the IRS of the organization's exempt status as an instrumentality under Internal Revenue Code Section 115.

Tribal or Urban Indian Organizations, as defined under the Indian Self-Determination Act or the Indian Health Care Improvement Act, must provide documentation of such status or reference designation in the Federally Recognized Indian Tribe List maintained by the Bureau of Indian Affairs.

#### **Attachment 10: Financial Statements**

Upload the most recent six consecutive months of financial statements, showing each month's revenue/expense statement and balance sheet.

#### **Attachment 11: Organizational Chart**

Upload an organizational chart demonstrating that the governing board retains ultimate authority and leadership of your health center. Include:

- Lines of authority, including the governing board.
- Key employee position titles, names, and full-time equivalents (FTEs) of each individual.

Public agencies with co-applicant arrangements must document the relationship between the co-applicant and the public agency and the lines of authority for your health center.

#### **Attachment 12: Position Descriptions for Key Personnel**

Upload current position descriptions for key management staff (e.g., PD/CEO, CD, CFO, CIO, COO). Indicate if key management positions are combined and/or part time.

Include training and experience qualifications, duties, and functions. The PD/CEO position description must address:<sup>34</sup>

- Direct employment by your health center.
- Reporting directly to the health center's governing board.
- Oversight of other key management staff in the day-to-day activities necessary to carry out the project.

### **Attachment 13: Biographical Sketches for Key Personnel**

Upload current biographical sketches for key management staff (e.g., PD/CEO, CD, CFO, CIO, COO), consistent with [Form 2: Staffing Profile](#). Biographical sketches should not exceed **two pages** each. Biographical sketches must include qualifications, training, language fluency, and experience working with the diverse populations served, as applicable.

### **Attachment 14: Sliding Fee Discount Schedule**

Upload the current sliding fee discount schedule(s) (SFDS) for services provided directly (consistent with [Form 5A: Services Provided](#), Column I). The SFDS must be consistent with the policy (as described in the [RESPONSE](#) section of the Project Narrative), align with the most recent [FPG](#), and provide discounts as follows:

- A full discount for individuals and families with annual incomes at or below 100 percent of the current FPG, unless you elect to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100 percent of the FPG.
- Partial discounts for individuals and families with incomes above 100 percent of the current FPG and at or below 200 percent of the current FPG – those discounts adjust based on gradations in income levels and include at least three discount pay classes.
- No discounts provided to individuals and families with annual incomes above 200 percent of the current FPG.

For details, see Chapter 9: Sliding Fee Discount Program of the [Health Center Program Compliance Manual](#).

### **Attachment 15: Collaboration Documentation**

Upload the template used to request documentation of collaboration. Additionally, upload current, dated letters of support and other documentation that provide evidence of collaboration or commitment, including evidence of your request to Health Center Program award recipients and look-alikes in the area that did not provide a letter of support. See the [COLLABORATION](#) section of the Project Narrative for details on

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<sup>34</sup> For more information, see Chapter 11: Key Management Staff of the [Health Center Program Compliance Manual](#).

required documentation. Letters of support should be addressed to your board, CEO, or other appropriate key management staff member.

### **Attachment 16: Floor Plans**

For all service sites listed on [Form 5B](#), upload floor plans that show exam rooms and waiting area(s). Indicate the area of the building to be used (e.g., suites, floors) and the address.

### **Attachment 17: Budget Narrative**

Budget documents and forms must demonstrate compliance with the Budget Health Center Program requirement described in Chapter 17 of the [Health Center Program Compliance Manual](#). Upload a detailed budget narrative for the first year of the look-alike designation period. The budget narrative should be consistent with [Form 3A: Look-Alike Budget Information](#), [Form 3: Income Analysis](#), and [Form 2: Staffing Profile](#). Reference the forms as needed. Include revenues and expenses for the entire look-alike scope of project. Present the budget in line-item format with accompanying narrative justification that explains how each line item expense is derived (e.g., number of visits, cost per unit). If using Excel or other spreadsheet documents, do not use multiple sheets (tabs), as they may not print out in their entirety.

### **Attachment 18: Health Center Program Requirements Compliance**

Upload a table that specifically indicates where within the application you have addressed compliance with the following [Health Center Program requirements](#). Base your self-assessment of compliance on the [Health Center Program Compliance Manual](#) and [Site Visit Protocol](#).

- Needs Assessment
- Required and Additional Health Services
- Clinical Staffing
- Accessible Locations and Hours of Operation
- Coverage for Medical Emergencies During and After Hours
- Continuity of Care and Hospital Admitting
- Sliding Fee Discount Program
- Quality Improvement/Assurance
- Key Management Staff
- Contracts and Subawards
- Conflict of Interest
- Collaborative Relationships
- Financial Management and Accounting Systems
- Billing and Collections
- Budget
- Program Monitoring and Data Reporting Systems
- Board Authority
- Board Composition

#### 4. Program Specific Forms

You must complete the program specific forms directly in HRSA EHBs. All of the following forms are required, with the exceptions of [Form 5C: Other Activities/Locations](#) and [Form 6B: Waiver of Board Member Requirement](#). Where applicable, the forms should demonstrate compliance with Health Center Program requirements, as detailed in the [Health Center Program Compliance Manual](#). Data provided in the forms must be consistent with information provided in the Project Narrative and other parts of the application.

Refer to the [Look-alike ID webpage](#) for samples of program specific forms. See the [HRSA EHBs Look-Alike Initial Designation User Guide](#) for assistance completing the forms in HRSA EHBs.

#### Cover Page

This form collects required look-alike applicant information. You may apply for look-alike initial designation to serve the general medically underserved population and/or a special population authorized under Section 330 of the PHS Act. The types of health centers authorized under Section 330 of the PHS Act are:

- Community Health Center (CHC) – serving the general medically underserved population;
- Migrant Health Center (MHC) – serving migratory and seasonal agricultural workers and their families;
- Health Care for the Homeless (HCH) – serving individuals experiencing homelessness; and
- Public Housing Primary Care (PHPC) – serving residents of public housing and individuals living in areas immediately accessible to public housing.

Select one or more target population type(s) for which you are requesting designation. The [Health Center Program Requirements](#) section of these instructions outlines legislative requirements for applicants requesting designation under each health center type.

Provide a point of contact for the application and indicate your Authorizing Official (AO). The AO is responsible for submitting your application and will receive communications through HRSA EHBs regarding the application review. The AO will receive notification of designation or disapproval via HRSA EHBs.

#### Form 1A: General Information Worksheet

This form provides information related to your health center's current operations, service area, and patient and visit projections.

##### 1. APPLICANT INFORMATION

- Applicant name and type is pre-populated from the Cover Page that you complete when creating the application.
- Select your health center's fiscal year end date to note the month and day in which your health center's fiscal year ends (e.g., June 30).

- Select one option in the Business Entity section. An applicant that is a Tribal or Urban Indian entity and also meets the definition for a public or nonprofit entity should select the Tribal or Urban Indian category.
- Select your Organization Type.

## 2. SERVICE AREA

### 2a. Service Area Designation

- If requesting designation for Community Health Centers (CHC), you must serve patients that reside in a Medically Underserved Area (MUA) and/or are part of a Medically Underserved Population (MUP). If you are requesting designation for special populations only (e.g., MHC, HCH, and/or PHPC), this is not required.
- Select the MUA and/or MUP designation(s) for the service area and enter the identification number(s).
- To find out if all or part of your service area is located in a designated MUA or MUP, see [MUA Find](#) and [Find Shortage Areas](#).
- For more information, see the [Shortage Designation webpage](#) or contact the Shortage Designation Branch at [sdb@hrsa.gov](mailto:sdb@hrsa.gov).

### 2b. Service Area Type

Select the type (urban or rural) that describes the majority of the service area. If you select Rural, you may further choose Sparsely Populated, if applicable, and provide the number of people per square mile (value must range from 0.01 to 7). For information about rural populations, see the [Federal Office of Rural Health Policy's webpage](#).

### 2c. Patients and Visits

When providing the count of patients and visits on this form, note the following guidelines. See the [UDS Manual](#) for detailed information:

- A visit is a documented, individual,<sup>35</sup> face-to-face or virtual<sup>36</sup> contact between a patient and a licensed or credentialed provider who exercises independent, professional judgment in providing services. To be included as a visit, services must be paid for by your organization ([Form 5A: Services Provided](#), Columns I and/or II) and documented in a written or electronic form in a system that permits ready retrieval of current data for the patient.
- A patient is an individual who had at least one visit in the reporting year (for the current number of patients) or who is projected to have at least one visit in the calendar year ending the three-year project period (for the projected number of patients).
- Since a patient must have at least one documented visit, the number of patients cannot exceed the number of visits.

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<sup>35</sup> An exception is allowed for behavioral health visits, which may be conducted in a group setting.

<sup>36</sup> Only interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a distant provider and a patient may be considered and coded as telehealth services.

- If you have more than one service site, report aggregate data for all service sites in the proposed project.
- Report the current number of patients and visits based on services your health center is currently providing in the service area within the proposed scope of project.
- To maintain consistency with the patients and visits reported in UDS, do not include patients and visits for pharmacy services or services outside the proposed look-alike scope of project.

***Unduplicated Patients and Visits by Population Type:***

- Project the number of unduplicated patients to be served in the last year of the three-year designation period in response to the question, “How many unduplicated patients do you project to serve in the last year of the three-year designation period?”
- **Across all population type categories, an individual can only be counted once as a patient.**
- Provide the number of current unduplicated patients and visits for each population type category in the Current Number columns. The total number of current unduplicated patients seen at your health center must be consistent with [Attachment 1: Patient Origin and Utilization Information](#). HRSA will use the number of current unduplicated patients to determine compliance with the eligibility requirement that your health center must be operational and serving patients.
- The total number of unduplicated patients projected to be served in the last year of the designation period will pre-populate from the question above. Project the corresponding annual number of visits. Then categorize these projected numbers for each population type category.

***Note:*** *The population types in this table do not refer only to the requested designation categories (i.e., CHC, MHC, HCH, and/or PHPC). If requesting designation for only CHC, you may still have patients/visits listed in the other population type categories. All patients/visits that do not fall within the Migratory and Seasonal Agricultural Workers, Public Housing Residents, or People Experiencing Homelessness categories must be included in the General Underserved Community category.*

***Patients and Visits by Service Type:***

- Provide the number of current patients and visits within each service type category in the Current Number columns. A patient who receives multiple types of services should be counted once for each service type (e.g., an individual who receives both medical and dental services should be counted once for medical and once for dental). If you are requesting HCH designation, the number of current and projected substance use disorder patients cannot be zero.
- Project the number of patients and visits anticipated within each service type category to be served in the last year of the three-year designation period.

- Because look-alikes must deliver primary health care services with a focus on primary medical care, the number of current and projected medical patients must be greater than the number of current and projected patients within each of the other service types.

### **Form 1C: Documents on File**

This form provides a summary of documents that support the implementation of Health Center Program requirements, as outlined in the [Health Center Program Compliance Manual](#). However, it does not provide an exhaustive list of all types of health center documents (e.g., policies and procedures, protocols, legal documents). Provide the date that each document was last reviewed/revised or select Not Applicable (N/A).

The policies related to your Sliding Fee Discount Program, Billing and Collections, and Quality Improvement/Assurance must be evaluated by the board at least once every 3 years. For more information, review element d of [Chapter 19: Board Authority](#) of the [Health Center Program Compliance Manual](#).

Do not submit these documents with the application. HRSA will review these documents as part of your Operational Site Visit.

**Note:** Beyond Health Center Program requirements, other federal and state requirements may apply. You are encouraged to seek legal advice from your counsel to ensure that organizational documents accurately reflect all applicable requirements.

### **Form 2: Staffing Profile**

Complete this form by indicating all staff ***currently*** employed or under contract.<sup>37</sup> Include only staff included in the look-alike scope of project for sites included on [Form 5B: Service Sites](#). This form should be consistent with your description of staffing in the Project Narrative.

- The project director (PD)/chief executive officer (CEO) must be a direct employee of your health center.
- Allocate staff time in the Direct Hire FTE column by function among the staff positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part-time Clinical Director should be listed in each respective category with the FTE percentage allocated to each position (e.g., Clinical Director 0.3 (30%) FTE and family physician 0.7 (70%) FTE). Do not exceed 1.0 (100 %) FTE for any individual. For position descriptions, refer to the [UDS Manual](#).

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<sup>37</sup> HRSA utilizes Internal Revenue Service (IRS) definitions to differentiate employees and contractors. To be considered as an employee by the IRS, the individual must receive a salary from the entity on a regular basis, with applicable taxes and benefits deducted along with coverage for unemployment compensation in most cases. The entity should issue a W-2 form to an individual who is an employee, and a Form 1099 to an individual who is a contractor.



- Record volunteers in the Direct Hire FTEs column.
- If you provide services through formal written contracts/agreements ([Form 5A](#), Column II), Select Yes for contracted staff. Include contracted staff in [Attachment 7: Contracts and Referral Arrangements](#) and/or include in contracts uploaded to [Form 8: Health Center Agreements](#), as needed.
- Contracted staff are indicated by answering Yes or No only. Do not quantify contracted staff in the Direct Hire column.

### **Form 3: Income Analysis**

This form collects the projected patient services and other income from all sources for the **first year** of the designation period. Form 3 income is divided into two parts: (1) Patient Service Revenue - Program Income and (2) Other Income - Federal, State, Local, and Other Income.

#### **Part 1: Patient Service Revenue – Program Income**

Patient service revenue is income directly tied to the provision of services to your health center's patients. Services to patients that are reimbursed by health insurance plans, managed care organizations, categorical grant programs (e.g., breast and cervical cancer screening), employers, and health provider organizations are classified as patient service revenue. Reimbursements may be based upon visits, procedures, member months, enrollees, achievement of performance goals, or other service related measures.

The program income section groups billable visits and income into the same five payer groupings used in the [UDS Manual](#). Report all patient service revenue in this section of the form. This includes all income from medical, dental, mental health, substance use disorder, other professional, vision, and other clinical services, as well as income from ancillary services such as laboratory, pharmacy, and imaging services.

Patient service revenue includes income earned from Medicaid and Medicare rate settlements and wrap reconciliations designed to make up the difference between the approved FQHC rate and the interim amounts received. It includes risk pool and other incentive income as well as primary care case management fees.

**Only include patient service revenue associated with sites and services to be included in the look-alike scope of project.**

**Patients by Primary Medical Insurance – Column (a):** The projected number of unduplicated patients classified by payer based upon the patient's primary medical insurance (payer billed first). The patients are classified in the same way as found in the [UDS Manual](#), Table 4, lines 7 – 12. Do not include patients who are only seen for non-billable or enabling service visits. Examples for determining where to count patients include:

- A crossover patient with Medicare and Medicaid coverage is to be classified as a Medicare patient on line 2.

- A Medicaid patient with no dental coverage who is only seen for dental services is to be classified as a Medicaid patient on line 1 with a self-pay visit on line 5.

**Billable Visits – Column (b):** Includes all billable/reimbursable visits.<sup>38</sup> The value is typically based on assumptions about the amount of available clinician time, average visit time (based on complexity of patient conditions and use of team provider arrangements), and types of billable visits by payer. There may be other exclusions or additions, which, if significant, should be noted in the Comment/Explanatory Notes box at the bottom of the form. Billable services related to laboratory, pharmacy, imaging, and other ancillary services are not to be included in this column. (See [Ancillary Instructions](#) below.)

Note: The patient service income budget is primarily based upon income per visit estimates. However, some forms of patient service income do not generate reportable visits, such as income from laboratory or pharmacy services, capitated managed care, performance incentives, wrap payments, and cost report settlements. You may choose to include some or all of this income in the income per visit assumption, basing it on historical experience. You may also choose to separately budget for some or all of these sources of patient service income.

**Income per Visit – Column (c):** Calculated by dividing projected income in Column (d) by billable visits in Column (b).

**Projected Income – Column (d):** Projected accrued net revenue, including an allowance for bad debt, from all patient services for each pay grouping. Pharmacy income may be estimated using historical data to determine the number of prescriptions per medical visit and the average income per prescription. All separate projections of income are consolidated and reported here.

**Prior FY Income – Column (e):** The income data from your health center's most recent fiscal year, which will be either interim statement data or audit data.

**Alternative Instructions for Capitated Managed Care:**

Health centers may use their own methods for budgeting patient service income other than those noted above, but must report the consolidated result in Projected Income Column (d), along with the related data requested in Columns (a) through (e). You may estimate the income for each service by multiplying the projected visits by assumed income per visit. For example, capitated managed care income may be based upon member-month enrollment projections, and estimated capitation rates for each plan,

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<sup>38</sup> These visits will correspond closely with the visits reported on the [UDS Manual](#) Table 5, excluding enabling service visits.

grouped by payer and added to the projected income. Enter the estimated visits associated with these managed care plans in Column (b).

**Payer Categories (Lines 1 – 5):** There are five payer categories including Medicaid, Medicare, Other Public, Private, and Self-Pay, reflecting the five payer groupings used in UDS. The [UDS Manual](#) includes definitions for each payer category.

Report visits on the line of the primary payer (payer billed first). Classify income by the payer groupings where the income is earned. When a single visit involves more than one payer, attribute each portion of the visit income to the payer group from which it is earned. In cases where deductibles and co-payments will be paid by the patient, report that income on the self-pay line. If the co-payment will be paid by another payer, report that income on the other payer's line. It is acceptable if you cannot accurately associate the income to secondary and subsequent sources.

**Ancillary Instructions:** Classify all service income by payer, including pharmacy and other ancillary service revenue. If you do not normally classify the projected ancillary or other service revenue by payer category, allocate the projected income by payer group using a reasonable method, such as the proportion of medical visits or charges. Note the method used in the Comments/Explanatory Notes section at the bottom of the form.

**Medicaid (Line 1):** Income from FQHC cost reimbursement; capitated managed care; fee-for-service managed care; Early Periodic Screening, Diagnosis, and Treatment (EPSDT); Children's Health Insurance Program (CHIP); and other reimbursement arrangements administered either directly by the state agency or by a fiscal intermediary. It includes all projected income from managed care capitation, settlements from FQHC cost reimbursement reconciliations, wrap payments, incentives, and primary care case management income.

**Medicare (Line 2):** Income from the FQHC cost reimbursement, capitated managed care, fee-for-service managed care, Medicare Advantage plans, and other reimbursement arrangements administered either directly by Medicare or by a fiscal intermediary. It includes all projected income from managed care capitation, settlements from the FQHC cost reimbursement, risk pool distributions, performance incentives, and care management fee income.

**Other Public (Line 3):** Income not reported elsewhere from federal, state, or local government programs earned for providing services. A CHIP operated independently from the Medicaid program is an example of other public insurance. Other Public income also includes income from categorical grant programs when the grant income is earned by providing services. An example of this includes the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program.

**Private (Line 4):** Income from private insurance plans, managed care plans, and other private contracts for service. This includes plans such as Blue Cross and Blue Shield, commercial insurance, managed care plans, self-insured employer plans, group

contracts with unions and employers, service contracts with employers, and Veterans Health Administration Community Based Outpatient Clinic (CBOC) contracts. Income from health benefit plans that are earned by government employees, veterans, retirees, and dependents, such as TRICARE, the federal employee health benefits program, state employee health insurance benefit programs, teacher health insurance, and similar plans are to be classified as private insurance. Private insurance is earned or paid for by the beneficiary and other public insurance is unearned or based upon meeting the plan's eligibility criteria.

**Self-Pay (Line 5):** Income from patients, including full-pay, self-pay, and sliding fee patients, as well as the portion of the visit income for which an insured patient is personally responsible.

**Total (Line 6):** Sum of lines 1-5.

## **Part 2: Other Income – Federal, State, Local, and Other Income**

This section includes all income other than the patient service revenue shown in Part 1. It includes federal, state, local, and other income. It is income that is earned but not directly tied to providing visits, procedures, or other specific services. Classify such income based upon the source from whom the revenue is received. Income from services provided under contract with another entity such as a hospital, nursing home, or other health care provider should be reported in Part 2: Other Income (see examples below). This would include income from in-house retail pharmacy sales to individuals who are not patients of your health center.

**Federal (Line 7):** Income from direct federal funds (where your health center is the recipient of a Notice of Award from a federal agency). It does not include federal funds awarded through intermediaries (see Line 9 below). It includes funds from federal sources such as the CDC, CMS, Housing and Urban Development (HUD), Department of Health and Human Service funding under the Ryan White HIV/AIDS Program Part C, and others. Report CMS Medicare and Medicaid EHR incentive program income here in order to be consistent with the [UDS Manual](#).

**State Government (Line 8):** Income from state government funding, contracts, and programs, including uncompensated care funding; state indigent care income; emergency preparedness funding; mortgage assistance; capital improvement funding; school health funding; Women, Infants, and Children (WIC); immunization funding; and similar awards.

**Local Government (Line 9):** Income from local government funding, contracts, and programs, including local indigent care income, community development block grants, capital improvement project funding, and similar awards. For example: (1) if you contract with the local Department of Health to provide services to the Department's patients, report the income earned under this contract on this line; and (2) Ryan White Part A funds are federal funds awarded to municipalities who in turn make awards to provider organizations, therefore, Ryan White Part A funding would be classified as income earned from a local government and be shown on this line.

**Private Grants/Contracts (Line 10):** Income from private sources, such as foundations, nonprofits, hospitals, nursing homes, drug companies, employers, other health centers, and similar entities.

**Contributions (Line 11):** Income from private entities and individual donors that may be the result of fund raising.

**Other (Line 12):** Incidental income not reported elsewhere and includes items such as interest income, patient record fees, vending machine income, dues, and rental income. Applicants typically have at least some Other income to report on Line 12.

**Applicant (Retained Earnings) (Line 13):** The amount of funds needed from your retained earnings or reserves in order to achieve a breakeven budget. Explain in the Comments/Explanatory notes section why retained earnings are needed to achieve a breakeven budget.

**Total Other (Line 14):** The sum of lines 7 – 13.

**Total Income (Line 15):** The sum of lines 6 and 14.

*Note: In-kind donations are not included as income on Form 3.*

## **Form 3A: Look-Alike Budget Information**

### **Part 1: Expenses**

For each of the expense categories (personnel, fringe benefits, travel, equipment, supplies, contractual, construction, other, and indirect charges), enter the projected first year of expenses for each Health Center Program type for which designation is requested (i.e., CHC, MHC, HCH, PHPC). See [Attachment 17: Budget Narrative](#) for definitions of each expense category. If the categories in the form do not describe all possible expenses, enter expenses in the “Other” category. The total fields are calculated automatically when you save the form.

### **Part 2: Revenue**

For each of the revenue categories (applicant, federal, state, local, other, and program income), enter the projected first year of revenue by funding. If revenue is collected from sources other than those listed, indicate the additional sources in the Other category. The total fields are calculated automatically when you save the form.

[Form 3A: Look-Alike Budget Information](#) should be consistent with the amounts described in [Attachment 17: Budget Narrative](#).

## Form 4: Community Characteristics

Report current service area population and target population data. If you compile data from multiple data sources, the total population numbers may vary across sources. If this is the case, make adjustments as needed to ensure that the total population numbers for the first four sections of this form match each other.

Service area population data must be specific to the look-alike project and include the total number of individuals in the service area for each characteristic (percentages will automatically calculate in HRSA EHBs). If information for the service area is not available, extrapolate data from the U.S. Census Bureau, local planning agencies, health departments, and other local, state, and national data sources. Estimates are acceptable.

Target population data are most often a subset of service area data. Report the number of individuals for each characteristic (percentages will automatically calculate in HRSA EHBs). Estimates are acceptable. **Patient data should not be used to report target population data since patients are typically a subset of all individuals targeted for service.**

If the target population includes a large number of transient individuals (e.g., the county has an influx of migratory and seasonal agricultural workers during the summer months) that are not included in the dataset used for service area data (e.g., Census data), adjust the service area numbers accordingly to ensure that the target population numbers are always less than or equal to the service area numbers.

Information provided regarding race and ethnicity will be used only to ensure compliance with statutory and regulatory governing board requirements and will not be used as a designation factor.

**Note:** *The total numbers for the first four sections of this form (i.e., Race, Hispanic or Latino Ethnicity, Income as a Percent of Poverty Level, and Primary Third Party Payment Source) must match.*

### **Guidelines for Reporting Race**

- Classify all individuals must be classified in one of the racial categories, including individuals who also consider themselves Hispanic or Latino. If the data source does not separately classify Hispanic or Latino individuals by race, report them as Unreported/Declined to Report.
- Utilize the following race definitions:
  - Asian – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Indonesia, Thailand, and Vietnam.
  - Native Hawaiian – Persons having origins in any of the original peoples of Hawaii.

- Other Pacific Islanders – Persons having origins in any of the original peoples of Guam, Samoa, Tonga, Palau, Truk, Yap, Saipan, Kosrae, Ebeye, Pohnpei, or other Pacific Islands in Micronesia, Melanesia, or Polynesia.
- American Indian/Alaska Native – Persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- More Than One Race – Persons who choose two or more races.

### ***Guidelines for Reporting Hispanic or Latino Ethnicity***

- If ethnicity is unknown, report individuals as Unreported/Declined to Report.
- Utilize the following ethnicity definition: Hispanic or Latino – Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

### ***Guidelines for Reporting Special Populations and Select Population Characteristics***

The Special Populations section of Form 4 does not have a row for total numbers. Individuals that represent multiple special population categories should be counted in all applicable categories.

### **General Notes on Forms 5A, 5B, and 5C**

- Complete these forms based only on the proposed scope of project.
- If you are designated as a look-alike, only the services, sites, and other activities/locations listed on these forms will be considered to be in the approved scope of project, regardless of what is described or detailed elsewhere in the application.
- Refer to the [Scope of Project](#) policy documents and resources for information about defining your scope of project (i.e., services, sites, service area zip codes, target population).

### **Form 5A: Services Provided**

Identify the required and additional services that are currently available at all sites and how the services are provided (i.e., Column I – direct by health center, Column II – formal written contract/agreement (health center pays for service), Column III – formal written referral arrangement). All required services must be provided either directly onsite or through established agreements/arrangements without regard to ability to pay and on a sliding fee discount schedule. For more information, see Chapter 4: Required and Additional Health Services in the [Health Center Program Compliance Manual](#).

Refer to the [Service Descriptors for Form 5A: Services Provided](#) for descriptions of the general elements for all required and additional services. Established agreements must

be summarized in [Attachment 7](#) and, if they constitute a substantial portion of your scope of project, agreements/contracts must be attached to [Form 8: Health Center Agreements](#). See the [Column Descriptors for Form 5A: Services Provided](#) for descriptions of the three service delivery methods used by health centers and the specific requirements for using them.

Because look-alikes must be independently operated and deliver comprehensive primary health care services with a focus on primary medical care, General Primary Medical Care must be offered either directly by your health center (Column I) or through formal written contractual agreements in which your health center pays for the service (Column II). You cannot provide General Primary Medical Care solely by referral.

Additional services are not required. However, when offered as part of your proposed scope of project, they must be made available to all patients, and provided without regard to ability to pay and on a sliding fee discount schedule.

Specialty services may not be added to your scope of project at the time of initial designation submission. However, specialty services may be requested for addition to the scope of project through the Change in Scope process after look-alike designation.<sup>39</sup>

**Note:** *All services must be accessible to all patients in the service area, though the mode of service delivery may be different across sites.*

### **Form 5B: Service Sites**

On Form 5B, identify the look-alike site(s) and provide the required data for each site, including:

- Site address;
- Location type (permanent, seasonal, or mobile van);
- Site operational date when you began providing comprehensive primary medical care services (must be prior to the date of application submission);
- Total hours of operation per week;
- Medicare status;
- Service area zip codes; and
- Contractor information, if applicable.

At least one service site must be a full-time (operational 40 hours or more per week), permanent service delivery site (with the exception of applicants that request designation for only migratory and seasonal agricultural workers, which may have a full-time seasonal rather than permanent site) that provides comprehensive primary medical care as its main purpose. A permanent site is a fixed building location. Subsequent service sites may be part-time, seasonal, etc.

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<sup>39</sup> See PIN 2009-02: [Specialty Services and Health Centers' Scope of Project](#).



Look-alike sites must not be located in the same building as any site already in the approved scope of project of any Health Center Program award recipient or look-alike. This is an eligibility criterion.

Provide the required data for each site that meets the definition of a service site. Refer to PIN 2008-01: [Defining Scope of Project and Policy for Requesting Changes](#) for more information on defining service sites and for special instructions for recording mobile, intermittent, or other site types.

Include the zip codes for the area served by each site on Form 5B. The Service Area Zip Codes field (across all sites) must include those zip codes where at least 75 percent of the current patients reside. Your entire service area (as described on [Form 4: Community Characteristics](#) and [Attachment 1: Patient Origin and Utilization Information](#)) must be represented by the zip codes across all service sites (indicated on each Form 5B).

**Note:** *In the Site Qualification Criteria, indicate if the site is a Domestic Violence site (e.g., emergency shelter). Select “yes” for this question only if the site is a site serving victims of domestic violence and the street address cannot be published to protect the confidentiality of the precise location.*

### **Form 5C: Other Activities/Locations (As Applicable)**

Provide requested data for other activities/locations (e.g., home visits, health fairs, hospital admitting). List only activities/locations that:

- 1) Do not meet the definition of a service site;
- 2) Are conducted on an irregular timeframe/schedule; and/or
- 3) Offer a limited activity from within the full complement of health center activities included within the scope of project.

Refer to PIN 2008-01: [Defining Scope of Project and Policy for Requesting Changes](#) for more information on defining other activities and locations that should be included on Form 5C.

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

To be eligible, the board must be compliant with the Board Composition Health Center Program requirement described in Chapter 20 of the [Health Center Program Compliance Manual](#). List all current board members (minimum of nine; maximum of 25) and provide the requested details:

- Provide the name of each board member, current board office held, if applicable (e.g., Chair, Treasurer), and area of expertise (e.g., finance, education, nursing). Do not list non-voting board members (e.g., PD/CEO, advisory board).
- Indicate if the board member derives more than 10 percent of income from the health care industry.
- Indicate if the board member is a health center patient. For the purposes of board composition only, a patient is an individual who has received at least one service in the past 24 months that generated a health center visit, where both the service

and the site where the service was received are within the look-alike scope of project.

- Indicate if the board member lives and/or works in the service area.
- Indicate if the board member is a representative of a special population (i.e., persons experiencing homelessness, migratory and seasonal agricultural workers and families, residents of public housing).
- Indicate gender, ethnicity, and race of board members who are patients of your health center and make up the patient majority. Information provided regarding race and ethnicity will be used only to ensure compliance with statutory and regulatory governing board requirements and will not be used as a designation factor.

**Notes:**

- *A public agency applying for look-alike designation with a co-applicant health center governing board must list the co-applicant board members.*
- *Indian tribes or tribal, Indian, or urban Indian organizations are not required to complete this form, but may include information, as desired.*
- *If you are requesting a waiver of the 51 percent patient majority board composition requirement (see below), you must list your board members, NOT the members of any advisory council.*

**Form 6B: Request for Waiver of Board Member Requirement (As Applicable)**

This form is only applicable if you are requesting designation to serve **only** special populations (i.e., HCH, MHC, and/or PHPC). If you are requesting designation to serve the general underserved population (Section 330(e) – CHC), you are not eligible for a waiver. Indian tribes or tribal, Indian, or urban Indian organizations are not required to complete this form and cannot enter information.

When requesting a waiver, present a “good cause” justification describing the need for a waiver of the patient majority board composition requirement, including:

- The unique characteristics of the special population or service area that create an undue hardship in recruiting a patient majority.
- Attempts to recruit a majority of special population board members and why these attempts have not been successful.
- Strategies that ensure patient participation and input in the direction and ongoing governance of the organization by addressing the following:
  - Collection and documentation of input from the special population(s).
  - Communication of special population(s) input directly to the health center governing board.
  - Incorporation of special population(s) input into key areas, including but not limited to: selecting health center services; setting hours of operation of health center sites; defining budget priorities; evaluating progress in meeting goals and patient satisfaction; and assessing the effectiveness of the sliding fee discount program.

## Form 8: Health Center Agreements

Select **Yes** in Part I if you have:

- A parent, affiliate, or subsidiary organization.
- Any sites currently operated by a contractor, as identified in [Form 5B: Service Sites](#).
- Any contracts or agreements for a substantial portion of the proposed scope of project, including the majority of primary care services and/or the management of the organization.

Refer to Uniform Guidance 2 CFR 200 as codified by the U.S. Department of Health and Human Services at [45 CFR 75](#) for the definition of “substantial” and characteristics of a contractor agreement. If there are agreements that constitute a substantial portion of the project, indicate the number of contracts/agreements and attach the complete agreement and/or contract in Part II. Documents attached to [Form 8: Health Center Agreements](#) will **not** count against the page limit.

**Note:** *Your health center must not be owned, controlled, or operated by another entity. Organizational structures such as parent-subsidiary arrangements, network corporations, or contractual arrangements where the applicant acts solely as a pass-through organization may not be eligible for look-alike designation. You cannot apply on behalf of another organization. No individual, entity, or committee may reserve or have approval/veto power over the board with regard to the required authorities and functions. See the [Eligibility Information](#) section.*

## Form 12: Organization Contacts

Provide the requested contact information. For the Contact Person field, provide an individual who can represent your health center in communication regarding the application.

## Clinical and Financial Performance Measures

The Clinical and Financial Performance Measures forms record your clinical and financial goals for the three-year designation period. The goals must be responsive to identified community health and organizational needs and correspond to service delivery activities and organizational capacity discussed in the [Project Narrative](#). Further information is available at the [Look-alike ID webpage](#) under the Performance Measures heading. Refer to the [UDS Manual](#) for specific measurement details such as exclusionary criteria.

### Required Clinical Performance Measures

1. Diabetes: Hemoglobin A1C Poor Control
2. Screening for Depression and Follow-Up Plan
3. Depression Remission at 12 Months
4. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

5. Body Mass Index (BMI) Screening and Follow-Up Plan
6. Controlling High Blood Pressure
7. Low Birth Weight
8. Early Entry into Prenatal Care
9. Childhood Immunization Status
10. Cervical Cancer Screening
11. Tobacco Use: Screening and Cessation Intervention
12. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
13. Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet
14. Colorectal Cancer Screening
15. Breast Cancer Screening
16. HIV Screening
17. HIV Linkage to Care
18. Dental Sealants for Children Between 6-9 Years

#### Required Financial Performance Measures

1. Total Cost per Patient
2. Medical Cost per Medical Visit

#### **Important Information about Performance Measures Forms**

- Baselines for performance measures should be developed from data that are valid, reliable, and whenever possible, derived from currently established information management systems. If baselines are not available, enter zero for the numerator and denominator and provide a date by which baseline data will be available in the comments field. Establish a goal for each measure, regardless of whether baseline data is available.
- The Dental Sealants for Children between 6-9 Years Clinical Performance Measure is only applicable if you provide preventive dental services directly or by a formal agreement in which your health center pays for the service ([Form 5A](#), Columns I and II). If you only provide preventive dental services via a formal referral arrangement (Form 5A, Column III), you may set the goal for this performance measure as 0 and include a self-defined Oral Health measure under the Additional Clinical Performance Measures section.
- If you are applying for designation to serve special populations (i.e., migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing), you must include at least one additional clinical performance measure that addresses the health care needs of each targeted special population. In providing additional performance measures specific to a special population, you must reference the target group in the performance measure.

**Table 2: Performance Measures Form Field Overview**

<b>Field Name</b>	<b>Description</b>
Focus Area	This field contains the content area description for each required performance measure. You will specify focus areas when adding self-defined measures in the Additional Performance Measures section.
Performance Measure	This field defines each performance measure and is editable when adding measures in the Additional Performance Measures section.
Target Goal Description	In this field, provide a description of the target goal you will meet by the end of the designation period.
Numerator Description	<p>In the Clinical Performance Measures, the numerator is the number of patients that meet the criteria identified by the measure (e.g., patients in a specified age range that received a specified service).</p> <p>In the Financial Performance Measures, the numerator field must be specific to the organizational measure.</p> <p>You must specify a numerator for Additional Performance Measures.</p>
Denominator Description	<p>In the Clinical Performance Measures, the denominator is all patients to whom the measure applies (e.g., patients in a specified age range, regardless of whether they received a specified service).</p> <p>In the Financial Performance Measures, the denominator field must be specific to the organizational measure.</p> <p>You must specify a denominator for Additional Performance Measures.</p>
Baseline Data	This field contains subfields (i.e., Baseline Year, Measure Type, Numerator, and Denominator) that provide information regarding the initial threshold used to measure progress over the course of the designation period.
Baseline Year	Enter the initial data reference point (year) for this Baseline Data subfield.
Measure Type	This Baseline Data subfield provides the unit of measure (e.g., percentage, ratio).
Numerator and Denominator	Provide the value for the Numerator and Denominator in these Baseline Data subfields based on the numerator and denominator descriptions (see rows above).

<b>Field Name</b>	<b>Description</b>
Projected Data	In this field, provide the goal you will meet by the end of the three-year designation period.
Data Source and Methodology	This field provides information about the data sources used to develop each performance measure. Identify a data source and discuss the methodology used to collect and analyze data. For Clinical Performance Measures, select the data source from EHR, Chart Audit, or Other. Data must be valid, reliable, and derived from established information management systems.
Key Factors and Major Planned Actions	This field contains subfields (i.e., Key Factor Type, Key Factor Description, and Major Planned Action Description) that provide information regarding the factors that must be minimized or maximized to ensure goal achievement.
Key Factor Type	In this subfield of the Key Factors and Major Planned Actions field, select either Contributing or Restricting. You must specify at least one key factor of each type, with a maximum of three in total.
Key Factor Description	In this subfield of the Key Factors and Major Planned Actions field, provide a description of the factors predicted to contribute to or restrict progress toward stated goals (based on the Key Factor Type selection described above).
Major Planned Action Description	In this subfield of the Key Factors and Major Planned Actions field, describe the major actions/strategies planned for addressing the identified key factors.
Comments	Include additional information if desired. If baselines are not yet available, use this field to provide a date by which baseline data will be available.

**Performance Measure Development Resources**

You may find it useful to:

- Examine the performance measures of other health centers that serve similar target populations.
- Consider state and national performance UDS benchmarks and comparison data (available at [Health Center Data](#)).

## V. Application Review

### 1. Application Review Timeline

If your application is not complete, HRSA may disapprove the application or request the submission of additional information and extend the application review timeline. Application volume, site visit scheduling, and the number of findings from compliance reviews affect the following timeline.

*Table 3: Look-alike Initial Designation Application Review Process Timeline*

Look-alike Initial Designation Application Review Process	Approximate Time Frame
<p><b>HRSA Preliminary Review</b></p> <p>HRSA will conduct a desk review to assess eligibility and completeness of the application, including a preliminary compliance review, based on the <a href="#">Health Center Program Compliance Manual</a>. HRSA will also review your proposed service area and sites and may request additional site-based information. Ineligible applications or sites will be disapproved. You will be notified of the reason for disapproval through HRSA EHBs.</p> <p>Applications determined to be eligible and complete will proceed in the application review process to the site visit and compliance review.</p>	30 days
<p><b>Site Visit Scheduling and Preparation</b></p> <p>If the application is determined to be complete and eligible, HRSA will schedule an Operational Site Visit (OSV) to assess operational status and compliance with Health Center Program requirements. The timeframe between completion of the preliminary review and the date of the site visit is dependent on both HRSA reviewer and applicant availability. The site visit team will request additional documentation from you before the site visit. Refer to the resources at the <a href="#">Site Visit Protocol webpage</a> to help you prepare. Study the Demonstrating Compliance sections in the <a href="#">Health Center Program Compliance Manual</a> and corresponding review questions in the Site Visit Protocol to anticipate the information that will be assessed and the documents/systems that will be reviewed during the site visit.</p>	60-75 days

<b>Look-alike Initial Designation Application Review Process</b>	<b>Approximate Time Frame</b>
<p><b>Compliance Review</b></p> <p>HRSA contracts with clinical, financial, and governance experts to conduct OSVs based on the <a href="#">Site Visit Protocol</a> and assess compliance based on the Health Center Program requirements detailed in the <a href="#">Health Center Program Compliance Manual</a>. The site visit team will also confirm eligibility status.</p> <p>Based on the OSV, if 10 or more program requirements have non-compliant findings or if the application is determined to be ineligible, HRSA may disapprove your initial designation application.</p> <p>Based on the OSV, if compliance issues are present for 9 or fewer Health Center Program requirements, you will be notified within 45 days and given a time-limited opportunity to resolve such issues by submitting additional documentation to demonstrate compliance.</p>	45 days
<p><b>Compliance Resolution Opportunity</b></p> <p>If the OSV finds that you are not fully compliant with Health Center Program requirements, you will have 30 days to provide documentation demonstrating that all areas of noncompliance have been resolved.</p> <p>If you do not submit a response in HRSA EHBs within the established timeframe, or if your submitted response does not demonstrate full compliance, HRSA will disapprove your initial designation application.</p>	30 days
<p><b>HRSA Look-Alike Designation Determination</b></p> <p>HRSA will approve or disapprove the application based on the application submitted, OSV findings, and your response to the compliance resolution opportunity. In addition, HRSA will consider the need in your service area, including the extent to which your service area may currently be served by Health Center Program award recipients and look-alikes, and whether your service area has relevant/rational boundaries. Only eligible organizations in areas with sufficient unmet need and that demonstrate compliance with all Health Center Program requirements will be approved and receive a Notice of Look-Alike Designation (NLD).</p>	45 days

The total time for the look-alike initial designation review process, including the HRSA preliminary review, site visit scheduling and preparation, compliance review, applicant response period, and final determination is approximately 6 to 9 months from the time of



application submission to the time of notification of disapproval (via email) or approval (via NLD).

## 2. Application Determinations

- **Approval:** If your application is approved, you will receive an NLD through HRSA EHBs for a 3-year designation period, which will identify your HRSA project officer.
- **Disapproval:** If your application is disapproved, you will receive a notification that identifies the areas of noncompliance with the Health Center Program requirements detailed in the [Health Center Program Compliance Manual](#).

Look-alike application disapproval is not appealable. However, you can re-apply for look-alike initial designation at any time, and all applications will receive full and fair consideration. HRSA strongly encourages you to reach out to HRSA staff for technical assistance before developing a new application.

## 3. Designation Reporting and Review

If designated, you must comply with the following reporting and review activities:

- **Uniform Data System (UDS) Report:** The UDS is an integrated reporting system used to collect accurate data on all Health Center Program award recipients and look-alikes to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. All look-alikes are required to submit a UDS Universal Report and, if applicable, a UDS Grant Report annually, by the specified deadline. The Universal Report provides data on patients, services, staffing, and financing across all health centers. The Grant Report provides data on patients and services for special populations served (i.e., migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing). Lack of timely submission of all required UDS report(s) may result in termination of look-alike designation and all corresponding benefits.
- **Progress Report:** The look-alike Annual Certification (AC) submission documents progress on program-specific performance measurement goals and collects performance measure data to track progress and impact. You will receive an email notification via HRSA EHBs that the AC is available for completion approximately 150 days prior to the end of the certification period (with the exception of the final year of the designation period, when a Renewal of Designation application must be submitted). You will have 60 days to complete and submit the AC. Lack of timely AC submission may result in termination of the look-alike designation and all corresponding benefits.

- **Operational Site Visit:** HRSA will assess your compliance during an operational site visit conducted mid-designation period (approximately 18 months from your designation date). Failure to demonstrate compliance with the Health Center Program requirements during the site visit will result in the placement of a condition of designation, which provides a time-phased approach for resolution of an identified area of noncompliance.<sup>40</sup>

## VI. Agency Contacts

*Table 4: Look-alike Initial Designation Contacts*

HRSA EHBs registration and submission issues	Look-alike requirements and review process questions	Technical assistance resources
Health Center Program Support Monday-Friday, 8:30 a.m. to 5:30 p.m. ET 1-877-464-4772 <a href="#">Send ticket through Web Request Form</a> Requestor Type: Applicant Question: EHBs Category: Look-Alike (LAL) Systems Questions	Look-alike ID Application Response Team <a href="#">Send ticket through Web Request Form</a> Requestor Type: Applicant Question: Health Center Category: Look-Alike (LAL) Sub-Category: Look-alike Initial Designation (ID)	<a href="#">Look-alike ID webpage</a> <a href="#">Health Center Program Compliance Manual</a> <a href="#">Site Visit Protocol</a>

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<sup>40</sup> See [Chapter 2](#): Health Center Program Oversight of the [Health Center Program Compliance Manual](#).

## Appendix A: Demonstrating Eligibility

In addition to the requirements listed in the [Eligibility](#) section, this appendix provides more information about the required application components for demonstrating eligibility.

- 1) Demonstrate your private nonprofit entity or public agency status through:
  - [Attachment 8: Articles of Incorporation](#); and
  - [Attachment 9: Evidence of Nonprofit or Public Agency Status](#).<sup>41</sup>
- 2) Demonstrate that your organization is not owned, controlled, or operated<sup>41</sup> by another entity through:
  - The [RESOURCES/CAPABILITIES](#) and [GOVERNANCE](#) sections of the Project Narrative;
  - [Form 8: Health Center Agreements](#);
  - [Attachment 3: Medicaid and Medicare Documentation](#);
  - [Attachment 4: Bylaws](#);
  - [Attachment 5: Governing Board Meeting Minutes](#);
  - [Attachment 6: Co-applicant Agreement](#) (as applicable);
  - [Attachment 7: Contracts and Referral Arrangements](#);
  - [Attachment 8: Articles of Incorporation](#);
  - [Attachment 9: Evidence of Nonprofit or Public Agency Status](#); and
  - [Attachment 10: Financial Statements](#).

Organizational structures such as parent-subsidary arrangements, network corporations, or contractual arrangements where the applicant acts solely as a pass-through organization may not be eligible for look-alike designation.

- 3) Demonstrate that your organization is operational<sup>41</sup> and currently providing **all** required primary health care services<sup>42</sup> through:
  - The [RESPONSE](#) section of the Project Narrative;
  - The number of current unduplicated patients on [Form 1A: General Information Worksheet](#) and in [Attachment 1: Patient Origin and Utilization Information](#);
  - [Attachment 3: Medicaid and Medicare Documentation](#);
  - [Attachment 5: Governing Board Meeting Minutes](#);
  - [Attachment 7: Contracts and Referral Arrangements](#); and
  - [Attachment 10: Financial Statements](#).

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<sup>41</sup> Refer to Chapter 1: Health Center Program Eligibility of the [Health Center Program Compliance Manual](#).

<sup>42</sup> All services in the proposed scope of project must be provided through one or more service delivery method(s): directly, through contracts, and/or through formal written referral arrangements. Refer to [Scope of Project](#), including the [Form 5A Service Descriptors](#) for details regarding health care services and the [Form 5A Column Descriptors](#) for information about service delivery methods.

- 4) Demonstrate that you provide comprehensive primary medical care as your main purpose through:
  - The [RESPONSE](#) section of the Project Narrative;
  - On [Form 1A: General Information Worksheet](#), the number of current and projected medical patients is greater than current and projected patients for other service types; and
  - On [Form 5A: Services Provided](#), General Primary Medical Care is provided directly (Column I) and/or through formal written contractual agreements in which your health center pays for the service (Column II).
  
- 5) Demonstrate that you are compliant with all Health Center Program requirements (as detailed in the [Health Center Program Compliance Manual](#)) throughout the application, including all Project Narrative sections, forms, and attachments.
  
- 6) Demonstrate that you provide access to primary health care services for all individuals in the service area and target population,<sup>43</sup> regardless of ability to pay through:
  - The [RESPONSE](#) section of the Project Narrative; and
  - [Attachment 14: Sliding Fee Discount Schedule](#).
  
- 7) Demonstrate that you are requesting initial designation for at least one permanent service delivery site that provides comprehensive primary medical care as its main purpose and operates for a minimum of 40 hours per week, as documented on [Form 5B: Service Sites](#).
  - A permanent site is a fixed building location that operates year-round. If you serve only migratory and seasonal agricultural workers, your service site may be a full-time seasonal rather than permanent year-round site.
  - You must provide a verifiable street address for each site on [Form 5B: Service Sites](#).
  - You may include a mobile medical unit as a site in scope only if at least one full-time, permanent site is also listed on [Form 5B](#).
  - You may include a school-based service delivery site if:
    - The site is a permanent, full-time site or is proposed in addition to a permanent, full-time time site; and
    - You demonstrate in the [RESPONSE](#) section of the Project Narrative how your health center will ensure that the entire underserved population in the service area has access to all required services.
  
- 8) Demonstrate on [Form 5B: Service Sites](#) that your look-alike service site(s) are **not** located in the same building as any Health Center Program award recipient or look-alike site.

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<sup>43</sup> You may not serve ONLY a single sub-population (e.g., age group, disease category).

- Tools are available to assist you in determining current Health Center Program service sites in your proposed service area, including the [UDS Mapper](#), [Find a Health Center](#), [HRSA Data Explorer](#) (select Health Center Program Sites), and [HRSA Map Tool](#) (select Health Center Program Sites).
- 9) Demonstrate that you serve a Medically Underserved Area (MUA) or a Medically Underserved Population (MUP), in whole or in part, as documented by:
- The service area zip codes on [Form 5B: Service Sites](#) and in [Attachment 1: Patient Origin and Utilization Information](#).
  - MUA/MUP identifier on [Form 1A: General Information Worksheet](#) that corresponds to the identified zip codes and MUA/MUP shown on [Attachment 2: Service Area Map](#).
    - To find out if all or part of your service area is located in a designated MUA or MUP, see [MUA Find](#) and [Find Shortage Areas](#).
    - For more information, see the [Shortage Designation webpage](#) or contact the Shortage Designation Branch at [sdb@hrsa.gov](mailto:sdb@hrsa.gov).
    - If you are requesting look-alike designation only for special populations (MHC, HCH, and/or PHPC), MUA/MUP designation is not required.
- 10) **Public Housing Primary Care applicants only:** Demonstrate that you have consulted with public housing residents in the preparation of the initial designation application and ensure ongoing consultation with the residents regarding the planning and administration of your health center through:
- The [GOVERNANCE](#) section of the Project Narrative; and
  - [Form 6B: Waiver of Board Member Requirement](#) (as applicable).