



Look-Alike Initial Designation (LAL-ID) Overview and Application Process

June 2025

[What is a Health Center Program Look-Alike \(LAL\)?](#)

Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



Before You View This Presentation

- Read the [Instructions](#) (PDF)
 - Pay special attention to the Eligibility section
- Watch [At the Heart of a Health Center](#) video (4 minutes)
- Explore how to [Become a Health Center](#)



Presentation Agenda

- Health Center Program Overview
- Look-Alike Overview
- What's Involved in Applying
- Application Process, Components, and Timeline
- Eligibility Requirements
- Health Center Program Requirements
- Changes from Previous Instructions
- Tips and Resources



Overview: The Health Center Program



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

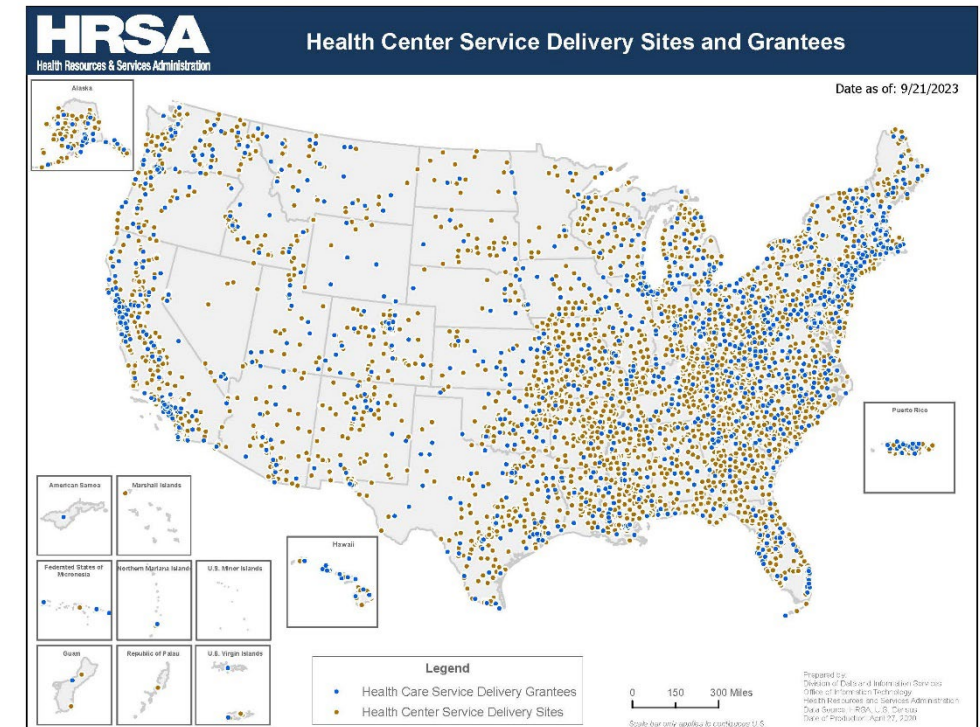


Health Center Program Overview



Health Center Program Fast Facts

- Nearly **1,400** health centers and more than **100** Health Center Program look-alike (LAL) organizations operate more than **15,000** service delivery sites
- More than **31 million** patients
- Health centers provide **patient-centered, comprehensive, integrated care** by offering a range of services:
 - Primary medical, oral, and mental health services
 - Substance use disorder and Medications for Opioid Use Disorder (MOUD)
 - Enabling services such as outreach, case management, health education, interpretation services, and transportation



Health Center Program Special Populations

Section 330 of the Public Health Service Act:

- Community Health Centers (CHC): **Section 330(e)**
- Migratory and Seasonal Agricultural Workers (MSAW): **Section 330(g)**
- Homeless Population (HP): **Section 330(h)**
- Residents of Public Housing (RPH): **Section 330(i)**

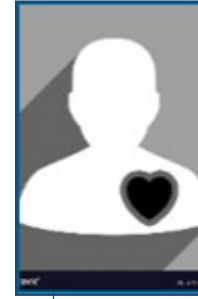


Health Center Program Fundamentals



Serve High Need Areas

- Serve a **high need community or population** (for example, a HPSA, MUA/P)



Patient Directed

- Private non-profit or public agency that is governed by a **patient-majority community board**



Comprehensive

- Provide **comprehensive primary care** and enabling services (e.g., education, outreach, and transportation services)



No One is Turned Away

- Services are **available to all** with fees adjusted based upon ability to pay



Collaborative

- **Collaborate with other community providers** to maximize resources and efficiencies in service delivery



Accountable

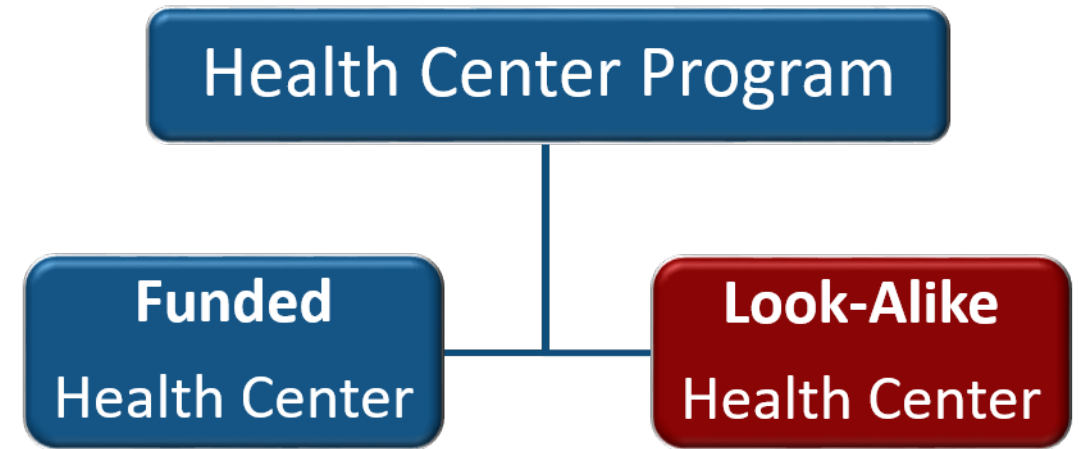
- Meet **performance and accountability requirements** regarding administrative, clinical, and financial operations

Look-Alike Overview



What is a Look-Alike?

- Health center that receives look-alike designation from HRSA but does not receive Health Center Program funding
- Public or nonprofit private entity
- **Cannot** be owned, controlled, or operated by another entity
- Adhere to Health Center Program fundamentals and requirements
- **At the time** of application, must be:
 - Operational – providing comprehensive primary care services 40 hrs/wk
 - Compliant with all Health Center Program requirements



100% Compliant, 100% of the Time

Health Center Program Benefits

Benefit/Program Access	Funded	Look-Alike
FQHC Prospective Payment System (PPS) reimbursement for services provided to Medicaid and Medicare patients	Y	Y
340B Drug Pricing Program	Y	Y
Vaccines for Children Program	Y	Y
National Health Service Corps providers	Y	Y
HRSA-supported training and technical assistance	Y	Y
Health Center Program funding	Y	N
Federal Tort Claims Act (FTCA) medical malpractice insurance	Y	N
Federal loan guarantees for capital improvements	Y	N

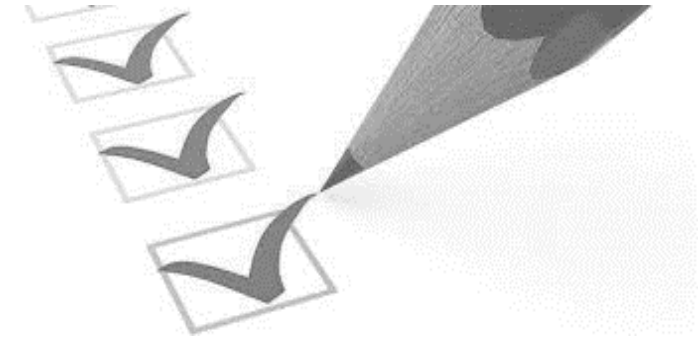


How to Apply



Before Starting an Application

- You must already be operational:
 - Comprehensive primary care (see list of required services)
 - 40 hours per week at a permanent service delivery site
- Review [Apply for Look-Alike Initial Designation \(LAL ID\)](#)
- You must already comply with program requirements (see [Health Center Program Compliance Manual](#))
- Read the [Look-alike Initial Designation Application Instructions \(PDF\)](#) and [Health Center Program Site Visit Protocol](#)
- Review how to remain a look-alike
 - [Report on your progress every year](#)
 - [Renew your designation every three years](#)



Before Submitting your Application

- ✓ Assess unmet need in the service area
- ✓ Collaborate with community partners to address unmet need
- ✓ Ensure that your organization is eligible to apply
- ✓ Ensure the board is compliant and meeting monthly
- ✓ Ensure you have operational policies and procedures for providing comprehensive primary care
- ✓ Register with [SAM.gov](https://sam.gov) and with [HRSA Electronic Handbooks \(EHBs\)](#)



Application Process and Timelines



Application review process: *approximate timeframes*

Responsible Entity	Process	# of Days
Applicant	Develop and submit application in EHBs	90
HRSA	Perform preliminary review to assess eligibility and completeness*	60-75
HRSA and Applicant	Schedule and prepare for site visit	60-120
HRSA	Conduct site visit for compliance and eligibility. Communicate findings to applicant*	45-60
Applicant	Respond to additional information if requested by HRSA	30
HRSA	Final compliance and eligibility determination	75

* Denotes **determination points** for disapproval or progressing to next stage of review



Initial Designation Application Components



Application components

Project Abstract

Project Narrative

- Need
- Response
- Collaboration
- Impact/Evaluative Measures
- Capacity
- Governance

Attachments

Program Specific Forms



Attachments

1. Patient origin and utilization information
2. Service area map and table*
3. Medicare and Medicaid documentation
4. Bylaws*
5. Governing board meeting minutes
6. Co-Applicant Agreement for Public Entities*
7. Contracts and Referral Arrangements
8. Articles of incorporation
9. Evidence of Nonprofit or Public Center Status*

10. Financial Statements
11. Organizational Chart
12. Position Descriptions of Key Personnel
13. Biographical Sketches of Key Personnel
14. Sliding Fee Discount Schedule
15. Collaboration Documentation*
16. Floor Plans
- 17: Budget Narrative
18. Other Relevant Documents*

***Not counted toward 90-page limit**



Program Specific Forms

Form 1A: General information worksheet

Form 1C: Documents on file

Form 2: Staffing profile

Form 3: Income analysis

Form 3A: Budget information

Form 4: Community characteristics

Form 5A: Services provided

Form 5B: Service sites

Form 5C: Other activities/locations

Form 6A: Current board member characteristics

Form 6B: Request for waiver of board member requirements

Form 8: Health center agreements

Form 12: Organization contacts

Forms are not counted toward 90-page limit



Eligibility Requirements



Demonstrating Eligibility (1/4)

Eligibility Requirement	What We Check
1. Must be a nonprofit organization OR public entity.	<ul style="list-style-type: none">• Attachment 8: Articles of Incorporation• Attachment 9: Evidence of Nonprofit or Public Agency Status
2. Must not be owned, controlled, or operated by another entity.	<ul style="list-style-type: none">• Project Narrative• Form 8: Health Center Agreements• Attachment 3: Medicaid and Medicare Documentation• Attachment 4: Bylaws• Attachment 5: Governing Board Meeting Minutes• Attachment 7: Contracts and Referral Arrangements• Attachment 8: Articles of Incorporation• Attachment 9: Evidence of Nonprofit or Public Agency Status• Attachment 10: Financial Statements

Demonstrating Eligibility (2/4)

Eligibility Requirement	What We Check
3. Must be operational and currently providing all required primary health services.	<ul style="list-style-type: none">• Project Narrative• Form 1A: General Information Worksheet• 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• Attachment 10: Financial Statements
4. Must currently provide comprehensive primary care as your main purpose.	<ul style="list-style-type: none">• Project Narrative• Form 1A: General Information Worksheet• Form 5A: Services Provided
5. Must comply with all requirements in the Health Center Program Compliance Manual .	<ul style="list-style-type: none">• Project Narrative• All Forms and Attachments

Demonstrating Eligibility (3/4)

Eligibility Requirement	Demonstrating Eligibility (Appendix A)
6. Must make primary health care services accessible to all individuals in the service area, regardless of ability to pay.	<ul style="list-style-type: none">• Project Narrative• Attachment 14: Sliding Fee Discount Schedule
7. Must request 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.	<ul style="list-style-type: none">• Project Narrative• Form 5B: Service Sites• Health Center Program scope of project: Visit Find a Health Center to see the addresses for current Health Center Program service sites
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.	<ul style="list-style-type: none">• Form 5B: Service Sites

Demonstrating Eligibility (4/4)

Eligibility Requirement	Demonstrating Eligibility (Appendix A)
<p>9. Must serve in whole or part the a Medically Underserved Area or Population (MUA/P).</p> <p>Note: Applicants requesting look-alike designation only for special populations (HP, MSAW and/or RPH) are not required to have MUA/MUP designation.</p>	<ul style="list-style-type: none">• Form 1A: General Information Worksheet• Form 5B: Service Sites• Attachment 1: Patient Origin and Utilization Information• Attachment 2: Service Area Map and Table
<p>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 and ensure ongoing consultation with public housing residents.</p>	<ul style="list-style-type: none">• Project Narrative• Form 6B: Waiver of Board Member Requirement (as applicable)



Remember: Applicants must meet all eligibility requirements at the time of application

Health Center Program Requirements



Program Requirements

1. Needs Assessment
2. Required and Additional Health Services*
3. Clinical Staffing*
4. Accessible Locations and Hours of Operation
5. Coverage for Medical Emergencies During and After hours
6. Continuity of Care and Hospital Admitting
7. Sliding Fee Discount Program*
8. Quality Improvement/Assurance
9. Key Management Staff
10. Contracts and Subawards
11. Conflict of Interest
12. Collaborative Relationships
13. Financial Management and Accounting Systems
14. Billing and Collections
15. Budget
16. Program Monitoring and Data Reporting Systems
17. Board Authority*
18. Board Composition

**Frequent areas of look-alike applicant noncompliance*



Compliance Manual

- Assists health centers in **understanding** and **demonstrating** compliance with Health Center Program requirements
- Available at [Health Center Program Compliance Manual](#)
- *Applicants must demonstrate compliance with all program requirements **at the time of application.***



Required Services

Clinical Services

- General primary medical care
- Diagnostic laboratory and radiology
- Screenings
- Coverage for emergencies after hours
- Voluntary family planning
- Immunizations
- Well-child care
- Gynecology and obstetrical care
- Preventive dental
- Pharmaceutical services

Enabling Services

- Case management
- Eligibility assistance
- Health education
- Outreach
- Transportation services
- Translation services



For definitions and service descriptions, please see [Service Descriptors for Form 5A: Services Provided \(PDF\)](#)

Changes from the Previous Instructions



Key Changes (1/3)

See the Instructions
for all changes

- Clarified what factors HRSA considers to determine if your organization is independently owned, controlled, and operated. (For example, whether most of your clinical and administrative functions are provided through direct employment, contractors, or a single affiliated or related organization.)
- Added a request for information on how you provided your local community with notice of your application to become a look-alike.
- Updated Attachment 18: Other Relevant Documents. You must submit more information in the attachment and HRSA may not approve your application if:
 - You propose a look-alike site within 1 mile of a current Health Center Program award recipient or look-alike site.
 - You propose a service area that has a Health Center Program penetration level of the low-income population that is 50 percent or greater, per the [Health Center Program \(HCP\) GeoCare Navigator](#). You must include both Health Center Program award recipients and LALs in your GeoCare Navigator service area map.
 - You select “urban” on Form 1A, and your proposed look-alike site is more than 15 miles from your closest proposed look-alike site, if proposing multiple sites.
 - You select “rural” on Form 1A, and your proposed look-alike site is more than 30 miles from your closest proposed look-alike site, if proposing multiple sites.



Key Changes (2/3)

See the Instructions
for all changes

- Updated Attachment 18: Other Relevant Documents to add that HRSA will further evaluate applications with proposed service areas that overlap with other health centers or LALs. This review will consider whether letters of support were submitted in Attachment 15: Collaboration Documentation, as well as the potential impact of a new look-alike on both the unmet need in the community and the financial stability of existing Health Center Program award recipients, LALs, other Medicaid providers, and other providers serving the uninsured in the proposed service area.
- Explained how to include indirect costs in your budget.
- Added that HRSA may prioritize application review and technical assistance if at least one of your service delivery sites is in a zip code with an Unmet Need Score (UNS) of 75 or greater according to the [Unmet Need Score Map Tool](#) or is located in an area currently served by the Health Center Program and at risk for losing access to care.
- Updated [Form 1A: General Information Worksheet](#) to include your UNS score.
- Removed the Clinical and Financial Performance Measures form.



Key Changes (3/3)

**See the Instructions
for all changes**

- Updated our review process time frames.
- The page limit is reduced to 90 pages. This does not include required forms or the following attachments:
 - Attachment 2: Service Area Map and Table
 - Attachment 4: Bylaws
 - Attachment 6: Co-Applicant Agreement for Public Agencies
 - Attachment 9: Evidence of Nonprofit or Public Agency Status
 - Attachment 15: Collaboration Documentation
 - Attachment 18: Other Relevant Documents



Tips and Resources



Preparing a Successful Application

- ✓ Read and follow the Instructions on [Apply for Look-Alike Initial Designation \(LAL ID\)](#).
- ✓ Refer to the EHBs Look-Alike Initial Designation User Guide on [Apply for Look-Alike Initial Designation \(LAL ID\)](#) for assistance completing forms and submitting in EHBs
- ✓ Clearly demonstrate the organization is:
 - Independently owned, controlled, and operated with a board that is engaged, informed, and providing oversight
 - Currently operational – providing comprehensive primary care for 40 hrs/wk
- ✓ Conduct a self-assessment using the Compliance Manual and demonstrate how the organization **currently** meets all Health Center Program requirements
- ✓ Use tools on [Scope of Project](#), including:
 - Form 5A Service Descriptors and Form 5A Column Descriptors
 - Health Center Self-Assessment Worksheet for Form 5A: Services Provided
- ✓ Ensure information is consistent across forms, attachments, and the Project Narrative



Preparing for the Operational Site Visit (OSV)

- ✓ Review the [Health Center Program Site Visit Protocol](#) and perform a self-assessment to ensure your organization is compliant
- ✓ Use the [Operational Site Visit Documents Provided by HRSA](#) to ensure all documents are available for the onsite review
- ✓ Ensure your records demonstrate your organization is following established policies and procedures
- ✓ Confirm all referral arrangements and contracts are in place and compliant
- ✓ Prepare your board and staff for the upcoming OSV

Technical Assistance (TA) Resources (1/2)

Topic	Contact
Guidance on Requirements and Application Components	Apply for Look-Alike Initial Designation (LAL ID)
Application Questions	Look-alike Initial Designation TA Team: Submit a request using the BPHC Contact Form Under Look-Alike Designation, select <i>Initial Designation (LAL-ID)</i>

Technical Assistance (TA) Resources (2/2)

Topic	Contact
EHBs Submission Issues	Health Center Program Support: 877-464-4772 Submit a request using the BPHC Contact Form Under Technical Support, select: <ol style="list-style-type: none">1. <i>EHBs Tasks/EHBs Technical Issues</i>2. <i>LAL Applications Technical Question</i>
Primary Care Associations and National Training and TA Partners	Strategic Partnerships



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