



Fiscal Year (FY) 2022 Look-Alike (LAL) Annual Certification (AC) Technical Assistance Briefing

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Vision: Healthy Communities, Healthy People



Look-Alike AC Technical Assistance Briefing

AGENDA

- Overview
- Summary of Changes
- Access and Deadline Dates
- Submission Components
- Project Narrative Update
- Resources and Contacts
- Reminders



Overview

- Provides an update on the progress of Health Center Program look-alike (LAL) designees
- Streamlined submission that should include COVID-19 updates
- Submit electronically in the HRSA Electronic Handbooks (EHBs)
- Instructions and EHBs User Guide available on AC technical assistance webpage at <http://bphc.hrsa.gov/programopportunities/lookalike/AC/index.html>



AC Summary of Changes



Narrative Field Character Reduction



Organizational Capacity Section Reformatted



Patient Capacity Section Revised



Form 1C Updated

Access and Deadline Dates

Certification Period Start Date	HRSA EHBs Access	HRSA EHBs Deadline (5:00 PM ET)
January 1, 2022	August 3, 2021	October 2, 2021
February 1, 2022	September 3, 2021	November 2, 2021
March 1, 2022	October 1, 2021	November 30, 2021
April 1, 2022	November 1, 2021	December 31, 2021
May 1, 2022	December 1, 2021	January 30, 2022
June 1, 2022	January 1, 2022	March 2, 2022



Submission Components

Form

- Cover Page
- Form 1C: Documents on File
- Form 3: Income Analysis
- Form 3A: Look-Alike Budget Information
- Project Narrative Update

Document

- Budget Narrative

Fixed

- Forms 5A, 5B, 5C

Program Specific Forms:

Form 1C: Documents on File

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 1C: DOCUMENTS ON FILE	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number
Coverage for Medical Emergencies During and After Hours operating procedures.		
Continuity of Care/Hospital Admitting operating procedures.		
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.		
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.		
Governance	Date of Last Review/Revision (maximum 100 characters)	Not Applicable (N/A)
Governing Board Bylaws.		
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)		
Evidence of Nonprofit or Public Center Status.		



Program Specific Forms:

Form 3: Income Analysis

- Provides a breakdown of projected income for the upcoming one-year certification period
- Detailed instructions are included in Appendix A of the AC instructions

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 3: INCOME ANALYSIS				FOR HRSA USE ONLY	
				LAL Number	Application Tracking Number
Note: The value in the Projected Income (d) column should equal the value in the Billable Visits (b) column multiplied by the value in the Income per Visit (c) column. If not, explain in the Comments/Explanatory Notes section.					
Part 1: Patient Service Revenue – Program Income					
Payer Category	Patients by Primary Medical Insurance (a)	Billable Visits (b)	Income per Visit (c)	Projected Income (d)	Prior FY Income (e)
1. Medicaid					
2. Medicare					
3. Other Public					
4. Private					
5. Self Pay					
6. Total (Lines 1-5)	will auto-calculate in EHBs	will auto-calculate in EHBs	N/A	will auto-calculate in EHBs	will auto-calculate in EHBs
Part 2: Other Income – Other Federal, State, Local, and Other Income					
7. Other Federal	N/A	N/A	N/A		
8. State Government	N/A	N/A	N/A		



Program Specific Forms:

Form 3A: Look-Alike Budget Information

- The only attachment for the AC submission
- Provides a breakdown of all projected costs for the upcoming one-year certification period
- Should align with the amounts listed in Form 3A: Look-Alike Budget Information
- A sample is available on the [AC technical assistance webpage](#)

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY			
		LAL Number	Application Tracking Number		
FORM 3A: LOOK-ALIKE BUDGET INFORMATION					
Note: The program income total on this form must match the program income total on Form 3.					
Budget Category	Community Health Centers (CHC - 330(e))	Migrant Health Centers (MHC - 330(g))	Health Care for the Homeless (HCH - 330(h))	Public Housing Primary Care (PHPC - 330(i))	Total <i>will auto-calculate in EHB</i>
1. Expenses					
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of a through h) <i>will auto-calculate in EHB</i>					
j. Indirect Charges					
k. Total Expenses (sum of i and j) <i>will auto-calculate in EHB</i>					



Program Specific Forms: Forms 5A, 5B, and 5C

- Pre-populated from your approved scope of project
- Forms are locked and cannot be changed in the AC submission
- Included to serve as a reference during completion of the Project Narrative Update



Project Narrative Update



Organizational Capacity



Patient Capacity

Project Narrative Update: **Organizational Capacity**

Discussion of major changes that have impacted or may impact progress in the following areas:

(1) Staffing, (2) Operations, and (3) Financial Status

Include discussion of the following for each area outlined above:

- Progress and changes to date;
- Impact of COVID-19;
- Expected progress for the remainder of the FY 2021 certification period; and
- Projected changes for the FY 2022 certification period.

**The Organizational Capacity question includes separate narrative text boxes -
NEW**



Project Narrative Update: Patient Capacity

Discuss **ONLY** negative trends in patients and plans for reaching the projected number of patients.

Designation Period: 11/30/2019 - 11/28/2022								
Special Populations	2018 Patient Number ⓘ	2019 Patient Number ⓘ	2020 Patient Number ⓘ	% Change 2018-2020 Trend ⓘ	% Change 2019-2020 Trend ⓘ	% Progress Toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative
Total Migratory and Seasonal Agricultural Worker Patients	Data not available	Data not available	0	Data not available	Data not available	Data not available	Data not available	Approximately 1/2 page (Max 1000 characters with spaces) <input type="text"/>
Total People Experiencing Homelessness Patients	Data not available	Data not available	3	Data not available	Data not available	Data not available	Data not available	Approximately 1/2 page (Max 1000 characters with spaces) <input type="text"/>
Total Public Housing Resident Patients	Data not available	Data not available	0	Data not available	Data not available	Data not available	Data not available	Approximately 1/2 page (Max 1000 characters with spaces) <input type="text"/>



Resources and Contacts

Resource/Issue	Contact
Information on Completing the AC and Sample TA Materials	https://bphc.hrsa.gov/programopportunities/lookalike/AC/index.html
Instructions-Related Questions	Karen Fitzgerald http://www.hrsa.gov/about/contact/bphc.aspx
EHBs Issues	HRSA Health Center Program Support 877-464-4772 http://www.hrsa.gov/about/contact/bphc.aspx



Reminders

- ✓ Nearly all Health Center Program look-alikes will complete an FY 2022 AC
 - Those with a 3-year designation period that ends in FY 2022 and recently received a 1-year extension; and
 - Those with a designation period end date NOT in FY 2022 (October 1, 2021 – September 30, 2022)
- ✓ Submit by your established deadline
- ✓ Incomplete or non-responsive AC submissions will be returned through a Request Change notification via the EHBs
- ✓ **Failure to submit a timely and complete AC submission may result in termination of the LAL designation and all corresponding benefits**



Thank You!

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Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



<https://www.hrsa.gov/about/contact/bphc.aspx>



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