



Fiscal Year (FY) 2021 Look-Alike (LAL) Annual Certification (AC) Technical Assistance Briefing

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Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



Look-Alike AC Technical Assistance Briefing

AGENDA

- Overview
- Updates
- 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
- Submitted 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>



Updates

Removed

- Scope Certification Form
- Performance Measures
- Environment and Telehealth narrative questions

Added

- COVID-19 impact should be discussed wherever appropriate
- Vision Services added to Patient Capacity Table

Access and Deadline Dates

Certification Period Start Date	HRSA EHBs Access	HRSA EHBs Deadline (5:00 PM ET)
January 1, 2021	August 3, 2020	October 2, 2020
February 1, 2021	September 3, 2020	November 2, 2020
March 1, 2021	October 1, 2020	November 30, 2020
April 1, 2021	November 1, 2020	December 31, 2020
May 1, 2021	December 1, 2020	January 30, 2021
June 1, 2021	January 1, 2021	March 2, 2021



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

Budget Narrative

- The only attachment for the AC submission
- Provides a breakdown of all projected costs for the upcoming 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](#)



Program Specific Forms:

Form 3A: Look-Alike Budget Information

- Provides a breakdown of projected expenses and revenues for the upcoming one-year certification period
- Consistent with amounts described in the budget narrative

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:

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				FOR HRSA USE ONLY	
FORM 3: INCOME ANALYSIS				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: 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



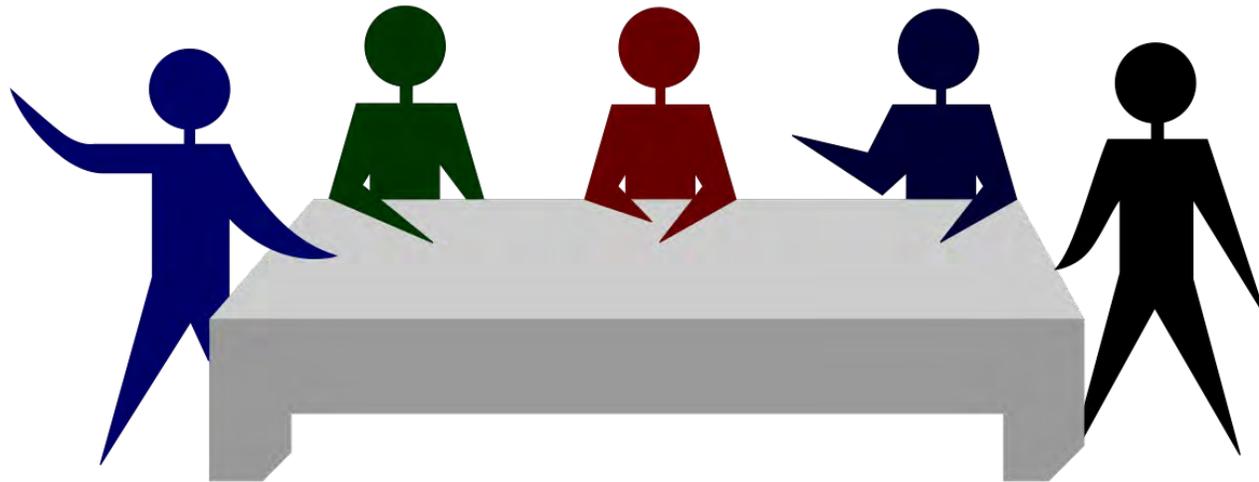
Organizational Capacity



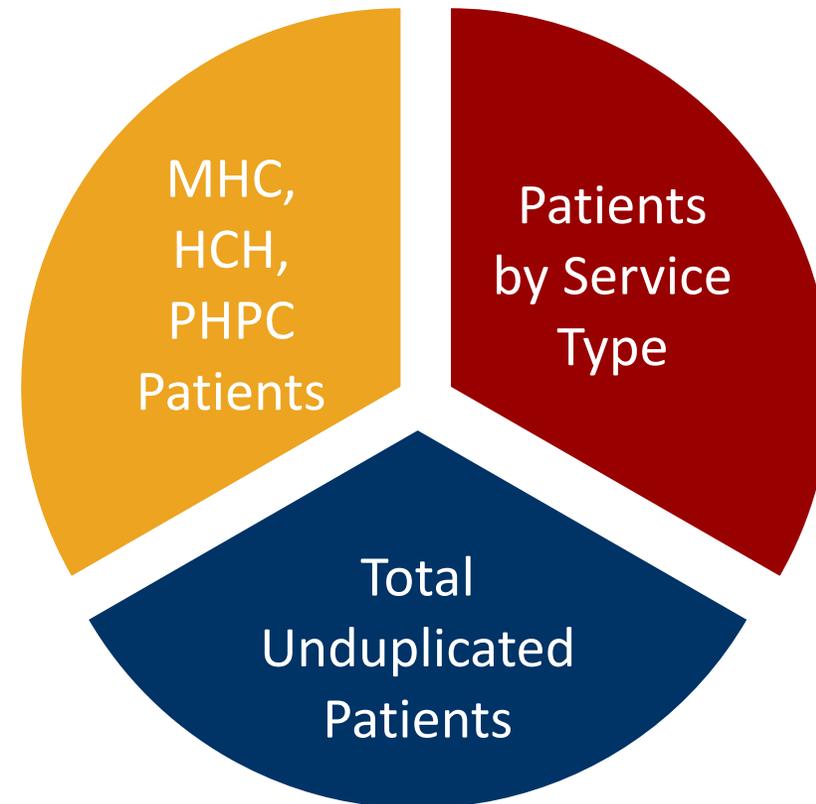
Patient Capacity

Project Narrative Update: **Organizational Capacity**

Current major changes, since the last certification period, in the organization's capacity that have impacted or may impact the progress of the designated project



Project Narrative Update: Patient Capacity



Resources and Contacts

Resource/Issue	Contact
Information on Completing the AC and Sample Technical Assistance Materials	https://bphc.hrsa.gov/programopportunities/lookalike/AC/index.html
Instructions-Related Questions	Karen Fitzgerald http://www.hrsa.gov/about/contact/bphc.aspx 301-594-4300
EHBs Issues	HRSA Health Center Program Support http://www.hrsa.gov/about/contact/bphc.aspx 877-464-4772



Reminders

- ✓ Nearly all Health Center Program look-alikes will complete an FY 2021 AC
 - Those with a 3-year designation period that ended in FY 2021 received a 1-year extension
 - Those with a designation period end date NOT in FY 2021 (October 1, 2020 – September 30, 2021)
- ✓ Submit by your established deadline
- ✓ Incomplete or non-responsive AC submissions will be returned through a Request Change notification via the HRSA 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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