



# Fiscal Year (FY) 2024 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
- FY 2024 Updates
- Access and Deadline Dates
- Submission Components
- Project Narrative Update
- Resources and Contacts
- Reminders



# Overview

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- Provides an update on the progress of Health Center Program look-alikes (LALs)
- Submit electronically in the HRSA Electronic Handbooks (EHBs)
- Instructions and EHBs User Guide are available on AC Technical Assistance (TA) webpage at <https://bphc.hrsa.gov/funding/funding-opportunities/health-center-program-look-alikes/look-alike-annual-certification-ac-instructions-resources>



# FY 2024 Updates



## Project Narrative Update: Patient Capacity Section

If you have experienced an increase in patients in other service types, describe how you maintain comprehensive primary medical care as your health center's main purpose.

# FY 2024 Access and Deadline Dates

Certification Period Start Date	HRSA EHBs Access	HRSA EHBs Deadline (5:00 PM ET)
January 1, 2024	August 4, 2023	October 3, 2023
February 1, 2024	September 4, 2023	November 3, 2023
March 1, 2024	October 3, 2023	December 2, 2023
April 1, 2024	November 3, 2023	January 2, 2024
May 1, 2024	December 3, 2023	February 1, 2024
June 1, 2024	January 3, 2024	March 3, 2024



# Submission Components

## Form

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

## Attachment

- Budget Narrative

## Fixed Form

- Form 5A: Services Provided
- Form 5B: Service Sites
- Form 5C: Other Activities/Locations



# 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 [LAL- AC User Guide](#) and on the [AC TA webpage](#)

OMB No. : 0915-0285, Expiration Date: 4/30/2025

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY			
		LAL Number	Application Tracking Number		
<b>FORM 3: INCOME ANALYSIS</b>					
<p><b>Note:</b> 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. In the Prior FY Income (e) column, enter the income data from the health center's most recent fiscal year audit or interim financial statement.</p>					
<b>Part 1: Patient Service Revenue – Program Income</b>					
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
<b>Part 2: Other Income – Other Federal, State, Local, and Other Income</b>					
7. Other Federal	N/A	N/A	N/A		
8. State Government	N/A	N/A	N/A		
9. Local Government	N/A	N/A	N/A		



# Program Specific Forms - Form 3A: Look-Alike Budget Information

- Provides a breakdown of all projected costs for the upcoming one-year certification period
- Should align with the amounts listed in the Budget Narrative
- A sample is available on the [AC TA 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>
<b>1. Expenses</b>					
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>					



# Project Narrative Update



## Organizational Capacity Section



## Patient Capacity Section

# Project Narrative Update: Organizational Capacity Section

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

**Staffing**

**Operations**

**Financial Status**

## For each area, discuss:

- Progress and changes to date;
- Barriers resulting from or related to public health emergencies, natural and/or man-made disasters;
- Expected progress for the remainder of the FY 2023 certification period; and
- Projected changes for the upcoming FY 2024 certification period.

- **The Organizational Capacity question includes separate narrative text boxes as shown in the screenshot.**

Fields with \* are required

Organizational Capacity Patient Capacity

Organizational Capacity

Discuss major changes since the last budget period in the organization's capacity that have impacted or may impact the progress of the funded project, including changes in:

\* Staffing, including key management vacancies

Approximately 12 page (Max 1000 characters with spaces)

\* Operations, including changes in policies and procedures

Approximately 12 page (Max 1000 characters with spaces)

\* Financial status, including the most current audit findings

Approximately 12 page (Max 1000 characters with spaces)

Go to Previous Page Save Save and Continue

# Project Narrative Update: Patient Capacity Section

Discuss negative trends in patient capacity, including barriers that adversely affect patient trends and plans for reaching the projected number of patients. **If you have an increase in patients in other service types, describe how you are maintaining comprehensive primary medical care as your health center's main purpose.**

Notes:

- If you have experienced a negative trend in Patient Capacity, the system WILL require you to provide comments in the Patient Capacity Narrative column.
- 2020-2022 Patient Number data are pre-populated from Table 4 in the UD5 Report.
- The Projected Number of Patients values are pre-populated from the PTM using patient projections in the Service Area Competition (SAC) that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance.
- The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide an explanation in the Patient Capacity Narrative section.

Period of Performance: 1/1/2013 - 12/31/2024

	2020 Patient Number	2021 Patient Number	2022 Patient Number	% Change 2020-2022 Trend	% Change 2021-2022 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Total Migratory and Seasonal Agricultural Workers Patients	35	38	Data not available	Data not available	Data not available	0.00%	35	Approximately 1/2 page (Max 1000 characters with spaces)
Total People Experiencing Homelessness Patients	5	43	Data not available	Data not available	Data not available	0.00%	10	Approximately 1/2 page (Max 1000 characters with spaces)
Total Public Housing Resident Patients	0	0	Data not available	Data not available	Data not available	Data not available	0	Approximately 1/2 page (Max 1000 characters with spaces)

# Attachment: Budget Narrative

- The only attachment for the AC submission
- Provides a breakdown of all projected costs for the upcoming certification period
- Amounts should align with Forms 3 and 3A
- A sample is available on the [AC TA Webpage](#)

## Annual Certification Sample Budget Narrative

The sample line-item budget narrative shown below is provided as a broad outline. A detailed budget narrative is required for all items within each category for which funds are requested.

**REVENUE** (Totals should be consistent with information presented in the SF-424A and Form 3: Income Analysis)

REVENUE	CERTIFICATION PERIOD AMOUNT
APPLICANT ORGANIZATION	
STATE FUNDS	
LOCAL FUNDS	
OTHER SUPPORT	
PROGRAM INCOME (fees, third-party reimbursements, and payments generated from the projected delivery of services)	
<b>TOTAL REVENUE</b>	

**EXPENSES:** Object class totals should be consistent with those presented in Form 3A: Look-Alike Budget Information.

### PERSONNEL

ADMINISTRATION	
MEDICAL STAFF	
DENTAL STAFF	
BEHAVIORAL HEALTH STAFF:	
MENTAL HEALTH SERVICES	
SUBSTANCE USE DISORDER SERVICES	
VISION SERVICES	
ENABLING STAFF	
<b>TOTAL PERSONNEL</b>	



# Program Specific Forms (Fixed Forms) – Forms 5A, 5B, and 5C

- Pre-populated from your approved scope of project
- Forms are locked and cannot be changed in the AC application submission
- Included to serve as a reference during completion of the Project Narrative Update
- Scope of Project resources are available on BPHC's website at <https://bphc.hrsa.gov/programrequirements/scope.html>



# Technical Assistance Resources and Contacts

Assistance Needed	Contact Source
General Technical Assistance	The <a href="#">AC TA webpage</a> contains sample forms, the Electronic Handbooks (EHBs) user guide, a slide presentation and other resources
AC Instructions Questions	<b>AC Response Team</b> 301-594-4300 Submit a Web Request at <a href="#">BPHC Contact Form</a> <ul style="list-style-type: none"><li>• Select Look-alike Designation</li><li>• Select Annual Certification (LAL-AC)</li></ul>
HRSA EHBs Submission Assistance	<b>Health Center Program Support</b> 1-877-464-4772 <ul style="list-style-type: none"><li>• Contact Health Center Support at <a href="#">BPHC Contact Form</a> Under Technical Support, select EHBs Task/EHBs Technical Issues</li><li>• Select LAL Application Technical Questions</li></ul>



# Reminders

- ✓ Submit your LAL-AC submission by the established deadline according to your certification period start date
- ✓ The Authorizing Official identified in the system for your LAL organization, as listed in the EHBs, will receive an EHBs system-generated email 5 months (or 150 days) before the end of the certification period to inform you that the AC submission is available.
- ✓ 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>



(301) 594-4300

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