



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

NDN ш

- Overview
- FY 2024 Updates
- Access and Deadline Dates
- Submission Components
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- Resources and Contacts
- Reminders



Overview

- 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 <u>LAL- AC User Guide</u> and on the <u>AC TA webpage</u>

				OMB No.: 0	915-0285. Expiration	n Date: 4/30/202	
	DEPARTMENT	OF HEALTH AND HU	FOR HRSA USE ONLY				
	Health Resou	rces and Services Ad M 3: INCOME ANALY	LAL Number	LAL Number Application Numb			
FY stal	the value in the Ind Income (e) columi tement.	come per Visit (c) colu	mn. If not, explain in the ta from the health cent	the value in the Billable e Comments/Explanate er's most recent fiscal	ory Notes section	n. In the Prior	
	ayer Category	Patients by Primary Medical Insurance (a)	Billable Visits	Income per Visit	Projected Income (d)	Prior FY Income	
1.	Medicaid					10,	
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	
Par	t 2: Other Income	e - Other Federal, Sta	ate, Local, and Other	Income	-53		
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 <u>AC TA</u> webpage

Health Resources and Services Administration FORM 3A: LOOK-ALIKE BUDGET INFORMATION						LAL Number		Application Tracking Number	
No	te: The program income	total on this form m	ust match the prog	ram in	come total	on Form 3.			
Bu	dget Category	Community Health Centers (CHC - 330(e))	Migrant Health Centers (MHC - 330(g))	the H	th Care for lomeless 1 - 330(h))	Public Hou Primary ((PHPC - 3	Care	Total will auto- calculate in EHB	
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) will auto-calculate in EHB								
j.	Indirect Charges								
k.	Total Expenses (sum of i and j) will auto-calculate in EHB								





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:

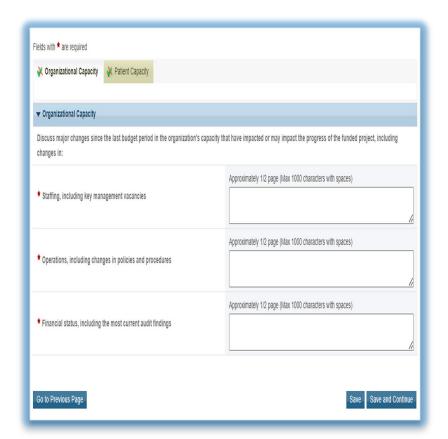
Staffing

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.





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.

2000-2022 Patient Number data are pre-populated from Tal The Projected Number of Patients values are pre-populate The Projected Number of Patients values cannot be edited.	d from the PTM using patient					ient projections from selected supple	mental funding awarded after the start of the	current period of performance.
eriod of Performance: 1/1/2013 - 12/21/2024								
	2020 Patient Number	2021 Patient Number ©	2022 Patient Number	% Change 2020-2022 Trend (i)	% Change 2021-2022 Trend	% Progress Toward Goal @	Projected Number of Patients	Patient Capacity Narrative
								Approximately 1/2 page (Max 1000 characters with spaces)
tal Migratory and Seasonal Agricultural Workers Patients	36	38	Data not available	Data not available	Data not available	0.00%	35 (g)	
								Approximately 1.2 page (Max 1000 characters with spaces)
otal People Experiencing Homelessness Patients	5	43	Data not available	Data not available	Data not available	0.00%	15 (j)	
								Approximately 1.2 page (Max 1000 characters with spaces)
stal Public Housing Resident Patients	0	0	Data not available	Data not available	Data not available	Data not available	0 (8)	





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 <u>AC TA Webpage</u>

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)	
TOTAL REVENUE	

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					
TOTAL PERSONNEL					





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 <u>AC TA webpage</u> contains sample forms, the Electronic Handbooks (EHBs) user guide, a slide presentation and other resources
AC Instructions Questions	AC Response Team 301-594-4300 Submit a Web Request at BPHC Contact Form • Select Look-alike Designation • Select Annual Certification (LAL-AC)
HRSA EHBs Submission Assistance	 Health Center Program Support 1-877-464-4772 Contact Health Center Support at <u>BPHC Contact Form</u> Under Technical Support, select EHBs Task/EHBs Technical Issues Select LAL Application Technical Questions



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!

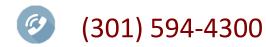
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