HRSA Health Center Program

Fiscal Year 2024 Look-Alike Annual Certification Submission Instructions

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Issuance Date: August 1, 2023

All submissions started in the HRSA Electronic Handbooks (EHBs) on or after the issuance date must adhere to the instructions contained herein.

Karen A. Fitzgerald, MPH
Public Health Analyst, Bureau of Primary Health Care
Office of Policy and Program Development
Contact: https://hrsa.force.com/support/s/
Telephone: 301-594-4300

Annual Certification Technical Assistance Webpage: https://bphc.hrsa.gov/funding/funding-opportunities/health-center-program-look-alikes/look-alike-annual-certification-ac-instructions-resources

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed below in Section I. Technical Assistance.

PURPOSE

Health Center Program look-alikes (LALs) are organizations that, like Health Center Program award recipients, improve the health of the nation's underserved communities and vulnerable populations, but do not receive Health Center Program grant funding. The purpose of the Annual Certification (AC) is to provide an update on the progress of your Health Center Program look-alike (LAL). The fiscal year (FY) 2024 AC reports on progress made since the submission of the last application (Renewal of Designation (RD) or AC) until the date of the current AC submission, expected progress for the remainder of the FY 2023 certification period, and projected changes for the upcoming FY 2024 certification period.

Continuation of LAL designation is based on satisfactory progress toward accomplishing the project's goals and a decision that continued designation is in the best interest of the Federal Government.

SUBMISSION SCHEDULE

The AC is available in the HRSA Electronic Handbooks (EHBs) according to your certification period start date. See Table 1: Submission Schedule for the date your AC will be available in EHBs and the AC submission deadline.

TABLE 1: SUBMISSION SCHEDULE

Certification Period Start Date	EHBs Access	EHBs Deadline
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

Note: EHBs access and deadline dates are auto generated by EHBs. Please work within these dates and, if needed, request technical assistance prior to the deadline if the deadline falls on a weekend or holiday. **Failure to submit a timely and complete AC may result in termination of the LAL designation and all corresponding benefits.**

General Instructions

You will complete your AC in the EHBs according to your certification period start date. Complete all forms directly in the EHBs, and upload attachments into the EHBs. You must submit the application in English and budget figures must be expressed in U.S. dollars (45 CFR § 75.111(a)). The EHBs system will send an email to your LAL's contacts identified in the system 150 days before the end of the certification period to inform them that the application is accessible in the EHBs. Once you are notified that the AC is available within the EHBs, you will have 60 days to complete and submit all components in the EHBs system. AC submissions are due 90 days before the end of the certification period. AC submissions that fail to include all required documents and information will be considered incomplete or non-responsive. Incomplete or non-responsive AC submissions will be returned through a "Request Change" notification via the EHBs for the provision of missing information or clarification. You are required to submit an AC by the established deadline within the certification period. Failure to submit a timely and complete AC may result in the termination of the LAL designation and all corresponding benefits. Review your AC to ensure that it is complete and responsive before submission.

The submission must include all required forms and attachments outlined in Table 2: Submission Components. In the Document Type column, the word "Form" refers to forms that you complete online in the EHBs. The word "Attachment" refers to materials that must be uploaded into the EHBs. "Fixed" forms are pre-populated to reflect the currently approved scope of project and are provided for reference only.

Table 2: Submission Components

- The Budget Narrative is the only document that you should upload within the EHBs. Samples of Form 1C: Documents on File, Form 3: Income Analysis, Form 3A: Look-Alike Budget Information, the Project Narrative Update, and the Budget Narrative are available on the AC TA webpage.

AC Section	Document Type	Instructions
Cover Page	Form	Provide a summary of information related to the project.
Budget Narrative	Attachment	Provide a line-item budget for the upcoming certification period. Refer to Section IV: Budget Presentation Instructions for detailed instructions.
Form 1C: Documents on File	Form	Provide the dates when the listed documents were last updated, if applicable. Refer to Appendix A for additional details.
Form 3: Income Analysis	Form	Provide projected program income for the upcoming certification period. Refer to Appendix A for additional details.
Form 3A: Look-Alike Budget Information	Form	Provide the budget for the upcoming certification period. Refer to Appendix A for additional details.
Forms 5A, 5B, and 5C	Fixed form	These forms are pre-populated to reflect the current approved scope of project and are provided for reference only. Refer to Appendix A for additional details.
Project Narrative Update	Form	Provide updates to both Organizational and Patient Capacity. Refer to Section III for detailed instructions.

PROJECT NARRATIVE UPDATE INSTRUCTIONS

Note: Narrative response in each section is limited to 1,000 characters (including spaces), or approximately 1/2 page.

1. **Organizational Capacity:** Discuss major changes since the last designation or certification period in the organization's capacity that have impacted or may impact project progress, including changes in:
    - Staffing, including key management vacancies;
    - Operations, including changes in policies and procedures; and
    - Financial status, including the most current audit findings.

    Include a discussion of the following for each area outlined above:
    - 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.

2. **Patient Capacity:** See Table 3: Patient Capacity. 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.**

Note: You are only required to respond to the Patient Capacity section if you are experiencing a **negative** trend for any fields in Table 3: Patient Capacity**.**

TABLE 3: PATIENT CAPACITY

	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
Designation Period: (Pre-populated from most recent Notice of Look-Alike Designation)								
Total Unduplicated Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Migratory and Seasonal Agricultural Worker Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total People Experiencing Homelessness Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Public Housing Resident Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit

Notes:

- If you have experienced a negative trend in Patient Capacity, the system WILL require you to provide a comment in the Patient Capacity Narrative column.
- 2020-2022 Patient Number data are pre-populated from Tables 3a and 4 in the UDS Report.
- The Projected Number of Patients value is pre-populated from the patient projections in the LAL submission that initiated your current designation period.
- The Projected Number of Patients values cannot be edited during the AC submission. If these values are not accurate, provide an explanation in the Patient Capacity Narrative section.

	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
Designation Period: (Pre-populated from most recent Notice of Look-Alike Designation)								
Total Medical Services Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Dental Services Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Mental Health Services Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Substance Use Disorder Services Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Vision Services	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre- populated calculation	Pre-populated (see note for explanation)	1,000 character limit
Total Enabling Services Patients	Pre-populated from 2020 UDS	Pre-populated from 2021 UDS	Pre-populated from 2022 UDS	Pre-populated calculation	Pre-populated calculation	Pre-populated calculation	Pre-populated (see note for explanation)	1,000 character limit

Notes:

- If you have experienced a negative trend in Patient Capacity, the system WILL require you to provide a comment in the Patient Capacity Narrative column.
- 2020-2022 Patient Number data are pre-populated from Table 5 in the UDS Report.
- The Projected Number of Patients value is pre-populated from the patient projections in the LAL submission that initiated your current designation period.
- The Projected Number of Patients values cannot be edited during the AC submission. If these values are not accurate, provide an explanation in the Patient Capacity Narrative section.

BUDGET PRESENTATION INSTRUCTIONS

A complete budget presentation includes the submission of Form 3: Income Analysis, Form 3A: Look-Alike Budget Information and the Budget Narrative.

Note: The AC may not be used to request changes in the designation type(s).[1]

Budget Narrative

Provide a detailed budget narrative in line-item format for the upcoming certification period. An itemization of revenues and expenses is necessary. Upload the budget narrative in the Appendices section in the EHBs. Definitions for the expense categories are as follows:

Personnel Costs: Explain personnel costs by listing each staff member who will be directly employed by the LAL, name (if possible), position title, percentage of full-time equivalency, and annual salary. Refer to the Annual Certification Sample Budget Narrative on the AC TA webpage.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to the portion of personnel costs that are allocated for the project.

Travel: List travel costs according to local and long-distance travel. For local travel, outline the mileage rate, number of miles, reason for travel, and staff members/consumers completing the travel. The budget should also reflect travel expenses (e.g., airfare, lodging, parking, per diem, etc.) for each person and trip associated with participating in meetings and other proposed trainings or workshops.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Equipment includes moveable items that are non-expendable, tangible personal property (including information technology systems), with a per-unit cost of $5,000 or more and a useful life of one or more years (e.g., large items of medical equipment). Any items that do not meet the threshold for equipment are considered supplies (see definition below).

Supplies: List the items that will be used to implement the proposed project. Separate items into three categories: office supplies (e.g., paper, pencils), medical supplies (e.g., syringes, blood tubes, gloves), and educational supplies (e.g., brochures, videos). Items must be listed separately.

Per 45 CFR § 75.321, property will be classified as supplies if the acquisition cost is under $5,000 per item. Note that items such as laptops, tablets and desktop computers are classified as supplies if the value is under the $5,000 per item equipment threshold.

[1] Community Health Center – CHC, Migrant Health Center – MHC, Health Care for the Homeless – HCH, and/or Public Housing Primary Care – PHPC

Contractual/Consultant: Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. You should not provide line-item details on the proposed contracts, rather you should provide the basis for your cost estimate for the contract. You are responsible for ensuring that your organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. For consultant services, list the total costs for all consultant services. In the budget narrative, identify each consultant, the services he/she will perform, the total number of days, travel costs, and total estimated costs.

Per the Suspension and Debarment rules in the Uniform Administrative Requirements, as implemented by HRSA under 45 CFR § 75.212, non-federal entities and contractors are subject to the non-procurement debarment and suspension regulations implementing Executive Orders 12549 and 12689, 2 CFR parts 180 and 376. These regulations restrict contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities.

Other: Include all costs that do not fit into any other category and provide an explanation of each cost (e.g., Electronic Health Record (EHR) provider licenses, audit, legal counsel). In some cases, rent, utilities, and insurance fall under this category if they are not included in an approved indirect cost rate.

You may include the cost of access accommodations as a part of your project's budget, including sign language interpreters, plain language and health literacy print materials in alternate formats (including, Braille, large print, etc.); and linguistic competence modifications (e.g., translation or interpretation services).

Indirect Costs: Indirect costs are costs incurred for common or joint objectives which cannot be readily and specifically identified with a particular project or program, but are necessary to the operations of the organization, e.g., the cost of operating and maintenance, depreciation, administrative salaries. For some institutions, the term "facilities and administration" (F&A) is used to denote indirect costs. Visit HHS's Cost Allocation Services (CAS) website at Program Support Center (PSC) to learn more about rate agreements, the process for applying for them, and the regional office which negotiates them.

Note: If your organization receives any federal funding, you are required to have the necessary policies, procedures, and financial controls in place to ensure that you comply with all federal funding requirements and prohibitions such as lobbying, gun control, abortion, etc. The effectiveness of these policies, procedures, and controls may be subject to audit.

TECHNICAL ASSISTANCE CONTACTS

ASSISTANCE NEEDED	CONTACT SOURCE
General Technical Assistance	The AC TA Webpage contains sample forms, the Electronic Handbooks (EHBs) user guide, a slide presentation and other resources

ASSISTANCE NEEDED	CONTACT SOURCE
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 BPHC Contact Form Under Technical Support, select *EHBs Task/EHBs Technical Issues* • Select *LAL Application Technical Questions*

APPENDIX A: PROGRAM SPECIFIC FORMS GUIDANCE

Form 1C: Documents on File

Form 1C collects information about documents that support the implementation of Health Center Program requirements, as outlined in the Health Center Program Compliance Manual. However, it does not provide an exhaustive list of all types of health center documents (e.g., policies and procedures, protocols, legal documents).

Form 1C: Documents on File Instructions are included in the AC User Guide and as a resource on the AC TA Webpage.

Form 3: Income Analysis (Required)

Form 3 collects the projected income from all sources for the upcoming certification period (one year). Form 3 income is divided into two parts: (1) Patient Service Revenue - Program Income and (2) Other Income - Federal, State, Local, and Other Income.

Form 3: Income Analysis Instructions are included in the AC User Guide and as a resource on the AC TA Webpage.

Form 3A: Look-Alike Budget Information (Required)

Form 3A: Look-Alike Budget Information collects total expenses and revenue for the upcoming certification period. Form 3A should be consistent with amounts described in the Budget Narrative.

Form 3A: Look-Alike Budget Information Instructions are included in the AC User Guide and as a resource on the AC TA Webpage.

Forms 5A: Services Provided, 5B: Service Sites, and 5C: Other Activities/Locations – Scope of Project

Forms 5A-C are provided for reference only. If any information is incorrect, submit your request for change via the Scope Adjustment or Change in Scope (CIS) Modules in the EHBs. Refer to the Scope of Project TA webpage and/or contact an Office of Health Center Program Monitoring (OHCPM) Program Specialist via the BPHC Contact Form for additional guidance.