HRSA Electronic Handbooks

FQHC Look-Alike

Renewal of Designation Application

User Guide for Applicants

Last updated on: October 13, 2011

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

Contents

1. INTRODUCTION 10

1.1. DOCUMENT PURPOSE AND SCOPE 10
1.2. DOCUMENT ORGANIZATION 10

2. BEFORE YOU BEGIN 11

2.1. REGISTER WITH THE HRSA ELECTRONIC HANDBOOKS 11

3. GET STARTED WITH THE HRSA ELECTRONIC HANDBOOKS 12

3.1. LOG IN 12
3.2. SESSION TIME LIMIT 12

4. PORTFOLIO MANAGEMENT 13

4.1. I AM A FQHC LOOK-ALIKE PROJECT DIRECTOR 14
4.2. I WOULD LIKE TO REQUEST ACCESS TO THIS DESIGNATION AS "OTHER USER" 16
4.3. CHANGE OF DESIGNATION PROJECT DIRECTOR 18

5. ACCESS THE DESIGNATION 19

6. ADMINISTER NEW/EXISTING USERS 21

7. ACCESS THE APPLICATION 25

8. COMPLETE THE APPLICATION FORMS 27

8.1. COVER PAGE 27
8.1.1 Add or Change the Authorizing Official 28
8.1.2 Request A New Authorizing Official (AO) 29
8.1.3 Delete the Authorizing Official 30
8.2. FORM 1A: GENERAL INFORMATION WORKSHEET 31
8.3. FORM 2: STAFFING PROFILE 35
8.4. FORM 3: INCOME ANALYSIS 38
8.5. FORM 3A: FQHC LOOK-ALIKE BUDGET INFORMATION 44
8.6. FORM 4: COMMUNITY CHARACTERISTICS 45
8.7. FORM 5A: SERVICES PROVIDED 47
8.7.1 Form 5A: Required Services 47
8.7.2 Form 5A: Additional Services 48
8.8. FORM 5B: SERVICE SITES 49
8.8.1 View Site Information 49
8.8.2 Update Site Information 50
8.9. FORM 5C: VIEW OTHER ACTIVITIES/LOCATIONS 54
8.10. FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS 55
8.10.1 To Add a Board Member 55
8.10.2 Update Board Member Information 57
8.10.3 Delete a Board Member 58
8.11. FORM 6B: REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS 59
8.12. FORM 8: HEALTH CENTER AGREEMENTS 61
8.13. FORM 9: NEED FOR ASSISTANCE WORKSHEET 67
8.13.1 Form 9: Section I: Core Barriers 67
8.13.2 Form 9: Section II: Core Health Indicators 69
8.13.3 Form 9, Section III: Other Health Indicators 70
8.14. FORM 10: ANNUAL EMERGENCY PREPAREDNESS (EP) REPORT 72
8.15. FORM 12: ORGANIZATION CONTACTS 73

8.16. CLINICAL PERFORMANCE MEASURES 75
8.16.1 The Designation Period 75
8.16.2 Provide Standard Performance Measure Information 75
8.16.3 Add an Additional Performance Measure 78
8.16.4 Update a Performance Measure 81
8.16.5 Delete an Additional Performance Measure 81
8.16.6 View a Performance Measure 82
8.17. FINANCIAL PERFORMANCE MEASURES 83
8.17.1 The Designation Period 83
8.17.2 Provide Standard Performance Measure Information 83
8.17.3 Add an Additional Performance Measure 86
8.17.4 Update a Performance Measure 89
8.17.5 Delete an Additional Performance Measure 89
8.17.6 View a Performance Measure 90
8.18. APPENDICES 91
8.18.1 Attach Documents 91
8.18.2 Update an Attached Document 94

9. REVIEW THE APPLICATION 96

9.1. APPLICATION FORMS STATUS 96
9.2. VIEW AND PRINT THE APPLICATION 97

10. SUBMIT THE APPLICATION 98

11. CUSTOMER SUPPORT INFORMATION 100

11.1. REGISTRATION OR ACCESS/PASSWORD ISSUES 100
11.2. COMPLETING THE APPLICATION IN THE ELECTRONIC HANDBOOKS 100
11.3. APPLICATION GUIDANCE OR PROGRAMMATIC QUESTIONS 100

12. FREQUENTLY ASKED QUESTIONS 101

12.1. SOFTWARE 101
12.1.1 What are the software requirements for HRSA EHBs? 101
12.1.2 What are the system requirements for using HRSA EHBs on a Macintosh computer? 101
12.1.3 What are the software requirements for FQHC LAL Application Modules? 101
12.1.4 What document types can I upload? 101

Figures

Figure 1: HRSA EHBs Login Screen 12
Figure 2: HRSA EHBs Home Page 12
Figure 3: Home Page Left Side Menu 13
Figure 4: FQHC LA Home Left Side Menu 13
Figure 5: Add to Portfolio - View Requests 13
Figure 6: Designation Portfolio Registration Page 14
Figure 7: Designation Portfolio Registration - Proceed with Portfolio Registration 14
Figure 8: Verify Project Director Identity Page 15
Figure 9: Addition Of Designation - Successful Page 15
Figure 10: Designation Portfolio Registration - Other User Request 16
Figure 11: Request Access From Project Director 16
Figure 12: Request Access From Project Director - Successfully Forwarded 17
Figure 13: Add to Portfolio - View Requests - Pending Approval 17
Figure 14: Left Side Menu - FQHC LAL Home Link 19
Figure 15: Left Side Menu - View Portfolio Link 19
Figure 16: FQHC Look-Alike Designation 20
Figure 17: FQHC LAL Handbook - Overview Page 20
Figure 18: FQHC LAL Handbook - Left Side Menu 21
Figure 19: Administer Users Page 22
Figure 20: Users - Update Privileges Page 23
Figure 21: Users - Update Privileges Page - Confirmation 24
Figure 22: Update Privileges - Information Saved Successfully 24
Figure 23: Certification/Renewal Page 25
Figure 24: Renewal of Designation - Status Overview Page 25
Figure 25: Left Side Menu 26
Figure 26: Cover Page 27
Figure 27: Choose Person to Add Page 28
Figure 28: Contact Information Page 28
Figure 29: Choose Person To Add: Request New AO 29
Figure 30: Contact Information: Notify AO Page 29
Figure 31: Form 1A: General Information Worksheet 31
Figure 32: Form 1A: Section 1. Applicant Information 32
Figure 33: Form 1A: Section 2. Service Area: 2a. Target Population 32
Figure 34: Form 1A: Section 2b. Service Area Type 32
Figure 35: Form 1A: Section 2c. Target Population Information 33
Figure 36: Form 1A: Section 2c. Patients and Visits by Service Type 33

Figure 37: Form 1A: Section 2c. Patients and Visits by Population Type 34
Figure 38: Form 2: Staffing Profile - Administration 35
Figure 39: Form 2 - Medical Staff 36
Figure 40: Form 2 - Dental, Behavioral Health and Enabling Staff 36
Figure 41: Form 2 - Other Staff 37
Figure 42: Form 2 - Total Salary 37
Figure 43: Form 3: Income Analysis Form 38
Figure 44: Download Form 3 Instruction Page 39
Figure 45: File Download Dialog Box 40
Figure 46: Save As Dialog Box 40
Figure 47: Form 3: Income Analysis - Downloaded Document Template 41
Figure 48: Form 3: Income Analysis - Attach 41
Figure 49: Attach Document Screen - Browse 42
Figure 50: Choose File to Upload Dialog Box 42
Figure 51: Attach Document Screen - File Selected 43
Figure 52: Attached Document(s) 43
Figure 53: Form 3A: FQHC Look-Alike Budget Information 44
Figure 54: Form 4 - Race 45
Figure 55: Form 4 - Hispanic or Latino Identity 45
Figure 56: Form 4 - Income as Percent of Poverty Level 46
Figure 57: Form 4 - Primary Third Party Payment 46
Figure 58: Form 4 - Special Population 46
Figure 59: Form 5A: Services Provided - Required Services 47
Figure 60: Form 5A: Services Provided - Drop-Down Menu 48
Figure 61: Form 5A: Additional Services 48
Figure 62: Form 5B: Service Sites Page 49
Figure 63: View Service Sites 49
Figure 64: Service Sites - Update 50
Figure 65: Update Site - Service Site Information 50
Figure 66: Update Site - Add Organization Information 51
Figure 67: Update Site - Location Setting 51
Figure 68: Update Site - Contact Information 51
Figure 69: Update Site - Change Location 51
Figure 70: Update Site - Add Mailing Address 52
Figure 71: Update Site - Add Service Area Zip Codes 52
Figure 72: Update Site - Add Service Area Population Type 53
Figure 73: Update Site - Site Addition Complete 53

Figure 74: Form 5C: List of Activities/Locations - View 54
Figure 75: Activity/Location Summary 54
Figure 76: Form 6A: Current Board Member Characteristics 55
Figure 77: Form 6A: Add Board Member Information 56
Figure 78: Form 6A: Board Members Gender; Ethnicity; Race 56
Figure 79: Update Link on a Board Member Listing 57
Figure 80: Update Board Member Information 57
Figure 81: Delete Link on a Board Member Listing 58
Figure 82: Confirm Delete Board Member 58
Figure 83: Form 6B: Request for Waiver of Governance Requirements - Section 1 59
Figure 84: Form 6B: Request for Waiver of Governance Requirements - Section 2 59
Figure 85: Form 6B: Request for Waiver of Governance Requirements - Section 3 59
Figure 86: Form 6B: Request for Waiver of Governance Requirements - Section 4 60
Figure 87: Form 8: Part I - Question 1 61
Figure 88: Form 8: Part II - Governance Checklist 62
Figure 89: Form 8: Part II - Question 2 62
Figure 90: Form 8: Part II - Question 3 62
Figure 91: Form 8: Part III: Organization Affiliation 63
Figure 92: Form 8: Part III: Add Organization Affiliation 63
Figure 93: Form 8: Part III: Add Organization Affiliation: Physical Address 63
Figure 94: Form 8: Part III: Add Organization Affiliation: Explain History 64
Figure 95: Form 8: Part III: Add Organization Affiliation: Attach Documentation 64
Figure 96: Form 8: Part III: Add Organization Affiliation - Browse 64
Figure 97: Choose File to Upload 65
Figure 98: Form 8: Part III: Attached Documents 65
Figure 99: Form 8: Attachments Uploaded 66
Figure 100: Need For Assistance Worksheet - Section Dropdown 67
Figure 101: Form 9: Section I: Population to One FTE Primary Care Physician Ratio 68
Figure 102: Form 9: Section II: Core Health Indicators - Diabetes 69
Figure 103: Form 9: Section III - Other Health Indicators 70
Figure 104: Form 10: Section I - Emergency Preparedness and Management Plan 72
Figure 105: Form 10: Section II - Readiness 72
Figure 106: Form 12: Organization Contacts 73
Figure 107: Form 12: Contact Information Data Entry Page 74
Figure 108: Clinical Performance Measures - Designation Period 75
Figure 109: Clinical Performance Measures - Standard Measures 75
Figure 110: Update Clinical Performance Measure Information 76

Figure 111: Update Clinical Performance Measure Information - Baseline Data 76
Figure 112: Projected Data Calculation - Sample Calculation 77
Figure 113: Update Clinical Performance Measure Information - Data Source and Methodology 77
Figure 114: Update Clinical Performance Measure Information - Key Factor and Major Planned Action 77
Figure 115: Update Clinical Performance Measure Information - Comments 78
Figure 116: Additional Measures - Add Performance Measure 78
Figure 117: Add Clinical Performance Measure information - Focus Area 79
Figure 118: Add Clinical Performance Measure information - Performance Measure and Target Goal 79
Figure 119: Add Clinical Performance Measure information - Numerator and Denominator 79
Figure 120: Add Clinical Performance Measure information - Baseline Data 79
Figure 121: Sample Calculation 80
Figure 122: Add Clinical Performance Measure information - Data Source and Key Factor(s) 80
Figure 123: Add Clinical Performance Measure information - Comments 80
Figure 124: Clinical Performance Measures - Additional Measures 81
Figure 125: Update Link on a Complete Performance Measure 81
Figure 126: Clinical Performance Measures - Additional Measures - Delete 82
Figure 127: Read-only Display of a Clinical Performance Measure 82
Figure 128: Financial Performance Measures - Designation Period 83
Figure 129: Financial Performance Measure - Standard Measures 83
Figure 130: Update Financial Performance Measure Information 84
Figure 131: Update Financial Performance Measure Information - Baseline Data 84
Figure 132: Sample Calculation 85
Figure 133: Update Financial Performance Measure Information - Data Source and Methodology 85
Figure 134: Key Factor and Major Planned Action 85
Figure 135: Update Financial Performance Measure Information - Comments 85
Figure 136: Additional Measures - Add Performance Measure 86
Figure 137: Add Financial Performance Measure Information - Focus Area 86
Figure 138: Add Financial Performance Measure Information - Performance Measure and Target Goal 86
Figure 139: Add Financial Performance Measure Information - Numerator and Denominator Description 87
Figure 140: Add Financial Performance Measure Information - Baseline Data 87
Figure 141: Sample Calculation 87
Figure 142: Add Financial Performance Measure Information - Data Source and Key Factor(s) 88
Figure 143: Update Financial Performance Measure Information - Comments 88
Figure 144: Additional Measures - Added Performance Measure 88
Figure 145: Update Financial Performance Measure 89
Figure 146: Delete Financial Performance Measure 89
Figure 147: Delete Financial Performance Measure Information - Confirmation 89

Figure 148: Read-Only View of Financial Performance Measure 90
Figure 149: Appendices (collapsed view, showing attachment headings only) 91
Figure 150: Appendices Detail - Designation Abstract 92
Figure 151: Attach Document Page 92
Figure 152: Choose File to Upload Window 93
Figure 153: Attachment Saved Successfully 93
Figure 154: Appendices: File Uploaded 94
Figure 155: Appendices: Delete Attachment 94
Figure 156: Delete Confirmation Page 94
Figure 157: Appendices: Complete - Save and Continue 95
Figure 158: Status Overview Page for Application Forms 96
Figure 159: Application Information Review Page 97
Figure 160: Table Of Contents Page Showing Complete Status 98
Figure 161: Submit Confirmation Page 99
Figure 162: General Information Page - Successfully Submitted to HRSA 99

Tables

Table 1: Modes of Service Provision 47

1. Introduction

1.1. Document Purpose and Scope

The purpose of this document is to provide detailed instructions to help applicants complete their FQHC LAL applications in HRSA Electronic Handbooks (EHBs).

This document is not meant to replace program guidance documents; applicants are directed to follow program guidance documents for all programmatic questions.

1.2. Document Organization

This document contains the following sections:

Section	Description
Before You Begin	Provides information applicants need to know before they submit an application.
Get Started with the HRSA Electronic Handbooks	Describes how to log in to the HRSA Electronic Handbooks and begin the FQHC LAL application process.
Complete the Application Forms	Describes the steps necessary to complete the Application Forms of the FQHC LAL application in the Electronic Handbooks.
Review the Application	Describes how to review a FQHC LAL application to ensure that all information is accurate before submitting the application to HRSA.
Submit the Application	Describes the steps necessary to submit the FQHC LAL application to HRSA.
Customer Support	Provides contact information to address technical and programmatic questions.
Frequently Asked Questions	Provides answers to frequently asked questions by various categories.

2. Before You Begin

2.1. Register with the HRSA Electronic Handbooks

The project director must register with the HRSA Electronic Handbooks (EHBs) to complete the FQHC LAL application in HRSA EHBs. Registration allows HRSA to collect consistent information from all users, avoid collection of redundant information, and uniquely identify each system user uniquely.

Registration within HRSA EHBs is a two-step process. In the first step, each user from an organization must create individual system accounts. In the second step, the users must associate themselves with the appropriate FQHC Look-Alike organization.

For assistance in registering with HRSA EHBs, call 877-GO4-HRSA (877-464-4772) or 301-998-7373 between 9:00 am to 5:30 pm ET or email callcenter@hrsa.gov.

3. Get Started with the HRSA Electronic Handbooks

3.1. Log In

To log in to the HRSA EHBs,

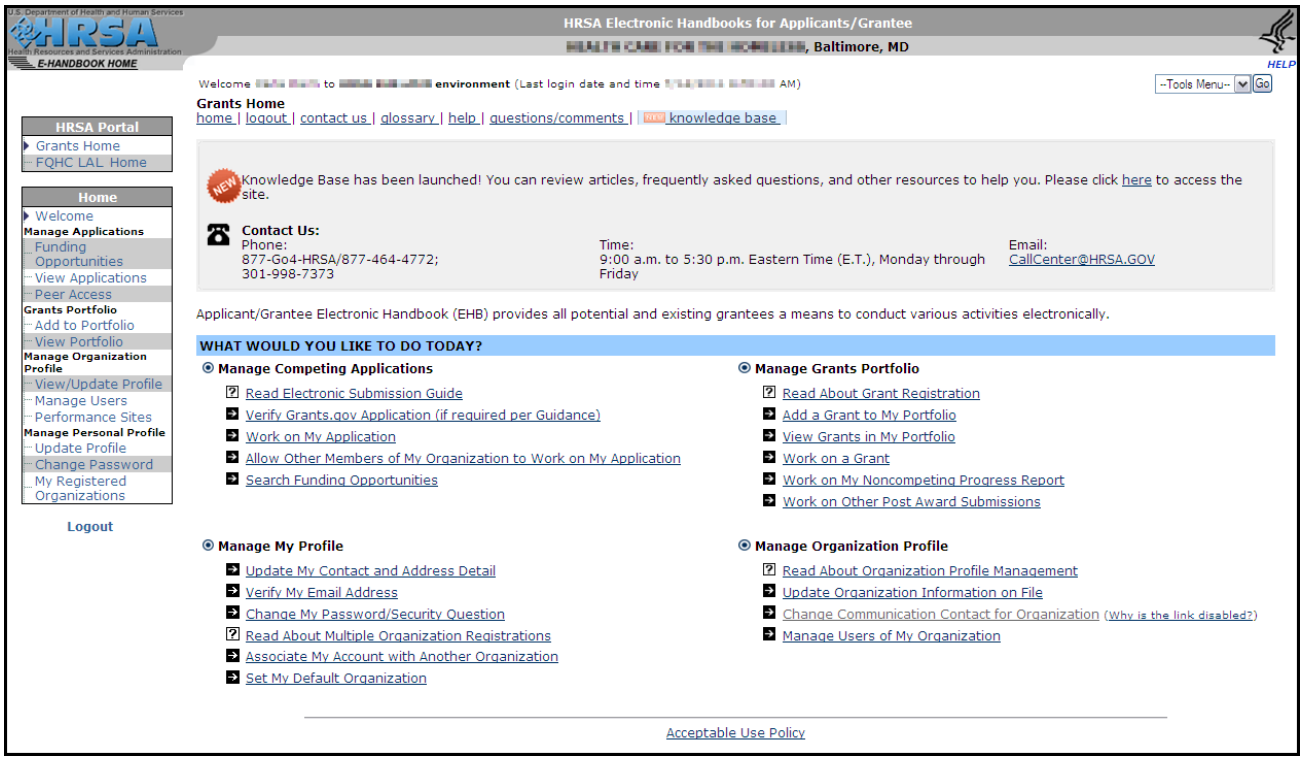
1. Point your browser to https://grants.hrsa.gov/webexternal/login.asp.
2. Enter your username and password.

Figure 1: HRSA EHBs Login Screen

3. Click Login.

➢ The HRSA EHBs Home page (Figure 2) opens.

Figure 2: HRSA EHBs Home Page



3.2. Session Time Limit

When you open a page in the HRSA Electronic Handbooks (EHBs), your session will remain active for 30 minutes after your last activity. Save your work every five minutes to avoid losing information.

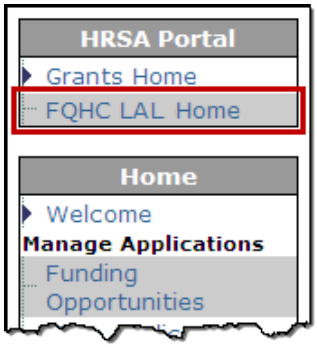
4. Portfolio Management

To view and complete the Renewal of Designation, the designation must be registered in your Portfolio.

To add a Designation to your portfolio:

1. From the **Left Side** menu, click FQHC LAL Home (Figure 3).

Figure 3: Home Page Left Side Menu

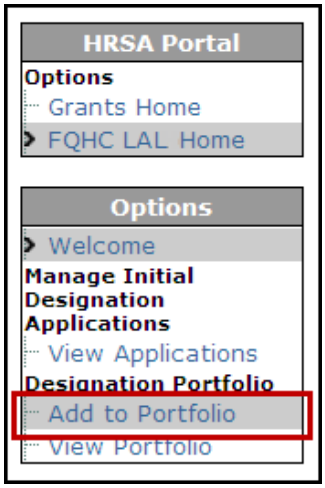


2. On the **Left Side** menu, under Options, click View Portfolio.

- If your designation is not listed in your portfolio, proceed to Step 3.
- If your designation is listed on the resulting **FQHC Look-Alike Designation** page, then go to **Section 5: Access the Designation,** and proceed with Step 3**.**

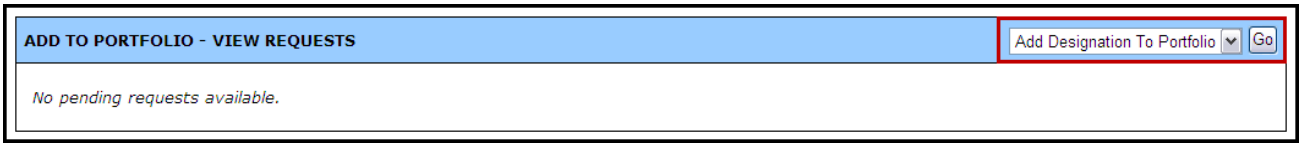
3. On the **Left Side** menu, under **Options**, click Add to Portfolio (Figure 4).

Figure 4: FQHC LA Home Left Side Menu



- The **Add to Portfolio – View Requests** page (Figure 5) opens.

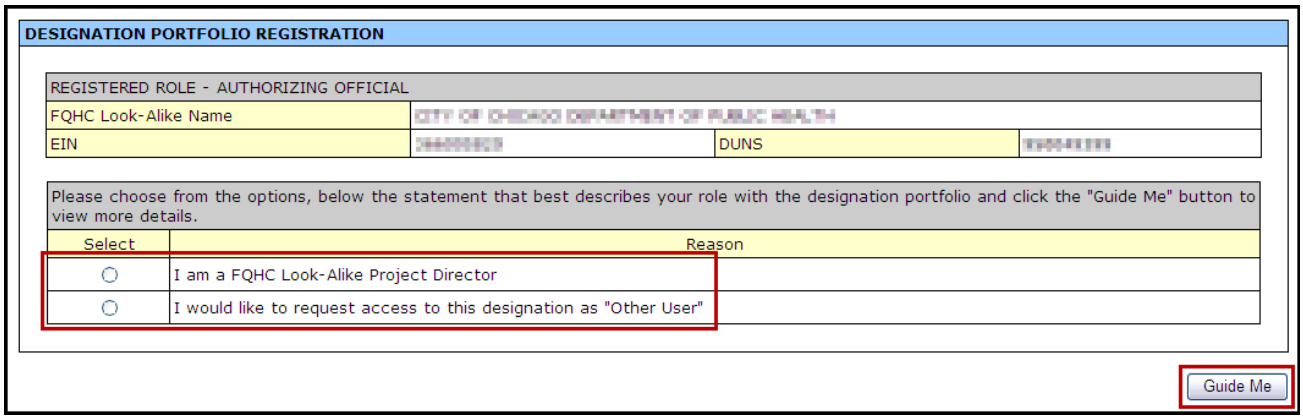
Figure 5: Add to Portfolio - View Requests



4. On the **Add to Portfolio – View Requests** page, click Go.

➢ The **Designation Portfolio Registration** page opens (Figure 6).

Figure 6: Designation Portfolio Registration Page



5. You may select either:
   a. **I am a FQHC Look-Alike Project Director.**
   b. **I would like to request access to the designation as "Other User"**.

> If you are the project director for this Designation, select ***'I am a FQHC Look-Alike Project Director'*** and proceed to Section 4.1.
>
> If you are not the project director for this Designation and would like to request access to this designation, select ***'I would like to request access to this designation as "Other User"'*** and proceed to Section 4.2.

4.1. I am a FQHC Look-Alike Project Director

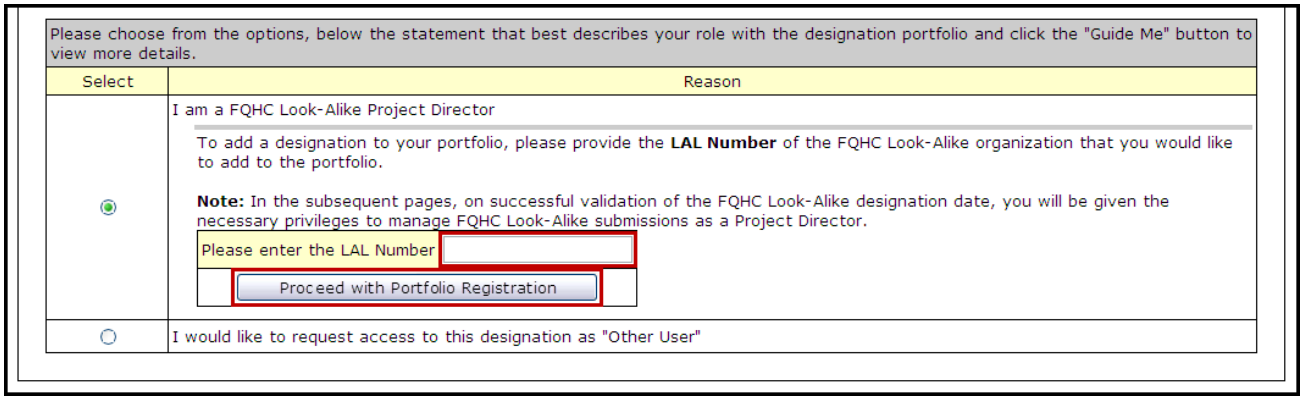
The project director is listed in the **FQHC LAL Notice of Look-Alike Designation**. There can only be one project director per designation. The following is a process of verification of you as the project director, and the registration of the designation in your Portfolio.

To add this designation to your Portfolio as the project director:

1. Select the ***'I am a FQHC Look-Alike Project Director'*** radio button, and click Guide Me.

➢ The **Designation Portfolio Registration** page refreshes (Figure 7) with your selection expanded.

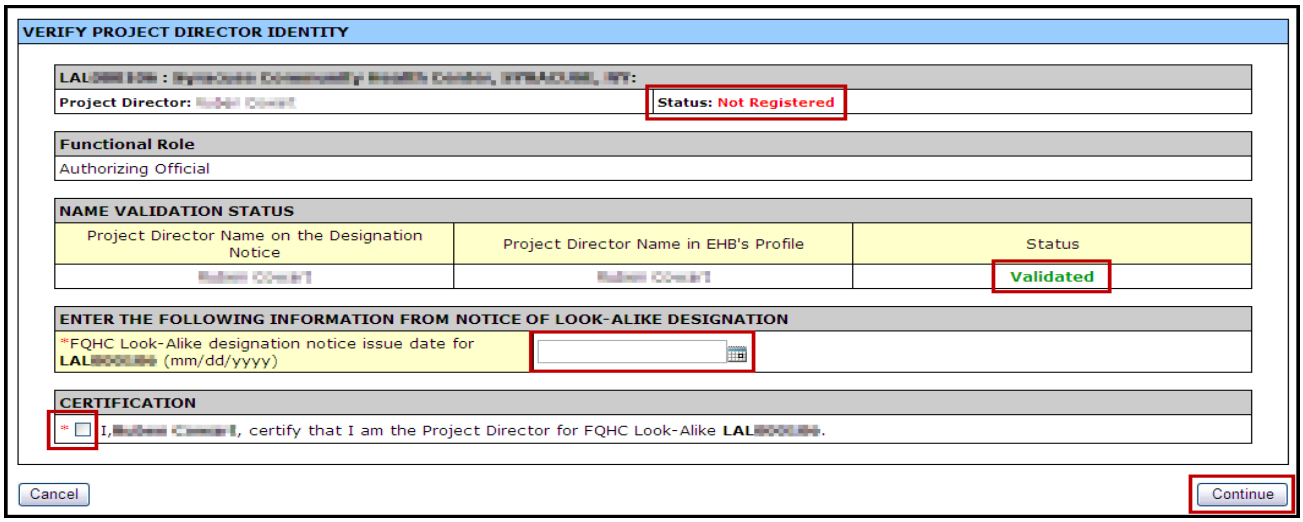
Figure 7: Designation Portfolio Registration - Proceed with Portfolio Registration



2. Enter the ***LAL Number***, and click Proceed with Portfolio Designation.

➢ The **Verify Project Director Identity** page (Figure 8) opens.

Figure 8: Verify Project Director Identity Page



➢ The **Project Director - Status**:

a. If Not Registered – Proceed with the verification process.

b. If Registered – This LAL Designation is already registered with your portfolio.

i. Cancel this page and proceed to the next section

➢ The **Name Validation Status**:

c. If Validated – You are listed as the project director for the Designation.

d. If Not Validated – The system does not recognize you as the project director.

i. The **Enter the Following Information From Notice of Look-Alike Designation** section and the **Certification** section will not show on this page.

ii. Click Cancel to close the window and return to the previous page.

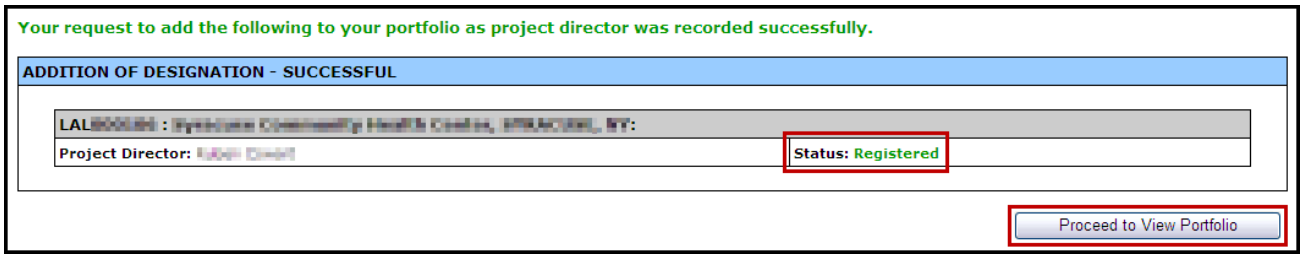
3. In the **Enter The Following Information From Notice of Look-Alike Designation** section, enter the notice issue date for this designation.

4. In the **Certification** section, check the box to certify that you are the project director.

5. Click Continue.

➢ The **Addition of Designation – Successful** page (Figure 9) opens, displaying a message stating that the addition of the designation was recorded successfully, showing a **Status** of Registered.

Figure 9: Addition Of Designation - Successful Page



6. To continue to view your portfolio, click Proceed to View Portfolio.

4.2. I would like to request access to this designation as "Other User"

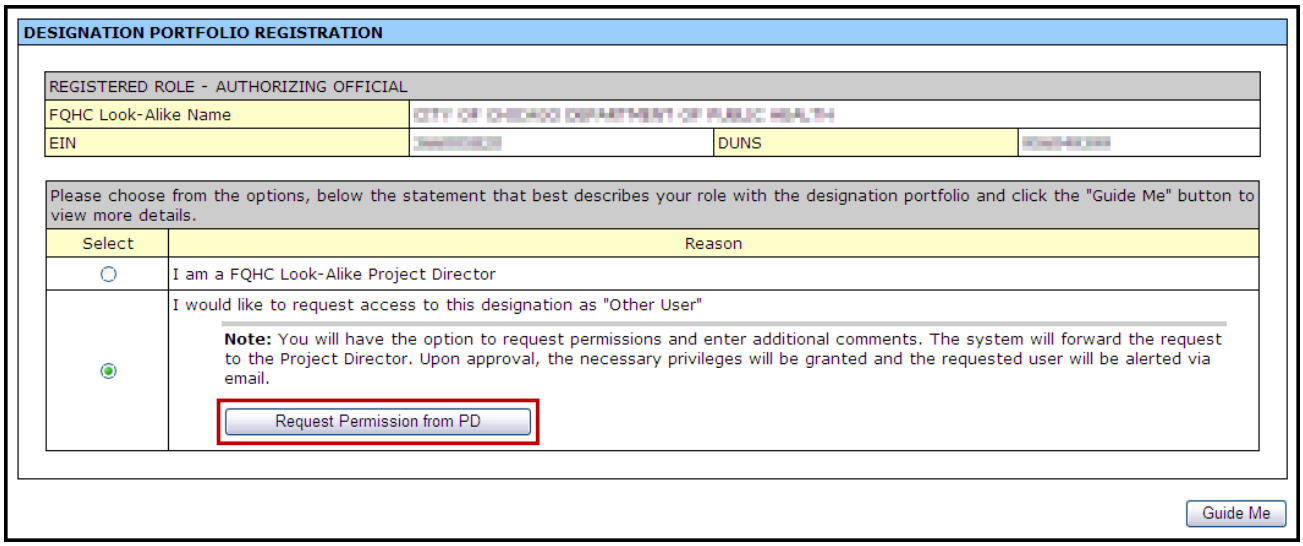
This option allows a member of the organization who is not the project director, to request access to the designation and register it within their Portfolio.

To Request Access to this Designation as "Other User" follow these steps:

1. From the **Designation Portfolio Registration** page (Figure 6), select ***'I would like to request access to this designation as "Other User".'***
2. Click Guide Me.

➢ The **Designation Portfolio Registration** page (Figure 10) refreshes with the selected field expanded.

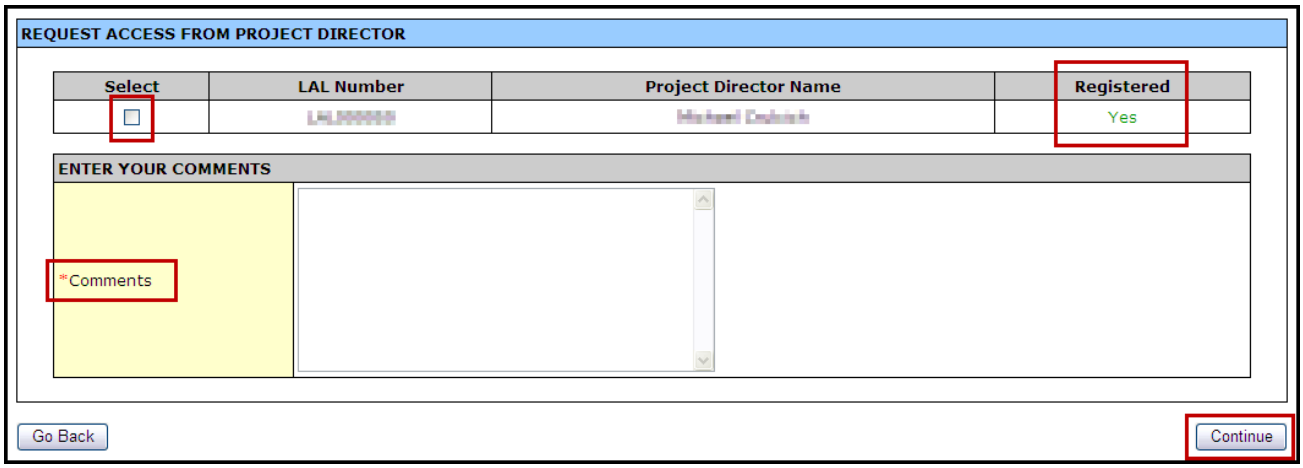
Figure 10: Designation Portfolio Registration - Other User Request



3. Read the **Note:** and then to proceed with the request, click Request Permission from PD.

➢ The **Request Access From Project Director** page (Figure 11) opens.

Figure 11: Request Access From Project Director

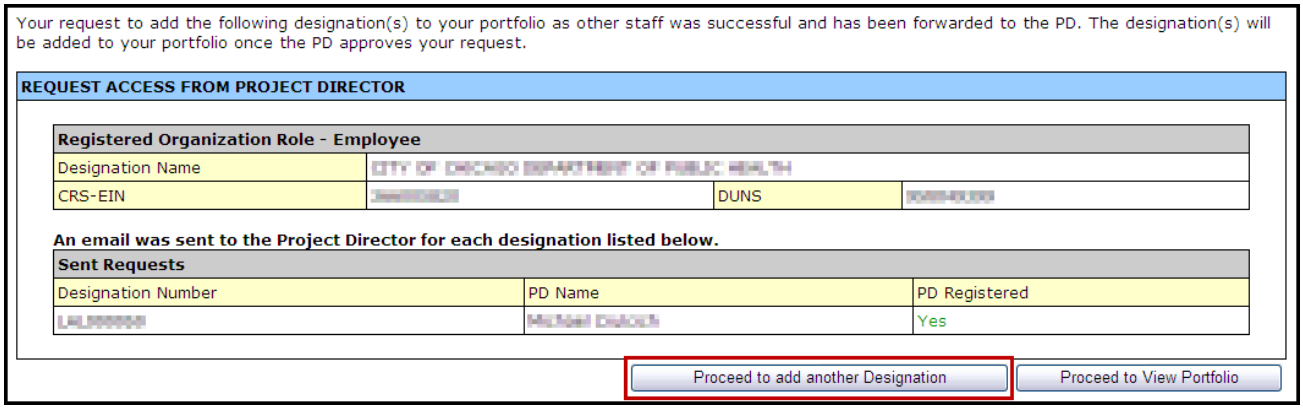


If the project director shows Not Registered your request will not be processed. Click Go Back and try again after the project director has registered this designation.

4. Select the project director by checking the box.
5. Add your comments in the field provided (required).
6. Click Continue to proceed.

➢ The **Request Access From Project Director** page refreshes with a message that your request has been forwarded to the PD successfully.

Figure 12: Request Access From Project Director - Successfully Forwarded

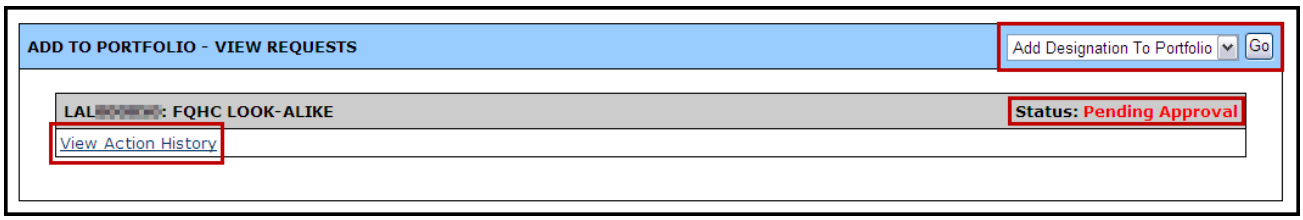


Proceed to View Portfolio will take you to the list of Designations in your Portfolio, note that this Designation will not be incorporated into your portfolio until the project director approves your request.

7. To add another Designation to your Portfolio, click Proceed to add another Designation.

➢ The **Add to Portfolio – View Requests** page opens listing your request showing a status of Pending Approval.

Figure 13: Add to Portfolio - View Requests - Pending Approval



8. Click on the View Action History link to track the progress of the pending approval.
9. To add another designation to your portfolio, click Go.

4.3. Change of Designation Project Director

There may be an instance when an Organization's Designation project director changes. A notification to HRSA is given and the change is made in the system. Here are the steps necessary to make the change complete:

1. Once the change has been made in the system, HRSA will notify the new project director for the designation.
2. The new project director will need to follow the steps laid out in **Section 4: Portfolio** and **Section 4.1: I am a FQHC Look-Alike Project Director**.

> On the **Verify Project Directory Identity** page (Figure 8), the **Status:** will show Registered. Ignore that message and continue to add the issue date verification, check the Certification checkbox, and click Continue.

- The **Addition Of Designation – Successful** page (Figure 9) will open displaying the new project director with a **Status: Registered**.

> The former project director will be automatically changed to 'Other User" status by the system.

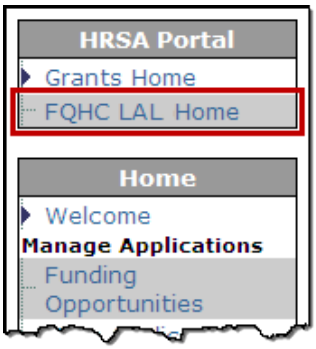
5. Access the Designation

To access a FQHC LAL Designation it must first be registered with your Portfolio. You must be the project director, or you must have edit access privileges granted to you by the project director for the designation. (See **Section 6: Administer New/Existing Users)**

The following steps describe the process of accessing your FQHC LAL Designation:

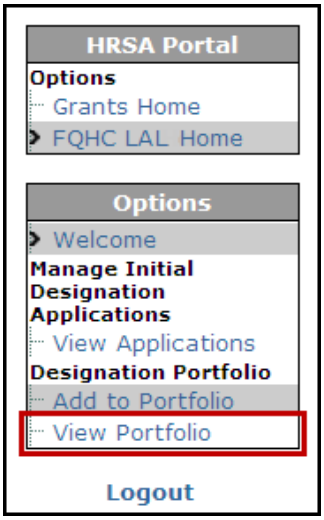
1. On the **HRSA EHBs Home** page (Figure 2), select FQHC LAL Home under **HRSA Portal** (Figure 14) on the **Left Side** menu.

Figure 14: Left Side Menu - FQHC LAL Home Link



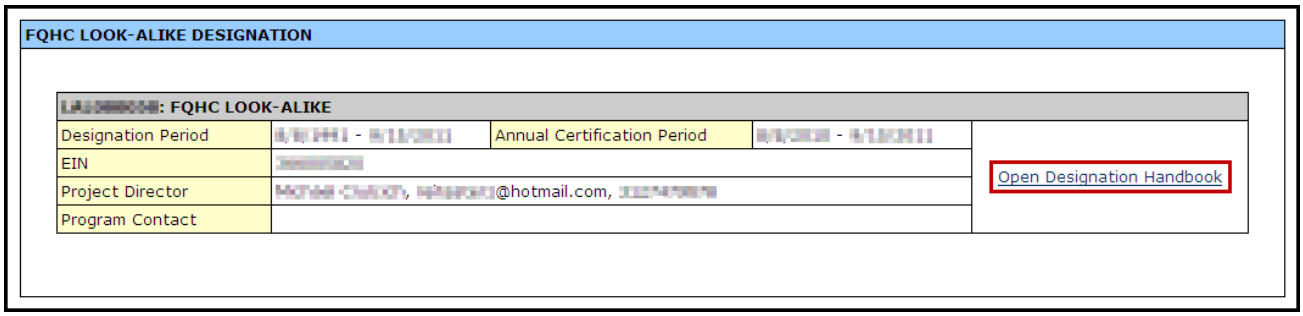
2. On the **Left Side** menu of the subsequent page, under **Designation Portfolio** (Figure 15), select View Portfolio.

Figure 15: Left Side Menu - View Portfolio Link



➢ The **FQHC Look-Alike Designation** page (Figure 16) opens, listing the **Designation.**

Figure 16: FQHC Look-Alike Designation

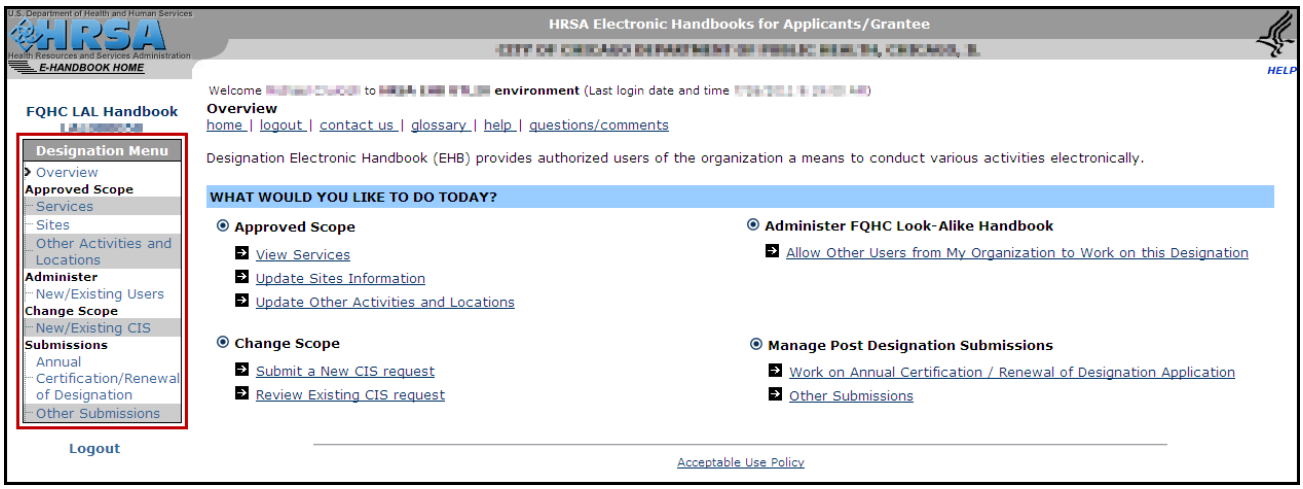


> You may have more than one designation listed on this page.

3. To open the desired FQHC Look-Alike Designation, click on the Open Designation Handbook link.

➢ The **FQHC LAL Handbook Overview** page opens for your Designation (Figure 17).

Figure 17: FQHC LAL Handbook - Overview Page



> The **Left Side** menu contains links to all the activities you, as project director, can perform.
>
> If you are not a project director, and you do not see links to activities you need to perform, you may not have been granted access to those activities. (See **Section 4.2: I would like to request access to this designation as "Other User"** to request access.)

4. To configure user access to this Designation proceed to the next section.
5. To proceed with the Renewal of Designation Application process, go to **Section 7: Access the Application**.

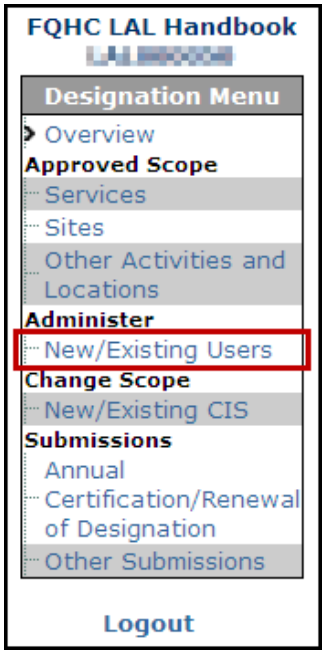
6. Administer New/Existing Users

Administer New/Existing Users gives the project director, the ability to manage user access to your designation.

> **Administer New/Existing Users** is only available to the project director. For all other users, the New/Existing Users link will not be shown on the Left Side menu.

1. From the **FQHC LAL Handbook**, in the Left Side menu under **Administer**, click the New/Existing Users link.

Figure 18: FQHC LAL Handbook - Left Side Menu

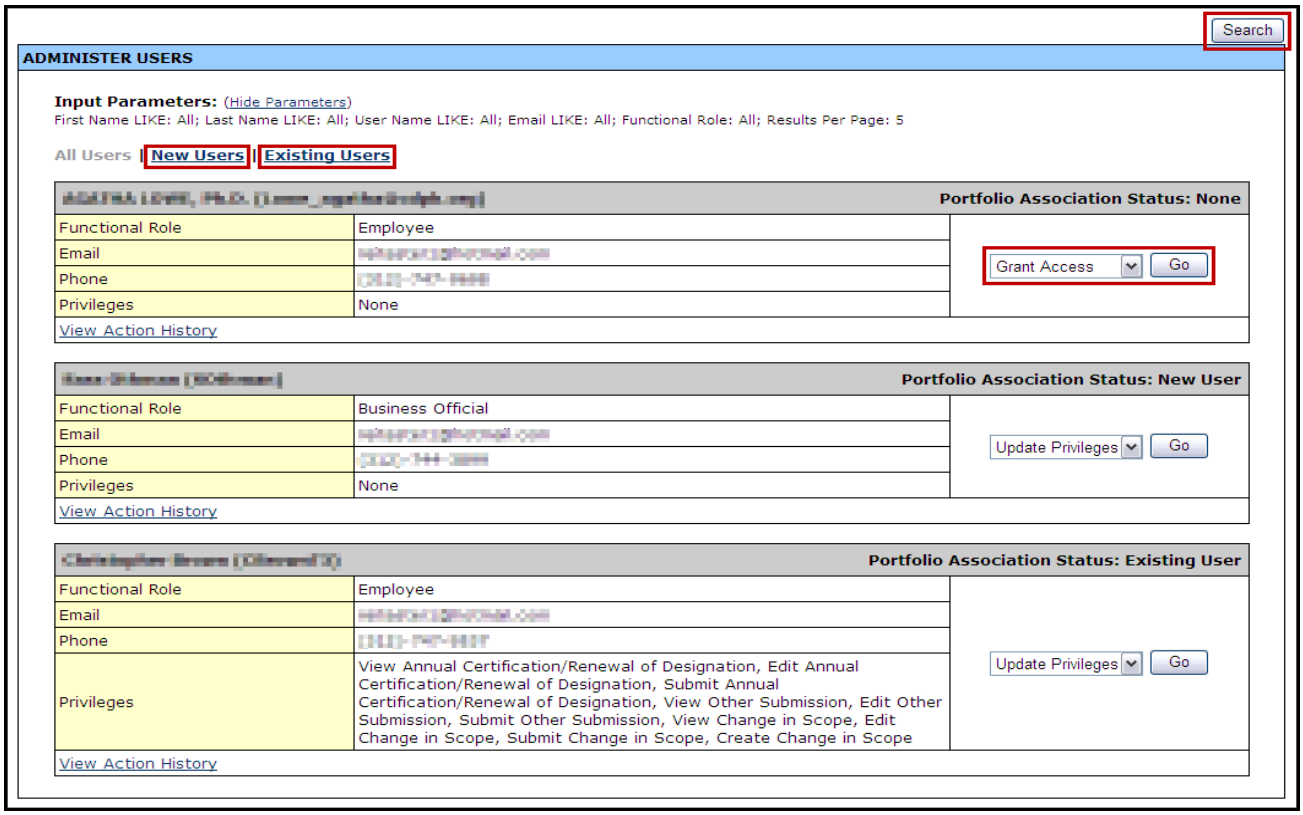


- The **Administer Users** page (Figure 19) opens with a prepopulated list of users from your organization.

2. To search for users in your organization, click Search. To sort the list by New Users or Existing Users, click the appropriate link.

> When performing a search from one of the Filtered pages, (New Users; Existing Users) the search results will be displayed in the All Users view.

Figure 19: Administer Users Page



The **Administer Users** page categorizes the registered users according to the following three **Portfolio Associations**:

- **None** – This is an organization member that has not requested or has not been granted access to the designation. The project director can **Grant Access** to this user without a formal request by the user.
- **New User** – This is an organization member that has requested access through the Add to Portfolio process (See **Section 4: Portfolio**), but has not yet been granted access. The project director can **Update Privileges** for this user to respond to their access request.
- **Existing User** – This is an organization member that has been granted access to the designation, and the list of Privileges will also be listed in the ***Privileges*** field. The project director can **Update Privileges** to this user by adding or removing existing privileges.

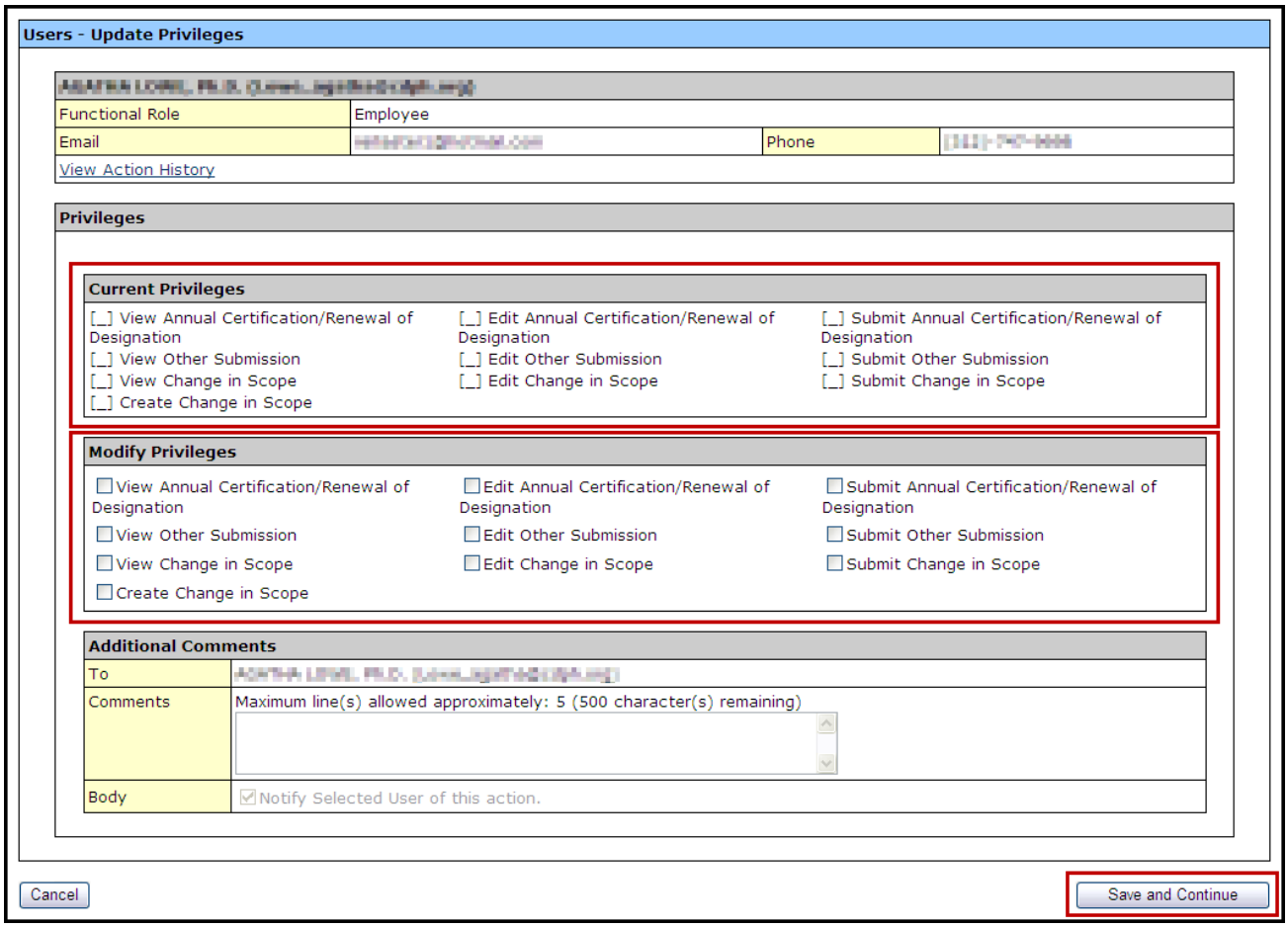
To **Administer User Access** to the FQHC LAL Designation for members of your organization:

3. For a member with a New User Status, click Go next to Update Privileges drop-down box.

➢ The **Users-Update Privileges** page opens (Figure 20) displaying the Current Privileges of the user.

For those with new user status, the **Current Privileges** will show no current privileges.

Figure 20: Users - Update Privileges Page



4. Click on View Action History to read the comments entered when the user requested this access.

5. In the **Modify Privileges** section, check the appropriate checkboxes to grant the user the requested/approved access to the designation.

> The **Modify Privileges** section is organized by View privileges; Edit privileges; and Submit privileges. To grant Edit privileges to a user, they must also have View privilege for that activity. To grant Submit privileges to a user, they must also have View and Edit privileges for that activity.

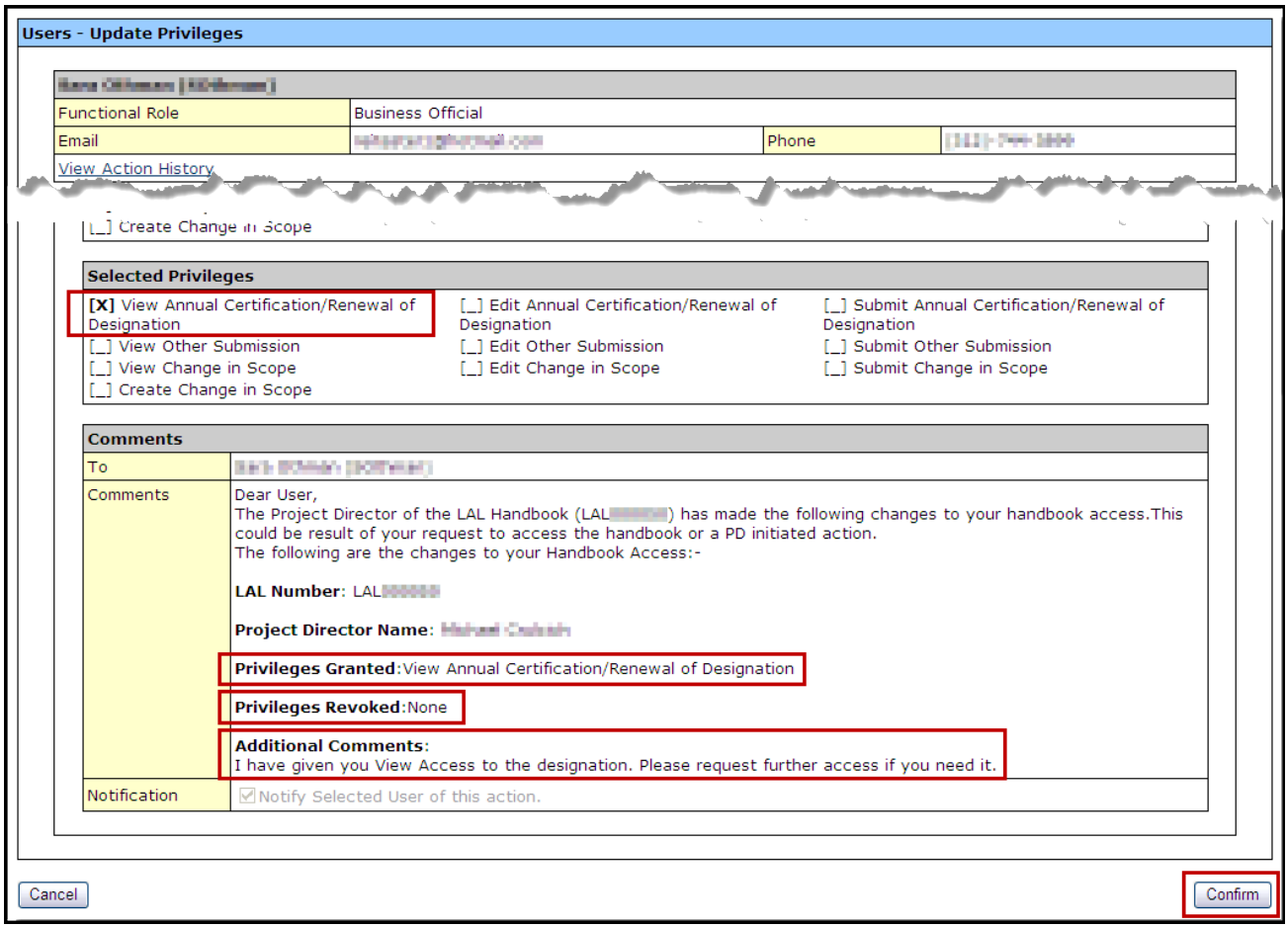
6. Once the desired privileges have been checked, add any **Additional Comments** in the ***Comments*** field provided. These comments will be added to the standard notification email sent to the user.

> To remove privileges for an existing user, uncheck the appropriate checkboxes. To revoke all privileges, uncheck all checkboxes.

7. Click Save and Continue.

- A confirmation page (Figure 21) will open showing the selections made and the body of the notification email that will be sent to the user upon confirmation.

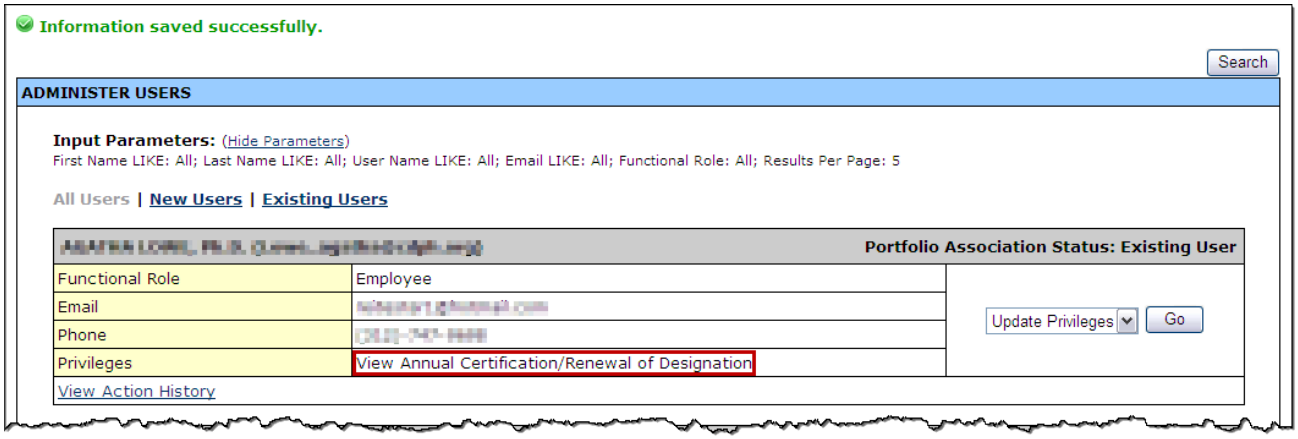
Figure 21: Users - Update Privileges Page - Confirmation



8. Review the page and click Confirm.

- The **Administer Users** page will reopen displaying an "Information saved successfully." message. The updated privileges will be listed for the user (Figure 22).

Figure 22: Update Privileges - Information Saved Successfully



7. Access the Application

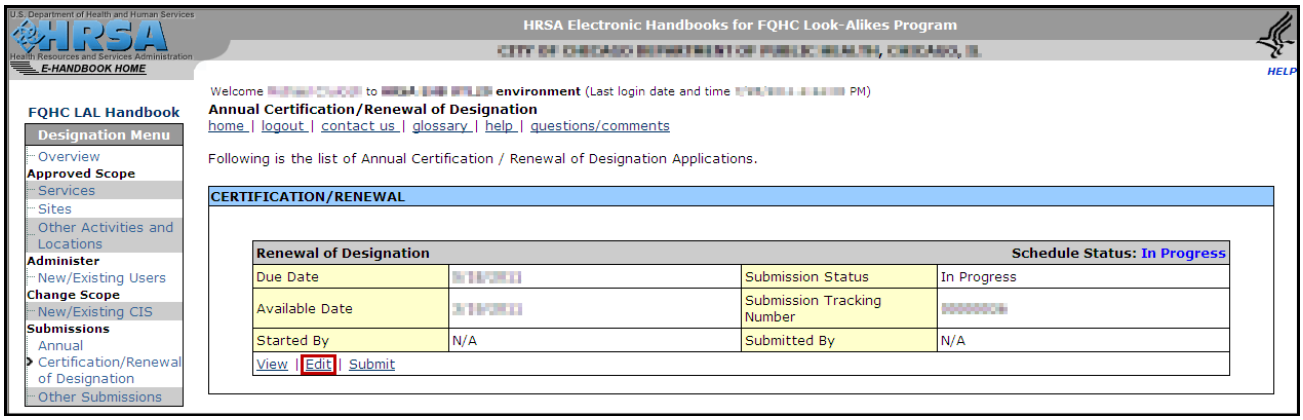
If the FQHC Look-Alike Designation has been added to your Portfolio, the Renewal of Designaiton Application for that Designation can be accessed 180 days prior to the designation period end date.

To access the Renewal of Designation application:

1. From the **FQHC LAL Handbook Overview** page (Figure 17), under **Submissions,** click the Annual Certification/Renewal of Designation link.

➢ The **Certification/Renewal** page opens (Figure 23).

Figure 23: Certification/Renewal Page



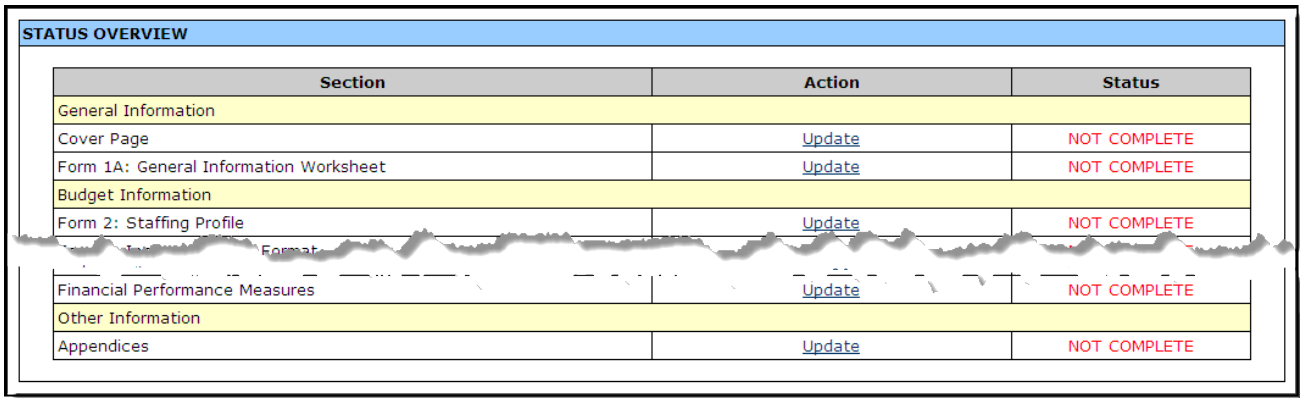
From the **Certification/Renewal** page you may:

a. View the Renewal of Designation application.
b. Edit the Renewal of Designation application.
c. Submit the Renewal of Designation application when completed.

2. To begin the Renewal Application process, click on the Edit link.

➢ The **Renewal of Designation Status Overview** page opens (Figure 24).

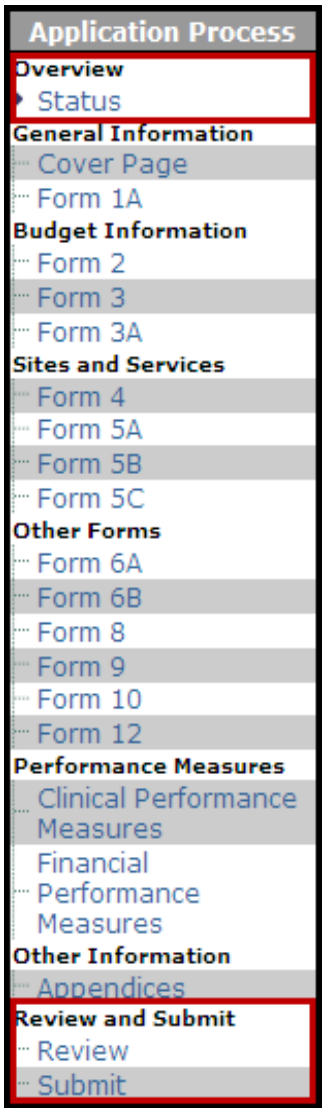
Figure 24: Renewal of Designation - Status Overview Page



STATUS OVERVIEW

Section	Action	Status
General Information		
Cover Page	Update	NOT COMPLETE
Form 1A: General Information Worksheet	Update	NOT COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	NOT COMPLETE
Financial Performance Measures	Update	NOT COMPLETE
Other Information		
Appendices	Update	NOT COMPLETE

Figure 25: Left Side Menu



Use the **Left Side** navigation menu (Figure 25) to access the forms in your FQHC LAL Renewal of Designation application.

Under **Overview**:

- Click Status to go to the Status Overview Page for the Entire Application.

Under **Review and Submit**

- Click Review to go to the **Review Page** for Entire Application.
- Click Submit to initiate the Submit to HRSA process.

Throughout this document, when you are instructed to “Open Form..,” use the left side menu or click Update on the **Renewal of Designation Status Overview** page (Figure 24) for the line item.

Throughout the forms, fields marked with an asterisk (*) are required.

8. Complete the Application Forms

8.1. Cover Page

The first form to complete is the **Cover Page**, which displays the pre-populated organization information and provides an opportunity to:

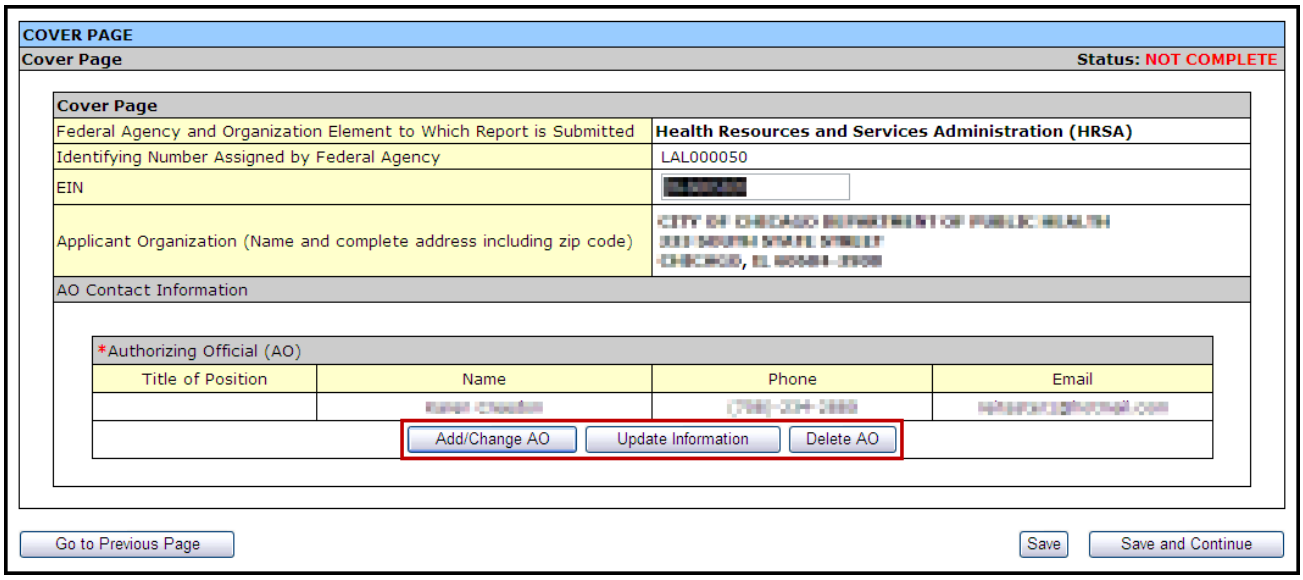
- Edit your EIN
- Add or change the Authorizing Official (AO)
- Request a new person register as the AO
- Update the existing AO information
- Remove an existing AO

To open the cover page:

1. From the **Status Overview** page (Figure 24), in the **Left Side** menu (Figure 25), click the Cover Page link.

➢ The Cover Page (Figure 26) will open displaying the pre-populated organization information, and AO contact information.

Figure 26: Cover Page

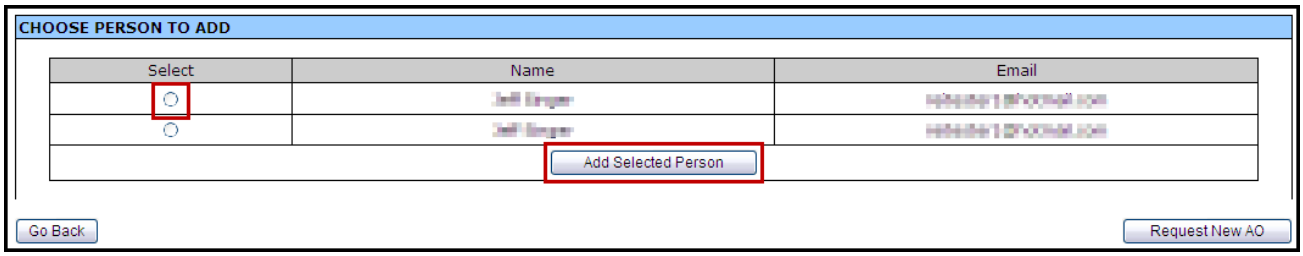


8.1.1 Add or Change the Authorizing Official

1. To add or change the AO for this application, click on Add/Change AO.

➢ The **Choose Person to Add** page opens (Figure 27).

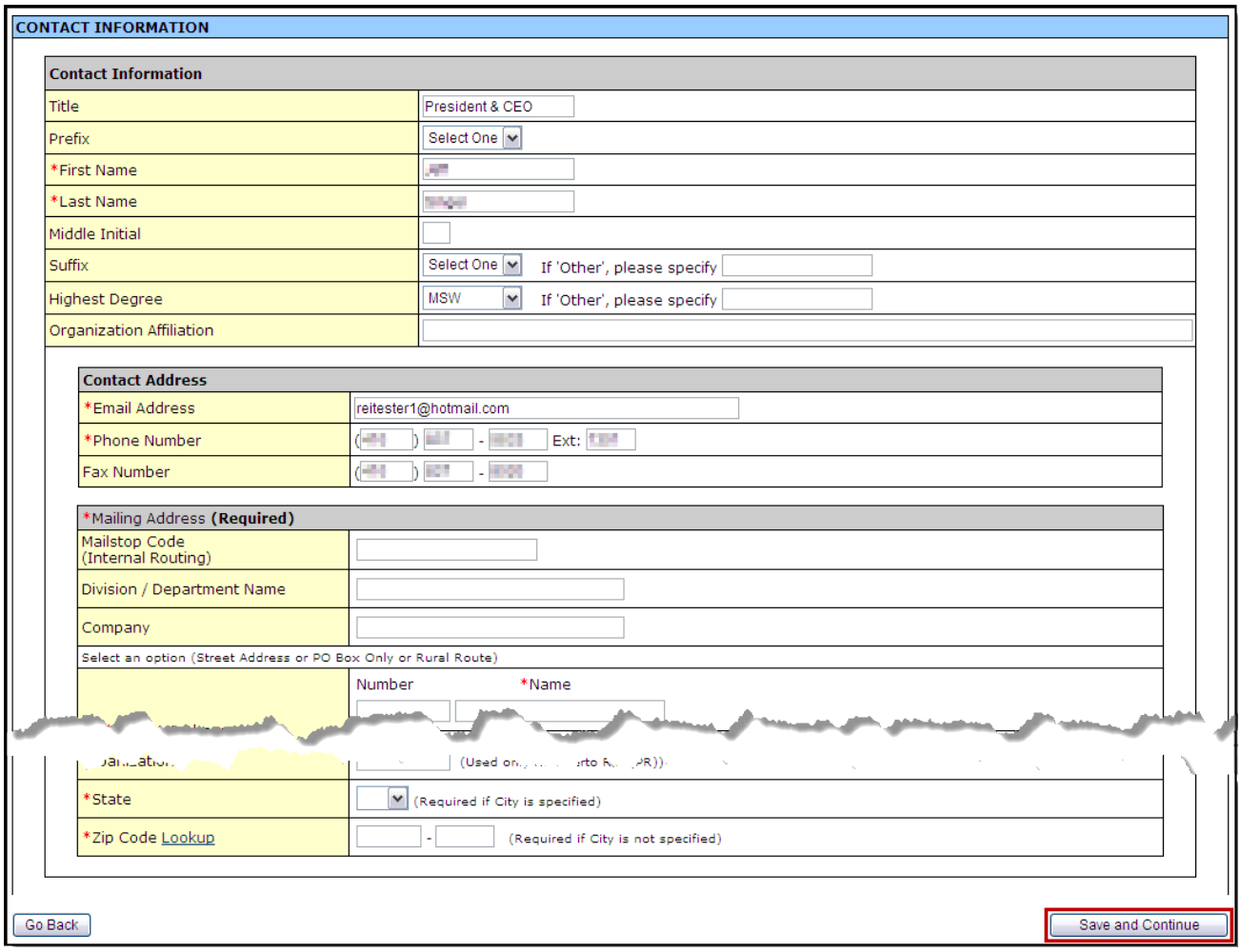
Figure 27: Choose Person to Add Page



2. Select a person from the list, and click Add Selected Person.

➢ The **Contact Information** page opens (Figure 28).

Figure 28: Contact Information Page



3. Complete the information in the form (fields with * are required), and when complete click Save and Continue.

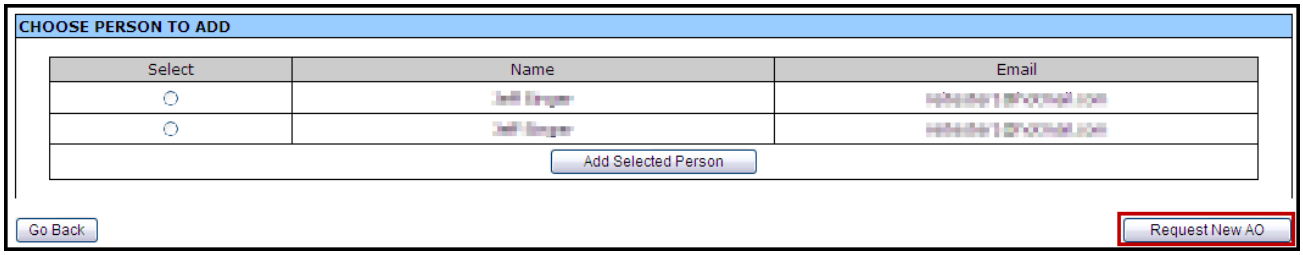
➢ The **Cover Page** will open, with the "Information saved successfully" message displayed.

8.1.2 Request A New Authorizing Official (AO)

If the AO is not listed it will be necessary to request a new AO. To request a person register as the AO:

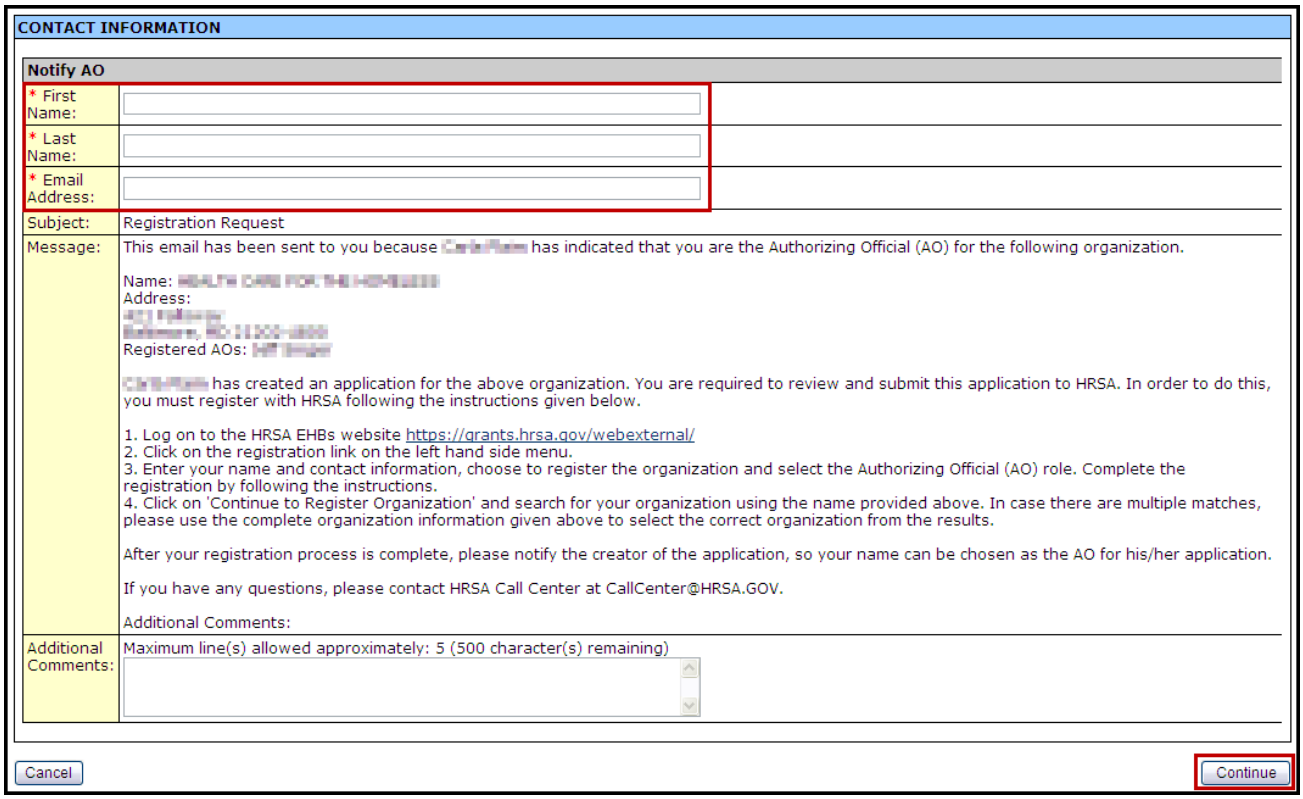
1. From the **Choose Person to Add** page (Figure 29), click Request New AO.

Figure 29: Choose Person To Add: Request New AO



➢ The **Contact Information: Notify AO** page (Figure 30) will open.

Figure 30: Contact Information: Notify AO Page



2. Fill in the required information, add any additional comments, and click Continue.

➢ The Contact Information: Notify AO Confirmation page opens.

3. Review the information and click Confirm to send this notification to this person with instructions on how to register themselves as the Authorizing Official for your organization.

- Your are returned to the **Choose Person to Add** page, with "The email was sent successfully" message displayed.

> When the newly requested AO has been registered successfully, that person will be listed on the **Choose Person To Add** page. Follow Steps 2-3 in Section 8.1.1 to add them to your organization as the AO.

8.1.3 Delete the Authorizing Official

1. To delete an Authorizing Official click Delete AO on the **Cover Page** (Figure 26).

- A **Delete AO Confirmation** page will open.

2. Select Confirm Delete to remove the configured AO from your application.

- The Cover Page will refresh with the AO removed from the cover page. An error message will appear stating "The Authorizing Official (AO) is not assigned." To complete this form, you must assign another AO for your organization, by following Steps 1-3 in Section 8.1.1.

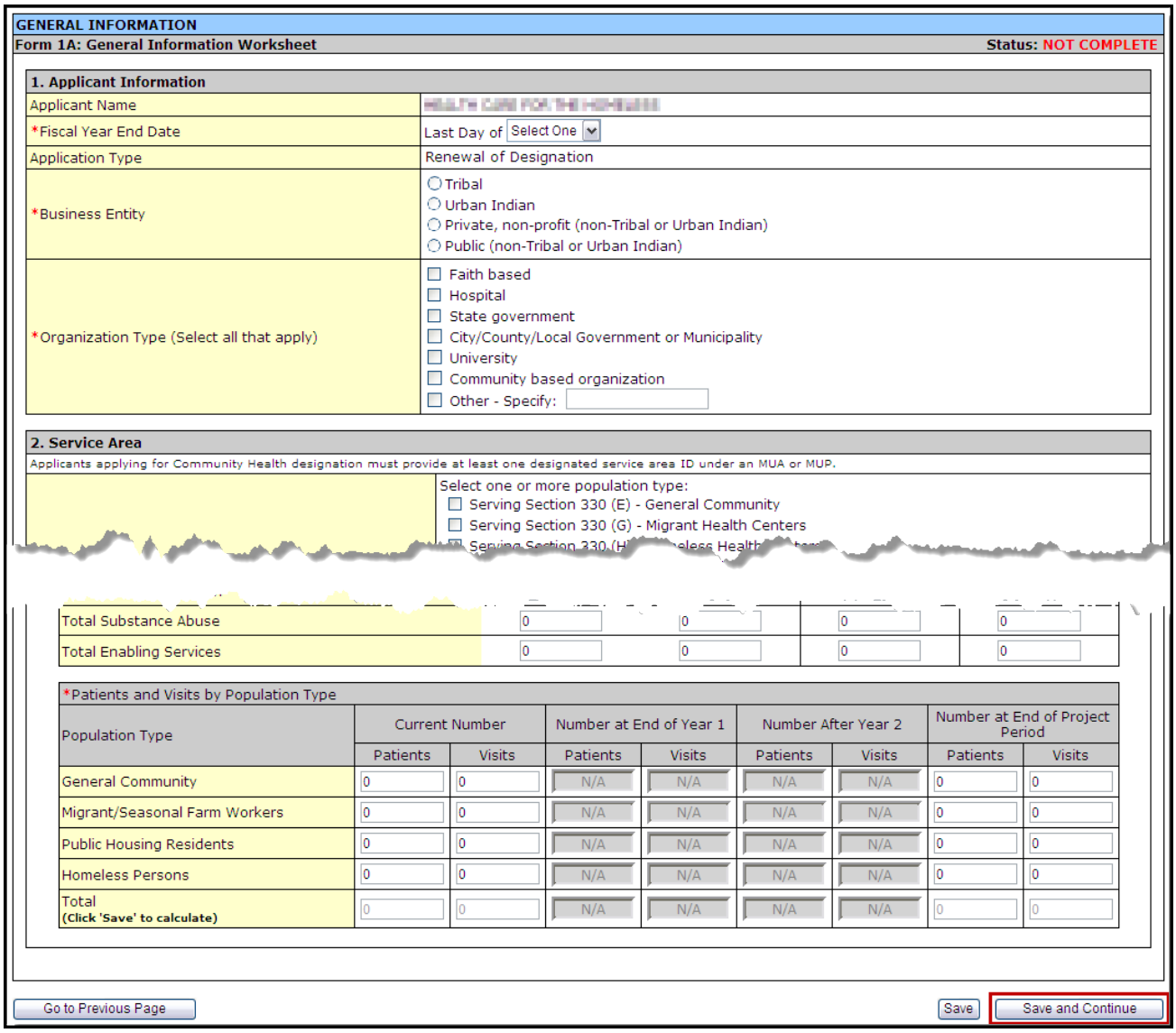
3. When you have completed the **Cover Page**, click Save and Continue to proceed to the next form.

8.2. Form 1A: General Information Worksheet

Form 1A: General Information Worksheet provides a summary of information related to the applicant, service area, patients served, and patient visits.

1. Open Form 1A (Figure 31).

Figure 31: Form 1A: General Information Worksheet



GENERAL INFORMATION

Form 1A: General Information Worksheet — Status: NOT COMPLETE

1. Applicant Information

Applicant Name	[illegible]
*Fiscal Year End Date	Last Day of Select One
Application Type	Renewal of Designation
*Business Entity	○ Tribal ○ Urban Indian ○ Private, non-profit (non-Tribal or Urban Indian) ○ Public (non-Tribal or Urban Indian)
*Organization Type (Select all that apply)	☐ Faith based ☐ Hospital ☐ State government ☐ City/County/Local Government or Municipality ☐ University ☐ Community based organization ☐ Other - Specify:

2. Service Area

Applicants applying for Community Health designation must provide at least one designated service area ID under an MUA or MUP.

Select one or more population type:
☐ Serving Section 330 (E) - General Community
☐ Serving Section 330 (G) - Migrant Health Centers
☐ Serving Section 330 (H) [illegible]

Total Substance Abuse	0	0	0	0
Total Enabling Services	0	0	0	0

*Patients and Visits by Population Type

Population Type	Current Number		Number at End of Year 1		Number After Year 2		Number at End of Project Period	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
General Community	0	0	N/A	N/A	N/A	N/A	0	0
Migrant/Seasonal Farm Workers	0	0	N/A	N/A	N/A	N/A	0	0
Public Housing Residents	0	0	N/A	N/A	N/A	N/A	0	0
Homeless Persons	0	0	N/A	N/A	N/A	N/A	0	0
Total (Click 'Save' to calculate)	0	0	N/A	N/A	N/A	N/A	0	0

Go to Previous Page | Save | Save and Continue

2. Under **1. Applicant Information**, use the drop-down menu to select the month in which your organization's fiscal year ends. Then select the ***Business Entity*** and ***Organization Type*** which best describes your organization. Multiple selections are allowed for ***Organization Type***, but not for ***Business Entity***.

Figure 32: Form 1A: Section 1. Applicant Information

1. Applicant Information	
Applicant Name	[illegible]
*Fiscal Year End Date	Last Day of Select One
Application Type	Renewal of Designation
*Business Entity	○ Tribal ○ Urban Indian ○ Private, non-profit (non-Tribal or Urban Indian) ○ Public (non-Tribal or Urban Indian)
*Organization Type (Select all that apply)	☐ Faith based ☐ Hospital ☐ State government ☐ City/County/Local Government or Municipality ☐ University ☐ Community based organization ☐ Other - Specify:

3. Under **2. Service Area**, in section ***2a. Target Population and Service Area Designation***, select the option(s) that best describe the designated service areas you propose to serve. (Multiple selections are allowed.) You must provide one or more Service Area ID#(s) for the selected option(s)..

Figure 33: Form 1A: Section 2. Service Area: 2a. Target Population

2. Service Area	
Applicants applying for Community Health designation must provide at least one designated service area ID under an MUA or MUP.	
*2a. Target Population and Service Area Designation **(Use commas to separate multiple IDs)** Find a MUA/MUP	Select one or more population type: ☐ Serving Section 330 (E) - General Community ☐ Serving Section 330 (G) - Migrant Health Centers ☐ Serving Section 330 (H) - Homeless Health Centers ☐ Serving Section 330 (I) - Public Housing Health Centers Select one or more MUA/MUP options, as applicable: ☐ Medically Underserved Area (ID#) ☐ Medically Underserved Population (ID#) ☐ Medically Underserved Area Application Pending (ID#) ☐ Medically Underserved Population Application Pending (ID#)

4. Under ***2b. Service Area Type*** (Figure 34) indicate whether the service area is urban, rural, or sparsely populated. If your service area is sparsely populated, specify the population density by providing the number of people per square mile.

> A Sparsely Populated Area is defined as a geographical area with seven people or fewer per square mile for the entire service area.

Figure 34: Form 1A: Section 2b. Service Area Type

*2b. Service Area Type	○ Urban ○ Rural ○ Sparsely populated If Sparsely populated, specify population density in number of people per square mile:

5. Under **2c: Target Population and Provider Information** (Figure 35), report the aggregate data for all of the sites included in the FQHC LAL scope. Report the number of provider full-time equivalents (FTE) by staff type.

Figure 35: Form 1A: Section 2c. Target Population Information

2c. Target Population and Provider Information

*Target Population Information	Current Number	Projected at Full Capacity
Total Service Area Population		N/A
Total Target Population		N/A
Total FTE Medical Providers	0.00	0.00
Total FTE Dental Providers	0.00	0.00
Total FTE Behavioral Health Providers	0.00	0.00
Total FTE Substance Abuse Service Providers	0.00	0.00
Total FTE Enabling Service Providers	0.00	0.00

Several tables request both current and projected information. “Current” refers to the number of patients and visits for the service area at the time of application. “Projected at Full Capacity” refers to the number of patients and visits you anticipate serving by the end of the designation period (Up to five years).

6. Under **Patients and Visits by Service Type** (Figure 36) and **Patients and Visits by Population Type** (Figure 37), report current numbers of patients and visits. Similarly, provide the corresponding numbers you project at full capacity.

Visits are defined as documented, face-to-face contacts between a patient and a provider, who exercises independent judgment in the provision of services to the individual. To be included as a visit, services rendered must be documented.

Since patients must have at least one documented visit, it is not possible for the number of patients to exceed the number of visits.

Figure 36: Form 1A: Section 2c. Patients and Visits by Service Type

*Patients and Visits by Service Type

Service Type	Current Number		Projected at End of Project Period	
	Patients	Visits	Patients	Visits
Total Medical	0	0	0	0
Total Dental	0	0	0	0
Total Behavioral Health	0	0	0	0
Total Substance Abuse	0	0	0	0
Total Enabling Services	0	0	0	0

Figure 37: Form 1A: Section 2c. Patients and Visits by Population Type

*Patients and Visits by Population Type

Population Type	Current Number		Number at End of Year 1		Number After Year 2		Number at End of Project Period	
	Patients	Visits	Patients	Visits	Patients	Visits	Patients	Visits
General Community	0	0	N/A	N/A	N/A	N/A	0	0
Migrant/Seasonal Farm Workers	0	0	N/A	N/A	N/A	N/A	0	0
Public Housing Residents	0	0	N/A	N/A	N/A	N/A	0	0
Homeless Persons	0	0	N/A	N/A	N/A	N/A	0	0
Total (Click 'Save' to calculate)	0	0	N/A	N/A	N/A	N/A	0	0

Fields in this form cannot be left blank. If there is no information, a zero is acceptable.

7. Click Save and Continue (Figure 31) to save your work and proceed to the next form.

8.3. Form 2: Staffing Profile

Form 2: Staffing Profile reports personnel salaries supported by the total budget for the FQHC LAL. Provide staffing profile information for Year 1 only.

1. Open Form 2.

> Fields on this form cannot be left blank. If there is no applicable information, a zero is acceptable.

➢ The **Form 2: Staffing Profile** page will open showing:

a. The **Administration** section (Figure 38)

b. The **Medical Staff** section (Figure 39)

c. The **Dental, Behavioral Health and Enabling Staff** section (Figure 40)

d. The **Other Staff** section (Figure 41)

e. The **Total Salary** section (Figure 42)

> Use the Save button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

2. Under the **Administration** section (Figure 38), enter the number of employees for each job title and the corresponding average annual salary.

> In this section and the following sections, the Total Salary column will auto-calculate when you press the tab key or the Save button.

Figure 38: Form 2: Staffing Profile - Administration

STAFFING PROFILE

Form 2: Staffing Profile — Status: NOT COMPLETE

ADMINISTRATION	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Executive Director / CEO	0.00	$ 0.00	$ 0.00
*Finance Director (Fiscal Officer) / CFO	0.00	$ 0.00	$ 0.00
*Chief Operating Officer / COO	0.00	$ 0.00	$ 0.00
*Chief Information Officer / CIO	0.00	$ 0.00	$ 0.00
*Administrative Support Staff	0.00	$ 0.00	$ 0.00

Click "Save" button to save all information within this page. Save

3. Under the **Medical Staff** section (Figure 39), enter the number of employees for each job title and the corresponding salary. If more than one FTE occupies a job title, use the average of salaries for that position.

Figure 39: Form 2 - Medical Staff

MEDICAL STAFF	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Medical/Clinical Director	0.00	$ 0.00	$ 0.00
*Family Physicians	0.00	$ 0.00	$ 0.00
*General Practitioners	0.00	$ 0.00	$ 0.00
*Internists	0.00	$ 0.00	$ 0.00
*OB/GYNs	0.00	$ 0.00	$ 0.00
*Pediatricians	0.00	$ 0.00	$ 0.00
*Other Specialty Physicians Please Specify:	0.00	$ 0.00	$ 0.00
*Physician Assistants/Nurse Practitioners	0.00	$ 0.00	$ 0.00
*Certified Nurse Midwives	0.00	$ 0.00	$ 0.00
*Nurses (RNs, LVNs, LPNs)	0.00	$ 0.00	$ 0.00
*Pharmacist, Pharmacy Support, Technicians	0.00	$ 0.00	$ 0.00
*Other Medical Personnel Please Specify:	0.00	$ 0.00	$ 0.00
*Laboratory Personnel (Lab Technicians)	0.00	$ 0.00	$ 0.00
*X-Ray Personnel	0.00	$ 0.00	$ 0.00
*Clinical Support Staff (Medical Assistants, etc)	0.00	$ 0.00	$ 0.00
*Volunteer Clinical Providers (Medical and Dental)	0.00	$ 0.00	$ 0.00
Click "Save" button to save all information within this page.			Save

4. Under the **Dental, Behavioral Health and Enabling Staff** section (Figure 40), enter the number of employees for each job title and the corresponding salary. If more than one FTE occupies a job title, use the average of salaries for that position.

Figure 40: Form 2 - Dental, Behavioral Health and Enabling Staff

DENTAL, BEHAVIORAL HEALTH AND ENABLING STAFF	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
DENTAL STAFF			
*Dentists	0.00	$ 0.00	$ 0.00
*Dental Hygienists	0.00	$ 0.00	$ 0.00
*Dental Assistants, Aides, Technicians	0.00	$ 0.00	$ 0.00
BEHAVIORAL HEALTH STAFF			
*Behavioral Health Specialists (BH Provider)	0.00	$ 0.00	$ 0.00
*Alcohol and Substance Abuse Specialists	0.00	$ 0.00	$ 0.00
*Psychiatrists	0.00	$ 0.00	$ 0.00
*Psychologists	0.00	$ 0.00	$ 0.00
ENABLING STAFF			
*Patient Education Specialists(Health Educators)	0.00	$ 0.00	$ 0.00
*Case Managers	0.00	$ 0.00	$ 0.00
*Outreach (Outreach Staff)	0.00	$ 0.00	$ 0.00
*Other Enabling Personnel Please Specify:	0.00	$ 0.00	$ 0.00
Click "Save" button to save all information within this page.			Save

5. Under the **Other Staff** section (Figure 41), enter the number of employees for **Other Professional Staff** and **Other Staff** then enter the corresponding salary. If more than one FTE occupies a job title, use the average of salaries for that position.

Figure 41: Form 2 - Other Staff

OTHER STAFF	TOTAL FTES (a)	AVERAGE ANNUAL SALARY OF POSITION (b)	TOTAL SALARY (a * b)
*Other Professional Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters)	0.00	$ 0.00	$ 0.00
*Other Staff (Please list the staff below and discuss details in program narrative) (maximum 200 characters)	0.00	$ 0.00	$ 0.00
Click "Save" button to save all information within this page.			Save

- The **Salary** section (Figure 42) displays the sum of ***Total Salary*** for **Administration**, **Medical, Dental, Behavioral Health, Enabling**, and **Other Staff** categories.

Figure 42: Form 2 - Total Salary

TOTAL SALARY	TOTAL FTES	AVERAGE ANNUAL SALARY OF POSITION	TOTAL SALARY
Salary Total **(This field displays the sum of 'Total Salary' for Administration, Medical, Dental, Behavioral Health, Enabling and Other Staff Catagories)**	0.00	$ 0.00	$ 0.00

Go to Previous Page | Save | Save and Continue

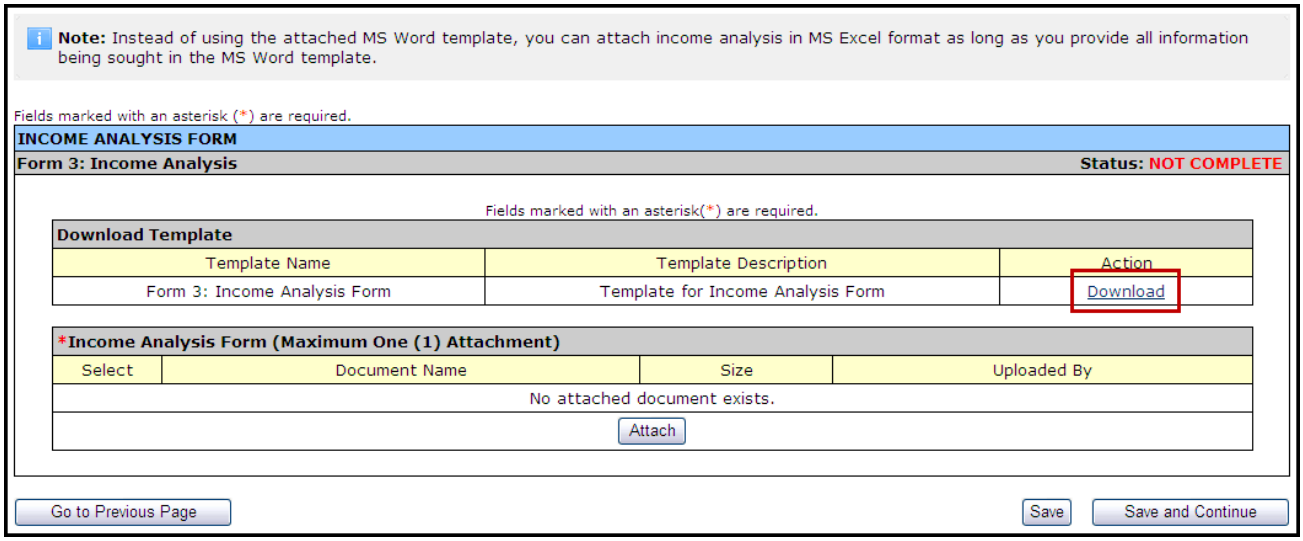
6. Click Save and Continue at the bottom of the **Form 2: Staffing Profile** page to save your work and proceed to the next form.

8.4. Form 3: Income Analysis

Form 3: Income Analysis projects program income by source for the upcoming certification period; a one year period.

1. Open Form 3 (Figure 43).

Figure 43: Form 3: Income Analysis Form

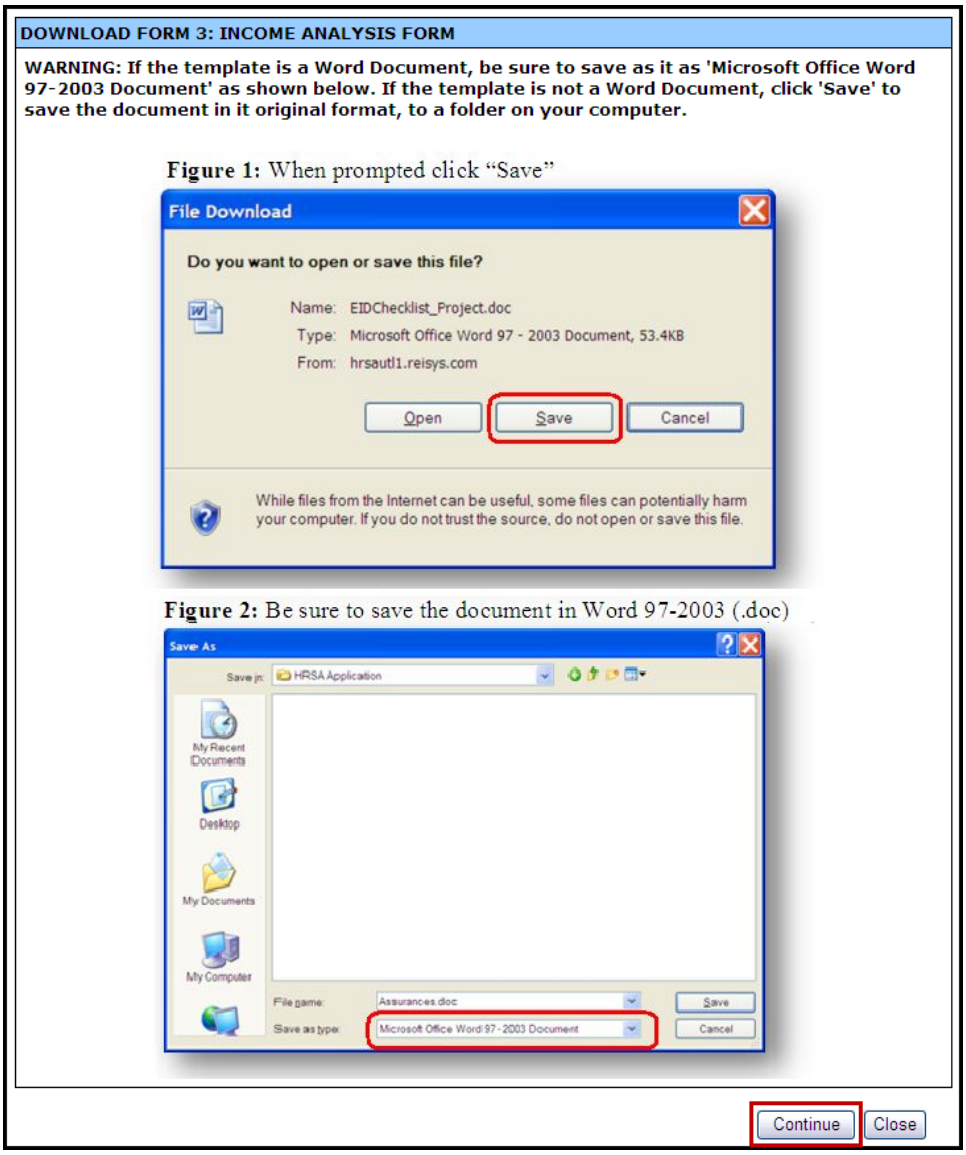


2. Click the Download link in the **Download Template** section to download the form.

➢ The **Download Form 3: Income Analysis Form** page (Figure 44) will open in a new window. This page provides guidance for downloading and saving the Income Analysis form.

> Instead of using the Microsoft Word template as described in the following steps, you can export the Income Analysis to Microsoft Excel, as long as you provide all the information in the template.

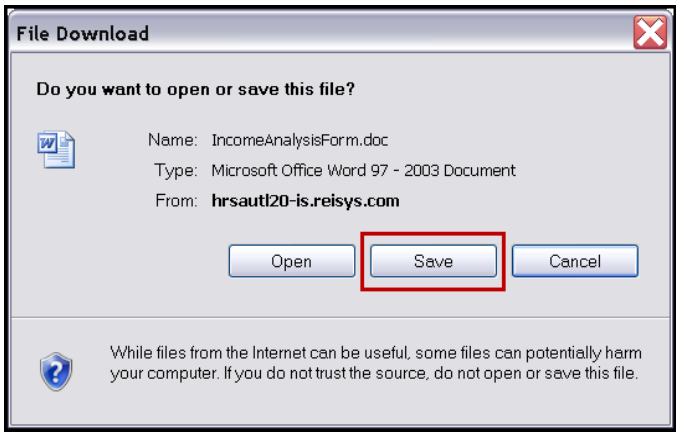
Figure 44: Download Form 3 Instruction Page



3. Review the instructions, then click Continue.

➢ A **File Download** dialog box (Figure 45) will be displayed.

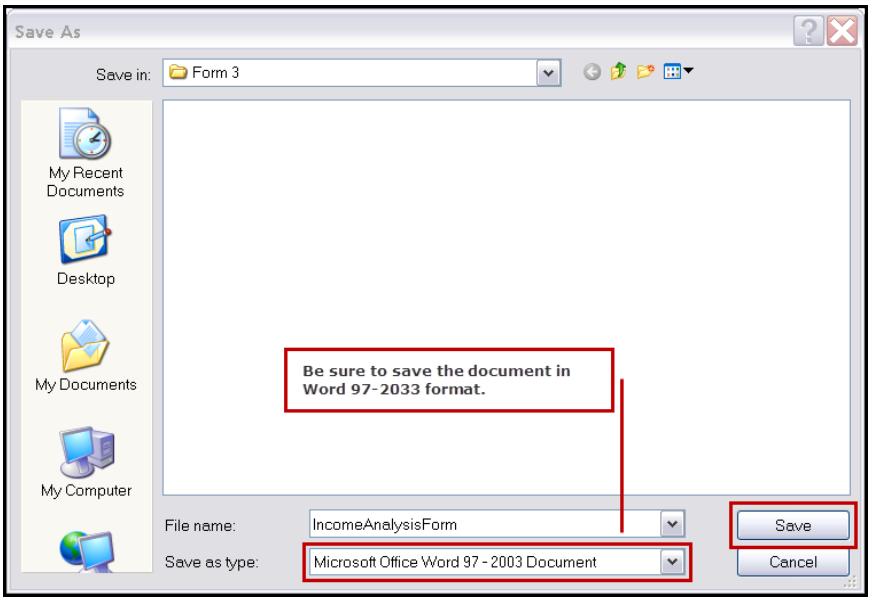
Figure 45: File Download Dialog Box



4. Click the Save button to save the document to a folder on your computer.

➢ The **Save As** Windows dialog box will be displayed (Figure 46).

Figure 46: Save As Dialog Box



5. Click Save to save the document.

➢ A **Download Complete** window will open.

6. Click Open Folder to open the folder containing the downloaded document.
7. Click Close on the **Download Form 3: Income Analysis Form** instructions screen.
8. Open the **Income Analysis** file (Figure 47) from the location where you saved it.

Figure 47: Form 3: Income Analysis - Downloaded Document Template

OMB No.: 0915-0285. Expiration Date: 10/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 3: INCOME ANALYSIS FORM	FOR HRSA USE ONLY			
	Applicant Name	HEALTH CARE FOR THE HOMELESS		
	LAL Number	LAL000	Application Tracking Number	000000

PART 1: NON FEDERAL SHARE, PROGRAM INCOME								
Payor Category	Number Of Visits	Average Charge Per Visit	Gross Charges (a * b)=(c)	Average Adjustment Per Visit	Net Charges (Amount Billed) [c-(a*d)]	Collection Rate (%)	Projected Income (e * f)	Actual Accrued Income Past 12 Months
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
PROJECTED FEE FOR SERVICE INCOME								
1a. Medicaid: Medical								
1b. Medicaid: EPSDT (if different from medical rate)								
1c. Medicaid: Dental								
1d. Medicaid: BH/SA								
1e. Medicaid: Other Fee for Service								
1. Subtotal: Medicaid								
2a. Medicare: All Inclusive FQHC Rate								
2b. Medicare: Other Fee for Service								
2. Subtotal: Medicare								
3a. Private Insurance (Medical)								
3b. Private Insurance (Dental)								
3c. Private Insurance (BH/SA)								
3. Subtotal: Private								
4a. Self Pay: 100% Charge, No Discount								

9. Complete the **Income Analysis** form.
10. Save the completed document.
11. Return to **Form 3: Income** Analysis in the HRSA EHBs.

Figure 48: Form 3: Income Analysis - Attach

Fields marked with an asterisk (*) are required.

INCOME ANALYSIS

Form 3: Income Analysis **Status: NOT COMPLETE**

Note: Instead of using the attached MS Word template, you can attach income analysis in MS Excel format as long as you provide all information being sought in the MS Word template.

Fields marked with an asterisk(*) are required.

Download Template

Template Name	Template Description	Action
Income Analysis	Template for Income Analysis	Download

Income Analysis (Maximum One (1) Attachment)

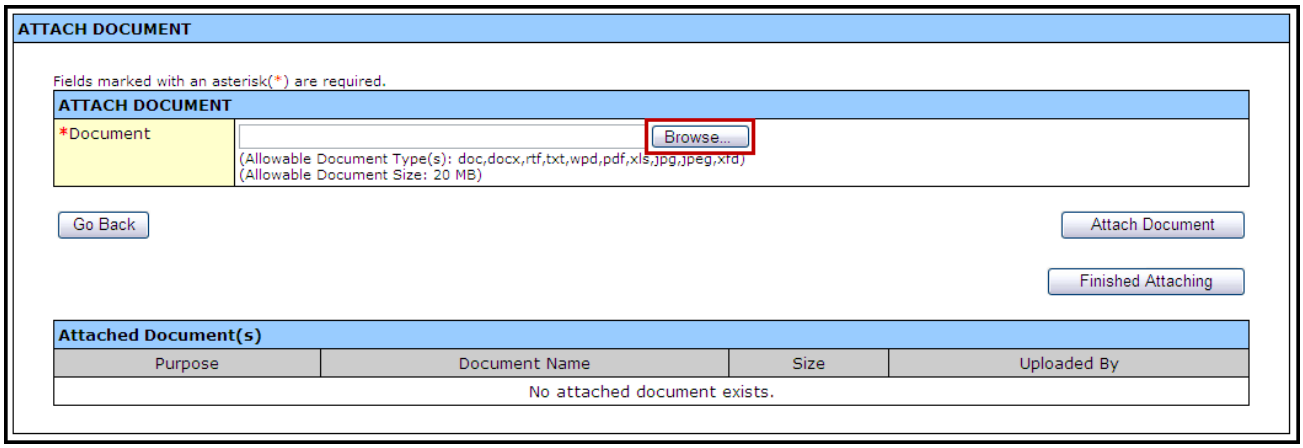
Select	Purpose	Document Name	Size	Uploaded By
No attached document exists.				

Attach

12. Click Attach in **Form 3: Income Analysis** section (Figure 48) to upload your completed Income Analysis document.

➢ The **Attach Document** screen will be displayed (Figure 49).

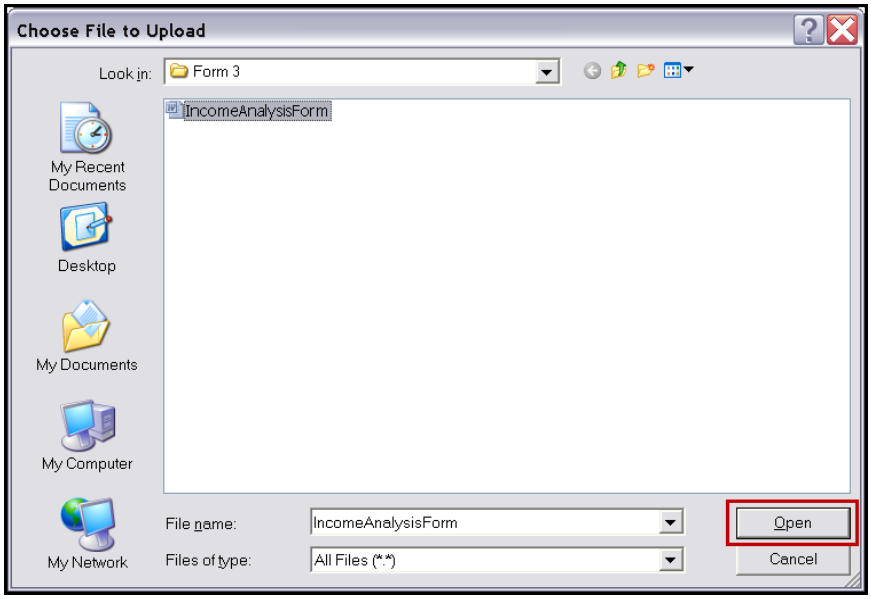
Figure 49: Attach Document Screen - Browse



13. Click the Browse button.

➢ The **Choose File to Upload** dialog box opens (Figure 50).

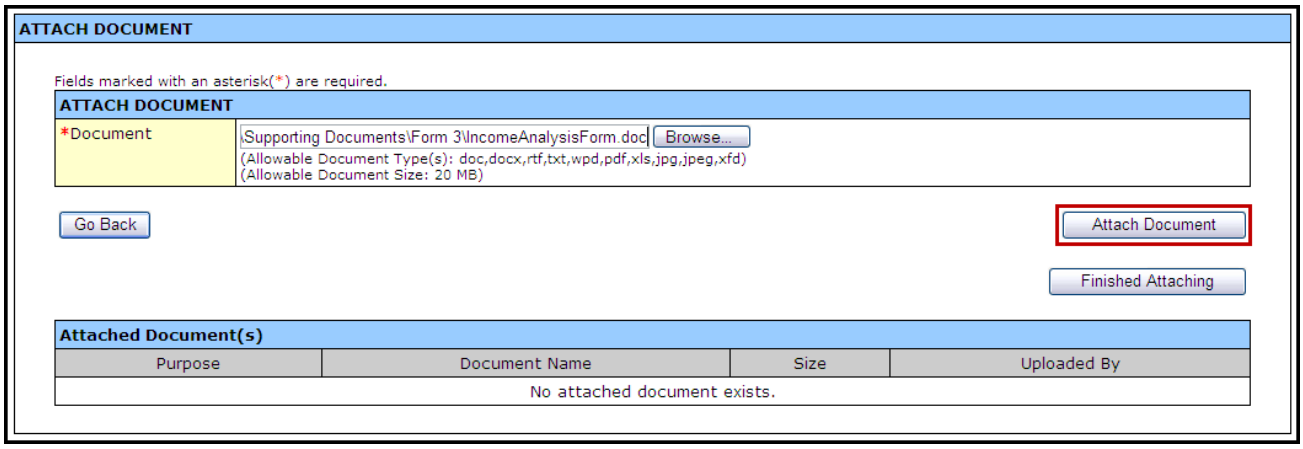
Figure 50: Choose File to Upload Dialog Box



14. Navigate to the file you wish to upload and click Open.

➢ The file name will now appear in the **Document** field of the **Attach Document** screen (Figure 51).

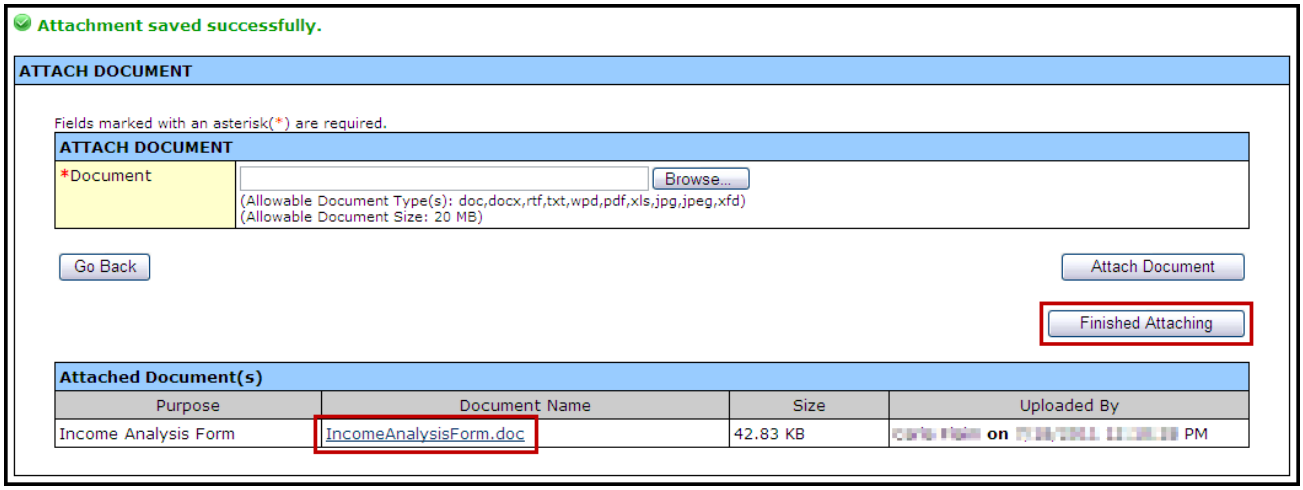
Figure 51: Attach Document Screen - File Selected



15. On the **Attach Document** screen (Figure 51), click Attach Document.

➢ The attached document will appear in the **Attached Document(s)** list (Figure 52).

Figure 52: Attached Document(s)



16. Click Finished Attaching.

➢ You will be returned to **Form 3: Income Analysis**. The attached document will be listed under the ***Income Analysis Form*** heading.

> To update the uploaded Income Analysis form, you must first make the necessary changes to the downloaded document on your computer. On the **Form3: Income Analysis** page, click Delete to remove the uploaded document; click Confirm Delete on the subsequent screen. Once the document has been successfully deleted, follow Steps 11-16 above to upload the updated Income Analysis Form from your computer.

17. After you have reviewed your work, click Save and Continue on **Form 3: Income Analysis** to save your work and proceed to the next form.

8.5. Form 3A: FQHC Look-Alike Budget Information

Form 3A: FQHC Look-Alike Budget Information reports budget information for the program, functions and activities for the first year of operation under the FQHC LAL designation.

1. Open Form 3A (Figure 53).

Figure 53: Form 3A: FQHC Look-Alike Budget Information

FQHC LOOK-ALIKE BUDGET FORM

Form 3A: FQHC Look-Alike Budget Information — Status: NOT COMPLETE

	FQHC Look-Alike PROGRAM, FUNCTION OR ACTIVITY, Year 1				
	Community Health Centers (CHC – 330(e))	Migrant Health Centers (MHC -330(g))	Health Care for Homeless (HCH – 330(h))	Public Housing Primary Care (PHPC -330(i))	Total
1. Expenses					
a. Personnel	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
b. Fringe Benefits	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
c. Travel	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
d. Equipment	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
e. Supplies	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
f. Contractual	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
g. Construction	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
h. Other	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
i. **Total Direct Charges** (sum of a through h)	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
j. Indirect Charges	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
k. **Total Expenses** (sum of i and j)	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
2. Revenue					
a. Applicant	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
b. Federal	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
c. State	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
d. Local	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
e. Other	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
f. Program Income	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
g. **Total Revenue** (sum of a through f)	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Go to Previous Page | Save | Save and Continue

2. Enter applicable budget information for **1.Expenses** and **2.Revenue** in the fields provided under the appropriate Program, Function, or Activity:

   a. Community Health Centers (CHC-330(e))

   b. Migrant Health Centers (MHC-330(g))

   c. Health Care for Homeless (HCH-330(h))

   d. Public Housing Primary Care (PHPC-330(i))

➢ Do not complete the columns for Migrant Health Center, Health Care for the Homeless, or Public Housing Primary Care unless you have a special population designation.

> As you enter amounts in the form the indicated "sum(s)" will be calculated automatically in each section.

3. When complete and you have reviewed your work, click Save and Continue and proceed to the next form.

8.6. Form 4: Community Characteristics

Form 4: Community Characteristics reports current service area and target population data for the entire scope of the project (i.e., all sites).

1. Open Form 4.

> Use the Save button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

2. Enter the number of patients for each item in the service area and the corresponding target population for each item under the section headings:
   a. Race (Figure 54)
   b. Hispanic or Latino Identity (Figure 55)
   c. Income as a Percent of Poverty Level (Figure 56)
   d. Primary Third Party Payment Source (Figure 57)
   e. Special Population (Figure 58)

> The Service Area and Target Population totals should be equal across all tables, except for the Special Population totals, where individuals may be counted in multiple categories.

Figure 54: Form 4 - Race

COMMUNITY CHARACTERISTICS

Form 4: Community Characteristics — Status: NOT COMPLETE

RACE	SERVICE AREA #	TARGET POPULATION #
*Native Hawaiian	0	0
*Other Pacific Islander	0	0
*Asian	0	0
*Black/African American	0	0
*American Indian/Alaskan Native	0	0
*White	0	0
*More than One Race	0	0
*Unreported/Refused to report (if applicable)	0	0
Total:	0	0

Click "Save" button to save all information within this page. Save

Figure 55: Form 4 - Hispanic or Latino Identity

HISPANIC OR LATINO IDENTITY	SERVICE AREA #	TARGET POPULATION #
*Hispanic or Latino	0	0
*Non-Hispanic or Latino	0	0
*Unreported/Refused to report	0	0
Total:	0	0

Click "Save" button to save all information within this page. Save

Figure 56: Form 4 - Income as Percent of Poverty Level

INCOME AS A PERCENT OF POVERTY LEVEL	SERVICE AREA #	TARGET POPULATION #
*Below 100%	0	0
*100-199%	0	0
*200% and Above	0	0
*Unknown	0	0
Total:	0	0
Click "Save" button to save all information within this page.		Save

Figure 57: Form 4 - Primary Third Party Payment

PRIMARY THIRD PARTY PAYMENT SOURCE	SERVICE AREA #	TARGET POPULATION #
*Medicaid/Capitated	0	0
*Medicaid/Not Capitated	0	0
*Medicare	0	0
*Other Public Insurance	0	0
*Private Insurance, Including Capitation	0	0
*None/Uninsured	0	0
Total:	0	0
Click "Save" button to save all information within this page.		Save

Figure 58: Form 4 - Special Population

SPECIAL POPULATION	SERVICE AREA #	TARGET POPULATION #
*Migrant/Seasonal Farmworkers and Families	0	0
*Homeless	0	0
*Residents of Public Housing	0	0
*HIV/AIDS-Infected Persons	0	0
*Persons with Behavioral Health/Substance Abuse Needs	0	0
*School Age Children	0	0
*Infants Birth to 2 Years of Age	0	0
*Women Age 25-44	0	0
*Persons Age 65 and Older	0	0
*Other Please specify: (maximum 200 characters)	0	0
*Lesbian, Gay, Bisexual and Transgender	0	0
Total:	0	0

Go to Previous Page | Save | Save and Continue

3. Click Save and Continue to save your work and proceed to the next form.

8.7. Form 5A: Services Provided

8.7.1 Form 5A: Required Services

Use this form to view how your organization provides required services. HRSA permits organizations to provide required services directly, by contracting with another provider, or by referral to another provider. These modes of service provision differ according to the service provider and the payment source (Table 1).

Table 1: Modes of Service Provision

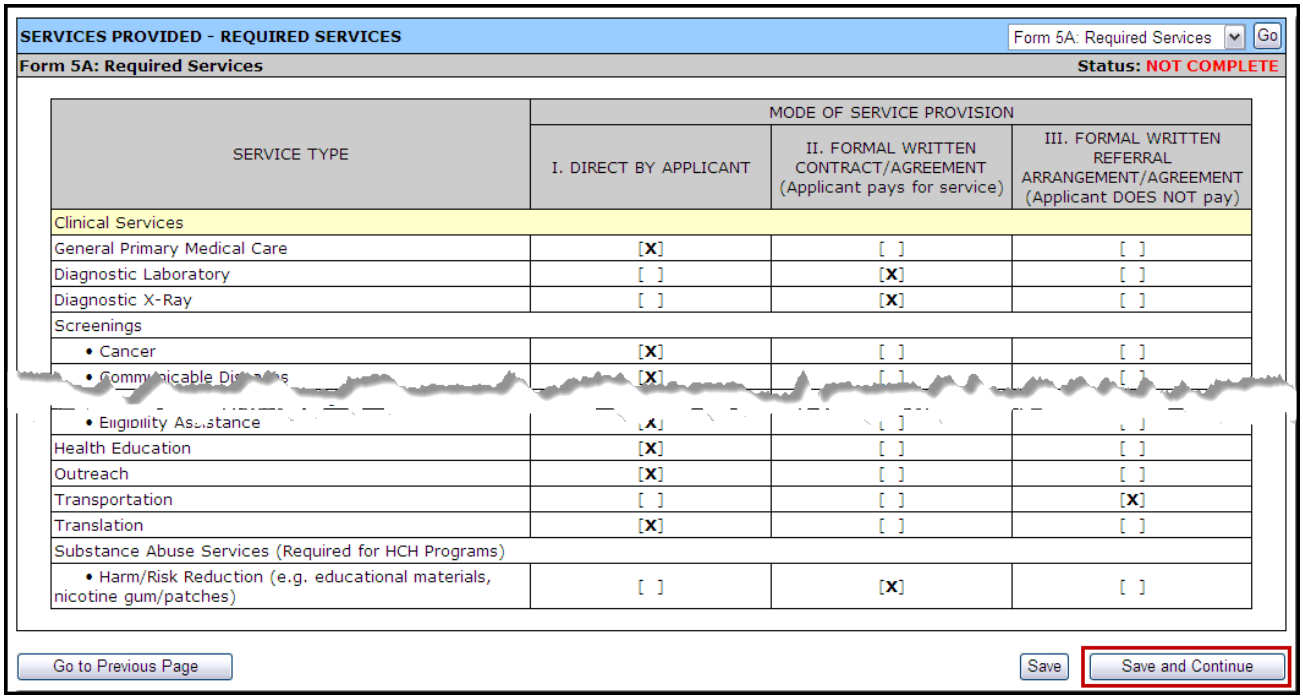
Mode of Service Provision	Your Organization	
	Provides the Service	Pays for the Service
Direct by applicant	Yes	Yes
Formal written contract or agreement	No	Yes
Formal written referral arrangement	No	No

To view service delivery modes:

1. Open Form 5A (Figure 59).

➢ This is a read-only form displaying the list of required services and their corresponding mode(s) of service provision in your organization's current scope. To change or update any of these services, you are required to follow the Change In Scope (CIS) application process.

Figure 59: Form 5A: Services Provided - Required Services



SERVICES PROVIDED - REQUIRED SERVICES — Form 5A: Required Services — Go

Form 5A: Required Services — Status: NOT COMPLETE

SERVICE TYPE	MODE OF SERVICE PROVISION		
	I. DIRECT BY APPLICANT	II. FORMAL WRITTEN CONTRACT/AGREEMENT (Applicant pays for service)	III. FORMAL WRITTEN REFERRAL ARRANGEMENT/AGREEMENT (Applicant DOES NOT pay)
Clinical Services			
General Primary Medical Care	[X]	[ ]	[ ]
Diagnostic Laboratory	[ ]	[X]	[ ]
Diagnostic X-Ray	[ ]	[X]	[ ]
Screenings			
• Cancer	[X]	[ ]	[ ]
• Communicable Diseases	[X]	[ ]	[ ]
• Eligibility Assistance	[X]	[ ]	[ ]
Health Education	[X]	[ ]	[ ]
Outreach	[X]	[ ]	[ ]
Transportation	[ ]	[ ]	[X]
Translation	[X]	[ ]	[ ]
Substance Abuse Services (Required for HCH Programs)			
• Harm/Risk Reduction (e.g. educational materials, nicotine gum/patches)	[ ]	[X]	[ ]

Go to Previous Page — Save — Save and Continue

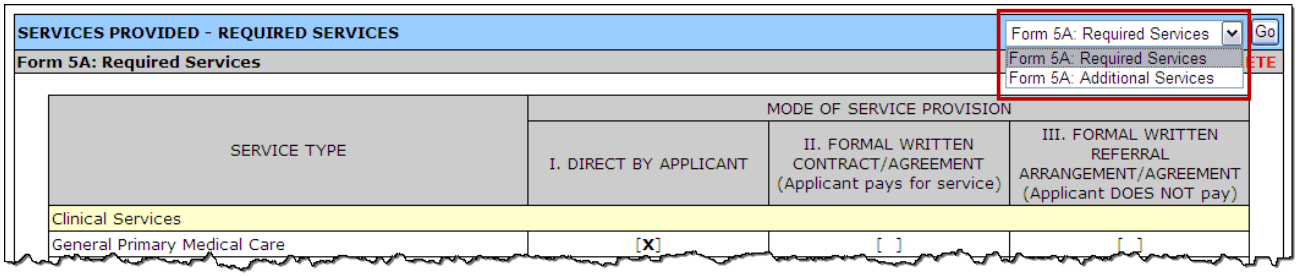
2. Click Save and Continue to proceed to the **Additional Services** section of Form 5A.

8.7.2 Form 5A: Additional Services

Use this form to view how your organization provides additional services.

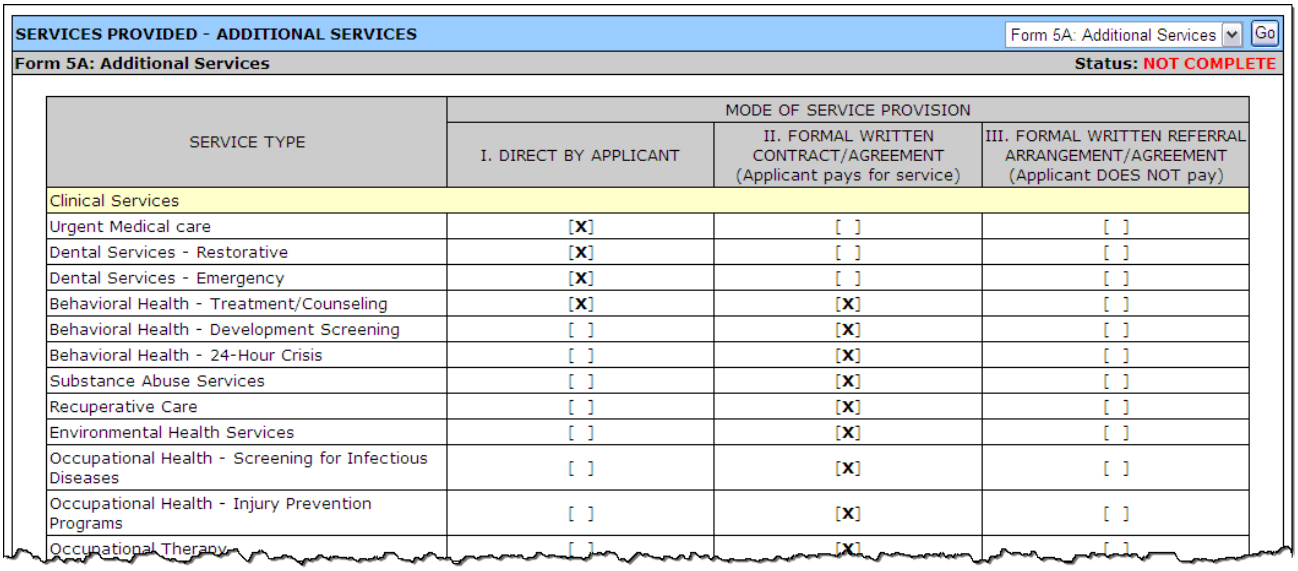
1. To continue to form **5A: Additional Services**, select **Form 5A: Additional Services** from the drop-down menu on **Form 5A: Required Services**, and click Go (Figure 60).

Figure 60: Form 5A: Services Provided - Drop-Down Menu



- Organizations are required to provide behavioral health and substance abuse services, either directly or through formal written referral arrangements/agreements with other providers. These services are listed on the **Services Provided - Additional Services** page of Form 5A (Figure 61). To change or update any of these services, you are required to follow the Change In Scope (CIS) application process.

Figure 61: Form 5A: Additional Services



2. Click Save and Continue to proceed to Form 5B.

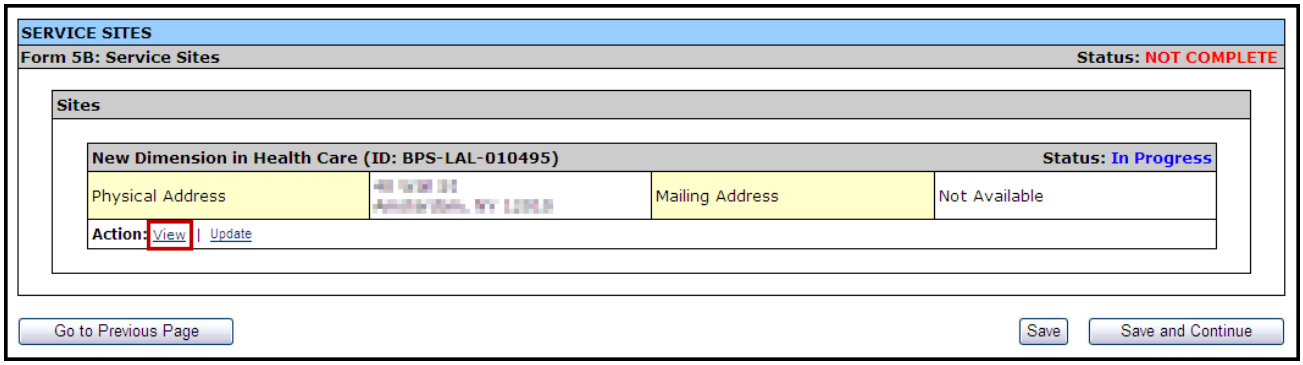
8.8. Form 5B: Service Sites

Use this form to view your site information and/or update non-essential attributes of the site in your current scope.

8.8.1 View Site Information

1. Open Form 5B.

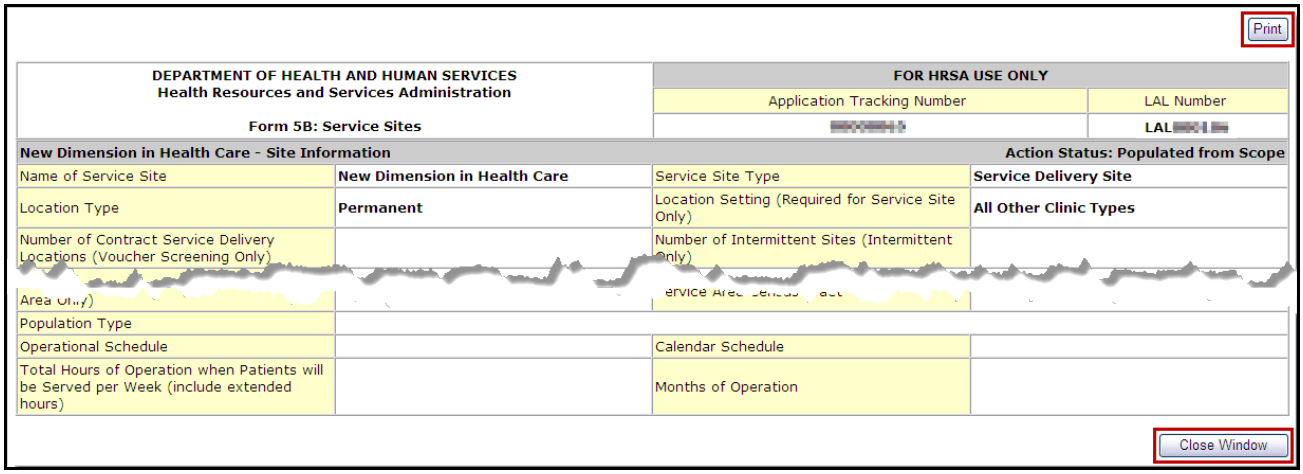
Figure 62: Form 5B: Service Sites Page



2. To view your site information click on the View link.

➢ A new window will open displaying a read only view of your site information.

Figure 63: View Service Sites



3. To print this information, click Print.
4. To close the window, click Close Window.

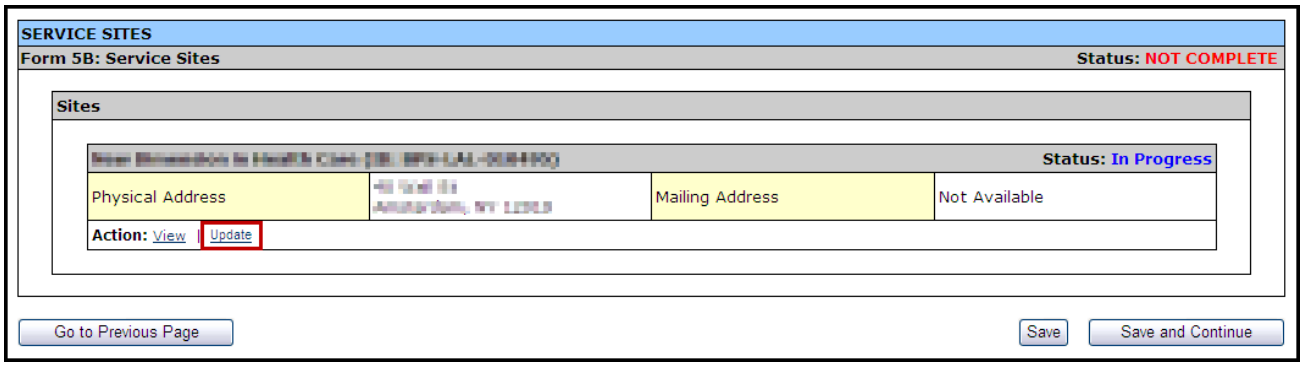
8.8.2 Update Site Information

Use the **Update Site** page to revise the site's information as necessary.

> Direct Self Update Attributes and Project Officer (PO) Monitored Self Update attributes can be updated in Form 5B. Essential attributes can be updated only through a Formal CIS.

1. On the Service Sites page (Figure 64), click the Update link.

Figure 64: Service Sites - Update

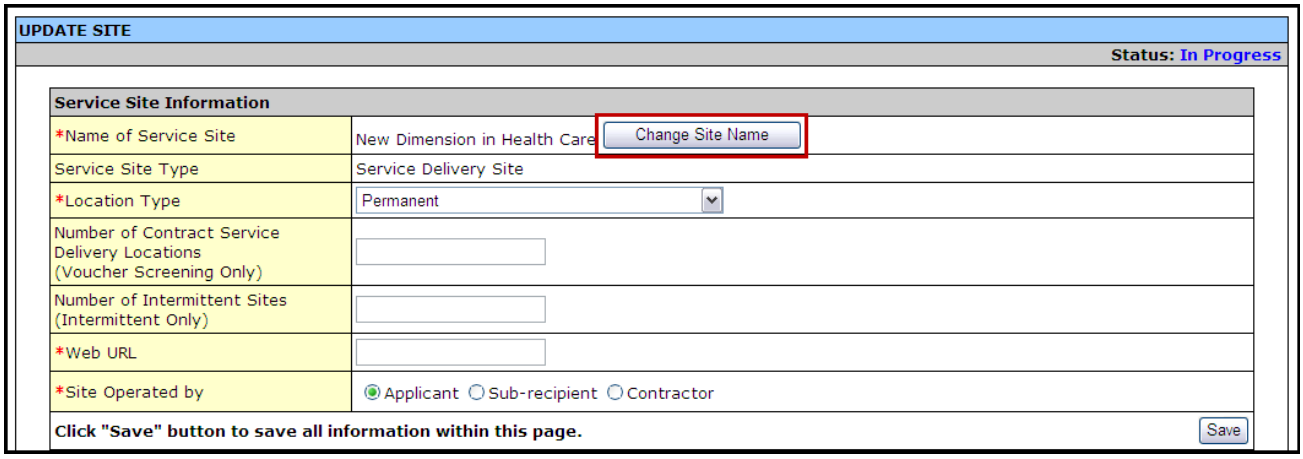


➢ The Update Site page opens (Figure 65).

With the **Update Site** page open:

2. Update the **Service Site Information** (Figure 65)

Figure 65: Update Site - Service Site Information



   a. Click Change Site Name to change the name of the service site.
   b. Select a location type from the **Location Type** drop-down menu.
   c. Enter the number of contract service delivery locations.
   d. Enter the number of intermittent sites.
   e. Enter your organization's web address.

3. Indicate whether your site is operated by your **Organization**, a **Sub-Recipient**, or a **Contractor**.

Use the Save button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

4. If your site is operated by a sub-recipient or a contractor, click Add to provide the organization's information (Figure 66).

Figure 66: Update Site - Add Organization Information

If **Sub-recipient** or **Contractor** selected in the previous question, give organization information below:

Organization Name	Address (Physical)	Address (Mailing)	EIN	Comments
No organization has been added.				
Add				

5. Provide information about your location (Figure 67):

Figure 67: Update Site - Location Setting

Location Setting (Required for Service Site)	All Other Clinic Types
Date Site was Opened	
Date Site was Added to Scope	1/24/2011
Site Operational By	
*Medicare Billing Number (Maximum 50 characters)	
*Medicaid Billing Number (Maximum 50 characters)	
Medicaid Pharmacy Billing Number (Maximum 50 characters)	

a. Enter the **Medicare Billing Number**
b. Enter the **Medicaid Billing Number**
c. Enter the **Medicaid Pharmacy Billing**

6. Revise your site's phone number, administration phone number and fax number (Figure 68).

Figure 68: Update Site - Contact Information

Contact Information	
*Site Phone Number	( ) - Ext:
*Administration Phone Number	( ) - Ext:
*Site Fax Number	( ) -
Click "Save" button to save all information within this page.	Save

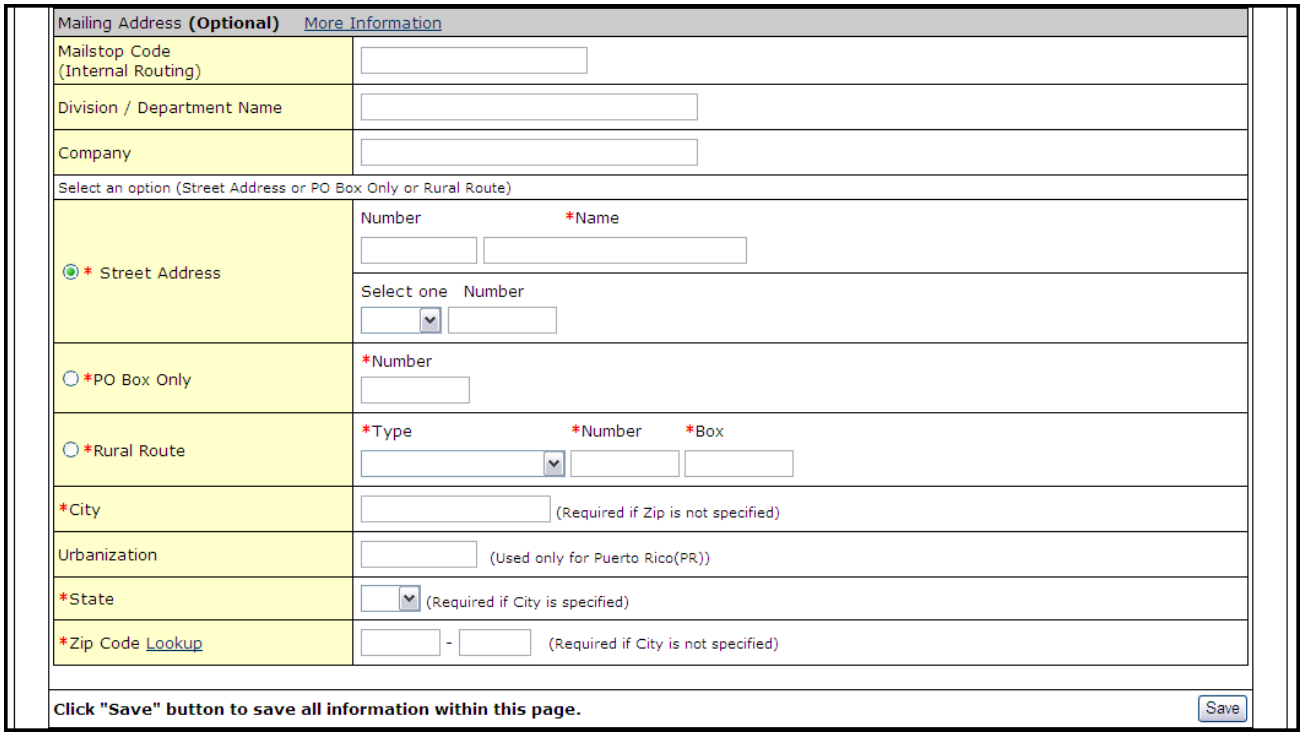
7. Your sites Physical Address cannot be updated (Figure 69).

Figure 69: Update Site - Change Location

Physical Location Address	
Street Address Line 1	[illegible]
City	[illegible]
State	[illegible]
Zip Code	[illegible]

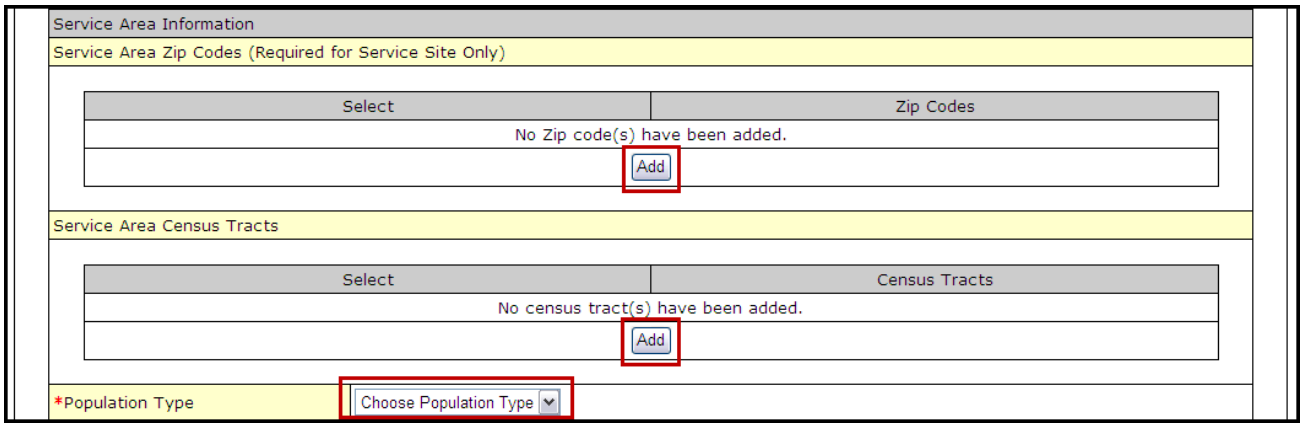
8. If your organization's mailing address is not the same as its physical address, please provide the mailing address (Figure 70).

Figure 70: Update Site - Add Mailing Address



9. To modify the zip codes and census tracts where the majority of the site's patients live or work (Figure 71):

Figure 71: Update Site - Add Service Area Zip Codes

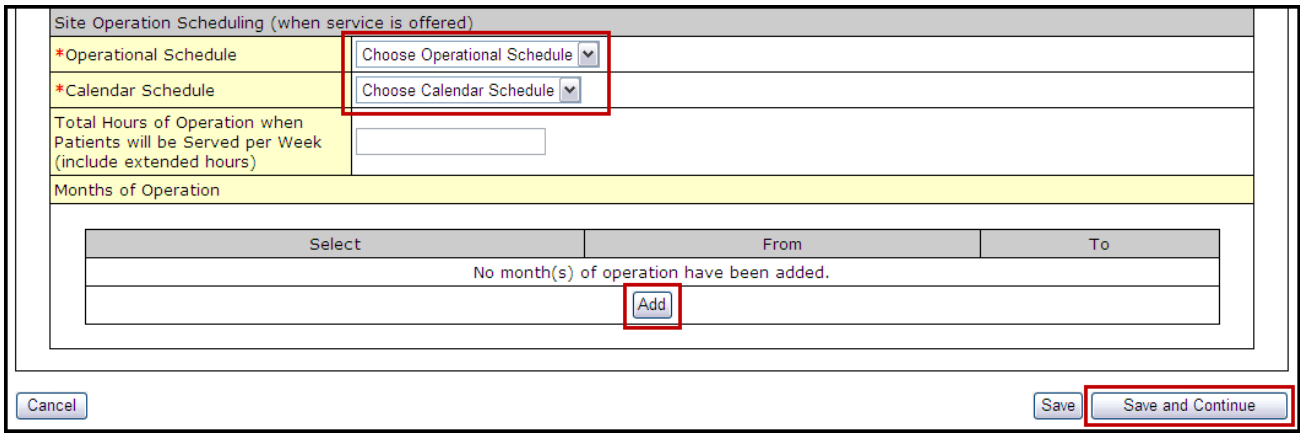


a. Click Add to add a Zip Code to the list.

b. Select urban, rural, or sparsely populated from the **Choose Population Type** drop-down menu to describe the site's service area population.

10. Use the drop-down menus and fields under **Site Operation Scheduling** to indicate when your site offers services (Figure 72):

Figure 72: Update Site - Add Service Area Population Type



a. Select full-time or part-time from the **Choose Operational Schedule** dropdown menu.

b. Select year-round or seasonal from the **Choose Calendar Schedule** dropdown menu.

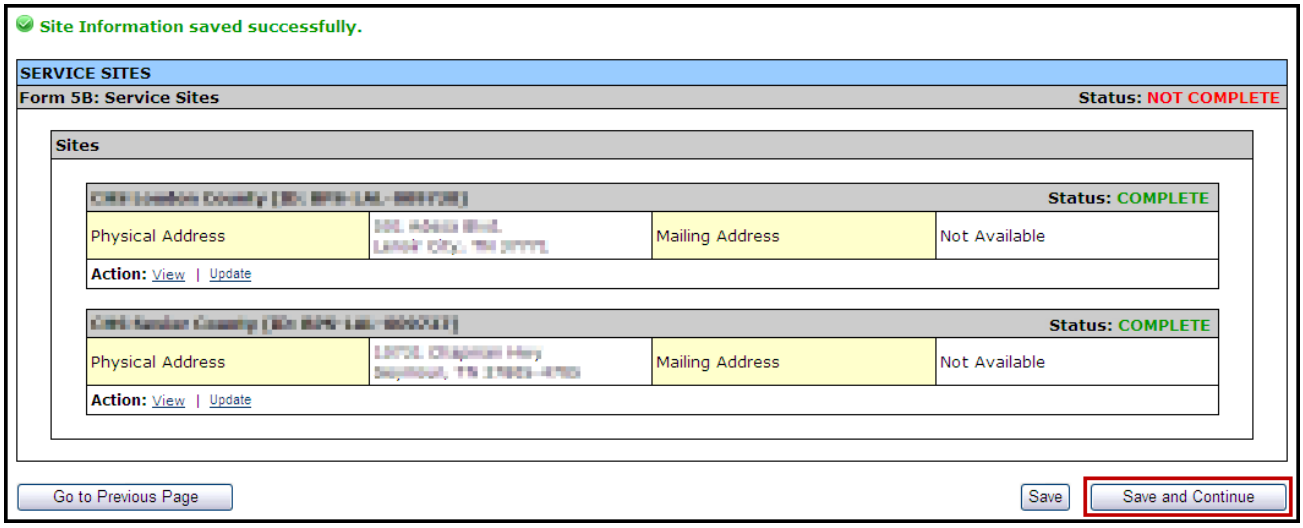
11. Provide the total number of hours per week that the site will serve patients

12. Click Add under **Months of Operation** to identify and modify the months of the year that the site will operate.

13. Click Save and Continue.

➢ The **Service Sites** page refreshes (Figure 73) with a Status of **Complete**.

Figure 73: Update Site - Site Addition Complete



14. When all desired sites have been updated, click Save and Continue to proceed to the next form.

8.9. Form 5C: View Other Activities/Locations

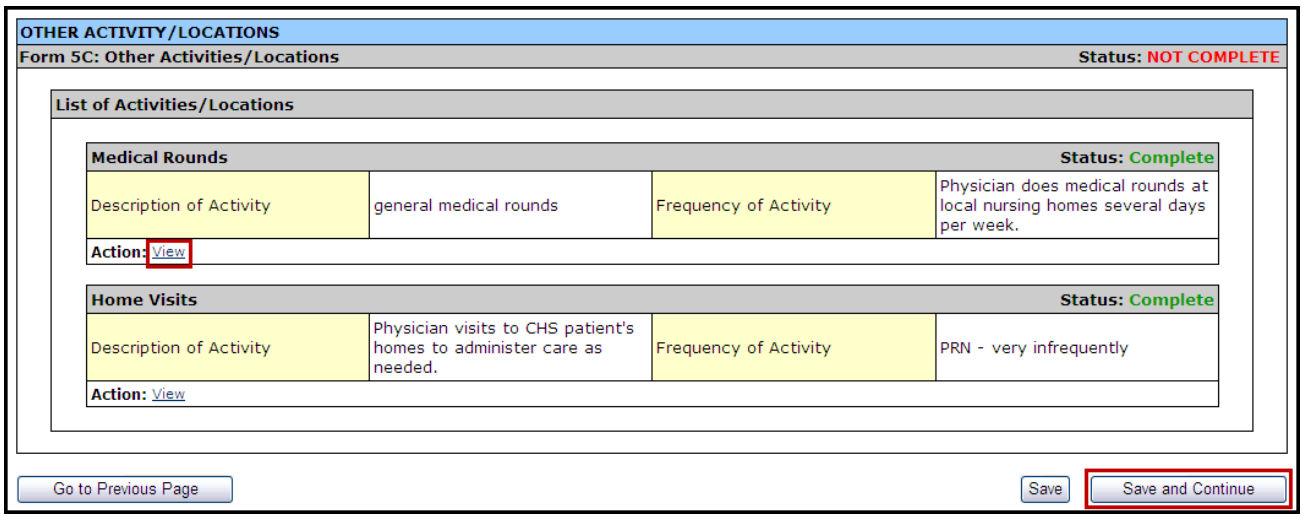
Use this form to view other activities or locations.

> This form is a view only form. You still must save it to mark the form as complete.
> Click Save and Continue (Figure 74) to mark it as complete and proceed to the next form.

To view an activity/location:

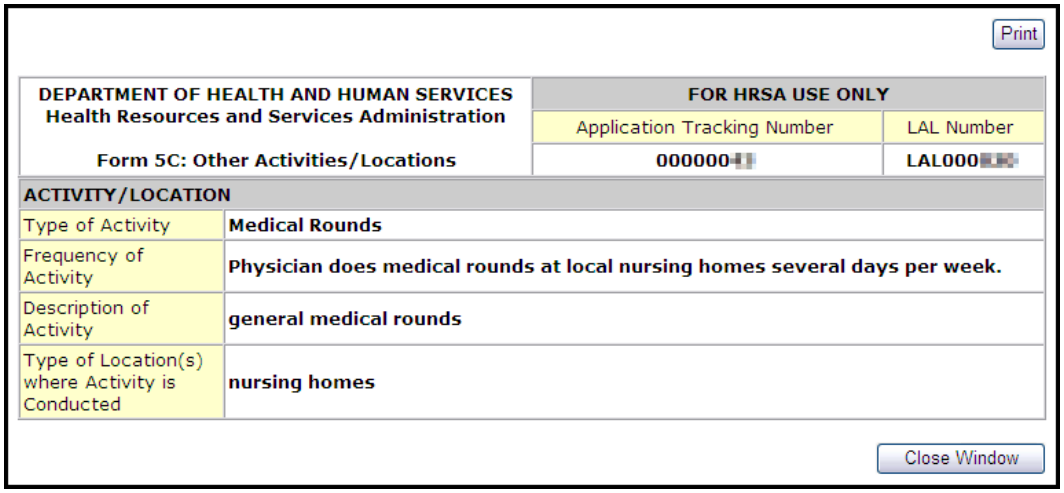
1. Open Form 5C (Figure 74).

Figure 74: Form 5C: List of Activities/Locations - View



2. Click View to see a summary of the activity (Figure 75).

Figure 75: Activity/Location Summary



3. Click Close Window to close the Activity/Location Summary window.
4. Click Save and Continue to proceed to the next form.

8.10. Form 6A: Current Board Member Characteristics

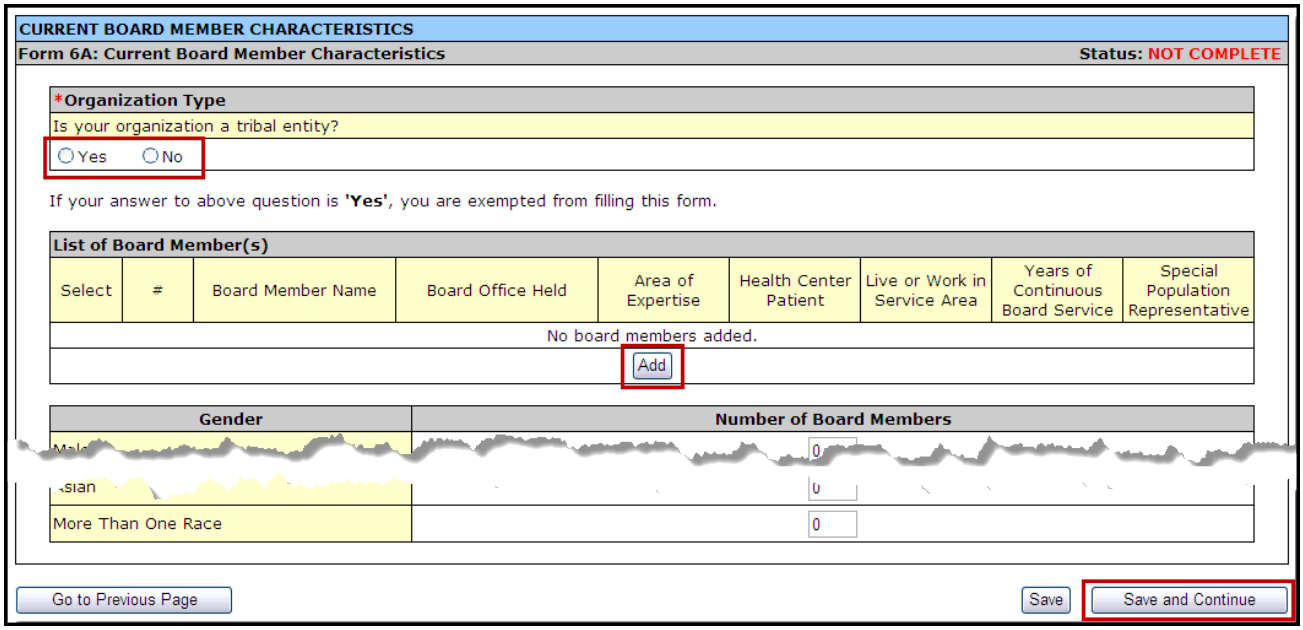
Form 6A provides information about your organization's current board members.

8.10.1 To Add a Board Member

To add information about board members:

1. Open Form 6A (Figure 76).

Figure 76: Form 6A: Current Board Member Characteristics



2. Under **Organization Type**, select "Yes" or "No" to answer the question, "Is your organization and tribal entity?"

> If you answer "Yes", you are not required to complete the remainder of Form 6A. Form 6A is not required for tribal entity applicants.
>
> Click the Save and Continue button to proceed to Form 6B.

3. If you answered "No" to the tribal entity question, click Add to add board members (Figure 76).

➢ The **Add Board Member Information** page will open.

4. Complete the **Add Board Member Information** page (Figure 77).

Figure 77: Form 6A: Add Board Member Information

ADD BOARD MEMBER INFORMATION

Board Member Information	
*First Name	
*Last Name	
Middle Initial	
*Board Office Held	
*Area of Expertise	
*Does member derive more than 10% of income from health industry?	○ Yes ○ No
*Is member a health center patient?	○ Yes ○ No
Live or work in service area	☐ Live ☐ Work
*Years of continuous board service	
*Is member a special population representative (MHC, HCH, PHPC)?	○ Yes ○ No If Yes, please specify Special Population: ☐ MHC ☐ HCH ☐ PHPC

Cancel | Save and Continue

5. Click Save and Continue to return to the **Current Board Members Characteristics** page with the new board member added.

> Repeat steps 3-5 for each board member in your organization. Please provide information on a minimum of 9 and a maximum of 25 board members.

6. Enter the Board member's **Gender**, **Ethnicity**, and **Race** in the ***Number of Board Members*** fields (Figure 78). You must enter a number in each field; enter zero if applicable.

> This section is a summary of the gender, ethnicity, and race of the board members. Enter the total number of board members that match each of the listed criteria.

Figure 78: Form 6A: Board Members Gender; Ethnicity; Race

Gender	Number of Board Members
Male	0
Female	0
Ethnicity	**Number of Board Members**
Hispanic or Latino	0
Non-Hispanic or Latino	0
Race	**Number of Board Members**
White	0
Native Hawaiian or Other Pacific Islander	0
Black/African American	0
American Indian or Alaska Native	0
Asian	0
More Than One Race	0

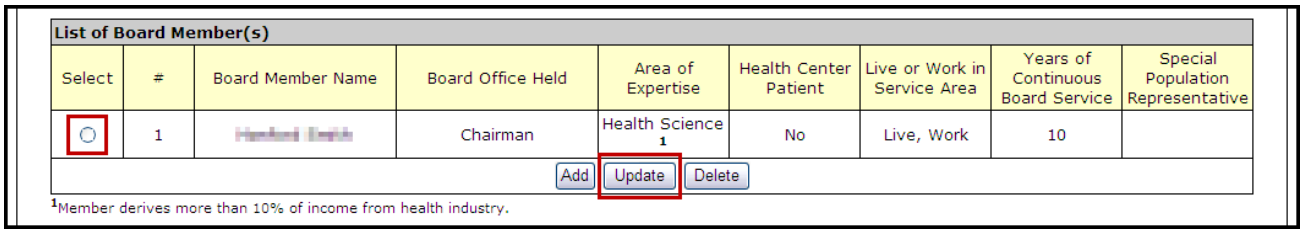
Go to Previous Page | Save | Save and Continue

8.10.2 Update Board Member Information

When the addition of a board member is complete, you can update each entry as follows:

1. Select the board member and click Update (Figure 79).

Figure 79: Update Link on a Board Member Listing



List of Board Member(s)

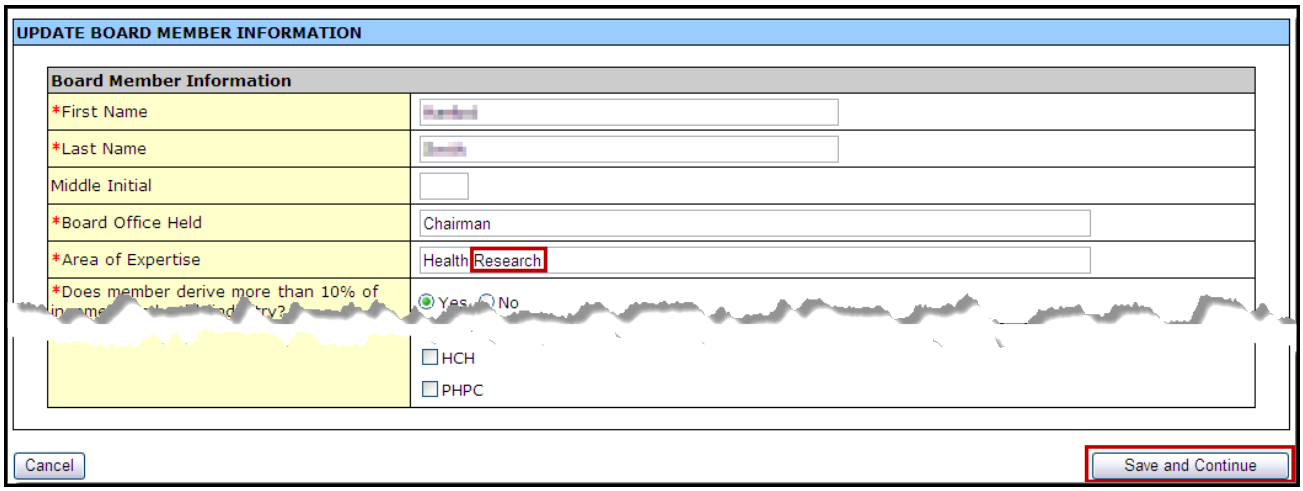
Select	#	Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
○	1	[illegible]	Chairman	Health Science [1]	No	Live, Work	10	

Add | Update | Delete

[1]Member derives more than 10% of income from health industry.

➢ The **Update Board Member Information** page will be displayed (Figure 80).

Figure 80: Update Board Member Information



UPDATE BOARD MEMBER INFORMATION

Board Member Information

*First Name	[illegible]
*Last Name	[illegible]
Middle Initial	
*Board Office Held	Chairman
*Area of Expertise	Health Research
*Does member derive more than 10% of income [illegible] industry?	Yes No
	HCH PHPC

Cancel | Save and Continue

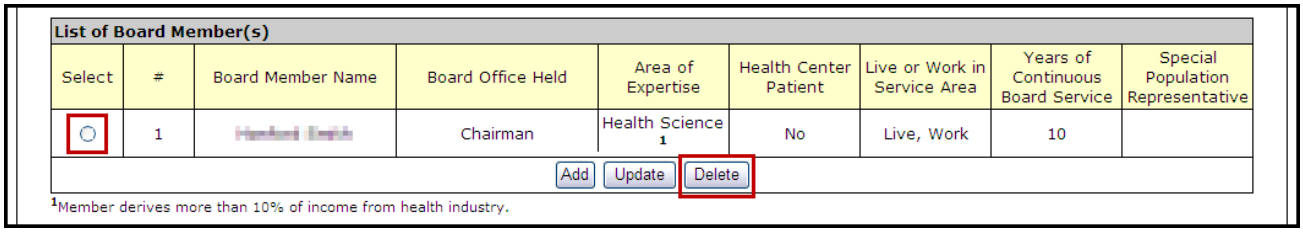
2. Update the board member information as desired and click Save and Continue.

8.10.3 Delete a Board Member

To delete a Board Member from the List of Board Members:

1. Select a board member, and click Delete (Figure 81).

Figure 81: Delete Link on a Board Member Listing



List of Board Member(s)

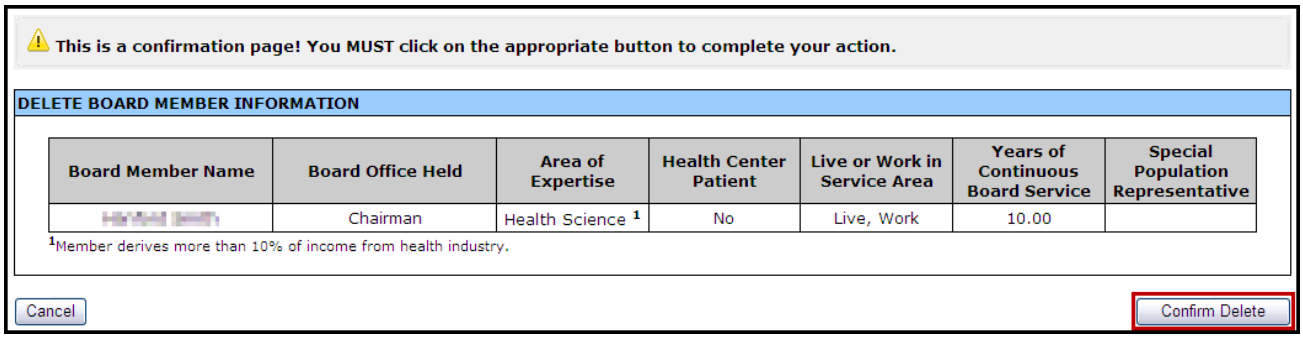
Select	#	Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
○	1	[illegible]	Chairman	Health Science [1]	No	Live, Work	10	

Add Update Delete

[1]Member derives more than 10% of income from health industry.

➢ The Delete Board Member Information page opens.

Figure 82: Confirm Delete Board Member



This is a confirmation page! You MUST click on the appropriate button to complete your action.

DELETE BOARD MEMBER INFORMATION

Board Member Name	Board Office Held	Area of Expertise	Health Center Patient	Live or Work in Service Area	Years of Continuous Board Service	Special Population Representative
[illegible]	Chairman	Health Science [1]	No	Live, Work	10.00	

[1]Member derives more than 10% of income from health industry.

Cancel Confirm Delete

2. Click Confirm Delete.

➢ The Current Board Member Characteristics page opens with the board member removed from the list of current board members.

> If you Add or Delete a board member, don't forget to update the Gender, Ethnicity, Race table appropriately.

3. When all board members have been added, modified, and/or deleted, and you have updated the Gender, Ethnicity, and Race table, click Save and Continue (Figure 78) to proceed to the next form.

8.11. Form 6B: Request for Waiver of Governance Requirements

Form 6B elicits information about governance waiver requests. All applicants must complete the first question. Please note that HRSA will not consider a waiver request from organizations seeking designation as a Community Health Center. Only organizations that exclusively serve a special population can request a waiver.

To request a waiver of governance requirements:

1. Open Form 6B (Figure 83).

Figure 83: Form 6B: Request for Waiver of Governance Requirements - Section 1

REQUEST FOR WAIVER OF GOVERNANCE REQUIREMENTS

Form 6B: Request for Waiver of Governance Requirements — **Status: NOT COMPLETE**

1. Request for Waiver	
Name of Organization	**HEALTH CARE FOR THE HOMELESS**
*1a. Are you requesting a waiver of governance requirements?	○ Yes ○ No ○ Not Applicable
*If you answered '**Yes**' to the above question, then please answer all applicable questions given below.*	

2. In Section 1, indicate whether you are requesting a waiver.
   a. If you answered **'Yes'**, proceed to Section 2 – 4 and complete all required fields.
   b. If you answered '**No**', click Save and Continue at the bottom of this page to proceed to the next form.
   c. Select **'Not Applicable'** if your organization is seeking designation as a Community Health Center or if you are a tribal entity. Click Save and Continue to proceed to the next form.
3. In Section 2, provide information about previous waivers.

Figure 84: Form 6B: Request for Waiver of Governance Requirements - Section 2

2. For Applicants with Previous Waiver Approval	
2a. Nature of Items Currently Approved to be Waived	☐ 51 Percent Patient Majority ☐ Monthly Meetings
2b. Are you requesting the waiver to be continued?	○ Yes (Complete Next Question) ○ No (Governing Board is in Full Compliance) ○ N/A
*2c. Is your waiver request based on arrangements that are different from your original request? (Answer to this question is mandatory, if you answer 'Yes' to Question 2b.)	○ Yes ○ No ○ N/A

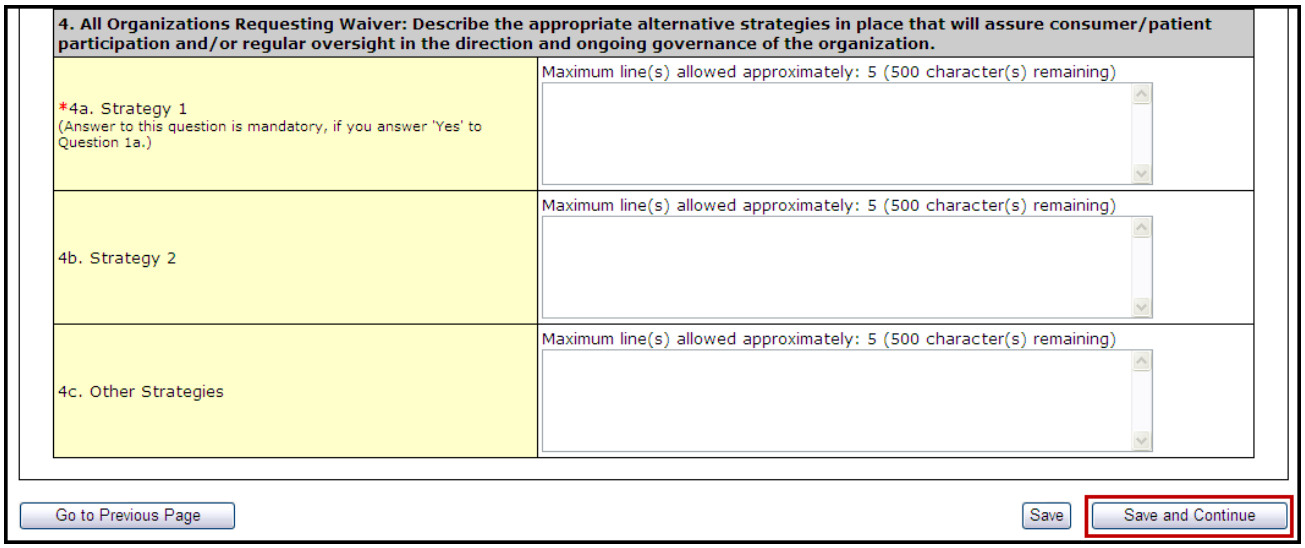
4. In Section 3, provide information the nature of a new waiver request.

Figure 85: Form 6B: Request for Waiver of Governance Requirements - Section 3

3. New Waiver Request	
*3a. Nature of Items for New Waiver Request (Answer to this question is mandatory, if you answer 'Yes' to Question 1a.)	☐ 51 Percent Patient Majority ☐ Monthly Meetings

5. In Section 4, describe the alternative strategies in place that will assure consumer/patient participation and/or regular oversight in the direction and ongoing governance of your organization.

Figure 86: Form 6B: Request for Waiver of Governance Requirements - Section 4



4. All Organizations Requesting Waiver: Describe the appropriate alternative strategies in place that will assure consumer/patient participation and/or regular oversight in the direction and ongoing governance of the organization.	
*4a. Strategy 1 (Answer to this question is mandatory, if you answer 'Yes' to Question 1a.)	Maximum line(s) allowed approximately: 5 (500 character(s) remaining)
4b. Strategy 2	Maximum line(s) allowed approximately: 5 (500 character(s) remaining)
4c. Other Strategies	Maximum line(s) allowed approximately: 5 (500 character(s) remaining)

Go to Previous Page | Save | Save and Continue

6. When you have completed all required fields, click Save and Continue to proceed to the next form.

8.12. Form 8: Health Center Agreements

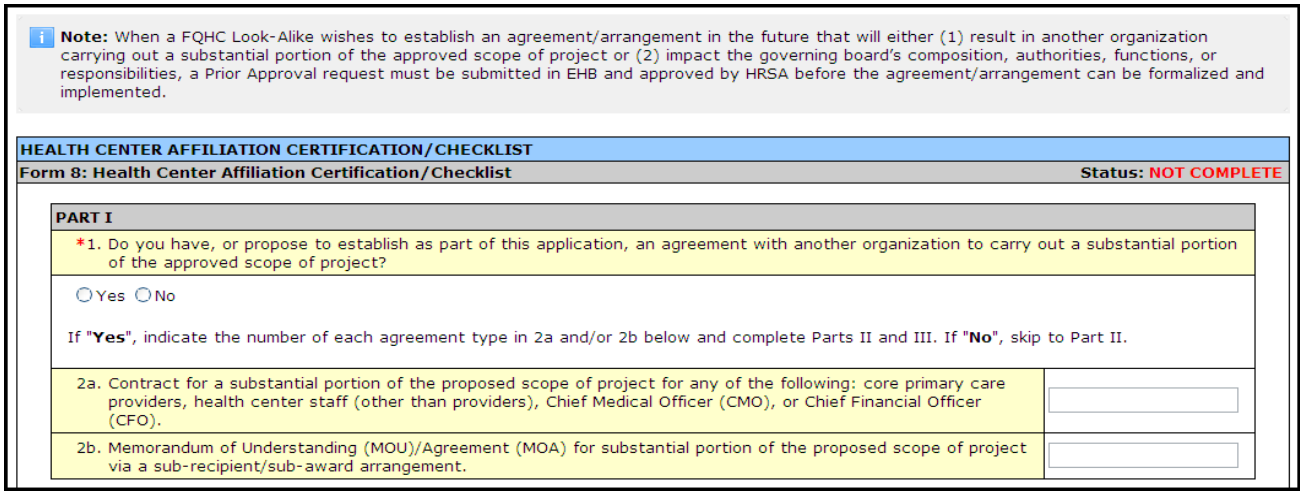
Form 8: Health Center Agreements provides information on agreements between your organization and other providers whereby other organizations provide a substantial number of services, sites, and/or activities in support of your organization or which impact your organization's board composition, authorities, function or responsibilities.

> Please only provide agreements with other providers for a substantial number of services, site, and/or activities. Click Save and Continue (Figure 99) to mark it as complete and proceed to the next form. (This form must be saved to mark it as complete)

To identify **Health Center Agreements**:

1. Open Form 8, and complete:
   a. Part I (Figure 87)
   b. Part II, Question 1 (Figure 88)
   c. Part II, Question 2 (Figure 89)
   d. Part II, Question 3 (Figure 90) (Optional)
   e. Part III (Figure 91)
2. In Part I (Figure 87), Question 1, indicate if you have any current or proposed agreements with another organization to carry out a substantial portion of your scope of project.

Figure 87: Form 8: Part I - Question 1



Note: When a FQHC Look-Alike wishes to establish an agreement/arrangement in the future that will either (1) result in another organization carrying out a substantial portion of the approved scope of project or (2) impact the governing board's composition, authorities, functions, or responsibilities, a Prior Approval request must be submitted in EHB and approved by HRSA before the agreement/arrangement can be formalized and implemented.

HEALTH CENTER AFFILIATION CERTIFICATION/CHECKLIST

Form 8: Health Center Affiliation Certification/Checklist **Status:** NOT COMPLETE

PART I

*1. Do you have, or propose to establish as part of this application, an agreement with another organization to carry out a substantial portion of the approved scope of project?

○ Yes ○ No

If "**Yes**", indicate the number of each agreement type in 2a and/or 2b below and complete Parts II and III. If "**No**", skip to Part II.

2a. Contract for a substantial portion of the proposed scope of project for any of the following: core primary care providers, health center staff (other than providers), Chief Medical Officer (CMO), or Chief Financial Officer (CFO).	
2b. Memorandum of Understanding (MOU)/Agreement (MOA) for substantial portion of the proposed scope of project via a sub-recipient/sub-award arrangement.	

> If you answered "Yes" to Question 1, indicate the number of each agreement type in Questions 2a or 2b. If No, proceed to Part II.

3. In Part II, Question 1 (Figure 88), complete the Governance Checklist to determine if any affiliations or agreements limit or compromise the board's authorities, functions, and/or responsibilities.

Figure 88: Form 8: Part II - Governance Checklist

PART II

*1. Governance Checklist Does the health center affirm that the board exercises the authorities, legislative and regulatory mandated functions, and responsibilities listed below, **without limitation or compromise** due to an affiliation or agreement with another entity?	Yes	No
determines board composition	○	○
determines executive committee function and composition	○	○
selection of board chairperson	○	○
selection of board members	○	○
strategic planning	○	○
approval of the center's annual budget	○	○
directly employs, selects/dismisses, and evaluates the CEO/Executive Director	○	○
adoption of policies and procedures for personnel and financial management	○	○
establishes center priorities	○	○
establishes eligibility requirements for partial payment of services	○	○
provides for an independent audit	○	○
evaluation of center activities	○	○
adoption of center's health care policies, including scope and availability of services, location, hours of operation, and quality of care audit procedures	○	○
establishes a conflict of interest policy	○	○

If you answer "No" to any Governance Checklist item, you must answer "Yes" to Part II, Question 2.

4. In Part II, Question 2 (Figure 89), indicate if you have any current or proposed agreements that affect the composition, authorities, functions, or responsibilities of your organization's board.

Figure 89: Form 8: Part II - Question 2

*2. Do you have, or propose to establish as part of this application, an agreement/arrangement (provided in Part I or otherwise) that impacts the applicant's governing board composition, authorities, functions, or responsibilities?

The Governance Checklist above can help you determine the answer to this question. A **No** response to any Governance Checklist item should result in a **Yes** response to this question.

○ Yes ○ No

If "**Yes**", indicate the number of such agreements/arrangements in question 3 below and complete Part III.

If you answer "Yes" to Question 2, specify the number of such agreements in Question 3 and proceed to complete Part III.

Figure 90: Form 8: Part II - Question 3

3. Agreement/arrangement that impacts the health center's governing board composition, authorities, functions, or responsibilities (e.g., parent subsidiary model, bilateral board representation, outside nomination of board members, joint committees).	

Note: *Examples of compromising arrangements include overriding approval or veto authority by another entity, dual majority requirements, and super-majority requirements.*

If you answered Yes to Part I, Question 1 or Part II, Question 2, proceed to Part III.

5. In Part III (Figure 91), provide information about each health center agreement noted in Part I and Part II. Click Add Organization Affiliation.

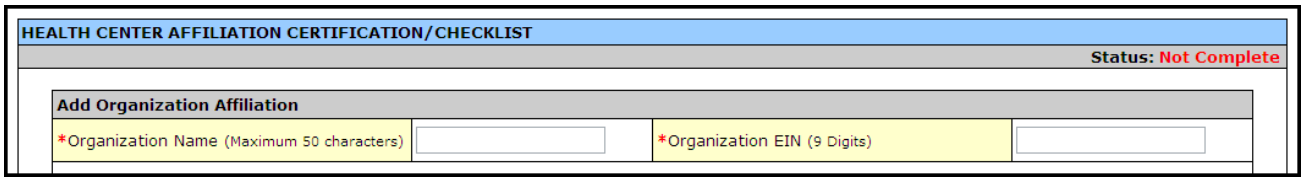
Figure 91: Form 8: Part III: Organization Affiliation

➢ The Health Center Affiliation Certification/Checklist page opens.

6. In the **Add Organization Agreement** section:

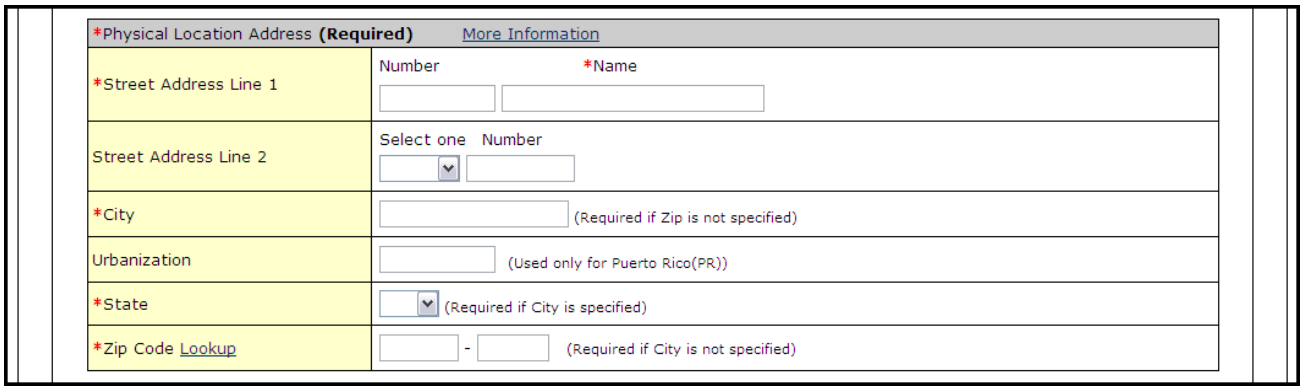
   a. Enter the **Organization Name** and **Organization EIN** (Employer Identification Number) for the organization with which you have the agreement (Figure 92).

Figure 92: Form 8: Part III: Add Organization Affiliation



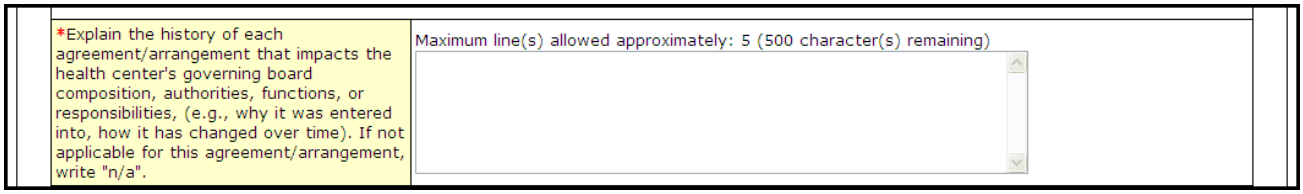
   b. Enter the organization's **Physical Location Address** (Figure 93).

Figure 93: Form 8: Part III: Add Organization Affiliation: Physical Address



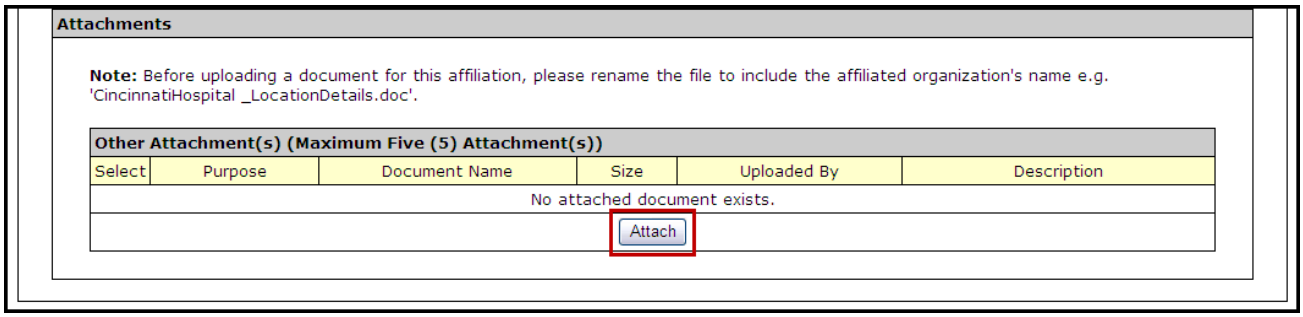
   c. Provide the history of each agreement (Figure 94). This may include the purpose of each agreement and how it has changed over time.

Figure 94: Form 8: Part III: Add Organization Affiliation: Explain History



7. In the **Attachments** section (Figure 95), click Attach to upload agreements with this organization.

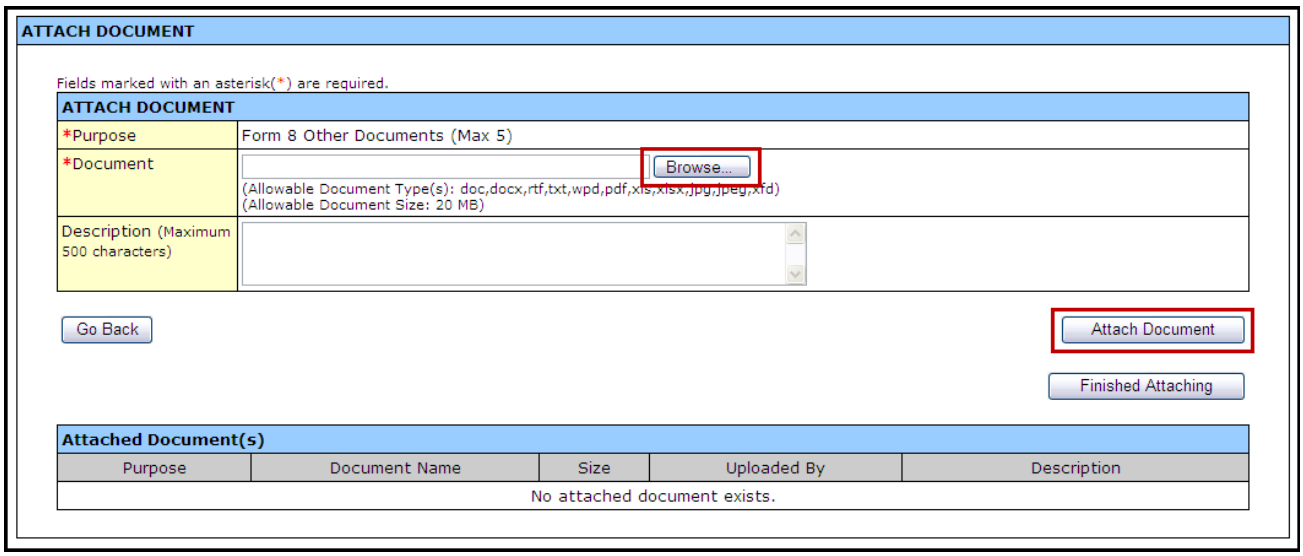
Figure 95: Form 8: Part III: Add Organization Affiliation: Attach Documentation



All agreement/arrangement documents must be uploaded in full.

➢ The **Attach Document** screen (Figure 96) will be displayed.

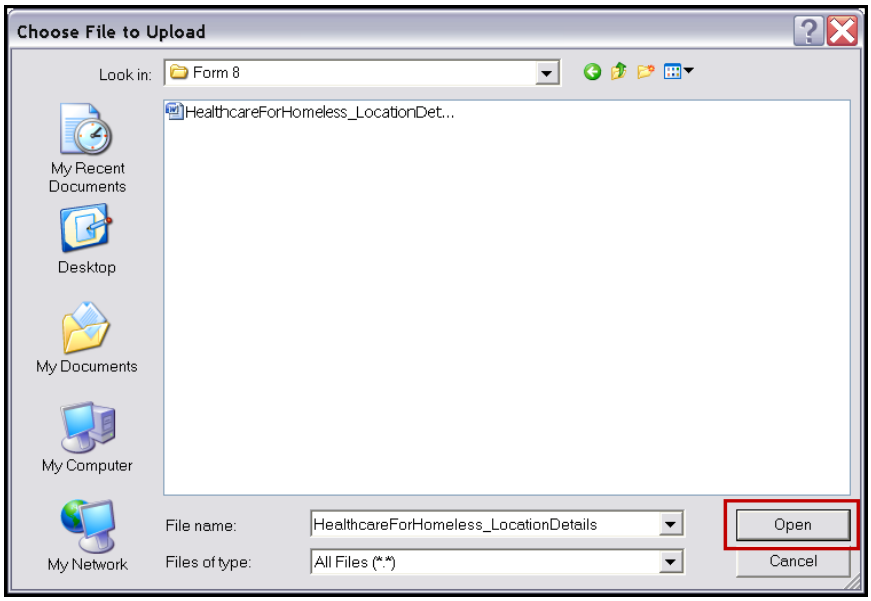
Figure 96: Form 8: Part III: Add Organization Affiliation - Browse



8. Click Browse.

➢ The **Choose File to Upload** dialog box will be displayed.

Figure 97: Choose File to Upload



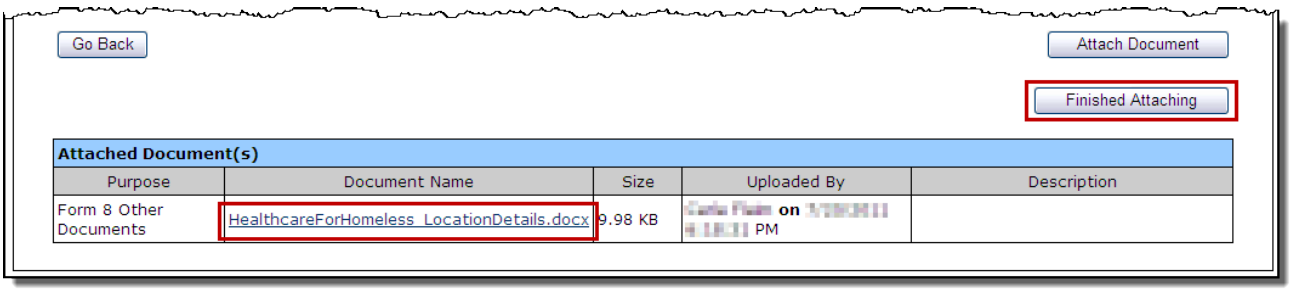
9. Select the desired file.
10. Click Open.

➢ The file name will now appear in the ***Document Name*** field on the **Attach Document** screen.

11. Click Attach Document.

➢ The attached document will appear in the **Attached Document(s)** list (Figure 98).

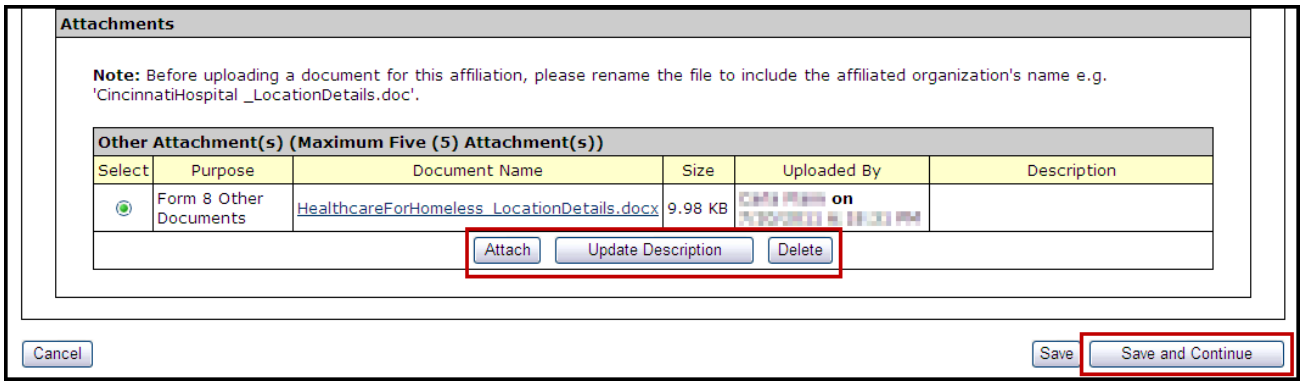
Figure 98: Form 8: Part III: Attached Documents



12. Click Finished Attaching.

➢ The **Health Center Affiliation** page refreshes with the uploaded document listed.

Figure 99: Form 8: Attachments Uploaded



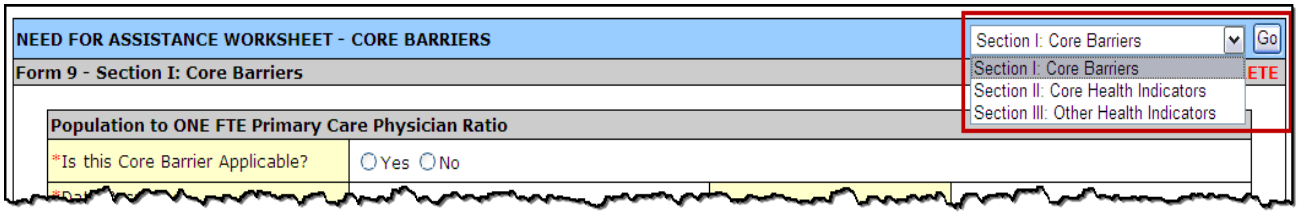
13. Repeat Steps 7-12 until all affiliations are attached (organized by affiliated organization).
    a. To update an attachment description, select the desired attachment and click Update Description.
    b. To delete an attachment, select the desired attachment and click Delete.
14. Click Save and Continue to proceed to the next form.

8.13. Form 9: Need for Assistance Worksheet

Form 9 provides information about Core Barriers, Core Health Indicators and Other Health Indicators.

> To toggle between the 3 Sections of this form choose a Section from the drop-down menu and click Go (Figure 100).

Figure 100: Need For Assistance Worksheet - Section Dropdown



8.13.1 Form 9: Section I: Core Barriers

Form 9, Section I is used to provide information about core barriers to health care access for the target population within your geographic service area.

> You must provide information on three of the four Core Barriers listed in Section I. For those you will report on, respond "Yes" to the question, "Is this Core Barrier Applicable?"

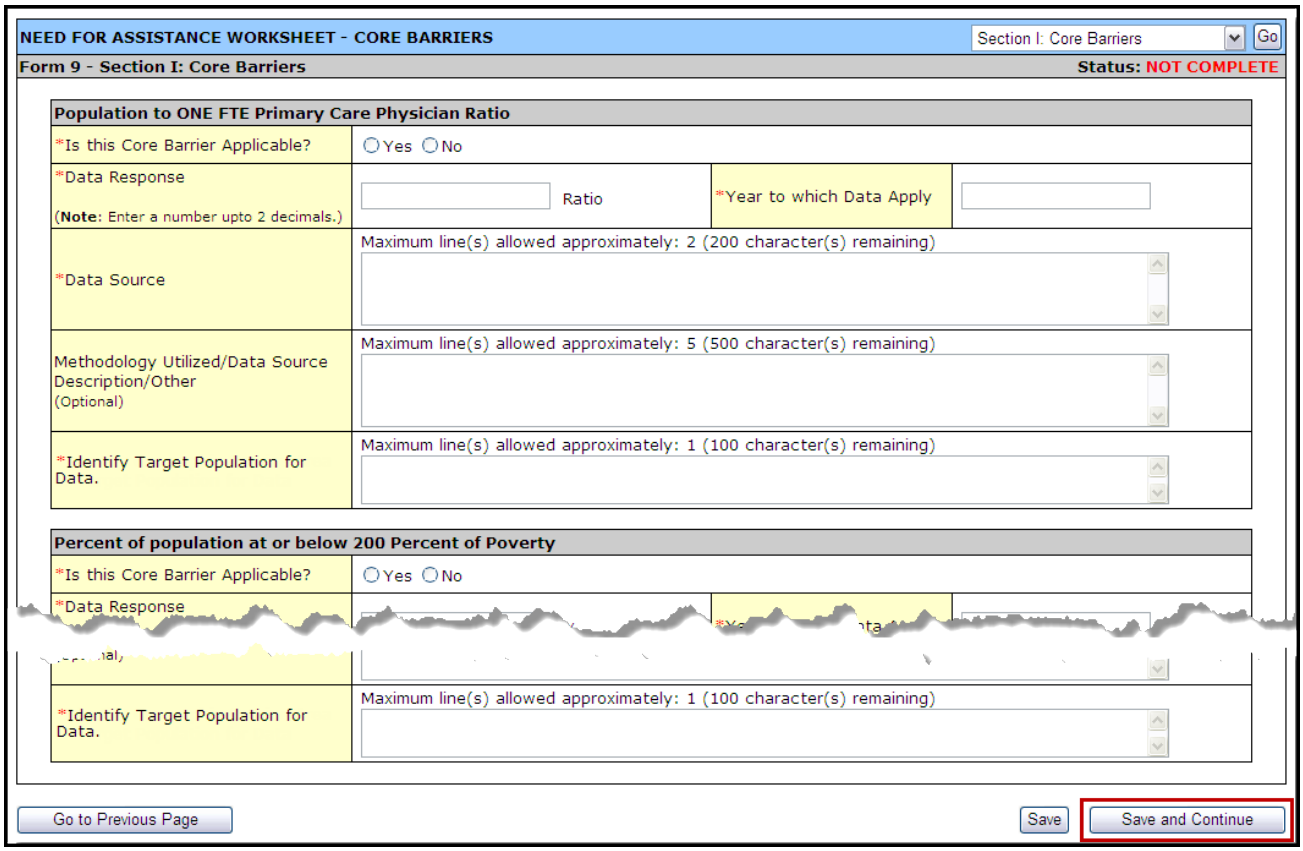
To Complete Section I: Core Barriers:

1. Open Form 9 and in **Section I: Core Barriers**, complete 3 of the following sections:
   a. The **Population to one FTE Primary Care Physician Ratio**.
   b. The **Percent of Population at or Below 200 Percent of Poverty**.
   c. The **Percent of Population Uninsured**.
   d. The **Distance (miles) OR Travel Time (minutes) to Nearest Primary Care Provider Accepting New Patients and/or Uninsured**.

> Since all Core Barriers have the same question and similar fields to complete, follow the steps in **Population to One FTE Primary Care Physician Ratio**, for all Core Barriers.

2. Open Form 9, Section I (Figure 101) and provide information about your target population's Core Barriers for each core health indicator:

Figure 101: Form 9: Section I: Population to One FTE Primary Care Physician Ratio



a. Answer the question, "Is this Core Barrier Applicable?"
b. Enter a number as the Data Response. (This response type will change according to the Core Barrier you are providing information for)

> For more information on completing this step, please refer to the NFA Worksheet found by clicking the Form 9 Instructions link in the header of this page.

c. Enter the year in which the data applies.
d. Enter the data source.
e. Provide the methodology utilized/data source description that your organization used to collect/extrapolate this data.
f. Identify your organization's target population on which the data is based.

3. Repeat Steps 2: a-f for other applicable Core Barriers so that three of the four Core Barriers have been completed.
4. Click Save and Continue to proceed to the next section of this form.

8.13.2 Form 9: Section II: Core Health Indicators

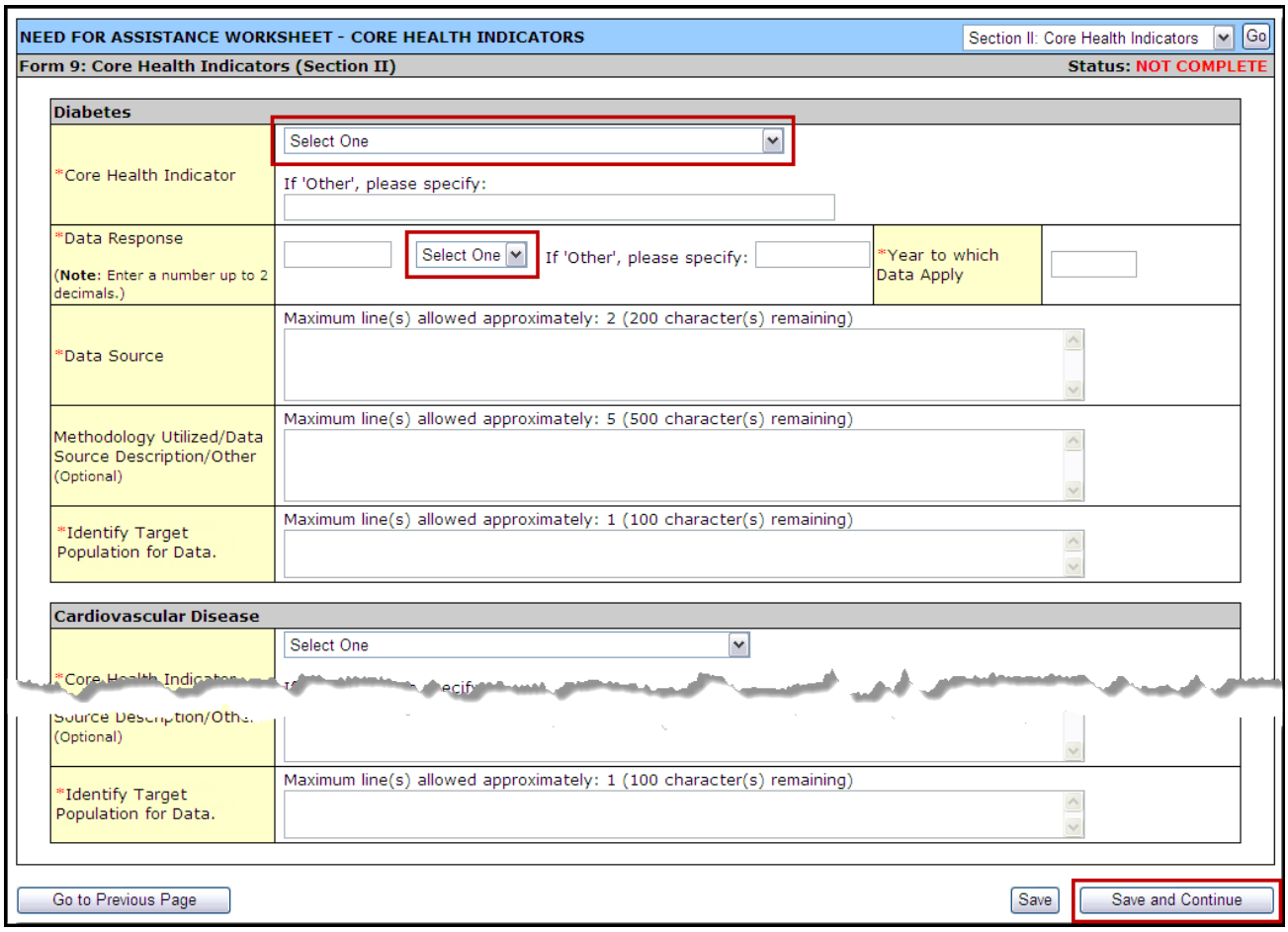
Use Form 9, Section II to provide information about one Core Health Indicator for each of the following categories:

- Diabetes
- Cardiovascular Disease
- Cancer
- Prenatal and Perinatal Health
- Child Health
- Behavioral and Oral Health

To provide information about the core health indicators:

1. Open Form 9, Section II (Figure 102), and provide information about your target population's Core Health Indicators.

Figure 102: Form 9: Section II: Core Health Indicators - Diabetes



   a. Select a **Core Health Indicator** from the drop-down menu.
   b. Enter a number and select percentage, ratio or other measurement from the drop-down menu to provide a data response.

For more information on completing this step, please refer to the NFA Worksheet found by clicking the Form 9 Instructions link in the header of this page.

c. Enter a data source.
d. Provide the methodology that your organization used to collect/extrapolate this data.
e. Identify your organization's target population.

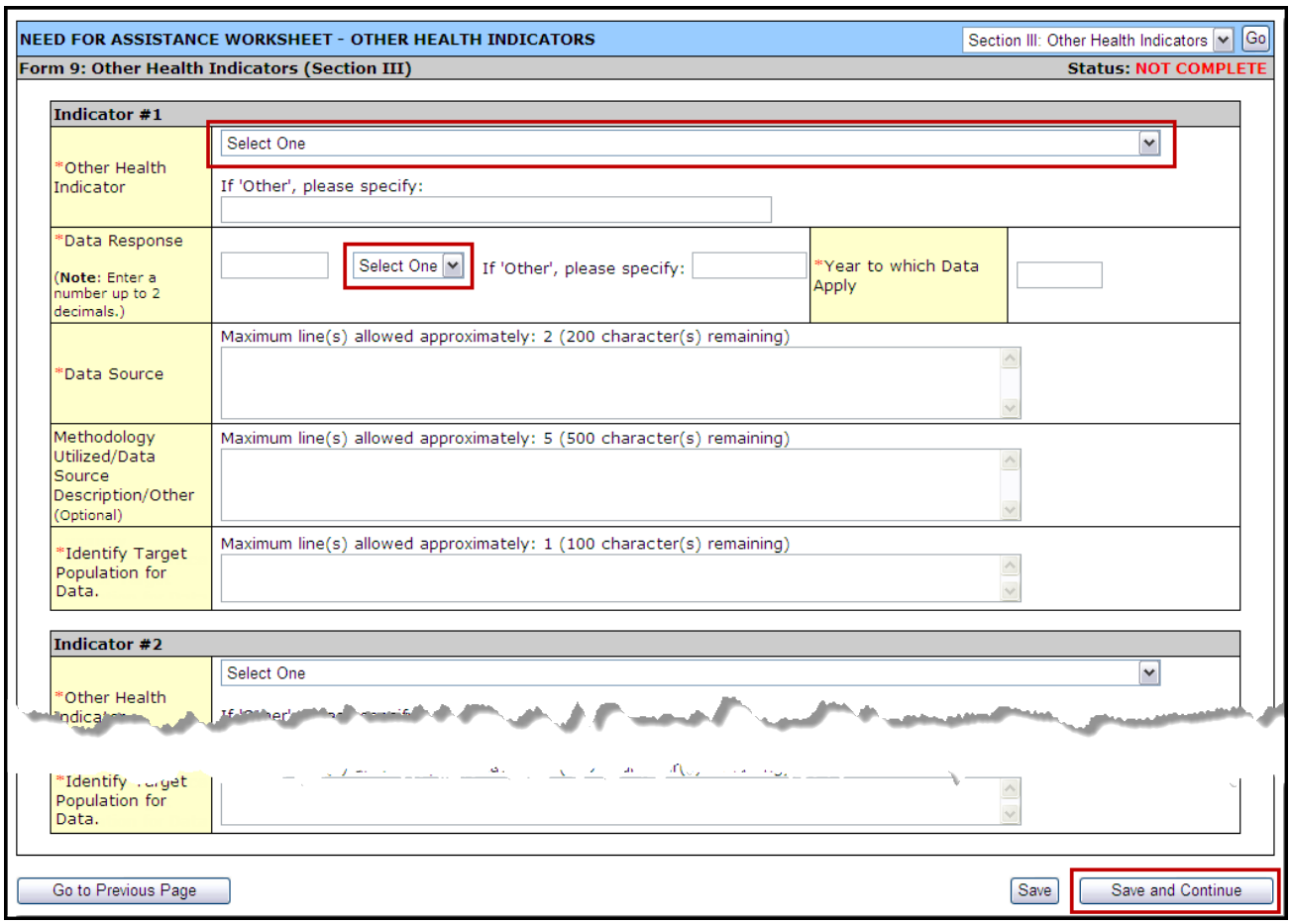
2. Repeat Step 1, a-e for each of the six Core Health Indicator Categories.
3. When completed, click Save and Continue to proceed to the next section of this form.

8.13.3 Form 9, Section III: Other Health Indicators

Form 9, Section III is used to provide information about Other Health Indicators for your target population. Organizations are required to provide responses to two out of the twelve Other Health Indicators listed or specify up to two Other Health Indicators under "Other."

1. Open Form 9, Section III, and provide information about your target population's Other Health Indicators (Figure 103).

Figure 103: Form 9: Section III - Other Health Indicators



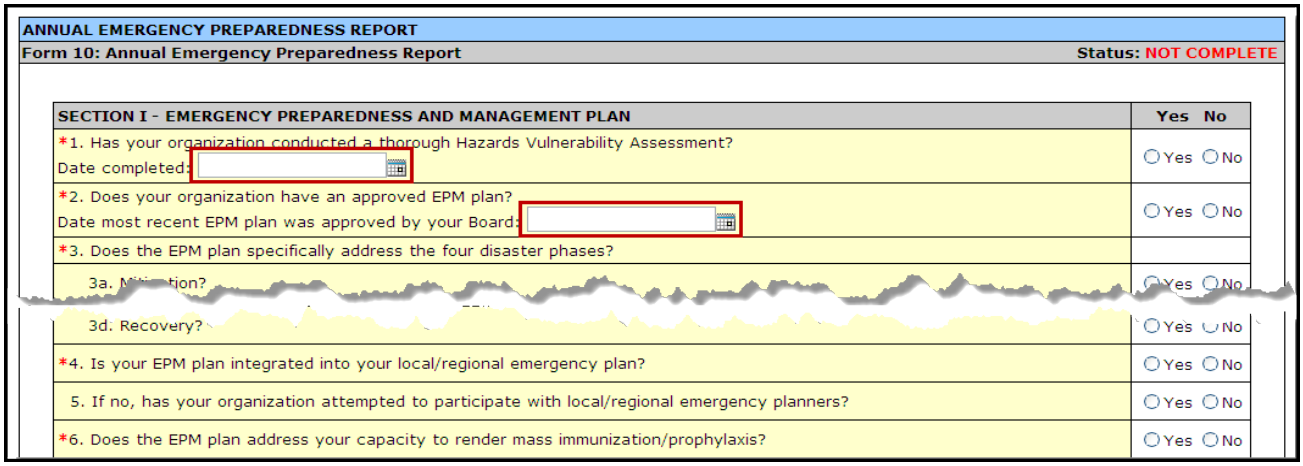
2. For one or both Other Health Indicators:
   a. Select an Other Health Indicator from the drop-down menu.
   b. Enter a number and select percentage, ratio or other measurement from the drop-down menu to provide a data response.
   c. Enter a data source.
   d. Provide the methodology that your organization used to collect/extrapolate the data.
   e. Identify your organization's target population.
3. When complete, click Save and Continue to proceed to the next form.

8.14. Form 10: Annual Emergency Preparedness (EP) Report

The Annual Emergency Preparedness Report assesses your organization's overall emergency readiness.

1. Open Form 10, and complete:
   a. Section I: Emergency Preparedness and Management Plan (Figure 104)
   b. Section II: Readiness (Figure 105)
2. Complete each section of the form by selecting "Yes" or "No" for each question.

Figure 104: Form 10: Section I - Emergency Preparedness and Management Plan



ANNUAL EMERGENCY PREPAREDNESS REPORT

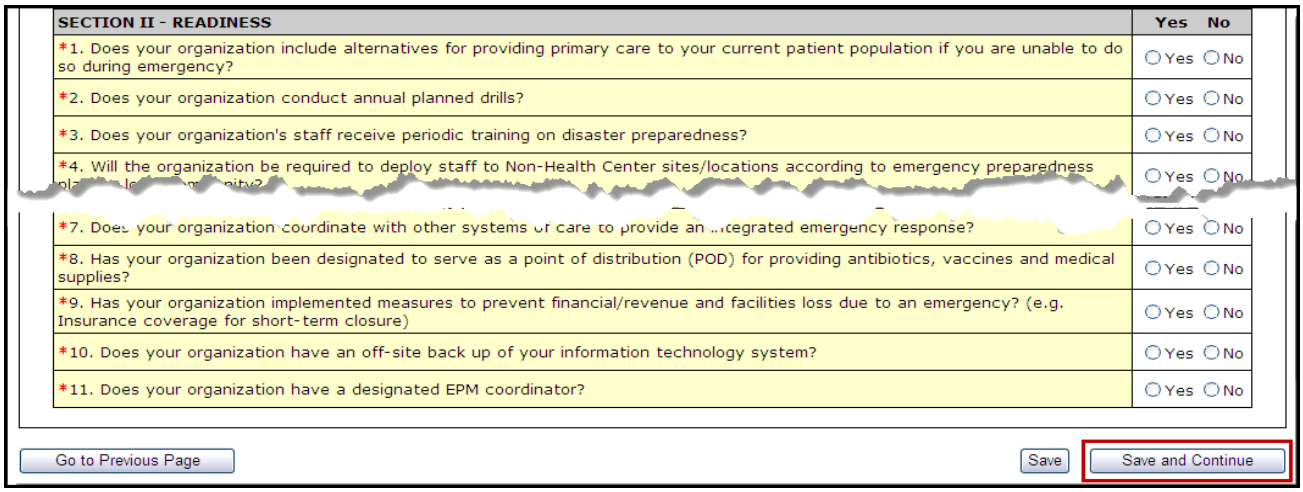
Form 10: Annual Emergency Preparedness Report — Status: NOT COMPLETE

SECTION I - EMERGENCY PREPAREDNESS AND MANAGEMENT PLAN	Yes No
*1. Has your organization conducted a thorough Hazards Vulnerability Assessment? Date completed:	Yes No
*2. Does your organization have an approved EPM plan? Date most recent EPM plan was approved by your Board:	Yes No
*3. Does the EPM plan specifically address the four disaster phases?	
3a. Mitigation?	Yes No
3d. Recovery?	Yes No
*4. Is your EPM plan integrated into your local/regional emergency plan?	Yes No
5. If no, has your organization attempted to participate with local/regional emergency planners?	Yes No
*6. Does the EPM plan address your capacity to render mass immunization/prophylaxis?	Yes No

- For Section I: Question 1, if you selected "Yes", you must enter the date the Hazards Vulnerability Assessment was completed.
- For Section I: Question 2, if you selected "Yes", you must enter the date the Emergency Preparedness and Management (EPM) plan was approved by your board.

3. Proceed to complete Section II by selecting "Yes" or "No" for each question.

Figure 105: Form 10: Section II - Readiness



SECTION II - READINESS	Yes No
*1. Does your organization include alternatives for providing primary care to your current patient population if you are unable to do so during emergency?	Yes No
*2. Does your organization conduct annual planned drills?	Yes No
*3. Does your organization's staff receive periodic training on disaster preparedness?	Yes No
*4. Will the organization be required to deploy staff to Non-Health Center sites/locations according to emergency preparedness plans? If yes,	Yes No
*7. Does your organization coordinate with other systems of care to provide an integrated emergency response?	Yes No
*8. Has your organization been designated to serve as a point of distribution (POD) for providing antibiotics, vaccines and medical supplies?	Yes No
*9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g. Insurance coverage for short-term closure)	Yes No
*10. Does your organization have an off-site back up of your information technology system?	Yes No
*11. Does your organization have a designated EPM coordinator?	Yes No

Go to Previous Page | Save | Save and Continue

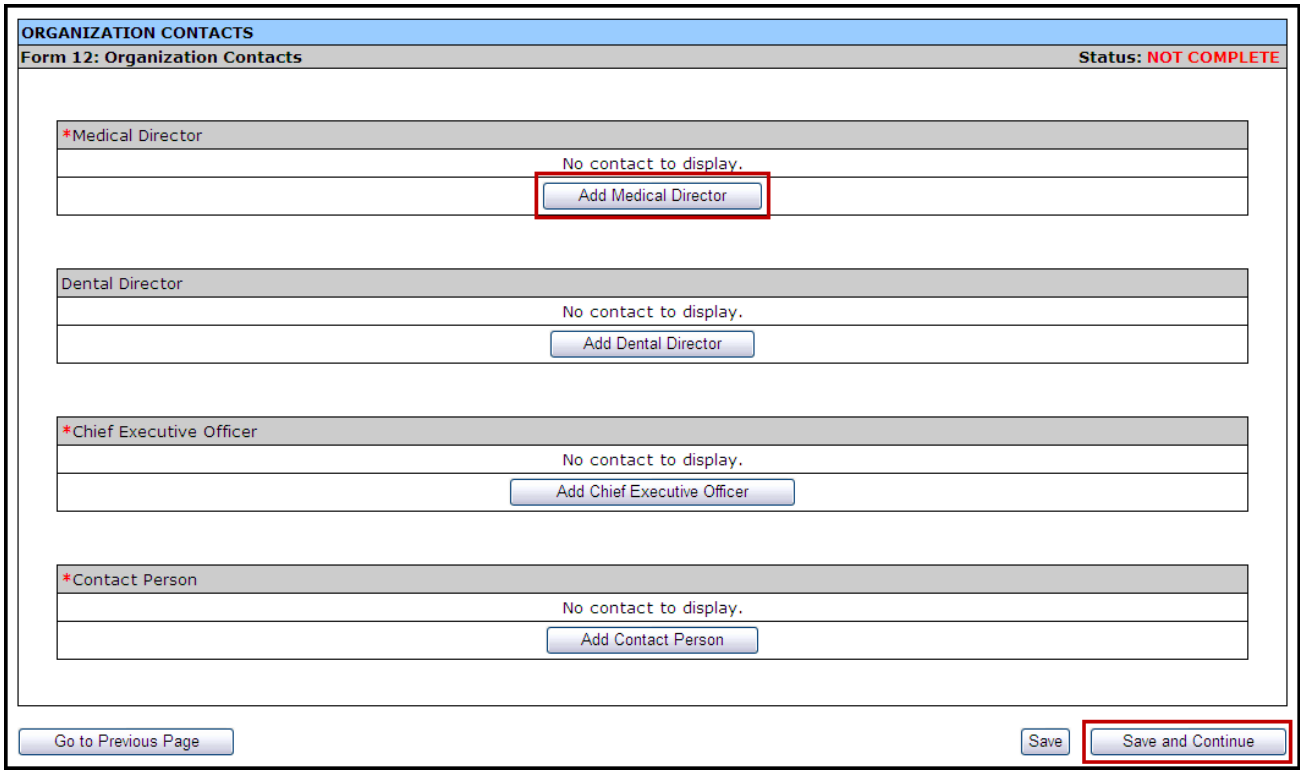
4. Click Save and Continue to proceed to the next form.

8.15. Form 12: Organization Contacts

Use Form 12 to provide contact information for the project. Enter ***Medical Director***, ***Dental Director*** (Optional), ***Chief Executive Officer***, and ***Contact Person***. The contact person should be the primary communications liaison for any program specific information being submitted as part of this application.

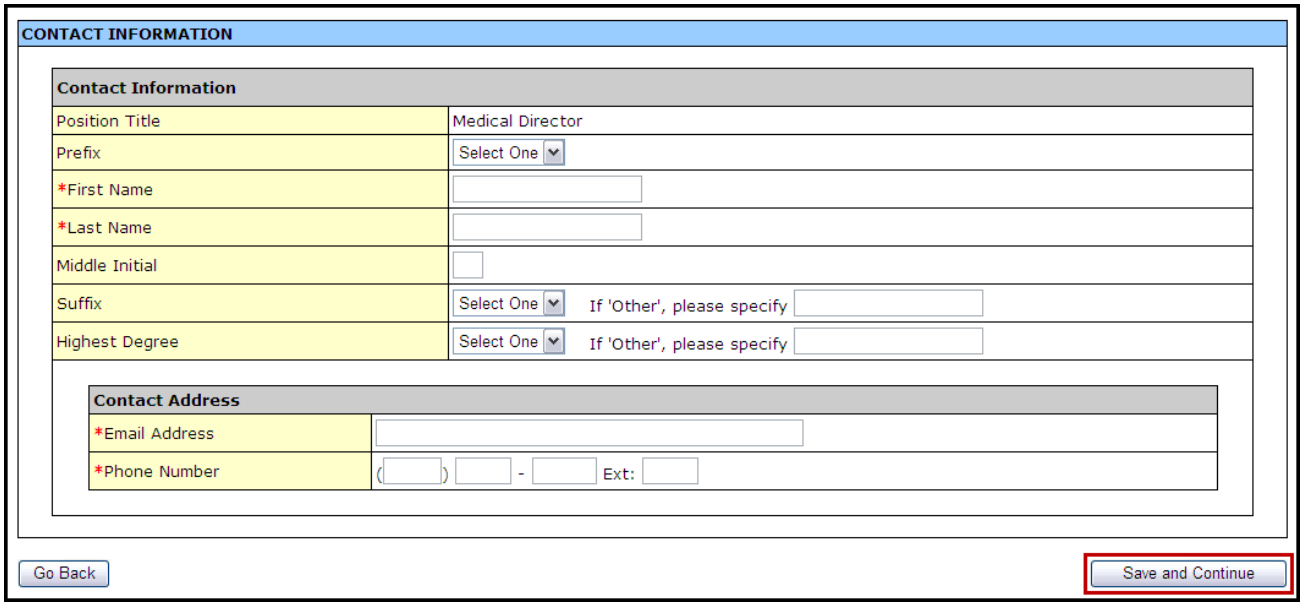
1. Open Form 12 (Figure 106).
2. Click one of the Add… buttons to add or update the information for each type of contact. For example, click Add Medical Director to add a medical director.

Figure 106: Form 12: Organization Contacts



➢ The **Contact Information** data entry page (Figure 107) will be displayed for the contact you are adding.

Figure 107: Form 12: Contact Information Data Entry Page



3. Complete the **Contact Information** page.
4. Click Save and Continue to save the **Contact Information** and return to the **Organization Contacts** page.
5. Continue adding contact information for the remaining contact types by following Steps 2-4 above.
6. Click Save and Continue on the **Organization Contacts** page (Figure 106) after you have completed the required contact data to save your work and proceed to the next form.

8.16. Clinical Performance Measures

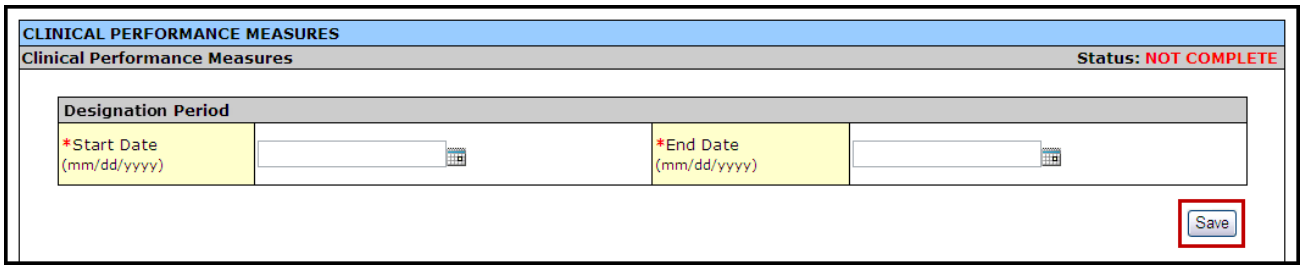
Use this form to provide information about clinical performance measures. The **Clinical Performance Measures** form consists of the **Designation Period** section, the **Standard Measures** section, and **Additional Measures** section.

8.16.1 The Designation Period

The designation period is the multiyear period (generally a five year period) for which the FQHC LAL has been designated.

1. Open the Clinical Performance Measures form.
2. In the **Designation Period** section, click the calendar icons to enter the dates in the ***Start Date*** and ***End Date*** fields.

Figure 108: Clinical Performance Measures - Designation Period



3. Click Save to save the designation period.

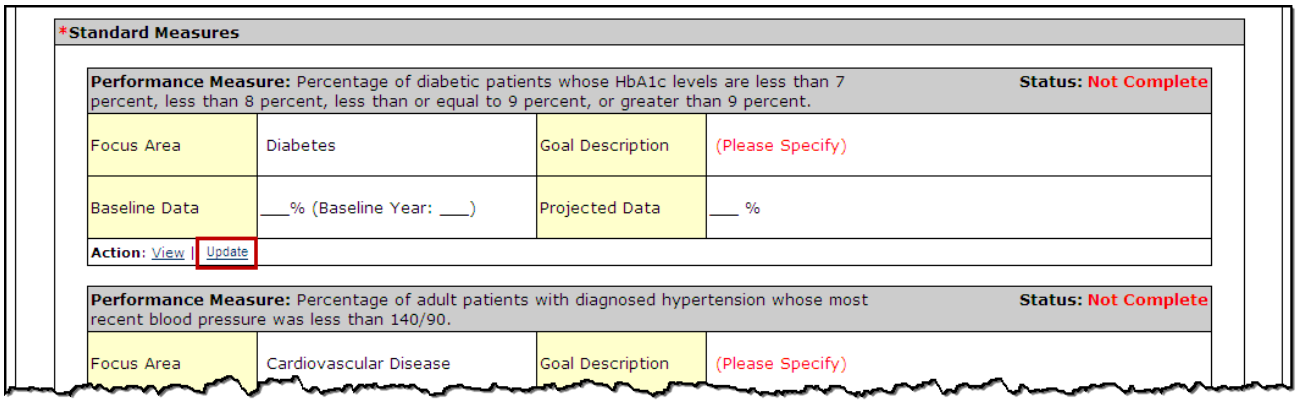
> The system will synchronize the designation period dates between the **Clinical Performance Measures** and **Financial Performance Measures** forms. Changes made to dates in one form will be reflected in the other.

8.16.2 Provide Standard Performance Measure Information

Provide the performance measure information as follows:

1. Click the Update link for a Standard Performance Measure (Figure 109).

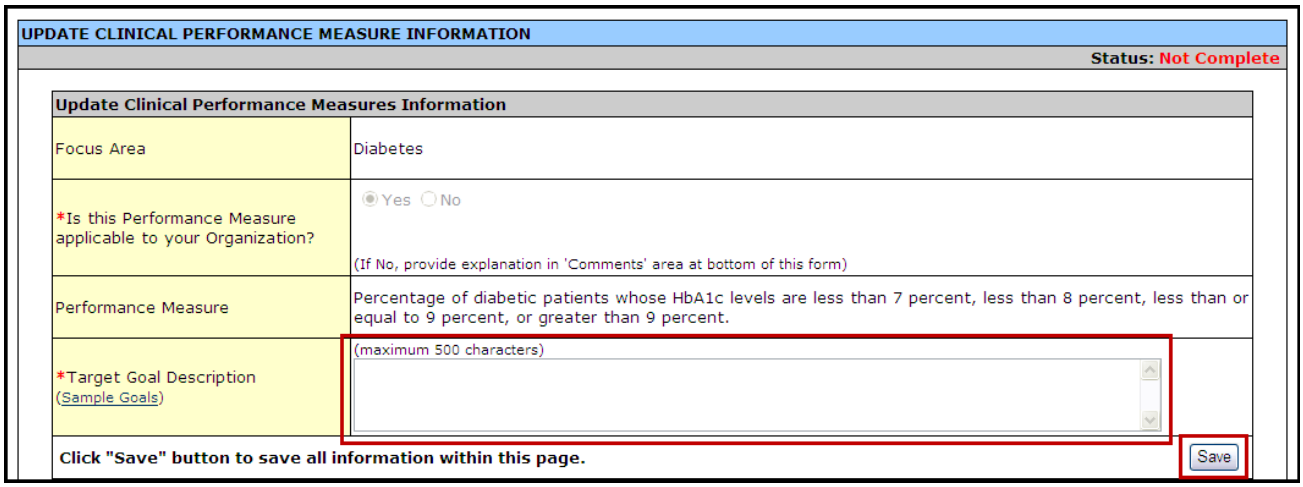
Figure 109: Clinical Performance Measures - Standard Measures



2. The **Update Clinical Performance Measure Information** page (Figure 110) will be displayed.

> For the Standard Measures some fields in the **Update Clinical Performance Measure Information** screens are pre-populated with data and cannot be changed. Some data option fields are pre-selected and are read only.

Figure 110: Update Clinical Performance Measure Information



UPDATE CLINICAL PERFORMANCE MEASURE INFORMATION

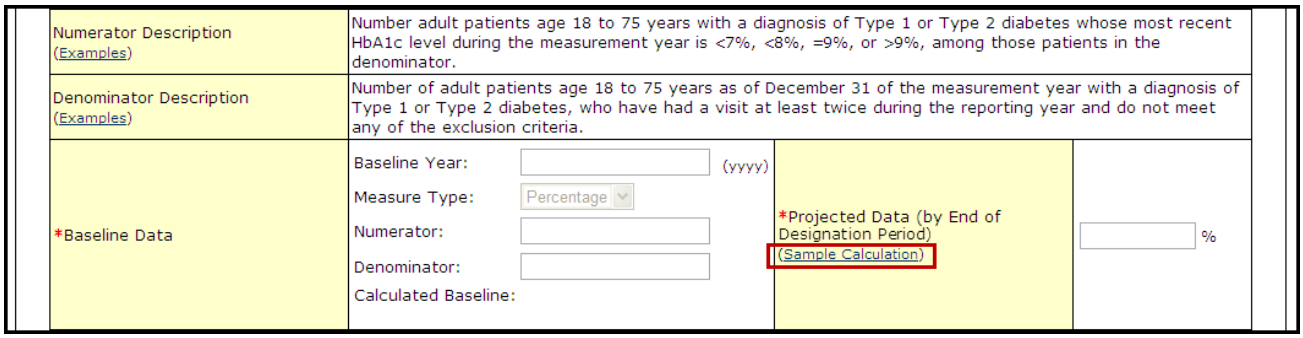
Status: Not Complete

Update Clinical Performance Measures Information	
Focus Area	Diabetes
*Is this Performance Measure applicable to your Organization?	Yes No (If No, provide explanation in 'Comments' area at bottom of this form)
Performance Measure	Percentage of diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent.
*Target Goal Description (Sample Goals)	(maximum 500 characters)
Click "Save" button to save all information within this page.	Save

3. Enter a **Target Goal Description**.

> Use the Save button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

Figure 111: Update Clinical Performance Measure Information - Baseline Data



Numerator Description (Examples)	Number adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is <7%, <8%, =9%, or >9%, among those patients in the denominator.		
Denominator Description (Examples)	Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have had a visit at least twice during the reporting year and do not meet any of the exclusion criteria.		
*Baseline Data	Baseline Year: (yyyy) Measure Type: Percentage Numerator: Denominator: Calculated Baseline:	*Projected Data (by End of Designation Period) (Sample Calculation)	%

4. Enter the **Baseline Data**: **Baseline Year**, **Numerator**, and **Denominator**.

> Use the Numerator Description and Denominator Description fields for information on how the Baseline Data fields are calculated.

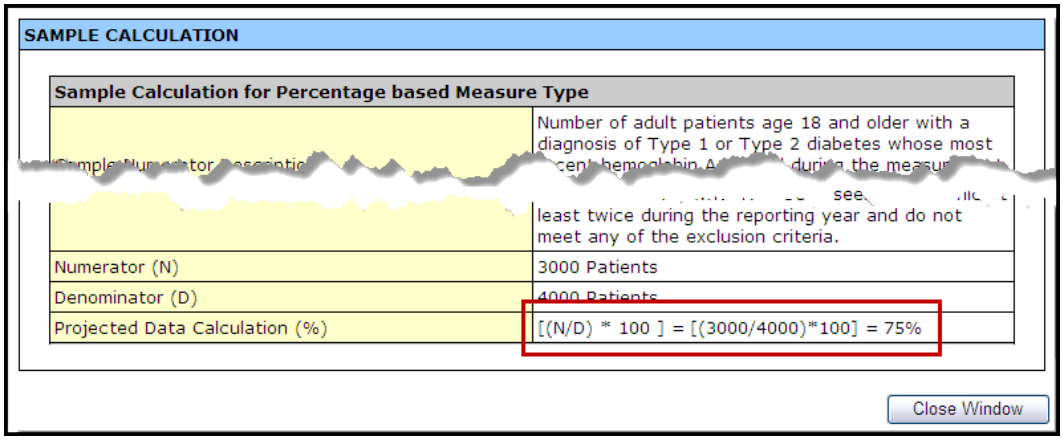
➢ The baseline auto-calculates and appears in the **Calculated Baseline** field.

5. In the **Projected Data** field, enter the data expected when the designation period concludes.

6. Click the Sample Calculation link to see an example of the calculation you need to perform to complete this field.

➢ A new window will open displaying an explanation of and calculation for a "Percentage base Measure Type" and a "Ratio based Measure Type."

Figure 112: Projected Data Calculation - Sample Calculation



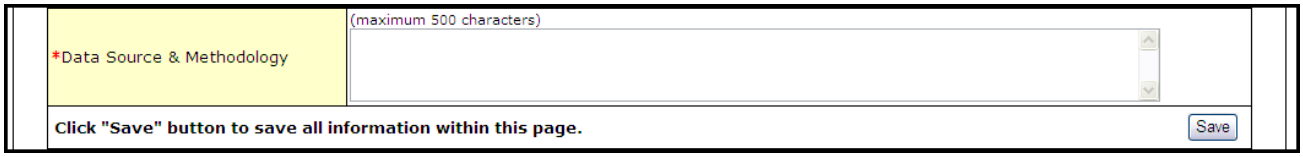
SAMPLE CALCULATION

Sample Calculation for Percentage based Measure Type	
	Number of adult patients age 18 and older with a diagnosis of Type 1 or Type 2 diabetes whose most [illegible] during the measu[illegible] see [illegible] least twice during the reporting year and do not meet any of the exclusion criteria.
Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	[(N/D) * 100] = [(3000/4000)*100] = 75%

Close Window

7. Perform the calculation, and enter the solution in the **Projected Data** field (Figure 111).
8. Enter the Data Source & Methodology (Figure 113).

Figure 113: Update Clinical Performance Measure Information - Data Source and Methodology

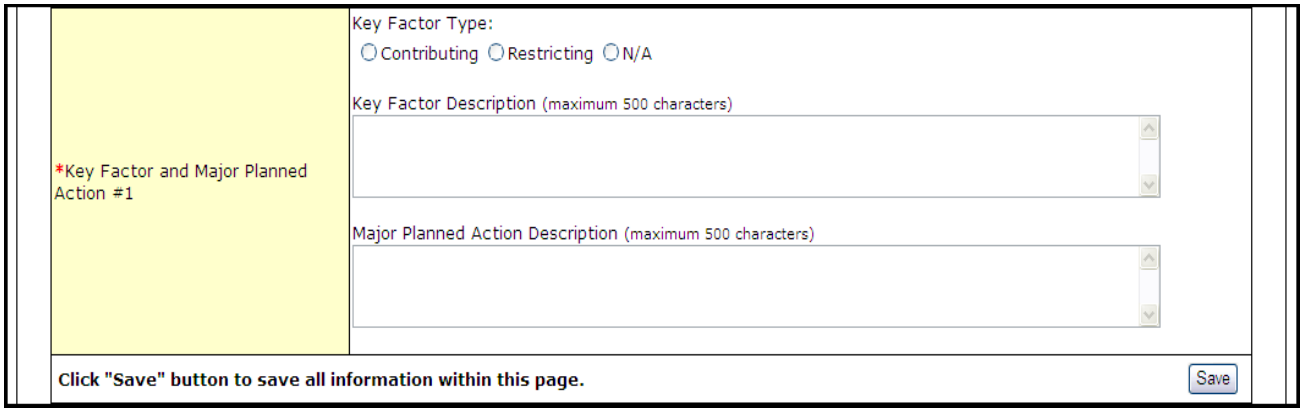


*Data Source & Methodology (maximum 500 characters)

Click "Save" button to save all information within this page. Save

9. Enter the Key Contributing and/or Restricting Factor(s) and Major Planned Actions(s) (Figure 114).

Figure 114: Update Clinical Performance Measure Information - Key Factor and Major Planned Action



*Key Factor and Major Planned Action #1

Key Factor Type:
○ Contributing ○ Restricting ○ N/A

Key Factor Description (maximum 500 characters)

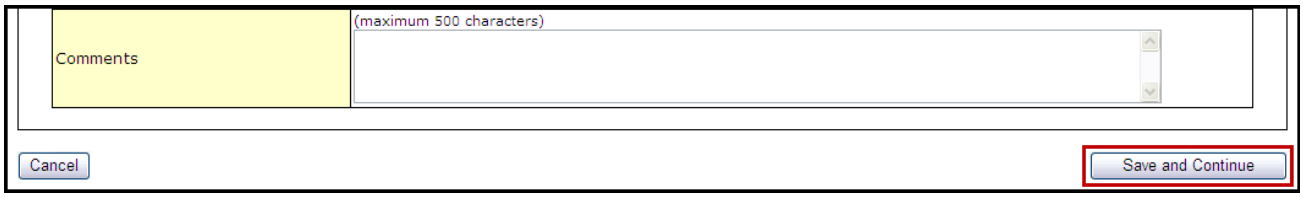
Major Planned Action Description (maximum 500 characters)

Click "Save" button to save all information within this page. Save

Key Factor and Major Planned Action #1 is required. **Key Factor and Major Planned Action #2 and #3** are optional.

10. Add any necessary or desired comments (Figure 115).

Figure 115: Update Clinical Performance Measure Information - Comments



> You are required to provide information in all Performance Measure fields. If a performance measure is not applicable, you must provide an explanation in the Comments field for that measure.

11. Click Save and Continue to return to the **Update Clinical Performance Measures** page.
12. Repeat Steps 1-11 for each of the **Standard Performance Measures**.

8.16.3 Add an Additional Performance Measure

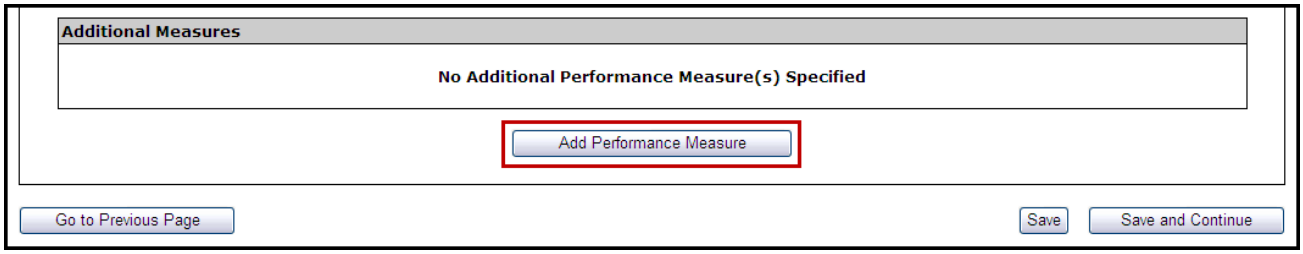
The **Clinical Performance Measures** form consists of Standard Performance Measures and Additional Performance Measures.

> Although included in the Additional section, Oral Health and Behavioral Health measures are **required**. They are included in this section of the form so applicants can create measures specific to the types of Oral Health and Behavioral Health services provided.
>
> Any "Additional" measures should be specific to the designation.

To add an **Additional Performance Measure** to your application:

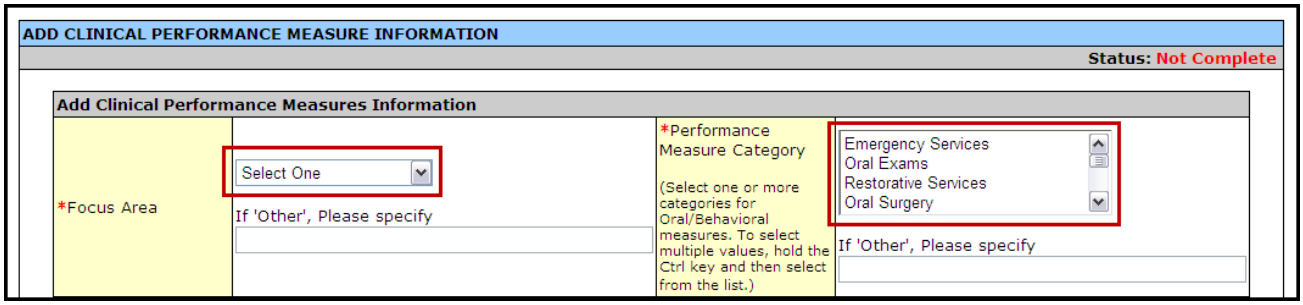
1. Click Add Performance Measure, under the **Additional Measures** section of the form.

Figure 116: Additional Measures - Add Performance Measure



➢ The **Add Clinical Performance Measure Information** page opens (Figure 117).

Figure 117: Add Clinical Performance Measure information - Focus Area

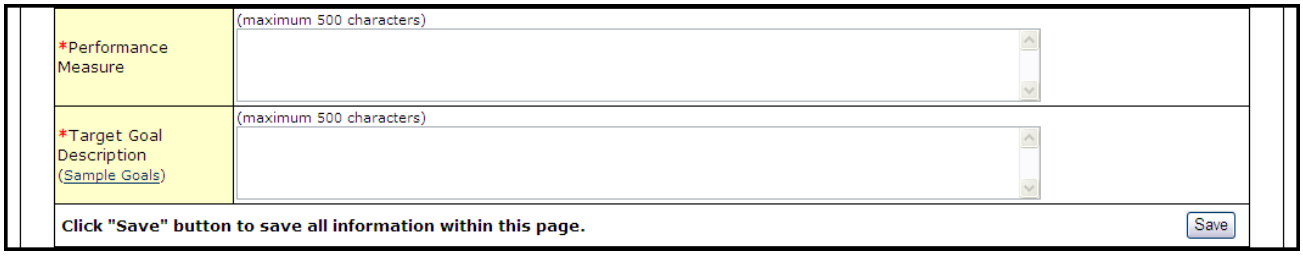


2. Select a focus area type from the drop-down menu.

> If your focus area is Oral Health or Behavioral Health, select one or more performance measure categories presented in the ***Performance Measure Category*** menu.

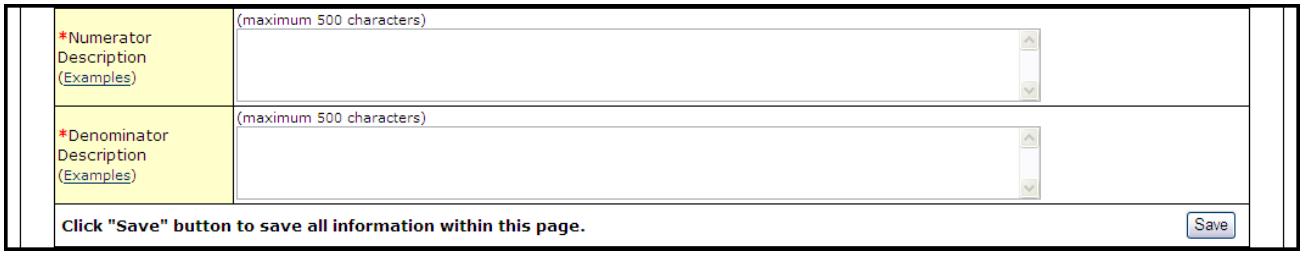
3. Enter the **Performance Measure** description and **Target Goal Description**.

Figure 118: Add Clinical Performance Measure information - Performance Measure and Target Goal



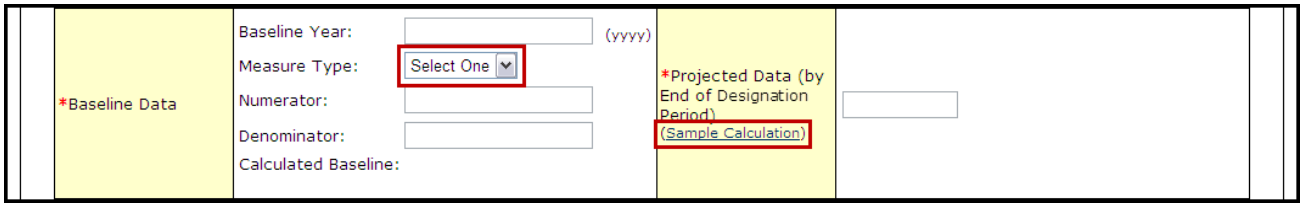
4. Enter the **Numerator Description** and the **Denominator Description**.

Figure 119: Add Clinical Performance Measure information - Numerator and Denominator



5. Enter the **Baseline Data: Baseline Year, Measure Type, Numerator,** and **Denominator**.

Figure 120: Add Clinical Performance Measure information - Baseline Data

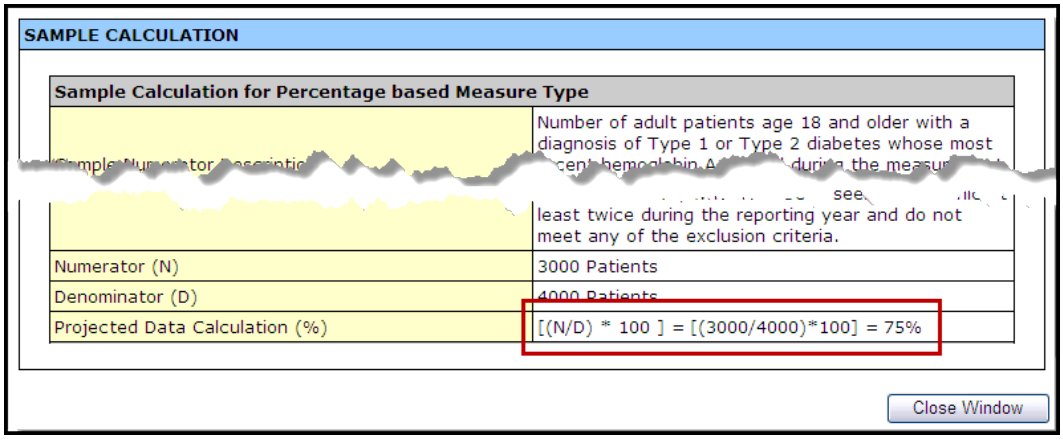


- The baseline auto-calculates and appears in the **Calculated Baseline** field.

6. In the **Projected Data** field, enter the data expected when the designation period concludes.

7. Click Sample Calculation to see an example of the calculation you need to carry out to complete this field.

Figure 121: Sample Calculation



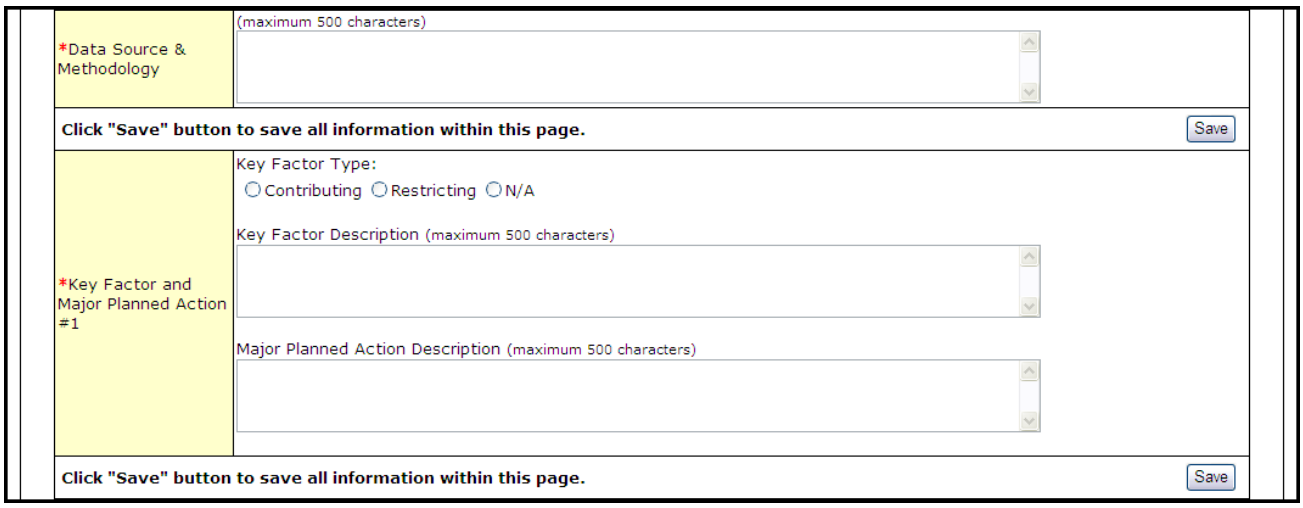
SAMPLE CALCULATION

Sample Calculation for Percentage based Measure Type	
[illegible]	Number of adult patients age 18 and older with a diagnosis of Type 1 or Type 2 diabetes whose most [illegible] during the measur[illegible] see [illegible] least twice during the reporting year and do not meet any of the exclusion criteria.
Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	[(N/D) * 100] = [(3000/4000)*100] = 75%

Close Window

8. Enter the Data Source & Methodology and Key Factor(s) and Major Planned Action(s).

Figure 122: Add Clinical Performance Measure information - Data Source and Key Factor(s)



*Data Source & Methodology (maximum 500 characters)

Click "Save" button to save all information within this page. Save

*Key Factor and Major Planned Action #1

Key Factor Type:
○ Contributing ○ Restricting ○ N/A

Key Factor Description (maximum 500 characters)

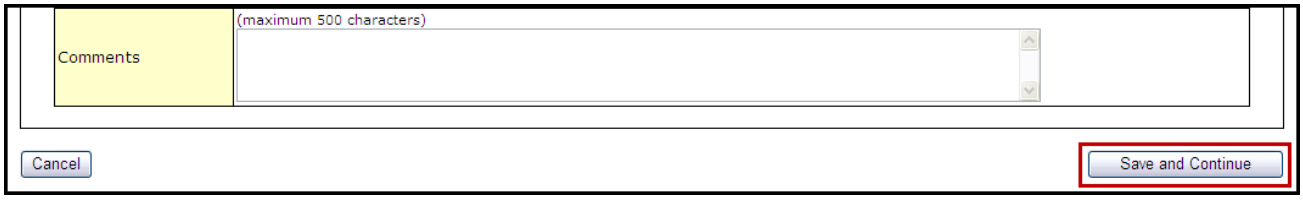
Major Planned Action Description (maximum 500 characters)

Click "Save" button to save all information within this page. Save

> **Key Factor and Major Planned Action #1** is required. **Key Factor and Major Planned Action #2 and #3** are optional.

9. Add any necessary or desired comments (Figure 123).

Figure 123: Add Clinical Performance Measure information - Comments



Comments (maximum 500 characters)

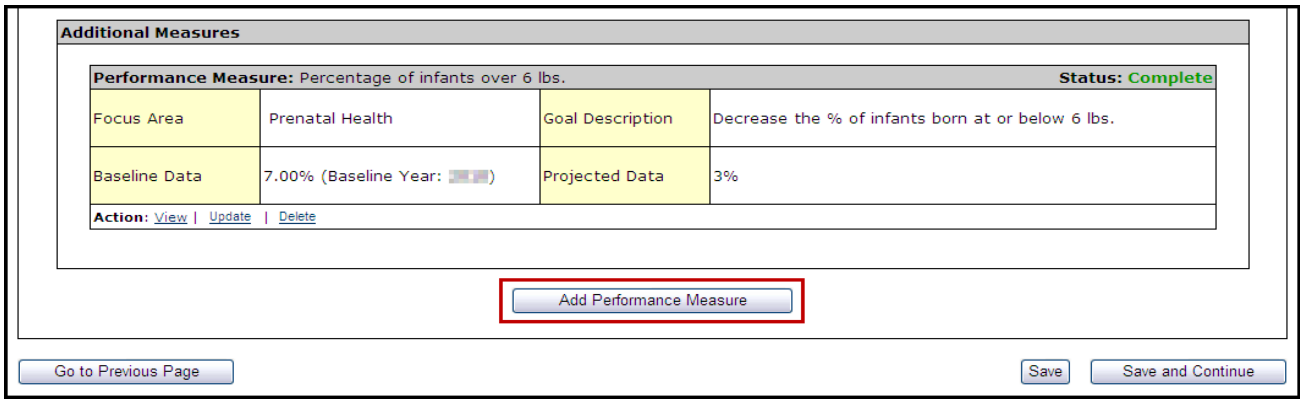
Cancel Save and Continue

> You are required to provide information in all Performance Measure fields. If a performance measure is not applicable, you must provide an explanation in the Comments field for that measure.

10. Click the Save and Continue button at the bottom of the form.

➢ You will be returned to the **Clinical Performance Measures** form. The added performance measure will appear in the **Additional Measures** area of the form.

Figure 124: Clinical Performance Measures - Additional Measures



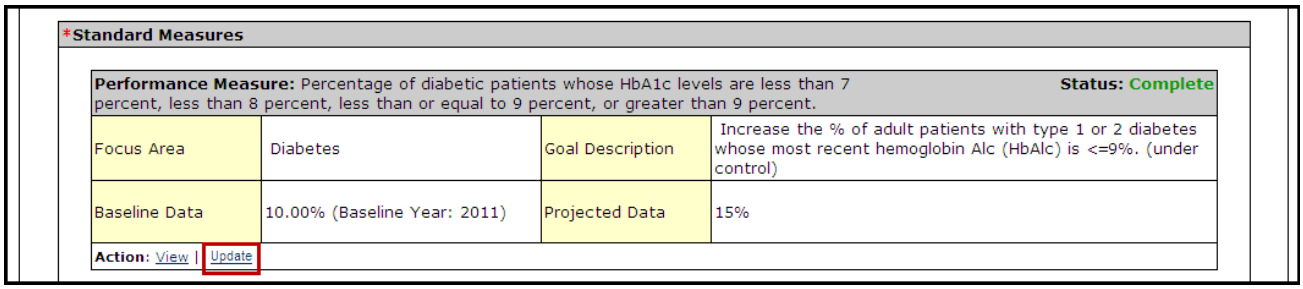
11. To add another Additional Measure, click Add Performance Measure and follow Steps 2-10.

8.16.4 Update a Performance Measure

To update a Performance Measure:

1. Click the Update link (Figure 125).

Figure 125: Update Link on a Complete Performance Measure



➢ The **Update Clinical Performance Measure Information** page will be displayed (Figure 110).

2. Update the performance measure as described in **Provide Standard Performance Measure Information** (See 8.16.2).

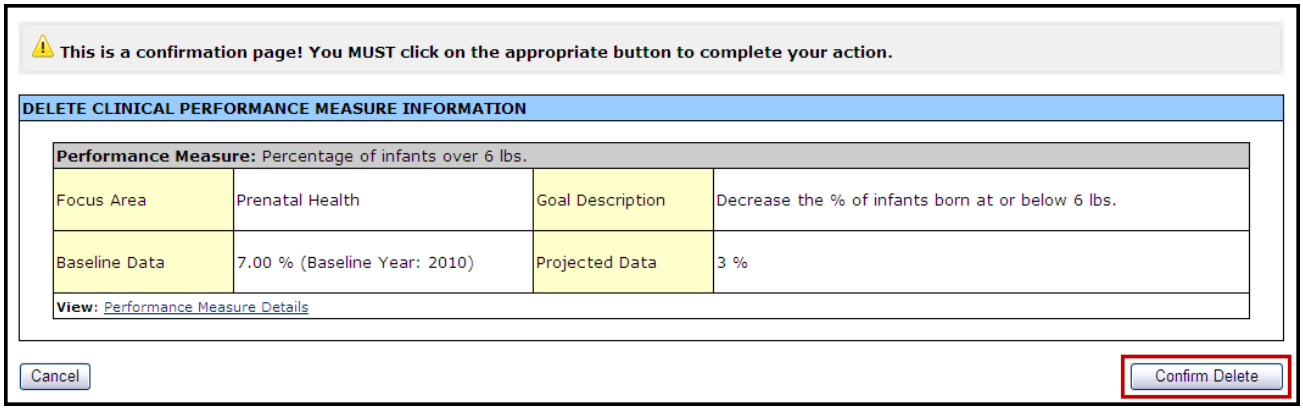
8.16.5 Delete an Additional Performance Measure

To delete an **Additional Performance Measure**:

1. Under the desired Additional Performance Measure, click the Delete link

➢ The Delete Clinical Performance Measures Information page opens.

Figure 126: Clinical Performance Measures - Additional Measures - Delete

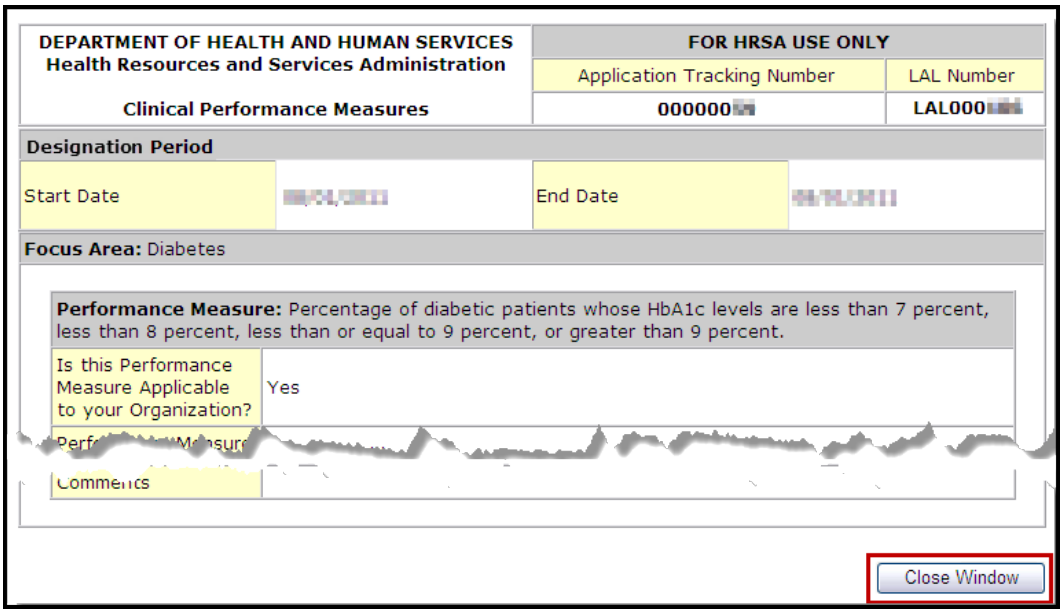


10. Click Confirm Delete.

8.16.6 View a Performance Measure

1. Under the desired **Performance Measure**, click the View link to see a read-only display of the performance measures (Figure 127).

Figure 127: Read-only Display of a Clinical Performance Measure



2. Click Close Window to return to the **Clinical Performance Measures** Form.
3. After you have completed work with the Clinical Performance Measures (Figure 124), click Save and Continue to proceed to the next form.

8.17. Financial Performance Measures

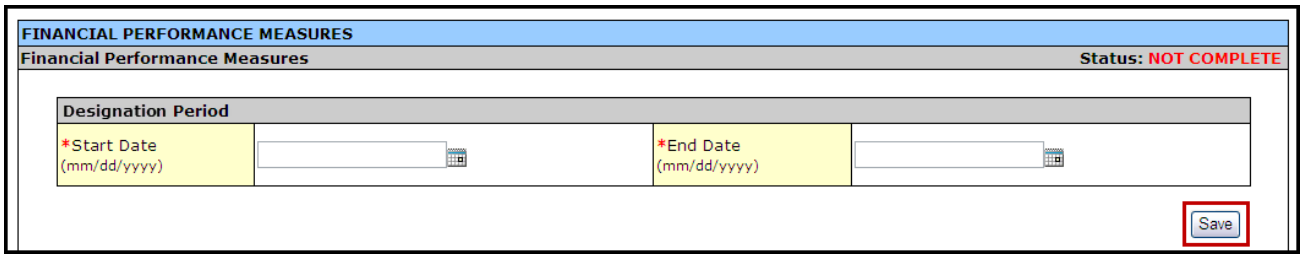
Use this form to provide information about financial performance measures The **Financial Performance Measures** form consists of the **Designation Period** section, the **Standard Measures** section, and **Additional Measures** section.

8.17.1 The Designation Period

The designation period is the multiyear period (generally a five year period) for which the FQHC LAL has been designated.

1. Open the Financial Performance Measures form.
2. In the **Designation Period** section, click the calendar icons to enter the dates in the Start Date and End Date fields.

Figure 128: Financial Performance Measures - Designation Period



3. Click Save to save the designation period.

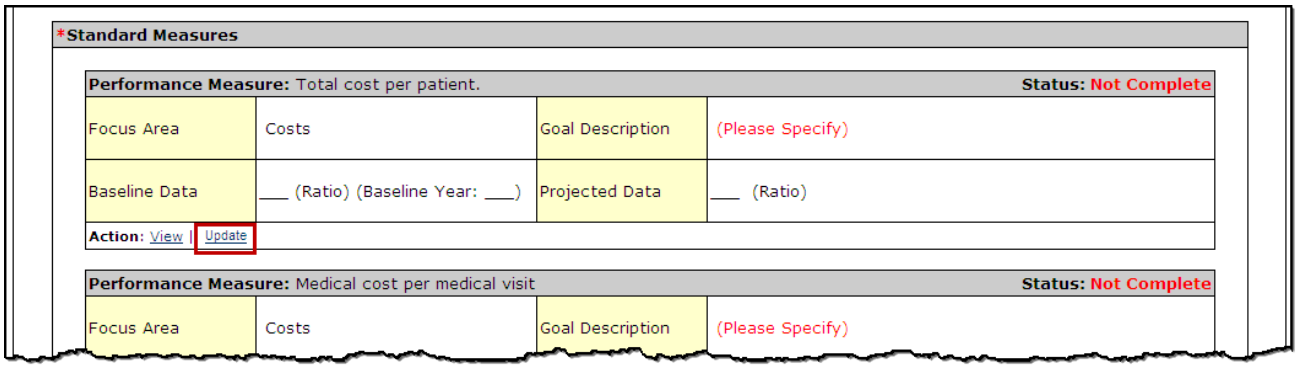
> The system will synchronize the designation period dates between the Clinical Performance Measures and Financial Performance Measures forms. Changes made to dates in one form are reflected in the other.

8.17.2 Provide Standard Performance Measure Information

Provide the performance measure information as follows:

1. Click the Update link (Figure 129).

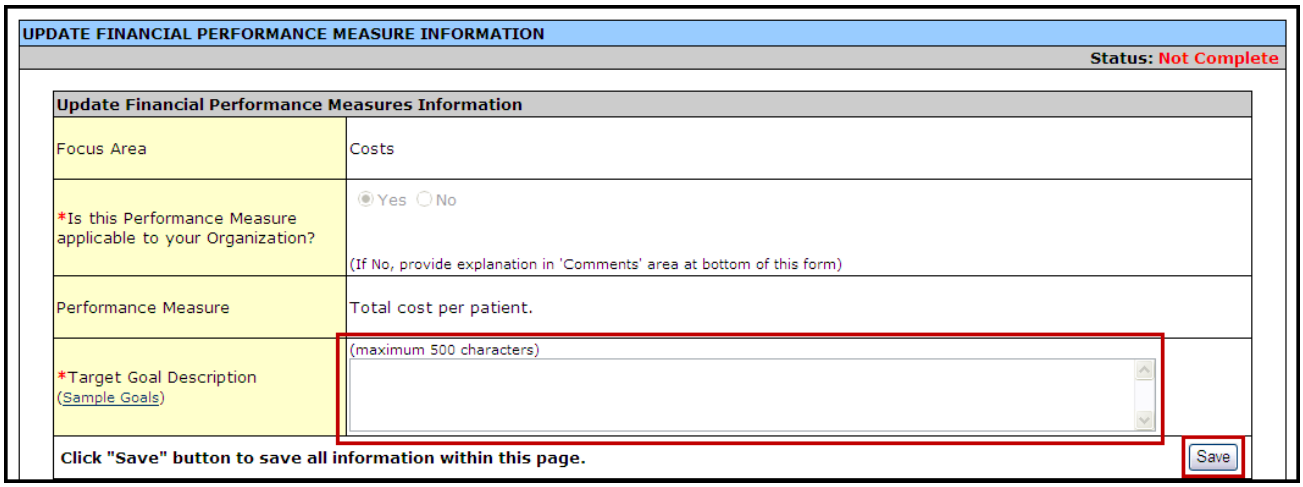
Figure 129: Financial Performance Measure - Standard Measures



➢ The **Update Financial Performance Measure Information** page (Figure 130) will be displayed.

For the Standard Measures some fields in the Update Financial Performance Measure Information screens are prepopulated with data and cannot be changed. Some data option fields are pre-selected and are read only.

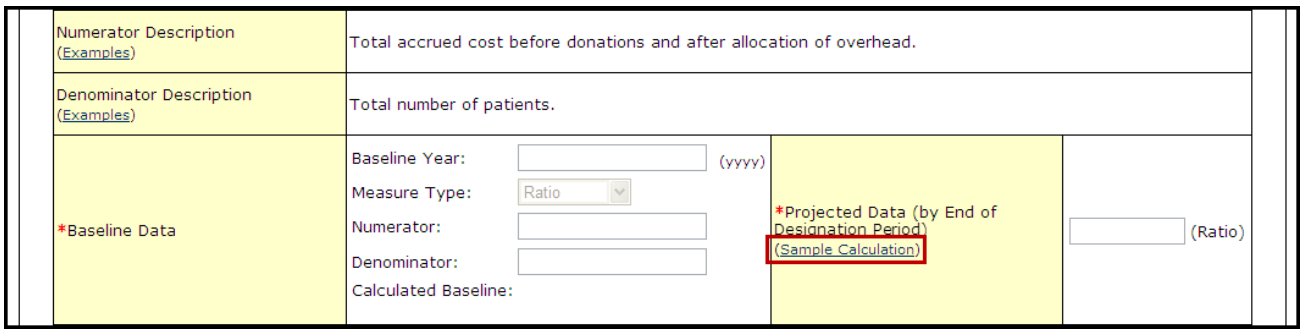
Figure 130: Update Financial Performance Measure Information



2. Enter the **Target Goal Description**.

Use the Save button at the end of each section to be sure your work is saved and not lost due to the 30 minute system activity time out.

Figure 131: Update Financial Performance Measure Information - Baseline Data



3. Enter the **Baseline Data**: **Baseline Year**, **Numerator**, and **Denominator**.

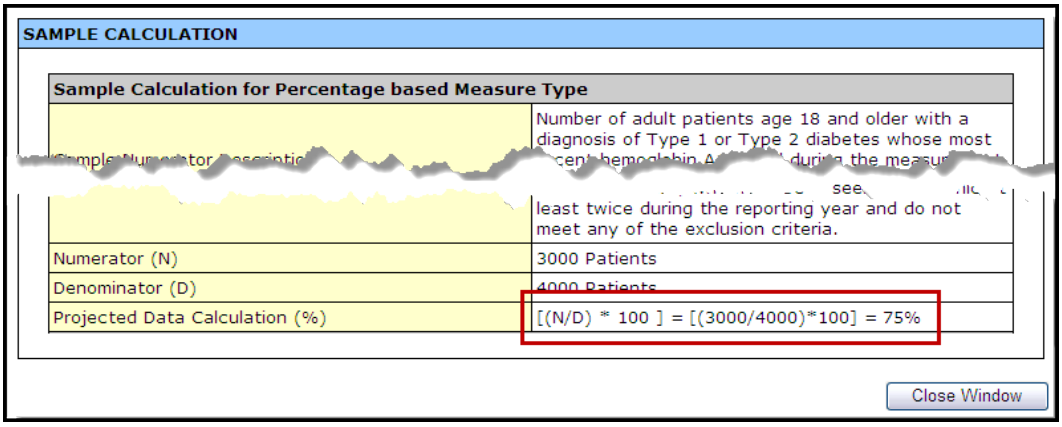
Use the **Numerator Description** and **Denominator Description** fields for information on how the **Baseline Data** field is calculated.

- The baseline auto-calculates and appears in the **Calculated Baseline** field.

4. In the **Projected Data** field, enter the data expected when the designation period concludes.
5. Click the Sample Calculation link to see an example of the calculation you need to complete for this field.

- A new window will open displaying an explanation of and calculation for a "Percentage Base Measure Type."

Figure 132: Sample Calculation



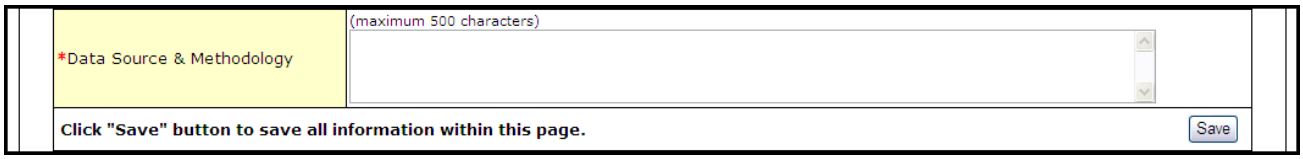
SAMPLE CALCULATION

Sample Calculation for Percentage based Measure Type	
[illegible]	Number of adult patients age 18 and older with a diagnosis of Type 1 or Type 2 diabetes whose most [illegible] during the measu[illegible] see [illegible] least twice during the reporting year and do not meet any of the exclusion criteria.
Numerator (N)	3000 Patients
Denominator (D)	4000 Patients
Projected Data Calculation (%)	[(N/D) * 100] = [(3000/4000)*100] = 75%

Close Window

6. Perform the calculation, and enter the solution in the **Projected Data field** (Figure 131).
7. Enter the **Data Source & Methodology** (Figure 133).

Figure 133: Update Financial Performance Measure Information - Data Source and Methodology

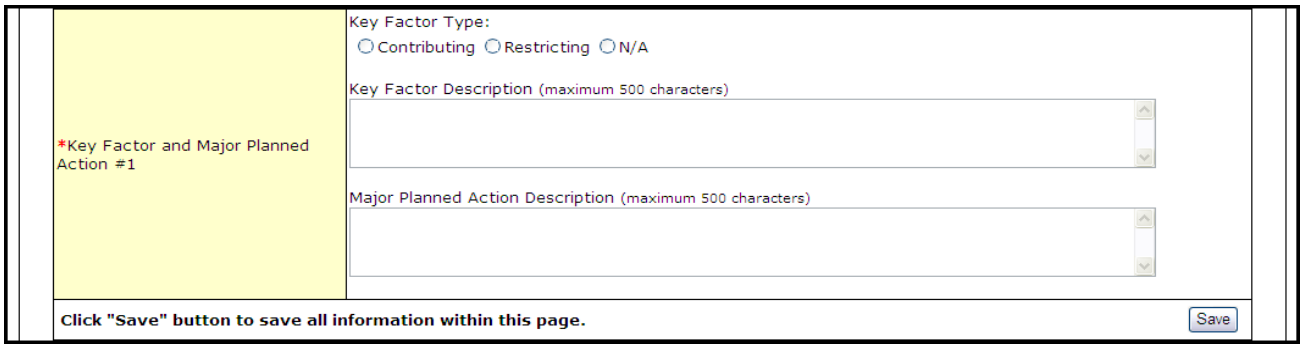


*Data Source & Methodology (maximum 500 characters)

Click "Save" button to save all information within this page. Save

8. Enter the Key Contributing and/or Restricting Factor(s) and Major Planned Actions(s) (Figure 134).

Figure 134: Key Factor and Major Planned Action



*Key Factor and Major Planned Action #1

Key Factor Type:
Contributing Restricting N/A

Key Factor Description (maximum 500 characters)

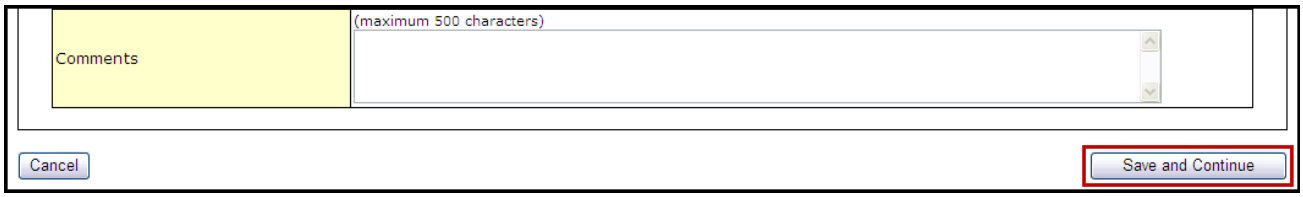
Major Planned Action Description (maximum 500 characters)

Click "Save" button to save all information within this page. Save

> Key Factor and Major Planned Action #1 is required. Key Factor and Major Planned Action #2 and #3 are optional.

9. Add any necessary or desired comments (Figure 135).

Figure 135: Update Financial Performance Measure Information - Comments



Comments (maximum 500 characters)

Cancel Save and Continue

> You are required to provide information in all Performance Measure fields. If any performance measure listed is not applicable, you must provide an explanation in the corresponding Comments field.

10. Click Save and Continue to return to the **Financial Performance Measures** page.
11. Repeat Steps 1-10 for each of the standard **Performance Measures**.

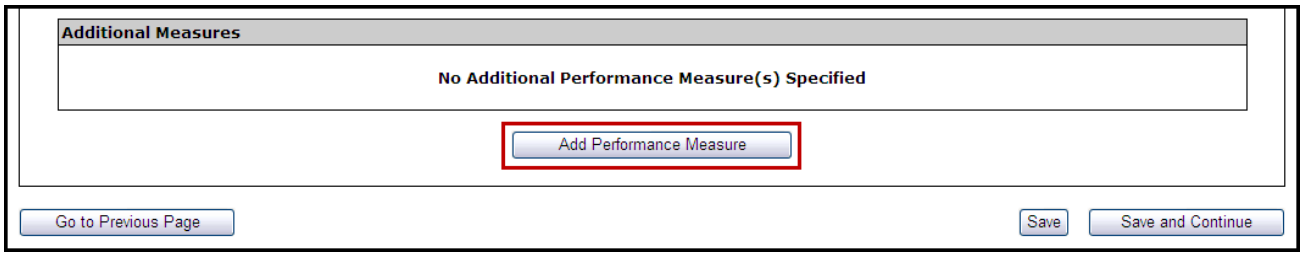
8.17.3 Add an Additional Performance Measure

The Financial Performance Measures form consists of Standard Measures and optional Additional Measures.

To add an additional performance measure to your application:

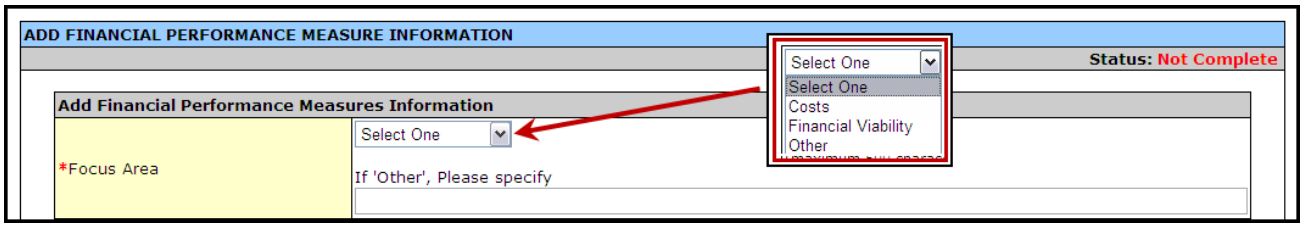
1. Click Add Performance Measure, under the **Additional Measures** section of the form.

Figure 136: Additional Measures - Add Performance Measure



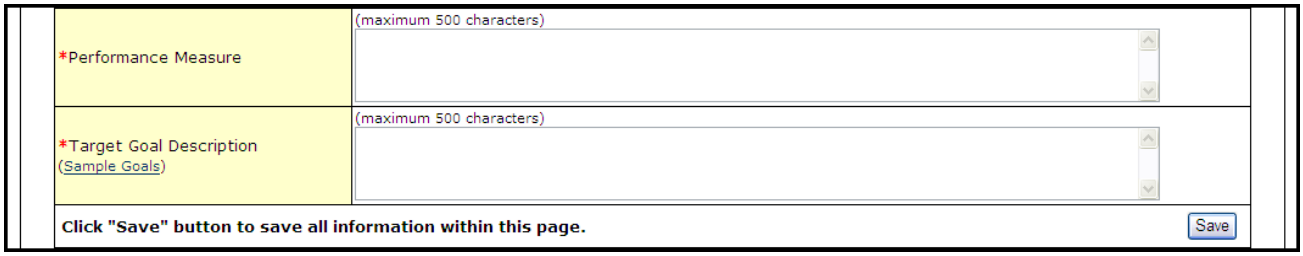
➢ The Add Financial Performance Measure page opens (Figure 137).

Figure 137: Add Financial Performance Measure Information - Focus Area



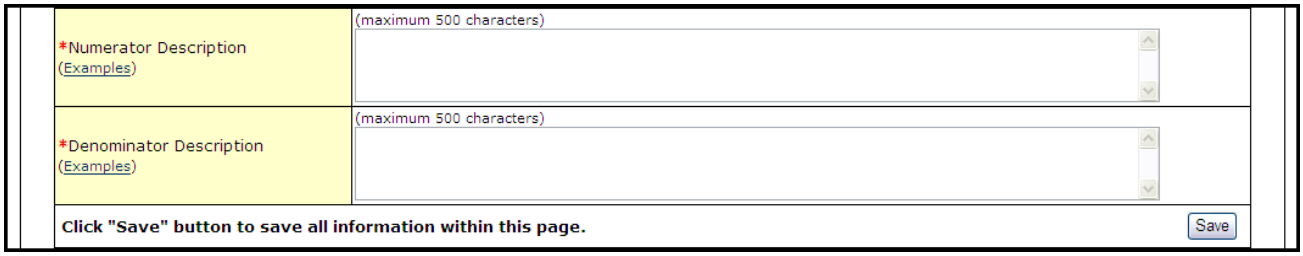
2. Select a focus area from the drop-down menu.
3. Enter the performance measure.

Figure 138: Add Financial Performance Measure Information - Performance Measure and Target Goal



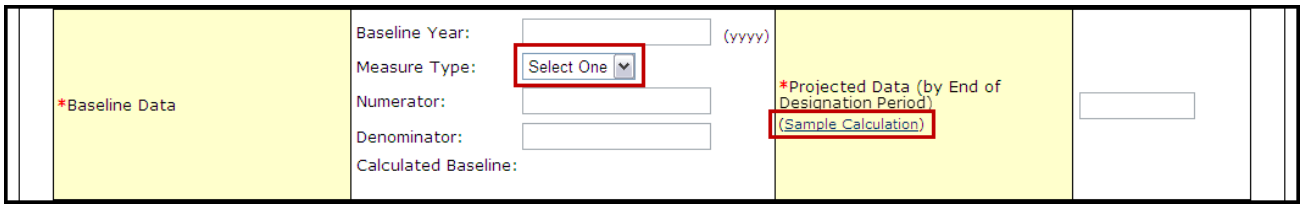
4. Enter descriptions of the numerator and denominator.

Figure 139: Add Financial Performance Measure Information - Numerator and Denominator Description



5. Enter the **Baseline Data: Baseline Year, Measure Type, Numerator,** and **Denominator**.

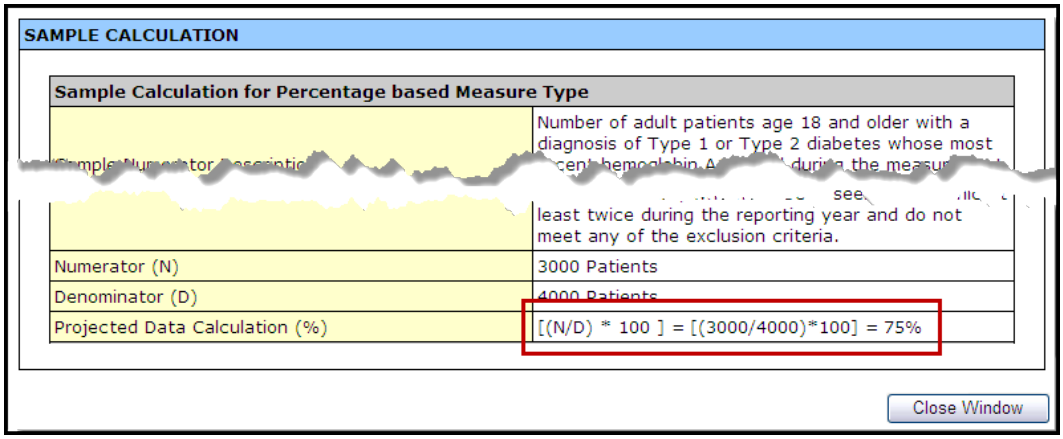
Figure 140: Add Financial Performance Measure Information - Baseline Data



- The baseline auto-calculates and appears in the **Calculated Baseline** field.

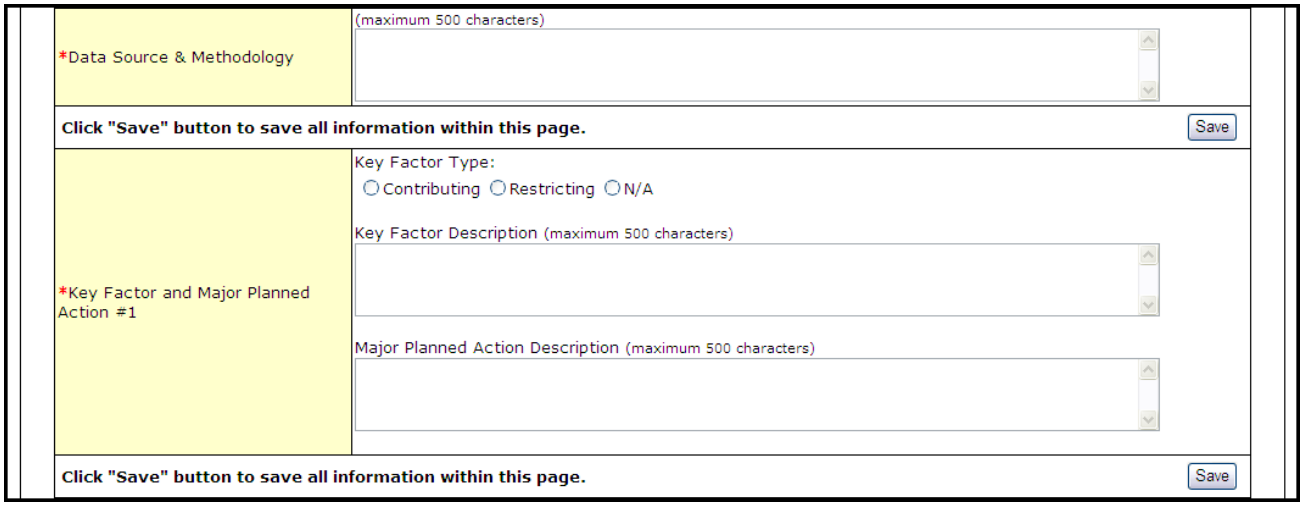
6. In the **Projected Data** field, enter the data expected when the designation period concludes.
7. Click Sample Calculation to see an example of the calculation you need to perform to complete this field.

Figure 141: Sample Calculation



8. Enter the Data Source & Methodology and Key Contributing or Restricting Factor(s) and Major Planned Action(s).

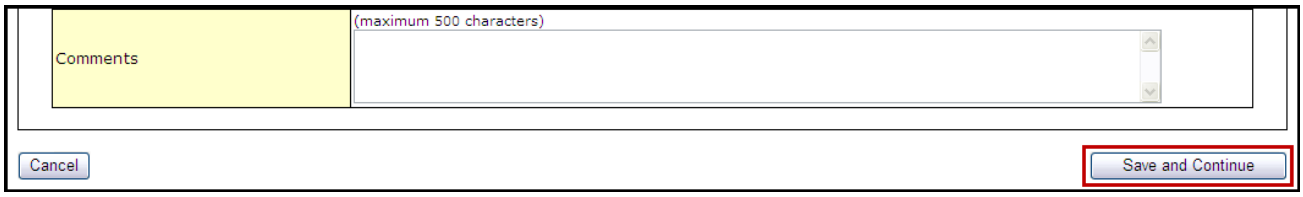
Figure 142: Add Financial Performance Measure Information - Data Source and Key Factor(s)



Key Factor and Major Planned Action #1 is required. Key Factor and Major Planned Action #2 and #3 are optional.

9. Add any necessary or desired comments (Figure 143).

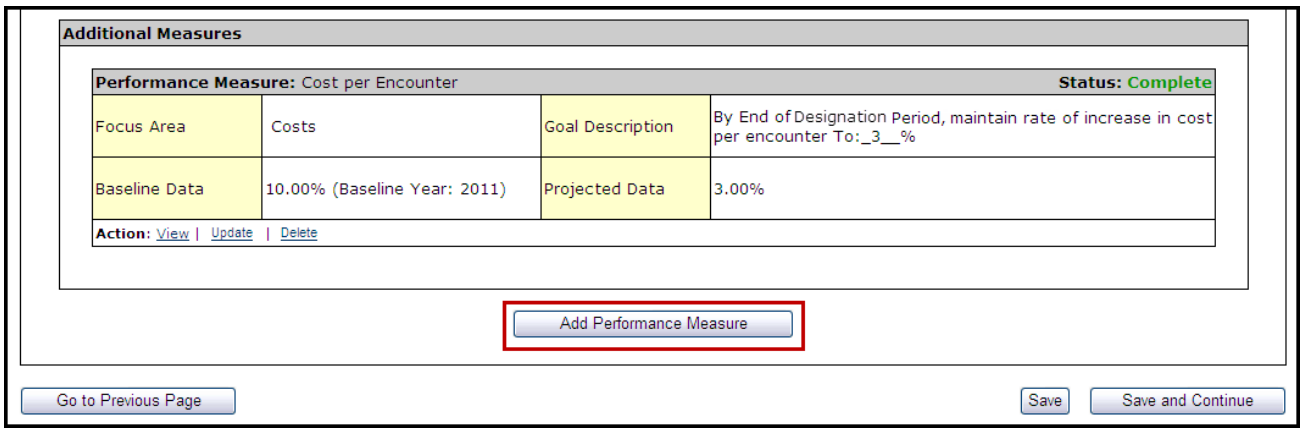
Figure 143: Update Financial Performance Measure Information - Comments



10. Click the Save and Continue button at the bottom of the form.

➢ You will be returned to the main **Financial Performance Measures** form. The new performance measure will appear in the **Additional Measures** area of the form.

Figure 144: Additional Measures - Added Performance Measure



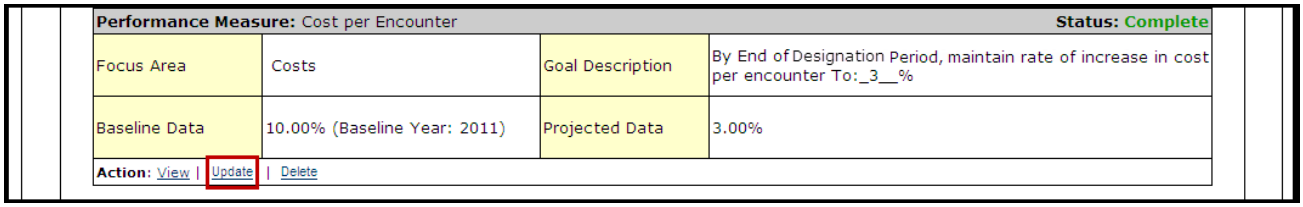
11. To add another Additional Measure, click Add Performance Measure and follow Steps 2-10.

8.17.4 Update a Performance Measure

To update a **Performance Measure**:

1. Click the Update link (Figure 125).

Figure 145: Update Financial Performance Measure



Performance Measure: Cost per Encounter			**Status:** Complete
Focus Area	Costs	Goal Description	By End of Designation Period, maintain rate of increase in cost per encounter To:_3__%
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	3.00%
Action: View | Update | Delete			

- The **Update Financial Performance Measure Information** page will be displayed (Figure 109).

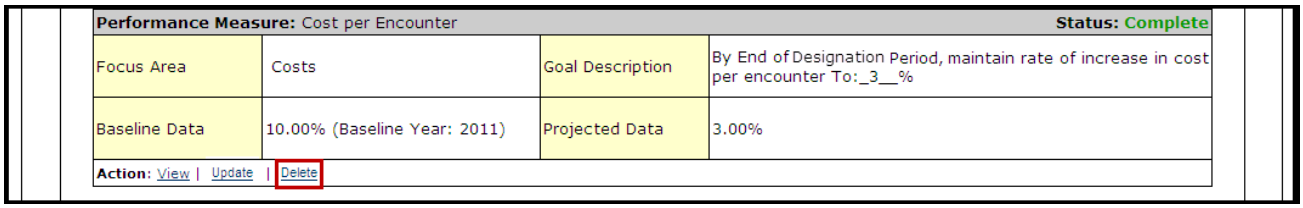
2. Update the performance measure as described in Provide Standard Performance Measure Information (See 8.17.2).

8.17.5 Delete an Additional Performance Measure

To delete an **Additional Performance Measure**:

1. Under the desired Additional Performance Measure, click the Delete link.

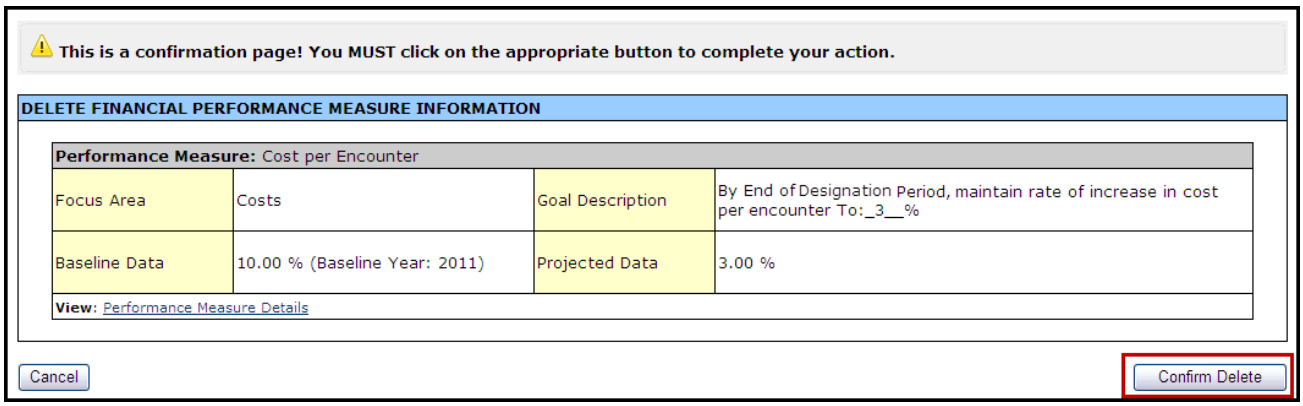
Figure 146: Delete Financial Performance Measure



Performance Measure: Cost per Encounter			**Status:** Complete
Focus Area	Costs	Goal Description	By End of Designation Period, maintain rate of increase in cost per encounter To:_3__%
Baseline Data	10.00% (Baseline Year: 2011)	Projected Data	3.00%
Action: View | Update | Delete			

- The Delete Financial Performance Measures Information page opens.

Figure 147: Delete Financial Performance Measure Information - Confirmation



This is a confirmation page! You MUST click on the appropriate button to complete your action.

DELETE FINANCIAL PERFORMANCE MEASURE INFORMATION

Performance Measure: Cost per Encounter			
Focus Area	Costs	Goal Description	By End of Designation Period, maintain rate of increase in cost per encounter To:_3__%
Baseline Data	10.00 % (Baseline Year: 2011)	Projected Data	3.00 %
View: Performance Measure Details			

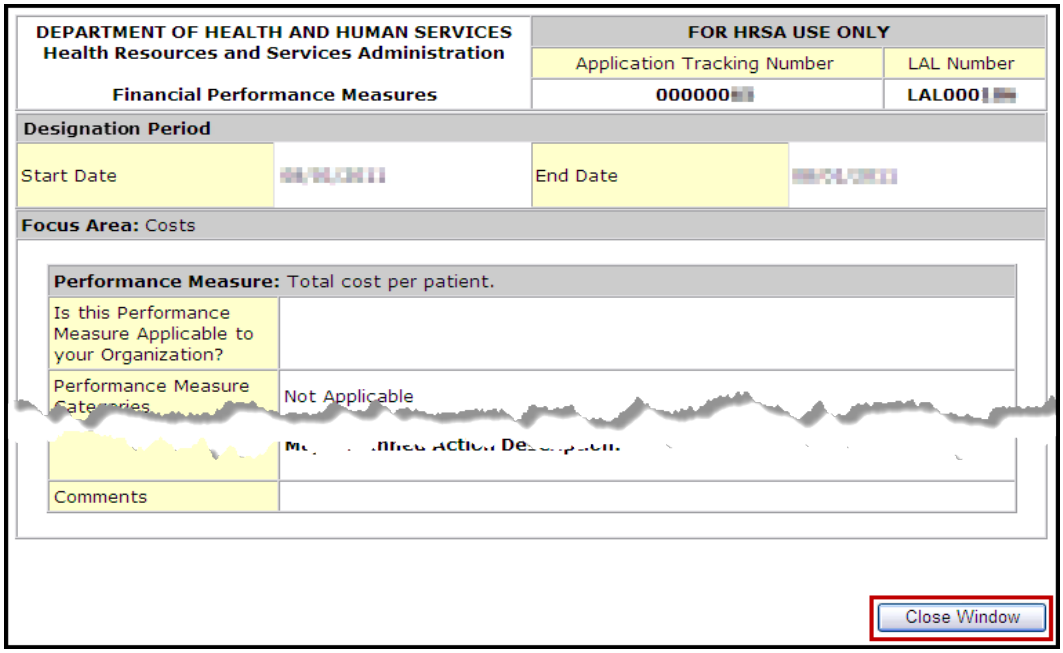
Cancel | Confirm Delete

2. Click Confirm Delete.

8.17.6 View a Performance Measure

1. Under the desired Performance Measure, click the View link to see a read-only display of the performance measure (Figure 148).

Figure 148: Read-Only View of Financial Performance Measure



DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Financial Performance Measures	FOR HRSA USE ONLY	
	Application Tracking Number	LAL Number
	000000	LAL000

Designation Period			
Start Date		End Date	

Focus Area: Costs

Performance Measure: Total cost per patient.	
Is this Performance Measure Applicable to your Organization?	
Performance Measure Categories	Not Applicable
Comments	

Close Window

2. Click the Close Window button to return to the updated **Financial Performance Measures** form.
3. After you have completed working with the Financial Performance Measures, click Save and Continue (Figure 144) to proceed to the next form.

8.18. Appendices

8.18.1 Attach Documents

1. Open Appendices (Figure 149).

Figure 149: Appendices (collapsed view, showing attachment headings only)

APPENDICES

Appendices — Status: NOT COMPLETE

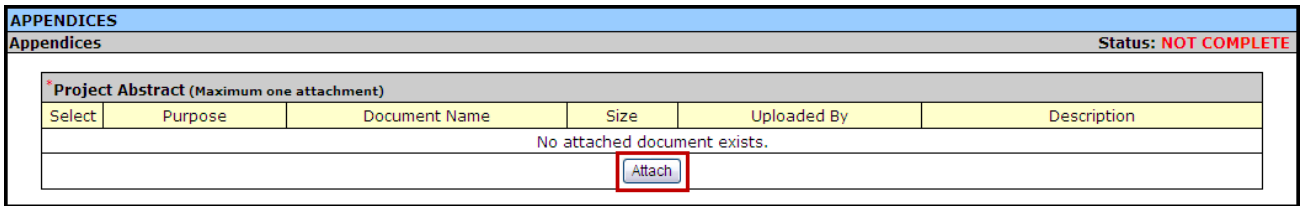
*Project Abstract (Maximum one attachment)	
	No attached document exists.
*Project Narrative (Maximum one attachment)	
	No attached document exists.
*Attachment 1 - Service Area Map (Maximum one attachment)	
	No attached document exists.
*Attachment 2 - Current or requested MUA/MUP designation (Maximum one attachment)	
	No attached document exists.
*Attachment 3 - Governing Board Bylaws (Maximum one attachment)	
	No attached document exists.
Attachment 4 - Co-Applicant Agreement for Public Centers (Maximum one attachment)	
	No attached document exists.
Attachment 5 - Affiliation, Contract, and/or Referral Agreements (Maximum one attachment)	
	No attached document exists.
*Attachment 6 - Articles of Incorporation (Maximum one attachment)	
	No attached document exists.
*Attachment 7 - Evidence of Non-Profit or Public Agency Status (Maximum one attachment)	
	No attached document exists.
*Attachment 8 - Medicare and Medicaid Provider Documentation (Maximum one attachment)	
	No attached document exists.
*Attachment 9 - Organizational Chart (Maximum one attachment)	
	No attached document exists.
*Attachment 10 - Position Descriptions for Key Personnel (Maximum one attachment)	
	No attached document exists.
*Attachment 11 - Resumes for Key Personnel (Maximum one attachment)	
	No attached document exists.
*Attachment 12 - Schedule of Discounts/Sliding Fee Scale (Maximum one attachment)	
	No attached document exists.
*Attachment 13 - Most Recent Independent Financial Audit (Maximum one attachment)	
	No attached document exists.
*Attachment 14 - Letters of Support (Maximum one attachment)	
	No attached document exists.
Attachment 15 - Floor Plans (Maximum one attachment)	
	No attached document exists.
Attachment 16 - Other Information (Maximum 5 attachments)	
	No attached document exists.

Go to Previous Page | Save | Save and Continue

For each of the 18 attachments, 14 are required (*) and must be uploaded to the system. For the **Designation Abstract**, **Designation Narrative**, and **Attachments 1- 15** only one document is permitted. For **Attachment 16**, a maximum of 5 documents may be uploaded.

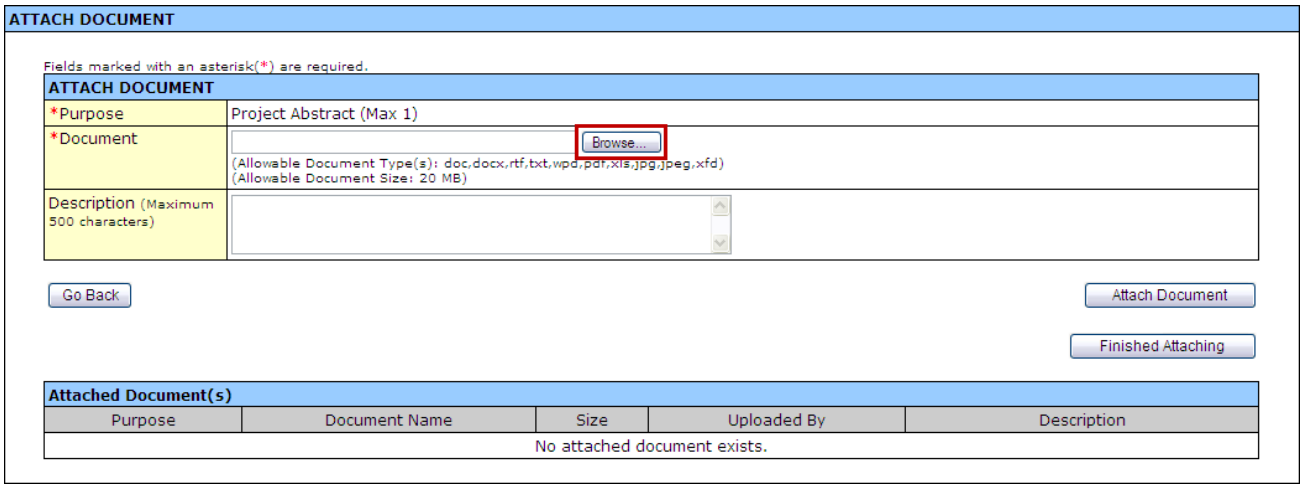
2. To upload a document to the system, click Attach under the particular attachment type you wish to upload (Figure 150).

Figure 150: Appendices Detail - Designation Abstract



➢ The **Attach Document** page opens (Figure 151)

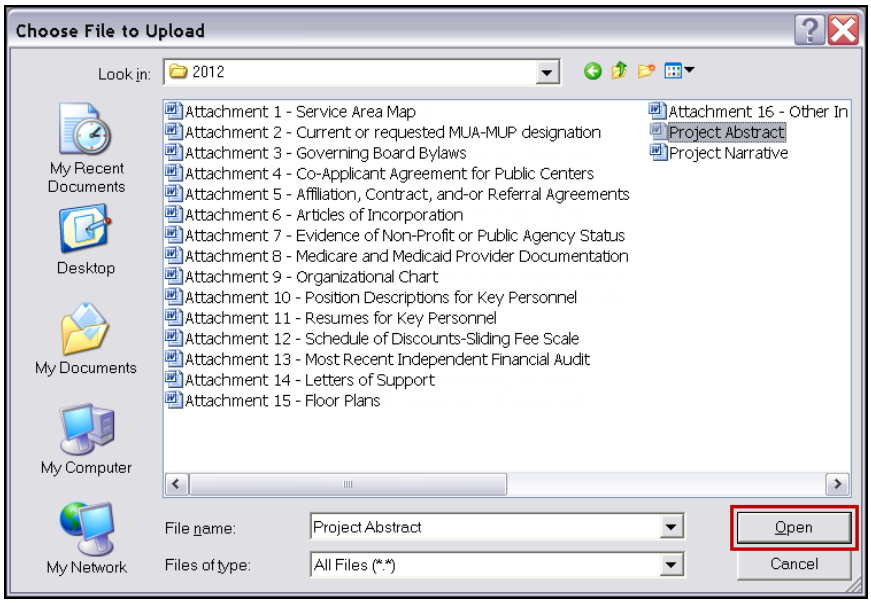
Figure 151: Attach Document Page



3. To attach the document, click Browse.

➢ The **Choose File to Upload** window opens (Figure 152).

Figure 152: Choose File to Upload Window



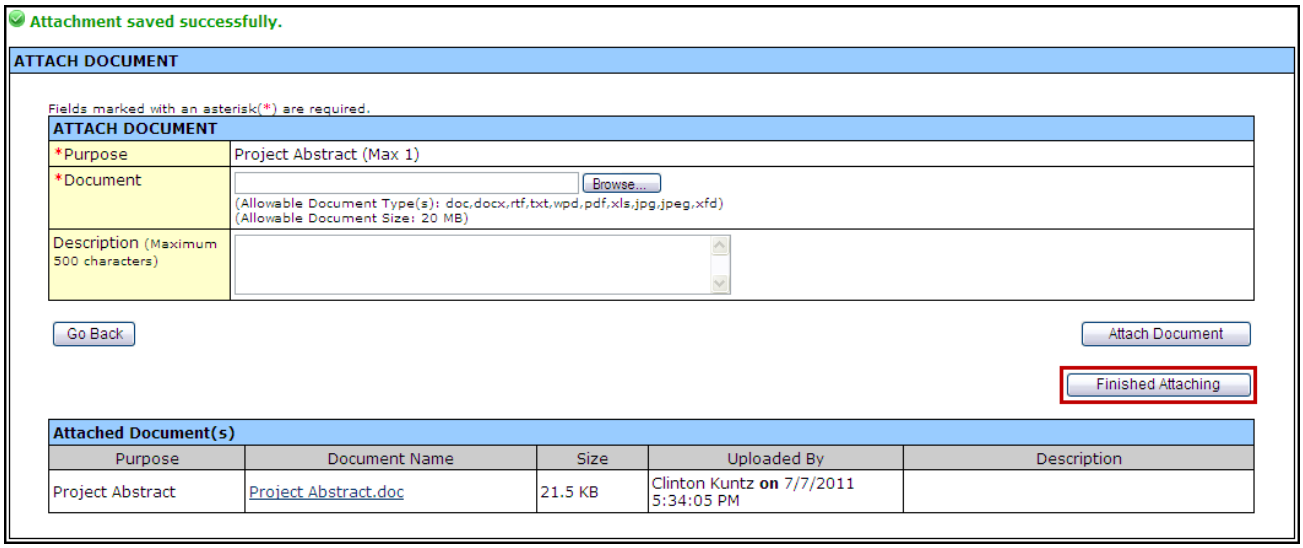
4. Select the desired file to upload, and click Open.

➢ The **Attach Document** page refreshes with the selected file path populating the **Browse** field.

5. Add a description if desired, and click Attach Document.

➢ The **Attach Document** page refreshes with the **Attached Document(s)** section populated with the uploaded document (Figure 153).

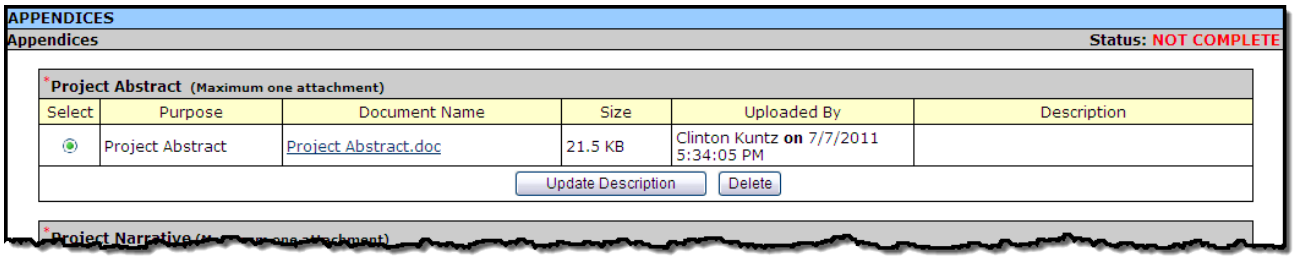
Figure 153: Attachment Saved Successfully



6. Click Finished Attaching to complete the uploading process.

➢ You are returned to the **Appendices** page (Figure 154) with the uploaded file shown in the list.

Figure 154: Appendices: File Uploaded



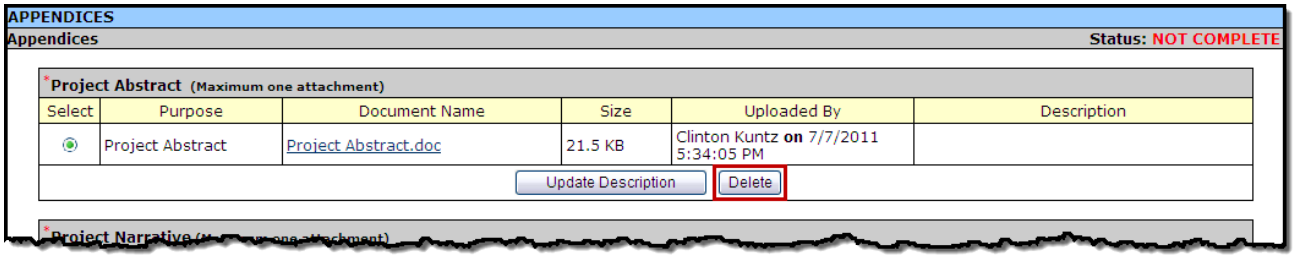
7. Continue to the next attachment and follow Steps 2-6, until all required attachments have been uploaded to the system. (To Save and Continue proceed to Section 8.18.2; Steps 4-5)

8.18.2 Update an Attached Document

> To update a previously uploaded document, you must first delete the uploaded document. Then proceed to attach a new document with the updated information.

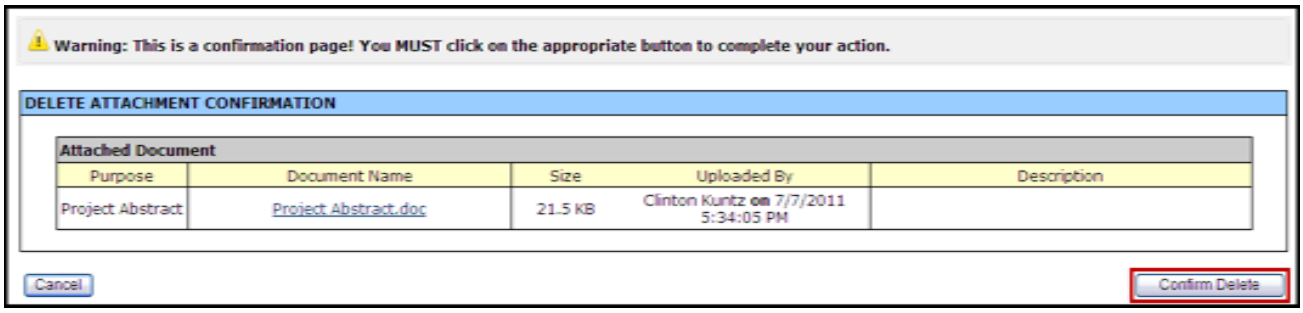
1. From the **Appendices** page (Figure 155), click Delete under the attachment you wish to update.

Figure 155: Appendices: Delete Attachment



➢ The **Delete Attachment Confirmation** page opens (Figure 156).

Figure 156: Delete Confirmation Page



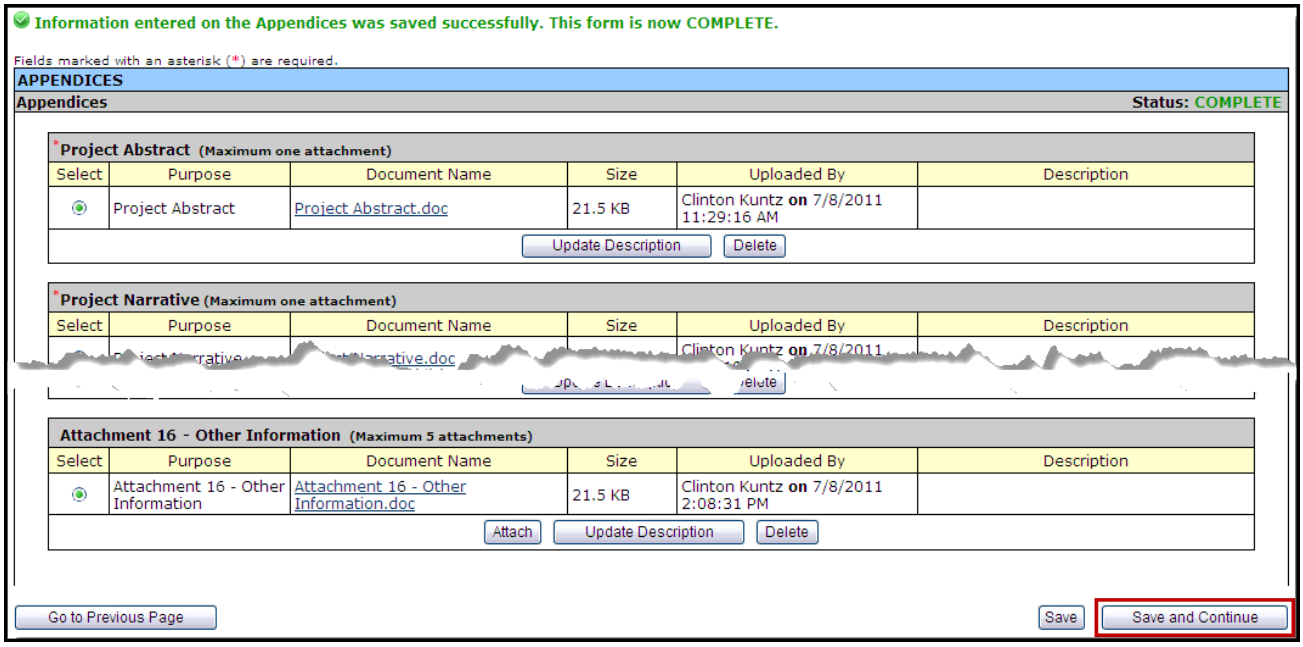
2. Click Confirm Delete.

➢ You are returned to the **Appendices** page, with a “Attachment deleted successfully.” message displayed, and with the attachment removed from the list.

3. To upload an updated document, follow the process in Section 8.18.1; Steps 2-6.

4. When you have completed uploading all the required documents, click Save to save your work. If all documents have been uploaded properly the **Appendices** page will refresh with a success banner and **Status:** Complete.

Figure 157: Appendices: Complete - Save and Continue



5. Click Save and Continue to proceed to Review the Application.

9. Review the Application

The status and review pages allow you to check the completion status of all or any part of your application, as well as view or print your application.

9.1. Application Forms Status

To view the status of the Application forms from any page, in the **Application Process** left side menu, under Overview, click Status. The **Status Overview** page opens (Figure 158). This page shows the completion status of each Application form. All must show a **Status** of Complete before you can submit your application to HRSA.

Figure 158: Status Overview Page for Application Forms

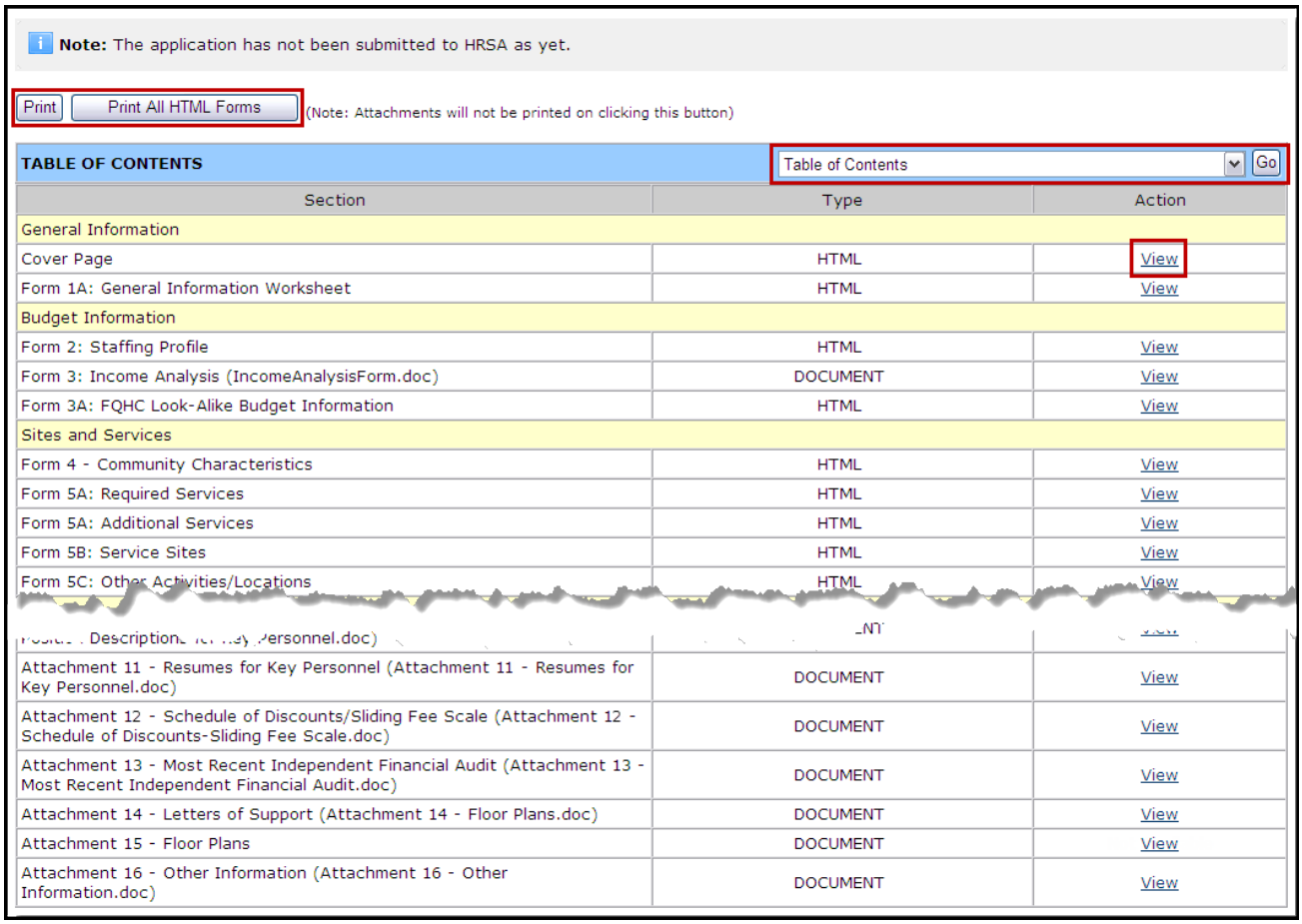
STATUS OVERVIEW

Section	Action	Status
General Information		
Cover Page	Update	COMPLETE
Form 1A: General Information Worksheet	Update	COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	COMPLETE
Form 3: Income Analysis Format	Update	COMPLETE
Form 3A: FQHC Look-Alike Budget Information	Update	COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	COMPLETE
Form 5A: Services Provided		
Required Services	Update	COMPLETE
Additional Services	Update	COMPLETE
Form 5B: Service Sites	Update	COMPLETE
Form 5C: Other Activities/Locations	Update	COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	COMPLETE
Form 8: Health Center Affiliation Certification/Checklist	Update	COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	COMPLETE
Section II: Core Health Indicators	Update	COMPLETE
Section III: Other Health Indicators	Update	COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	COMPLETE
Form 12: Contact Information	Update	COMPLETE
Performance Measures		
Clinical Performance Measures	Update	COMPLETE
Financial Performance Measures	Update	COMPLETE
Other Information		
Appendices	Update	COMPLETE

9.2. View and Print the Application

To view or print the Application forms, click Review under **Review and Submit** on the left side menu. The **Review** page will open showing the **Table of Contents** (Figure 159).

Figure 159: Application Information Review Page



Note: The application has not been submitted to HRSA as yet.

Print | Print All HTML Forms (Note: Attachments will not be printed on clicking this button)

TABLE OF CONTENTS Table of Contents Go

Section	Type	Action
General Information		
Cover Page	HTML	View
Form 1A: General Information Worksheet	HTML	View
Budget Information		
Form 2: Staffing Profile	HTML	View
Form 3: Income Analysis (IncomeAnalysisForm.doc)	DOCUMENT	View
Form 3A: FQHC Look-Alike Budget Information	HTML	View
Sites and Services		
Form 4 - Community Characteristics	HTML	View
Form 5A: Required Services	HTML	View
Form 5A: Additional Services	HTML	View
Form 5B: Service Sites	HTML	View
Form 5C: Other Activities/Locations	HTML	View
Attachment 11 - Resumes for Key Personnel (Attachment 11 - Resumes for Key Personnel.doc)	DOCUMENT	View
Attachment 12 - Schedule of Discounts/Sliding Fee Scale (Attachment 12 - Schedule of Discounts-Sliding Fee Scale.doc)	DOCUMENT	View
Attachment 13 - Most Recent Independent Financial Audit (Attachment 13 - Most Recent Independent Financial Audit.doc)	DOCUMENT	View
Attachment 14 - Letters of Support (Attachment 14 - Floor Plans.doc)	DOCUMENT	View
Attachment 15 - Floor Plans	DOCUMENT	View
Attachment 16 - Other Information (Attachment 16 - Other Information.doc)	DOCUMENT	View

Use the View links on this page to view and print forms and documents:

1. Click a View link in the ***Action*** column to see:
   - A form (HTML in the ***Type*** column)
   - An attachment (Document in the ***Type*** column) and print it
2. Click:
   - Print to print the **Table of Contents** page.
   - Print All HTML Forms to print all Application forms (HTML in the ***Type*** column)
3. From the Table of Contents drop-down menu, make a selection and click Go to navigate to that form.

10. Submit the Application

You can submit the application to HRSA once all forms are complete.

> To submit an application, you must have the 'Submit' privilege. More than one user may be granted the "Submit" privilege. The Project Director (PD) has the Submit to HRSA privilege by default. In addition, other users may be granted the Submit to HRSA privilege by utilizing the New/Existing Users link in the left side menu. (See **Section 6:Administer New/Existing Users**, for more information).

To submit the application:

4. Click Submit under **Review and Submit** on the left side menu of the **Status Overview** page, or click Proceed and Submit at the bottom of the Status Overview Page.

➢ The **Table Of Contents** page opens.

Figure 160: Table Of Contents Page Showing Complete Status

STATUS OVERVIEW

Section	Action	Status
General Information		
Cover Page	Update	COMPLETE
Form 1A: General Information Worksheet	Update	COMPLETE
Budget Information		
Form 2: Staffing Profile	Update	COMPLETE
Form 3: Income Analysis Format	Update	COMPLETE
Form 3A: FQHC Look-Alike Budget Information	Update	COMPLETE
Sites and Services		
Form 4: Community Characteristics	Update	COMPLETE
Form 5A: Services Provided		
Required Services	Update	COMPLETE
Additional Services	Update	COMPLETE
Form 5B: Service Sites	Update	COMPLETE
Form 5C: Other Activities/Locations	Update	COMPLETE
Other Forms		
Form 6A: Current Board Member Characteristics	Update	COMPLETE
Form 6B: Request for Waiver of Governance Requirements	Update	COMPLETE
Form 8: Health Center Affiliation Certification/Checklist	Update	COMPLETE
Form 9: Need for Assistance Worksheet		
Section I: Core Barriers	Update	COMPLETE
Section II: Core Health Indicators	Update	COMPLETE
Section III: Other Health Indicators	Update	COMPLETE
Form 10: Annual Emergency Preparedness Report	Update	COMPLETE
Form 12: Contact Information	Update	COMPLETE
Performance Measures		
Clinical Performance Measures	Update	COMPLETE
Financial Performance Measures	Update	COMPLETE
Other Information		
Appendices	Update	COMPLETE

Submit To HRSA

- ➢ If all forms are complete, a Submit to HRSA button will show at the bottom of the **Table of Contents page.**

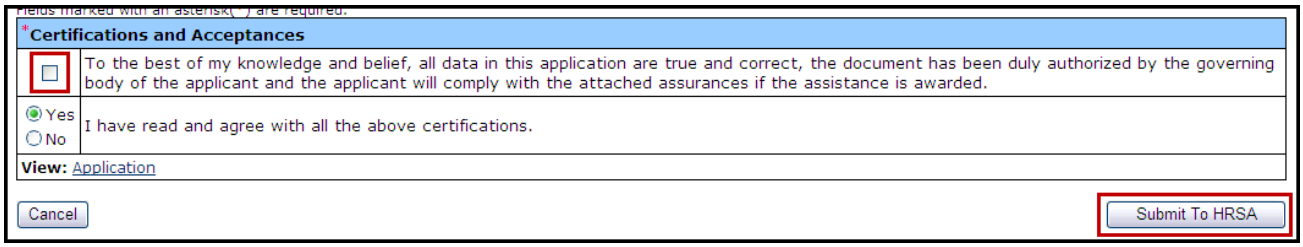
The Submit Button will show if you have one of the following Application Privileges:

- If you have the **Submit FQHC LA Application to AO** privilege, you will see the Submit to AO button. (Clicking this button will send the application to the AO for submission to HRSA.
- If you have the **Submit FQHC LA Application to HRSA** privilege, you will see the Submit to HRSA button.
- If you have only the View FQHC LA Application or Edit FQHC LA Application privilege, you will not see a submit button.

6. To submit the application to HRSA, click Submit to HRSA.

- ➢ The **Certifications and Acceptances** page (Figure 161) opens.

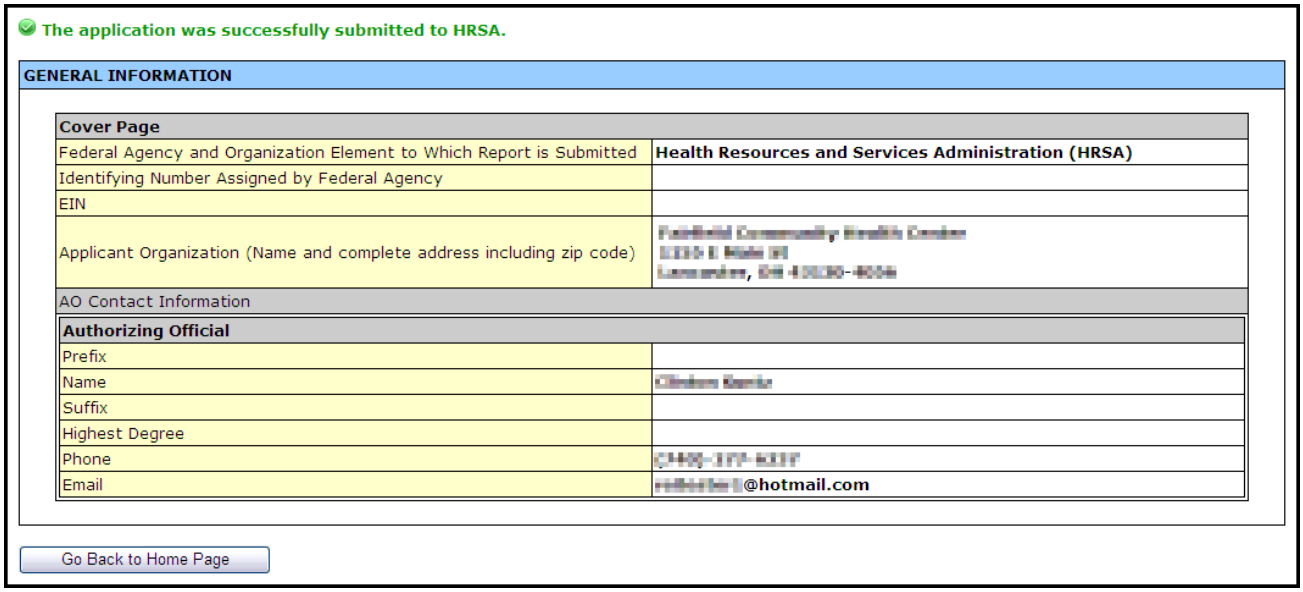
Figure 161: Submit Confirmation Page



7. Complete the questions in the **Certifications and Acceptance** section of the form.
8. Click Submit to HRSA.

- ➢ The **General Information** page (Figure 162) will be displayed with a "The application was successfully submitted to HRSA" message displayed.

Figure 162: General Information Page - Successfully Submitted to HRSA



11. Customer Support Information

Use your Application Tracking Number for all correspondence.

11.1. Registration or Access/Password Issues

For assistance with registering in HRSA EHBs, or access/password related issues please call the HRSA Call Center:

- By Phone: 877-GO4-HRSA (877-464-4772) or 301-998-7373 (between 9:00 am to 5:30 pm ET)

OR

- By Email: callcenter@hrsa.gov

Please visit HRSA EHBs for additional online help.

- Go to: https://grants.hrsa.gov/webexternal/home.asp
- Click on Help

The Call Center cannot respond to questions that concern application guidance or programmatic issues.

11.2. Completing the Application in the Electronic Handbooks

For assistance with technical issues related to completing your Application within the EHBs, please contact the BPHC Help Desk:

- By Email: BPHCHelpline@hrsa.gov

OR

- By Phone: 301-443-7356 or 877-974-2742 (between 8:30 am to 5:30 pm ET)

The BPHC Help Desk cannot respond to questions that concern application guidance or programmatic issues.

11.3. Application Guidance or Programmatic Questions

Please refer all application guidance or programmatic questions to the Bureau of Primary Health Care (BPHC) Office of Policy and Program Development (OPPD) at 301-594-4300 or FQHCLAL@hrsa.gov.

12. Frequently Asked Questions

12.1. Software

12.1.1 What are the software requirements for HRSA EHBs?

HRSA EHBs can be accessed over the Internet using Internet Explorer 6.0 and above and Netscape 4.72 and above. HRSA EHBs are compliant with Section 508.

HRSA EHBs use pop-up screens to allow users to view or work on multiple screens. Ensure that your browser settings allow for pop-ups.

You will need appropriate viewers to view attachments in Microsoft Word and PDF.

12.1.2 What are the system requirements for using HRSA EHBs on a Macintosh computer?

Safari v1.2.4 and above or Netscape v7.2 and above are the recommended Internet browsers for Apple Computers. HRSA EHBs do not work on Internet Explorer for Macintosh.

You will need appropriate viewers to view attachments in Microsoft Word and PDF.

12.1.3 What are the software requirements for FQHC LAL Application Modules?

Refer to the software requirements for HRSA EHBs. In addition, you will need Microsoft Word to complete the Appendices sections.

12.1.4 What document types can I upload?

The following document types are supported in HRSA EHBs:

- .DOC; .DOCX - Microsoft Word
- .RTF - Rich Text Format
- .TXT - Text
- .WPD - Word Perfect Document
- .PDF - Adobe Portable Document Format
- .XLS ; .XLSX - Microsoft Excel