

HRSA Electronic Handbooks (EHBs)

FY 2020 Look-Alike Annual Certification Application User Guide

Last updated on June 13, 2019



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This user guide describes the steps you need to follow to submit an Annual Certification application to the Health Resources and Services Administration (HRSA).

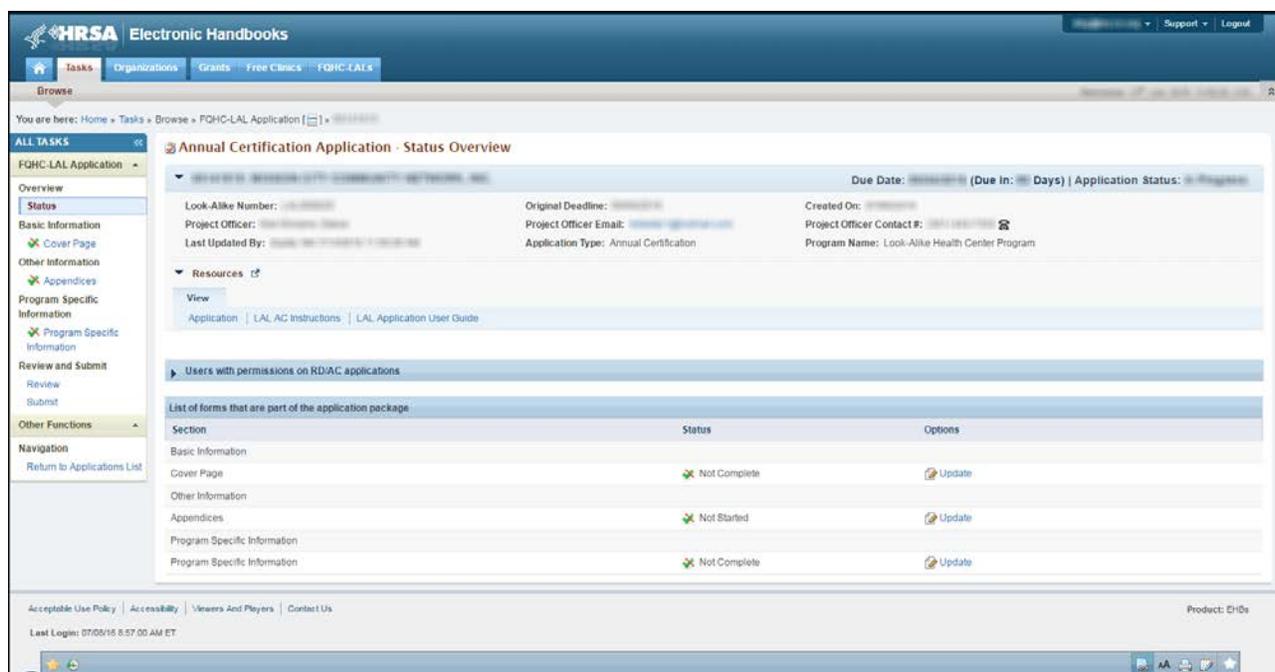
1. Starting the Look-Alike Annual Certification Application

You must have an EHBs user account to access Look-Alike Annual Certification (AC) application. After logging into EHBs, click the Tasks tab on the EHBs Home page to navigate to the **Pending Tasks – List** page.

IMPORTANT NOTE: If you do not have a username, you must register in EHBs. Do not create duplicate accounts. If you experience log in issues or forget your password, contact the **HRSA Contact Center** (<http://www.hrsa.gov/about/contact/ehbhelp.aspx>) at (877) 464-4772.

1. Locate your Look-Alike AC application using the EHBs application tracking number received in an email and click the **Start** link to begin working on the application in EHBs (if you have previously accessed the application, the **Start** link will be replaced with **Edit**).
2. The system opens the **Annual Certification Application - Status Overview** page of the application ([Figure 1](#)).

Figure 1: Application - Status Overview Page



The application consists of the Cover Page, Appendices, and Program Specific Information sections. You must complete these sections to submit your application to HRSA.

2. Completing the Look-Alike Cover Page section of the application

The Cover Page ([Figure 2](#)) requires the following information, as indicated by the red asterisks to the left of these fields:

- Select Target Population(s) ([Figure 2, 1](#)) – select the target population type(s) served by the applicant health center: Community Health Centers (CHC), Health Care for the Homeless (HCH), Migrant Health Centers (MHC), and/or Public Housing (PHPC).
- Point of Contact on matters involving this application ([Figure 2, 2](#)) – enter the point of contact for the look-alike AC application.
- Authorized Representative ([Figure 2, 3](#)) – enter the person authorized by the board of directors to submit the look-alike AC application.

Figure 2: Cover Page of FQHC-LAL Application

Cover Page

MISSION CITY COMMUNITY NETWORK, INC. Due Date: 09/30/2019 (Due In: 5 Days) | Section Status: Not Complete

Look-Alike Number: LAL000000 Original Deadline: 09/30/2019 Created On: 07/06/2019
 Project Officer: Mia-Dorena Salas Project Officer Email: msalas@missioncity.com Project Officer Contact #: 817-440-7000
 Last Updated By: Supra 126 7/13/2019 11:52:28 AM Application Type: Annual Certification Program Name: Look-Alike Health Center Program

Resources

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 Application | LAL AC Instructions | LAL Application User Guide

Fields with * are required

Applicant Information

Legal Name: MISSION CITY COMMUNITY NETWORK, INC.
 Employer Identification Number (e.g. 53-2079919): 88-4226199
 Organizational DUNS: 821962751
 Mailing Address: 15226 PARTHENON ST NORTH HAVEN, CT 06460-5505

* Select Target Population(s) **1**

Select	Target Population Type
<input checked="" type="checkbox"/>	Community Health Centers
<input type="checkbox"/>	Health Care for the Homeless
<input type="checkbox"/>	Migrant Health Centers
<input type="checkbox"/>	Public Housing

Fields with * are required

* Point of Contact (POC) Information **2** Add

No Point of Contact added.

Fields with * are required

* Authorizing Official (AO) Information **3** Add

No Authorizing Official added.

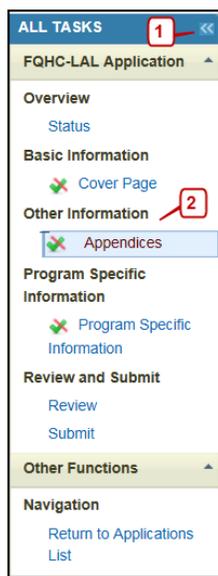
[Go to Previous Page](#) [Save](#) [Save and Continue](#)

Once completed, click the Save and Continue button to proceed to the **Appendices** form.

3. Completing the Appendices Form

1. Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page ([Figure 3, 1](#)). Click on the **Appendices** link ([Figure 3, 2](#)) to navigate to the **Appendices** form.

Figure 3: Left Navigation Menu



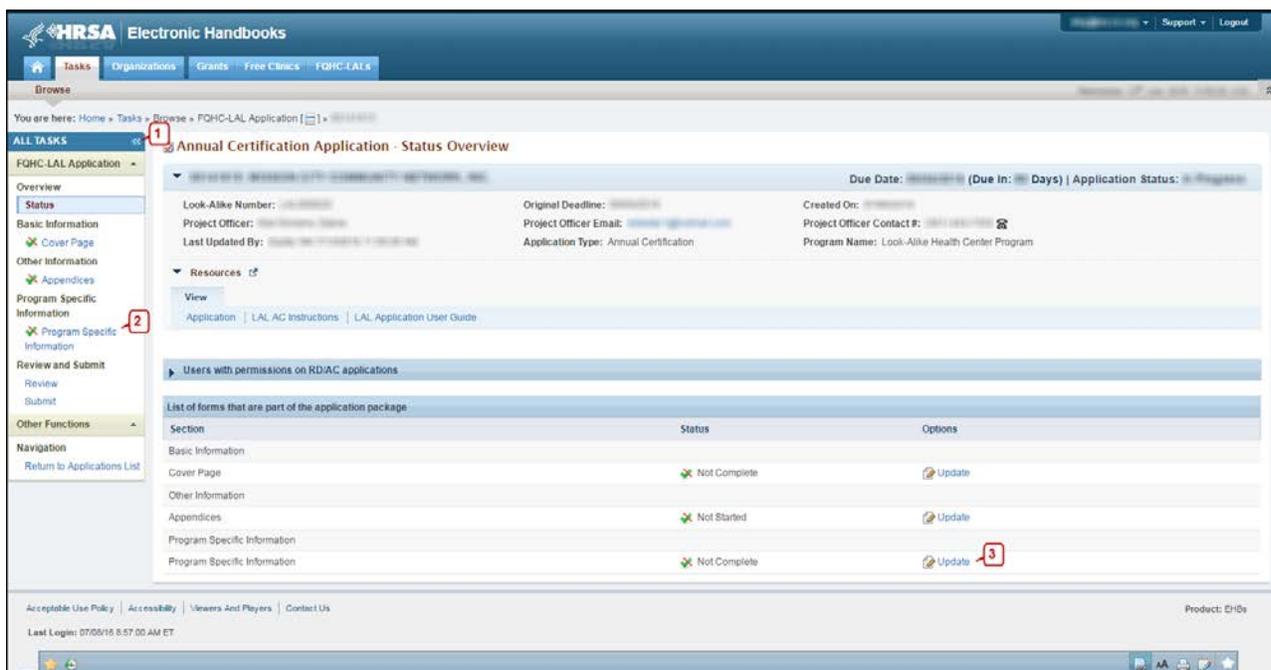
2. Upload the **Budget Narrative (required)** attachment by clicking the associated Attach File buttons.
3. After completing the **Appendices** form, click the Save and Continue button to proceed to the **Program Specific Information – Status Overview** page.

4. Completing the Program Specific Forms

To access the program specific section of the progress report, you can choose one of the following options:

- Expand the left navigation menu if not already expanded by clicking the double arrows displayed near the form name at the top of the page (Figure 4, 1). Click on the Program Specific Information link in the left menu (Figure 4, 2).
- On the **Annual Certification Application - Status Overview** page, click on the Update link for the Program Specific Information line item (Figure 4, 3)

Figure 4: Accessing the program specific information section



➤ The **Program Specific Information – Status Overview** page opens (Figure 5).

IMPORTANT NOTE: Click on the Update link for any form to start updating it. Once completed, click on the Save and Continue button to proceed to the next listed form.

Figure 5: Status Overview Page for Program Specific Forms

Section	Status	Options
General Information		
Form 1C - Documents On File	Not Complete	Update
Budget Information		
Form 3 - Income Analysis	Not Started	Update
Form 3A - Budget Information	Not Started	Update
Sites and Services		
Form 5A - Services Provided	Not Complete	Update
Required Services	Complete	Update
Additional Services	Not Started	Update
Specialty Services	Not Started	Update
Form 5B - Service Sites	Not Started	Update
Form 5C - Other Activities/Locations	Complete	Update
Scope Certification	Not Started	Update
Other Forms		
Project Narrative Update	Not Complete	Update
Environment and Organizational Capacity	Not Complete	Update
Telehealth	Not Started	Update
Patient Capacity	Not Started	Update
Clinical/Financial Performance Measures	Not Complete	Update

4.1 Form 1C - Documents on File

Form 1C: Documents on File displays a list of documents to be maintained by an organization.

To complete the **Form 1C**, follow the steps below:

1. In the Management and Finance section, provide the date of last review/revision. Click N/A if not applicable (**Figure 6,1**).
2. In the Services section, provide the date of last review/revision (**Figure 7, 2**).
3. In the Governance section, provide the date of last review/revision. Click N/A if not applicable (**Figure 8, 3**).
4. Click Save and Continue to proceed to the next form.

Figure 9: Form 1C

Form 1C - Documents on File

Notes(s):

- Example date formats for use on this form are 01/15/2018, First Monday of every April, and bi-monthly (last rev 01/18). This listing does not include all policy/procedure documents required to be maintained on file. Records demonstrating implementation of required policies and procedures must also be available for review.
- ¹ Pub. L. 115-141, Consolidated Appropriations Act, 2018, Division H, Title V, Section 520
- ² Pub. L. 115-141, Consolidated Appropriations Act, 2018, Division H, Title V, Sections 506 and 507

Due Date: (Due In:) | Section Status:

Resources

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Fields with * are required

Section	Date of Last Review/Revision (maximum 100 characters)	Not Applicable (N/A)
Management and Finance		
<ul style="list-style-type: none"> • Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices. • Procurement procedures. • Standards of Conduct/Conflict of Interest policies/procedures. • Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities. • Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug.¹ (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A). • Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother.² (Only applicable if your organization provides abortion services; otherwise, indicate as N/A). • Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay. 		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Services		
<ul style="list-style-type: none"> • Credentialing/Privileging operating procedures. • Coverage for Medical Emergencies During and After Hours operating procedures. • Continuity of Care/Hospital Admitting operating procedures. • Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule. • Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records. 		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Governance		
<ul style="list-style-type: none"> • Governing Board Bylaws. • Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.) 		<input type="checkbox"/> <input type="checkbox"/>

Go to Previous Page | Save | Save and Continue

4.2 Form 3 - Income Analysis

Form 3: Income Analysis projects program income, by source, for the upcoming certification period (one year). This form comprises of the following sections:

1. [Payer Category](#) (**Figure 7, 1**)
2. [Comments/Explanatory Notes](#) (**Figure 7, 2**)

Figure 10: Form 3: Income Analysis

Form 3 - Income Analysis

Note(s):

- The value in column (d) - Projected Income should equal column (b) - Billable visits multiplied by column (c) - Income per Visit. If not, explain in the Comments/Explanatory Notes box.
- The program income total on this form must match the program income total on Form 3A.

DEPARTMENT OF HEALTH AND HUMAN SERVICES | Due Date: 09/30/2018 (Due In: 33 Days) | Section Status: Not Started

Resources

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[LAL AC User Guide](#) | [LAL AC Instructions](#)

Fields with * are required

Payer Category ¹	Patients By Primary Medical Insurance (a) ³	Billable Visits (b) ⁴	Income Per Visit (c) ⁵	Projected Income (d) ⁶	Prior FY Income (e) ⁷
Part 1: Patient Service Revenue - Program Income					
* 1. Medicaid					
* 2. Medicare					
* 3. Other Public					
* 4. Private					
* 5. Self Pay					
6. Total (Lines 1 - 5) Calculate Total and Save ⁸	0	0	N/A	\$0	\$0
Part 2: Other Income - Federal, State, Local and Other Income					
* 7. Federal	N/A	N/A	N/A		
* 8. State Government	N/A	N/A	N/A		
* 9. Local Government	N/A	N/A	N/A		
* 10. Private Grants/Contracts	N/A	N/A	N/A		
* 11. Contributions	N/A	N/A	N/A		
* 12. Other	N/A	N/A	N/A		
* 13. Applicant (Retained Earnings)	N/A	N/A	N/A		
14. Total Other (Lines 7 - 13) Calculate Total and Save	N/A	N/A	N/A	\$0	\$0
Total Income (Program Income Plus Other)					
15. Total Income (Lines 6 + 14) Calculate Total and Save ⁹	N/A	N/A	N/A	\$0	\$0

Comments/Explanatory Notes (If applicable) ²

Approximately 2 pages (Max 2500 Characters): 2500 Characters left.

[Go to Previous Page](#) [Save](#) [Save and Continue](#)

4.2.1 Completing the Payer Category section

The Payer Category section is divided into the following sub-sections:

- Part 1: Patient Service Revenue - Program Income
- Part 2: Other Income - Federal, State, Local and Other Income
- Total Income: Program Income Plus Other

To complete the **Payer Category** section, follow the steps below:

5. In column (a), provide the number of Patients by Primary Medical Insurance for each payer category. Enter 0 if not applicable (**Figure 7, 3**).
6. In column (b), provide the number of Billable Visits that is greater than or equal to the number of Patients by Primary Medical Insurance, i.e. column (a), for each payer category. Enter 0 if not applicable (**Figure 7, 4**).
7. In column (c), provide the amount of Income per Visit for each payer category. Enter 0 if not applicable. (**Figure 7, 5**).

8. In column (d), provide the amount of Projected Income for each payer category. Enter 0 if not applicable ([Figure 7, 6](#)).
9. In column (e), provide the amount of Prior FY Income. Enter 0 if not applicable ([Figure 6, 7](#)).
10. Click the Calculate Total and Save button to calculate and save the values for each Payer Category in Part 1 ([Figure 7, 8](#)).

IMPORTANT NOTES:

- The number of Billable Visits in column (b) should be 0 if the number of Patients by Primary Medical Insurance in column (a) for a payer category is 0.
- The value in column (d) – Projected Income for a payer category should be equal to the value calculated by multiplying column (b) – Billable visits by column (c) – Income per Visit for that category. If these values are not equal, provide an explanation in the [Comments/Explanatory Notes](#) box.
- The columns “**Patients By Primary Medical Insurance (a)**”, “**Billable Visits (b)**” and “**Income Per Visit (c)**” in Part 2 are disabled and set to ‘N/A’.

11. Click the Calculate Total and Save button in the **Total Income: Program Income Plus Other** section to calculate and save the values for each Payer Categories in Part 1 and 2 ([Figure 7, 9](#)).

4.2.2 Completing the Comments/Explanatory Notes section

In this section, enter any comments/explanations related to this form ([Figure 7, 2](#)).

1. If the value for any payer category in Projected Income (d) is not equal to the value obtained by multiplying Billable Visits (b) with Income per Visit (c), provide an explanation in this section. Provide justification for each payer category for which these numbers are not equal. If these numbers are equal for all the payer categories, providing comments in this section is optional.
2. Click the Save and Continue button to save your work and proceed to **Form 3A – Budget Information** form.

4.3 Form 3A – Budget Information

Form 3A: Budget Information shows the program budget, by category, for the upcoming certification period. This form has the following sections:

- [Expenses](#) ([Figure 8, 1](#))
- [Revenue](#) ([Figure 8, 2](#))

4.3.1 Completing the Expense section

In the Expenses section, enter the projected expenses for the upcoming certification period for each Health Center Program type for which the look-alike is designated (i.e., CHC, MHC, HCH, PCPH). Click the Calculate Total and Save button to calculate and save the values for each of the Budget Categories in Part 1. ([Figure 7, 3 & 4](#)).

Figure 11: Form 3A: Budget Information

Form 3A - Budget Information

Note(s):
 The program income total on this form must match the program income total on Form 3.

DEPARTMENT OF HEALTH & HUMAN SERVICES | COMMUNITY HEALTH NETWORK, INC. Due Date: 10/15/2016 (Due In: 50 Days) | Section Status: Not Started

Resources

View
[LAL AC User Guide](#) | [LAL AC Instructions](#)

Fields with * are required

Budget Category	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 ¹					
a. Personnel					\$0.00
b. Fringe Benefits					\$0.00
c. Travel					\$0.00
d. Equipment					\$0.00
e. Supplies					\$0.00
f. Contractual					\$0.00
g. Construction					\$0.00
h. Other					\$0.00
i. Total Direct Charges (sum of a through h) Calculate Total and Save ³	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
j. Indirect Charges					\$0.00
k. Total Expenses (sum of i and j) Calculate Total and Save ⁴	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2. Revenue ²					
a. Applicant					\$0.00
b. Federal					\$0.00
c. State					\$0.00
d. Local					\$0.00
e. Other					\$0.00
f. Program Income					\$0.00
g. Total Revenue (sum of a through f) Calculate Total and Save ⁵	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

[Go to Previous Page](#) [Save](#) [Save and Continue](#)

4.3.2 Completing the Revenue section

In the Revenue section, enter the projected revenue for the upcoming certification period by funding source for each Health Center Program type for which the look-alike is designated (i.e., CHC, MHC, HCH, PCPH). Click the Calculate Total and Save button to calculate and save the values for each of the Budget Categories in Part 2. (Figure 8, 5).

IMPORTANT NOTE: The value for the Total Program Income in the Revenue section (line (f)) should equal the value for the Total Program Income on **Form 3**, line 6, column (d).

Click the Save and Continue button to save your work and proceed to **Form 5A - Services Provided**.

4.4 Form 5A – Services Provided

Form 5A: Services Provided is pre-populated with the services in the current scope that HRSA has on file for your organization.

Form 5A will be non-editable. You will be required to visit the Required Services, Additional Services, and the Specialty Services sections at least once in order to change the status of the form to Complete.

Figure 12: Form 5A - Services Provided

Form 5A - Services Provided (Required Services)

Note(s):
 Review the list of services retrieved from your scope on file as of 12/17/2016 10:58:48 AM. If there was a recent change approved for your scope (e.g. through a Change in Scope application), click the 'Refresh From Scope' button below to get your most recent scope on file.

GENERAL MISSION CITY COMMUNITY NETWORK, INC. Due Date: 03/31/2016 (Due In: 33 Days) | Section Status: Not Complete

Resources

View
 LAL AC User Guide | LAL AC Instructions | Services in LAL Scope

Required Services Additional Services Specialty Services

Refresh from Scope

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	[X]	[_]	[_]
Diagnostic Laboratory	[X]	[X]	[X]
Diagnostic Radiology	[_]	[X]	[X]
Screenings	[X]	[_]	[X]
Coverage for Emergencies During and After Hours	[X]	[_]	[X]
Voluntary Family Planning	[X]	[_]	[X]
Immunizations	[X]	[_]	[_]
Well Child Services	[X]	[X]	[X]
Gynecological Care	[X]	[_]	[X]
Obstetrical Care			
Prenatal Care	[X]	[X]	[X]
Intrapartum Care (Labor & Delivery)	[_]	[X]	[X]
Postpartum Care	[X]	[X]	[X]
Preventive Dental	[X]	[X]	[_]
Pharmaceutical Services	[X]	[X]	[_]
HCH Required Substance Abuse Services	[_]	[_]	[_]
Case Management	[X]	[_]	[_]
Eligibility Assistance	[X]	[_]	[X]
Health Education	[X]	[_]	[_]
Outreach	[X]	[_]	[_]
Transportation	[X]	[X]	[X]
Translation	[X]	[X]	[X]

Go to Previous Page Continue

If the pre-populated data on **Form 5A** does not reflect any recent approved scope changes, click the Refresh from Scope button (Figure 9, 1) to refresh the data and display the latest scope of project.

Form 5A will be complete when the status of the **Required Services**, **Additional Services** and **Specialty Services** sections are all complete. The completed status of these sections is indicated with a green tick mark icon in the section tabs (Figure 9, 2).

After visiting all the sections on **Form 5A**, click the Continue button (Figure 9, 3) to proceed to **Form 5B – Service Sites** form.

4.5 Form 5B – Service Sites

Form 5B: Service Sites is pre-populated with the sites in the current scope that is on file for your organization.

Form 5B will be non-editable. You will be required to visit the form at least once in order to change the status of the form to Complete.

Figure 13: Form 5B - Service Sites

The screenshot displays the 'Form 5B - Service Sites' interface. At the top, there is a 'Note(s)' section with a message about refreshing the list of sites. Below this is a 'Resources' section containing a 'View' button and links for 'LAL AC User Guide' and 'LAL AC Instructions'. A 'Refresh From Scope' button is highlighted with a red box and a red '1'. Below the resources is a table titled 'Existing Sites in Scope' with the following columns: Site Name, Physical Address, Service Site Type, Location Type, Performance Site Address Category, Total Hours of Operation, and Options. The 'Options' column contains a 'View' link, which is also highlighted with a red box and a red '2'. At the bottom of the page, there are three buttons: 'Go to Previous Page', 'Save', and 'Save and Continue'.

If the pre-populated data on **Form 5B** does not reflect any recent approved scope changes, click the **Refresh from Scope** button (Figure 10, 1) to refresh the data and display the latest scope of project. If you need to view the details of a particular site displayed on this form, you can do so by clicking on the View link (Figure 10, 2).

Click the Save and Continue button on **Form 5B** to proceed to **Form 5C - Other Activities/Locations** form.

4.6 Form 5C - Other Activities/Locations

Form 5C – Other Activities/Locations is pre-populated with the activities/locations in the current scope that is on file for your organization.

Form 5C will be non-editable. You will be required to visit this form at least once in order to change the status of the form to Complete.

Figure 14: Form 5C – Other Activities/Locations

If the pre-populated data on **Form 5C** does not reflect any recent approved scope changes, click the Refresh from Scope button to refresh the data and display the latest scope of project (**Figure 11, 1**).

Click the Continue button on **Form 5C** to proceed to **Scope Certification** form.

4.7 Scope Certification

The **Scope Certification** form requires you to certify if the look-alike scope of your organization, as displayed in **Form 5A: Services Provided** and **Form 5B: Service Sites** of this progress report, is correct.

Figure 15: Scope Certification

To complete this form, follow the steps below:

1. Select an option to certify that the **Form 5A: Services Provided** form of this Annual Certification application accurately reflects all services and service delivery methods included in your current approved project scope or that it requires changes that you submitted through the Change in Scope process (**Figure 12, 1**).
2. Select an option to certify that the **Form 5B: Service Sites** form of this Annual Certification application accurately reflects all sites included in your current approved project scope or that it requires changes that you submitted through the Change in Scope process (**Figure 12, 2**).

3. Click the Save and Continue button to save the information and proceed to **Project Narrative Update** form.

4.8 Project Narrative Update

The **Project Narrative Update** form addresses progress and changes that have impacted the community/target population and the look-alike organization over the past year. It also addresses the look-alike’s plans for the upcoming certification period. This form is comprised of the following sections:

1. [Environment and Organizational Capacity](#)
2. Patient Capacity
3. [Clinical/Financial Performance Measures](#)

4.8.1 Completing Environment and Organizational Capacity

Figure 16: Project Narrative Update (Environment and Organizational Capacity)

The screenshot shows the 'Project Narrative Update - Environment and Organizational Capacity' form. At the top, there is a 'Note(s)' section with a description of the progress. Below this is a 'Resources' section with a 'View' button and links to 'LAL AC User Guide' and 'LAL AC Instructions'. A 'Fields with * are required' section lists four tabs: 'Environment and Organizational Capacity', 'Telehealth', 'Patient Capacity', and 'Clinical/Financial Performance Measures'. The 'Environment and Organizational Capacity' section is expanded, showing two sub-sections: 'Environment' and 'Organizational Capacity'. Each sub-section has a red callout box (1 and 2 respectively) pointing to its header. Below each sub-section is a text input field with a 2000-character limit. At the bottom right, there are two buttons: 'Save' (callout 4) and 'Save and Continue' (callout 3). A 'Go to Previous Page' button is at the bottom left.

To complete this section, follow the steps below:

1. Provide a narrative description for the Environment (**Figure 13, 1**) and Organizational Capacity (**Figure 13, 2**) sections.
2. Click the Save and Continue button (**Figure 13, 3**) to proceed to the **Telehealth** section, OR click the Save button (**Figure 13, 4**) at the bottom of the **Environment and Organizational Capacity** section and select the **Telehealth** tab below the **Resources** section (**Figure 13, 5**).

4.8.2 Completing Telehealth

In the **Telehealth** section, describe how you use telehealth to communicate with patients at other clinical locations; communicate with providers and staff at other clinical locations; receive or perform clinical consultations; send and receive health care information from mobile devices to remotely monitor patients; and provide virtual health care services. Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and

professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Figure 17: Project Narrative Update (Telehealth)

Project Narrative Update - Telehealth

Note(s):
 Describe the progress made from the beginning of a designee's current certification period until the date of AC submission, the expected progress for the remainder of the certification period, and any projected changes for the upcoming certification period.

Resources (Due Date: (Due In:) | Section Status:)

View
 LAL AC User Guide | LAL AC Instructions

Fields with * are required

Environment and Organizational Capacity | Telehealth | Patient Capacity | Clinical/Financial Performance Measures

Telehealth

* Describe how you use telehealth to:

- Communicate with patients at other clinical locations;
- Communicate with providers and staff at other clinical locations;
- Receive or perform clinical consultations;
- Send and receive health care information from mobile devices to remotely monitor patients (i.e., mobile health, mHealth); and
- Provide virtual health care services (list all services that are provided via telehealth).

Note: Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

2000 characters with spaces (Approximately 1 page)

Go to Previous Page | Save | Save and Continue

To complete this section, follow the steps below:

3. Provide a narrative description for the Telehealth section (Figure 14, 1).

Click the Save and Continue button (Figure 14, 3) to proceed to the **Patient Capacity** section, OR click the Save button (Figure 14, 2) at the bottom of the **Telehealth** section and select the **Patient Capacity** tab below the **Resources** section (Figure 14, 4).

4.8.3 Completing Patient Capacity

The Patient Capacity section of Project Narrative Update form consists of the following sub-sections:

In the **Patient Capacity** section, discuss the trend in unduplicated patients served and report progress in reaching the projected number of patients to be served in the identified categories. Explain key factors driving significant changes in patient numbers and any downward trends or limited progress towards the projected patient goals. (Figure 15).

In the sub-section **Patients and Visits by Service Type** (Figure 16), review the patient projections and trends (Figure 16, 2) and provide a narrative for each service type (Figure 16, 3).

To complete this section, follow the steps below:

1. Review the numbers populated in the **2016 - 2018 Patient Number** columns (Figure 15, 1, 2, 3). These numbers are populated from respective UDS Reports that you previously submitted to HRSA.

IMPORTANT NOTES:

- For the **Total Unduplicated Patients** row (Figure 15, 4), the **2016 - 2018 Patient Numbers** are pre-populated from Table 3a of the respective UDS Reports. If there is no data available to pre-populate, the system displays “Data not available” under these columns.
- For the **Special Populations** rows (Figure 15, 5), the **2016 - 2018 Patient Numbers** are pre-populated from Table 4 of the respective UDS Reports. If there is no data available to pre-populate, the system displays “Data not available” under these columns.
- Since the **2013 Public Housing Residents Patients** data was not included in Table 4 of the UDS Report, this field will be editable (Figure 15, 6). If data is not provided in this cell, provide 2016 Public Housing patient numbers, as applicable, for your health center.

Figure 18: Patient Capacity

Project Narrative Update - Patient Capacity

Note(s): Describe the progress made from the beginning of a designee's current certification period until the date of AC submission, the expected progress for the remainder of the certification period, and any projected changes for the upcoming certification period.

Resources: View LAL AC User Guide | LAL AC Instructions

Fields with * are required

Environment and Organizational Capacity | Telehealth | Patient Capacity | Clinical/Financial Performance Measures

Patient Capacity

Referencing the % Change 2016-2018 Trend, % Change 2017-2018, and % Progress Toward Goal columns: Discuss trends in unduplicated patients served and report progress in reaching the projected number of patients. In the Patient Capacity Narrative column, explain any negative trends or limited progress toward the projected patient goals.

Notes:

- 2016-2018 Patient Number data are pre-populated from Tables 3a and 4 in the UDS Report.
- Patient projections cannot be edited during the AC submission. If pre-populated patient projections are not accurate, provide adjusted projections and explanations in the Patient Capacity Narrative section.

Designation Period: 7/27/2002 - 9/25/2020

Unduplicated Patients	2016 Patient Number	2017 Patient Number	2018 Patient Number	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Total Unduplicated Patients								2000 characters with spaces (Approximately 1 page)

Notes:

- 2016-2018 Patient Number data are pre-populated from Tables 3a and 4 in the UDS Report.
- Patient projections cannot be edited during the AC submission. If pre-populated patient projections are not accurate, provide adjusted projections and explanations in the Patient Capacity Narrative section.

Designation Period: 7/27/2002 - 9/25/2020

Special Populations	2016 Patient Number	2017 Patient Number	2018 Patient Number	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Total Migratory and Seasonal Agricultural Worker Patients								2000 characters with spaces (Approximately 1 page)
Total People Experiencing Homelessness Patients								2000 characters with spaces (Approximately 1 page)
Total Public Housing Resident Patients								2000 characters with spaces (Approximately 1 page)

Figure 19: Patient Capacity – Service Type

Notes:

- 2016-2018 Patient Number data are pre-populated from Table 5 in the UDS Report.
- Patient projections cannot be edited during the AC submission. If pre-populated patient projections are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

Designation Period: _____

Patients and Visits by Service Type	2016 Patient Number ⓘ	2017 Patient Number ⓘ	2018 Patient Number ⓘ	% Change 2016-2018 Trend ⓘ	% Change 2017-2018 Trend ⓘ	% Progress Toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative
Total Medical Services Patients	66	66	66	100%	100%	100%	66	2000 characters with spaces (Approximately 1 page)
Total Dental Services Patients	2	2	2	100%	100%	100%	2	2000 characters with spaces (Approximately 1 page)
Total Mental Health Services Patients	66	66	66	100%	100%	100%	66	2000 characters with spaces (Approximately 1 page)
Total Substance Use Disorder Services Patients	2	2	2	100%	100%	100%	2	2000 characters with spaces (Approximately 1 page)
Total Enabling Services Patients	2	2	2	100%	100%	100%	2	2000 characters with spaces (Approximately 1 page)

2. Review the numbers populated in the **Projected Number of Patients** column (Figure 15, 7).

IMPORTANT NOTES: For the Total Unduplicated Patients (Figure 15, 4) and Special Populations rows (Figure 15, 5), is pre-populated from the patient projection in the application that initiated your current designation period (Renewal of Designation / Initial Designation)

3. Review the values displayed in the **% Change 2016-2018 Trend** (Figure 15, 8), **% Change 2017-2018 Trend** (Figure 15, 9), and **% Progress Toward Goal** (Figure 15, 10) columns. The system calculates these values using the numbers displayed in the corresponding columns.

IMPORTANT NOTES:

- To view the formula(s) used to calculate these values, hover over the information icons displayed for those columns headers.
- If data is not available for any of the corresponding columns that are used in the formulas, “Data not available” is displayed for the system calculated fields for that patient category.

4. In the **Patient Capacity Narrative** column (Figure 15, 11), provide a narrative describing your progress for each patient category by referencing the numbers displayed in the **% Change 2016-2018 Trend**, **% Change 2017-2018 Trend**, and **% Progress Toward Goal** columns. If pre-populated patient numbers or projections are not accurate, adjusted projections should also be provided and explained in the **Patient Capacity Narrative** column.

5. Click the Save and Continue button to save the information and proceed to **Project Narrative Update - Clinical/Financial Performance Measures** tab.

4.8.4 Completing Clinical/Financial Performance Measures

In the **Clinical/Financial Performance Measures** section, discuss the trends and report progress for the performance measures listed in the following sub-sections:

- Measures Aligned with HRSA Clinical Priorities
- Perinatal Health
- Preventive Health Screenings and Services
- Chronic Disease Management
- Financial Measures
- Additional Measures

To complete this section, follow the steps below:

Review the numbers populated in the **2016-2018 Patient Measures** columns (**Figure 17, 1, 2, 3**). These numbers are populated from the respective UDS Reports that you previously submitted to HRSA. If there is no data available to pre-populate, the system displays “Data not available” under these columns. The %Progress Toward Goal field will be prepopulated if a goal was provided in the last application, however, a goal must be established in the AC application if one was not established last year.

Figure 20 : Clinical/Financial Performance Measures Details Pt 1

Project Narrative Update - Clinical/Financial Performance Measures

Note(s):
 Describe the progress made from the beginning of a designee's current certification period until the date of AC submission, the expected progress for the remainder of the certification period, and any projected changes for the upcoming certification period.

Due Date: (Due In:) | Section Status:

Resources (2)
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Fields with * are required
 Environment and Organizational Capacity | Telehealth | Patient Capacity | **Clinical/Financial Performance Measures**

Clinical/Financial Performance Measures

- Referencing the % Change 2016-2018 Trend, % Change 2017-2018 Trend, and % Progress Toward Goal columns, discuss the trends for:
 - HRSA Priority Clinical and Financial Performance Measures:
 - Diabetes: Hemoglobin A1c Poor Control
 - The measures for which you have experienced a negative trend of 5 percent or greater.

In the Clinical/Financial Performance Measures Narrative column provide an explanation of measures for which you have experienced a negative trend of 5 percent or greater, including:

- Key contributing and restricting factors affecting progress toward achieving goals; and
- Plans for improving progress and/or overcoming barriers to ensure goal achievement.

If you have no measures for which you have experienced a negative trend of 5 percent or greater, state this in the Measure Narrative field for the relevant measure(s).

Notes:

- 2016 - 2018 Measure fields will prepopulate from UDS, if available.
- Performance measure goals cannot be edited during the AC submission. If pre-populated performance measure goals are not accurate, provide an adjusted goal and explanation in the appropriate Measure Narrative section (e.g., goal for the low birth weight measure has decreased based on improved patient tracking via a new EHR).
- (*) If you have no measures for which you have experienced a negative trend of 5 percent or greater within one or more of these sections state this in the Measure Narrative field.
- (**) Due to the fact that Cervical Cancer and IVD goals were set and reported in UDS based on different measure definitions, data will not display for some fields.

HRSA Priority Clinical and Financial Performance Measures

Performance Measure	2016 Measures (1)	2017 Measures (2)	2018 Measures (3)	% Change 2016-2018 Trend (4)	% Change 2017-2018 Trend (5)	% Progress toward Goal (6)	Measure Goals	Measure Narrative (7)
Diabetes: Hemoglobin A1c Poor Control								1000 characters with spaces (Approximately 1 page)

Perinatal Health*

Performance Measure	2016 Measures (1)	2017 Measures (2)	2018 Measures (3)	% Change 2016-2018 Trend (4)	% Change 2017-2018 Trend (5)	% Progress toward Goal (6)	Measure Goals	Measure Narrative (7)
Early Entry into Prenatal Care								1000 characters with spaces (Approximately 1 page)
Low Birth Weight								1000 characters with spaces (Approximately 1 page)

Preventive Health Screenings and Services*

Performance Measure	2016 Measures (1)	2017 Measures (2)	2018 Measures (3)	% Change 2016-2018 Trend (4)	% Change 2017-2018 Trend (5)	% Progress toward Goal (6)	Measure Goals	Measure Narrative (7)
Dental Sealants for Children between 6 - 9 Years								1000 characters with spaces (Approximately 1 page)
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents								1000 characters with spaces (Approximately 1 page)
Body Mass Index (BMI) Screening and Follow-Up Plan								1000 characters with spaces (Approximately 1 page)
Tobacco Use: Screening and Cessation Intervention								1000 characters with spaces (Approximately 1 page)
Colorectal Cancer Screening								1000 characters with spaces (Approximately 1 page)
Cervical Cancer Screening**								1000 characters with spaces (Approximately 1 page)
Childhood Immunization Status (CIS)								1000 characters with spaces (Approximately 1 page)

1. Review the values displayed in the **% Change 2016-2018 Trend** (Figure 17, 4), **% Change 2017-2018 Trend** (Figure 17, 5), and **% Progress Toward Goal** (Figure 17, 6) columns. The system calculates these values using the numbers displayed in the corresponding Measure columns.

IMPORTANT NOTES:

- To view the formulas used to calculate **% Change 2016-2018 Trend**, **% Change 2017-2018 Trend**, and **% Progress Toward Goal** values, hover over the information icons displayed for those columns headers.
- If data is not available for the **2016 Measure**, **2017 Measure**, or **2018 Measure** columns for a performance measure, the system displays 'Data not available' for **% Change 2016-2018 Trend**, **% Change 2016-2017**, and **% Progress Toward Goal**, if used in the formula, for that performance measure.
- Look-Alikes are required to provide goals for all clinical and financial performance measures in this submission. Reference the goals from your last look-alike submission and, as needed, the metric definitions provided on the **AC TA webpage** (<http://bphc.hrsa.gov/programopportunities/lookalike/ac/index.html>) when providing the goals. If any goals differ from these included in your last look-alike submission, use the Measure Narrative column to provide an explanation.

2. In the **Measure Narrative** field (Figure 17, 7), provide a narrative describing your progress for each performance measure sub-section by referencing the numbers displayed in the corresponding columns.
3. In the **Additional Measures** sub-section only, the system displays the column '**Is this Performance Measure Applicable?**' Answer Yes or No under this column to indicate if the measures are applicable or not.

4.8.5 Completing the Project Narrative Update forms

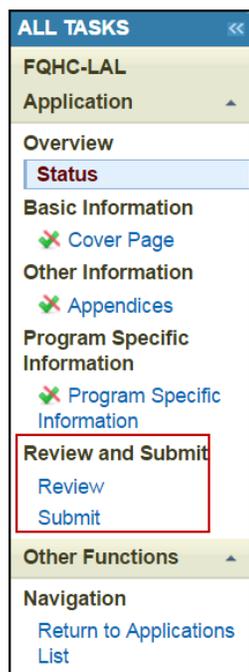
The **Project Narrative Update** form will be complete when the status of all the 3 sections is complete. The completed status of all these sections is indicated with a green tick mark in the section tabs.

5. Reviewing and Submitting the Look-Alike Annual Certification Application to HRSA

To review your application, follow these steps:

1. Click on the **Status** link on the left side menu.

Figure 21: Left menu – Review and Submit



2. On the **Application – Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (Figure 18).
 - The system navigates to the **Review** page (Figure 19).

Figure 22: Review page



3. Verify the information displayed on the **Review** page.
4. If you are ready to submit the application to HRSA, click the Proceed to Submit button at the bottom of the **Review** page (Figure 19, 1).
 - The system navigates to the **Submit** page (Figure 20).
 - The system navigates to a confirmation page.

Figure 20: Submit to HRSA

Annual Certification Application - Submit

BETHLEHEM MISSION CITY COMMUNITY NETWORK, INC. Due Date: 08/04/2018 (Due In: 3 Days) | Application Status: In Progress

Look-Alike Number: AL000020 Original Deadline: 08/04/2018 Created On: 07/06/2018
 Project Officer: TONY DOMINGUEZ, DMD Project Officer Email: tdomingue@bethlehemmi.com Project Officer Contact #: (861) 464-7722
 Last Updated By: tdomingue, TMD 7/10/2018 9:22:58 PM Application Type: Annual Certification Program Name: Look-Alike Health Center Program

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Users with permissions on RD/AC applications

List of forms that are part of the application package

Section	Status	Options
Basic Information		
Cover Page	✓ NOT Complete	Update
Other Information		
Appendices	✓ Not Started	Update
Program Specific Information		
Program Specific Information	✓ NOT Complete	Update

Cancel 1 Submit to HRSA

5. Check the Application Certification to electronically sign the application and click the Submit to HRSA button (**Figure 20, 1**)
6. If you experience any problems with submitting the application in EHBs, contact the Health Center Program Support at 877-464-4772 or <http://www.hrsa.gov/about/contact/bphc.aspx>.

6. Submitting a Change Requested Progress Report

HRSA will send a 'Change Requested' email to you if your AC application needs to be revised. To revise your progress report, access it in EHBs using the steps described in the section titled [Starting Look-Alike Annual Certification application](#) of this user guide. Edit the progress report as indicated in the email sent by HRSA, and re-submit the AC Application by following the steps in section [Reviewing and Submitting the Look-Alike Annual Certification to HRSA](#) of this user guide.