HRSA Electronic Handbooks (EHBs)

FY 2022 Look-Alike Annual Certification Application User Guide

Last updated on May 18th, 2021

Health Resources & Services Administration

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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).

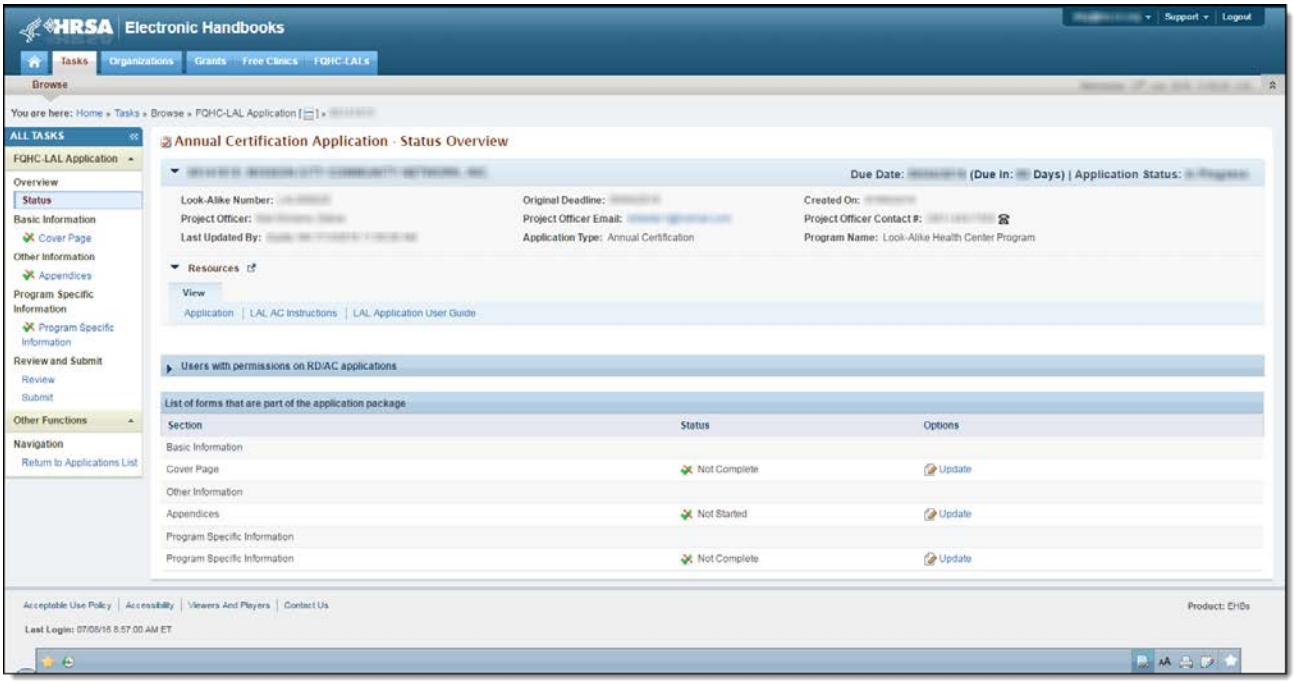
1. Starting the Look-Alike Annual Certification Application

You must have an EHBs user account to access the 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 login issues or forget your password, contact the **HRSA Contact Center** 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**). The application consists of the Cover Page, Appendices, and Program Specific Information sections. You must complete these sections to submit your application to HRSA.

Figure 1: Application - Status Overview Page

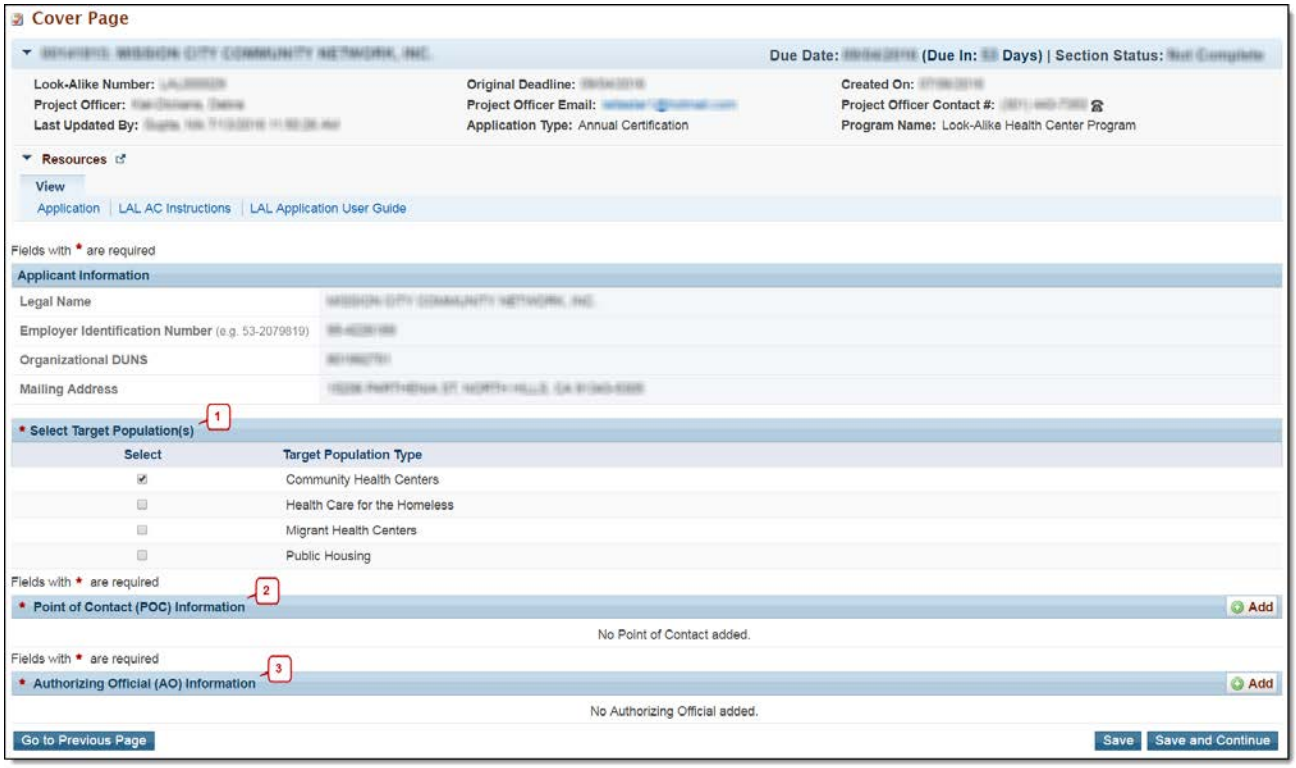


2. Completing the Look-Alike Cover Page section of the application

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

1. 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).
2. Point of Contact on matters involving this application (**Figure 2**, **2**) – enter the point of contact for the look-alike AC application.
3. Authorized Representative (**Figure 2**, **3**) – enter the person authorized by the board of directors to submit the look-alike AC application. Once completed, click the Save and Continue button to proceed to the **Appendices** form.

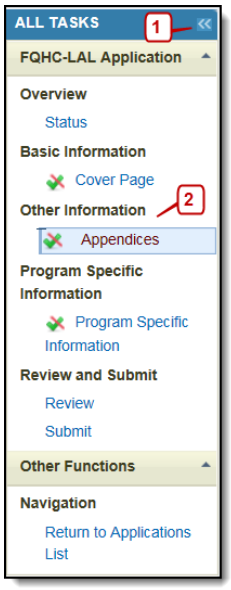
Figure 2: Cover Page of FQHC-LAL Application



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 Justification 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:

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 4**, **1**). Click on the Program Specific Information link in the left menu (**Figure 4**, **2**).
2. On the **Annual Certification Application - Status Overview** page, click on the Update link for the Program Specific Information line item (**Figure 4**, **3**). The **Program Specific Information – Status Overview** page opens (**Figure 5**).

Figure 4: Accessing the program-specific information section

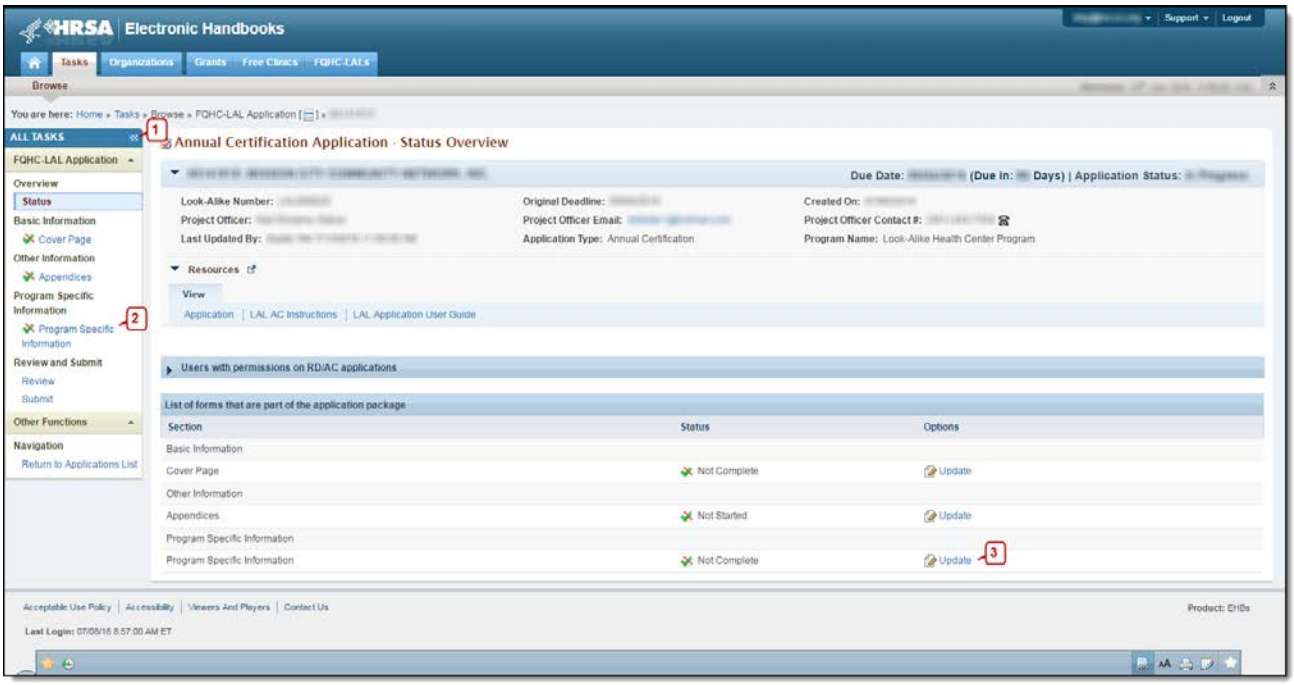
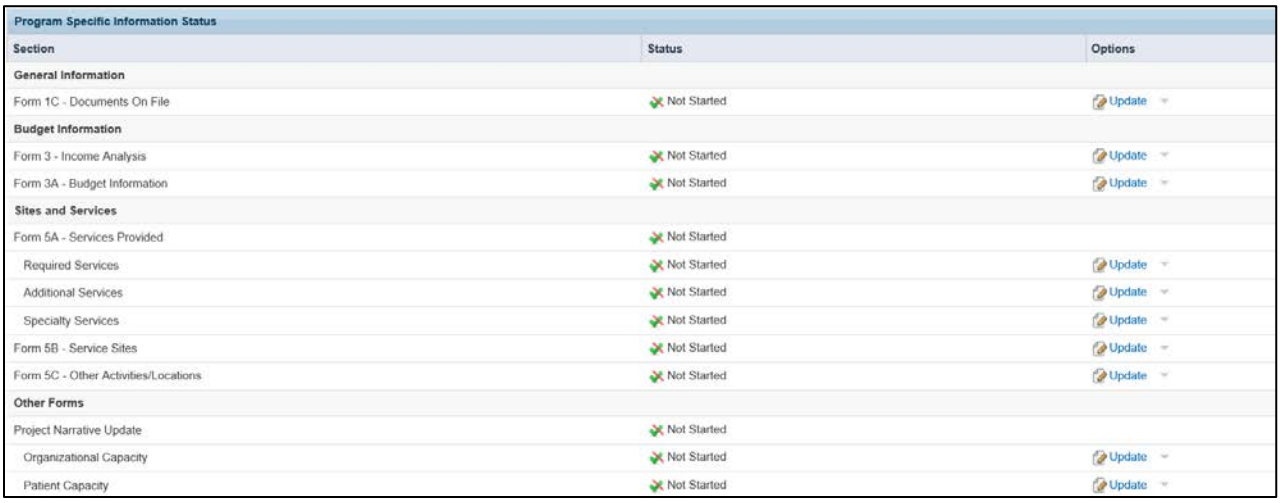


Figure 5: Status Overview Page for Program Specific Forms



Program Specific Information Status		
Section	**Status**	**Options**
General Information		
Form 1C - Documents On File	Not Started	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 Started	
Required Services	Not Started	Update
Additional Services	Not Started	Update
Specialty Services	Not Started	Update
Form 5B - Service Sites	Not Started	Update
Form 5C - Other Activities/Locations	Not Started	Update
Other Forms		
Project Narrative Update	Not Started	
Organizational Capacity	Not Started	Update
Patient Capacity	Not Started	Update

4.1 Form 1C - Documents on File

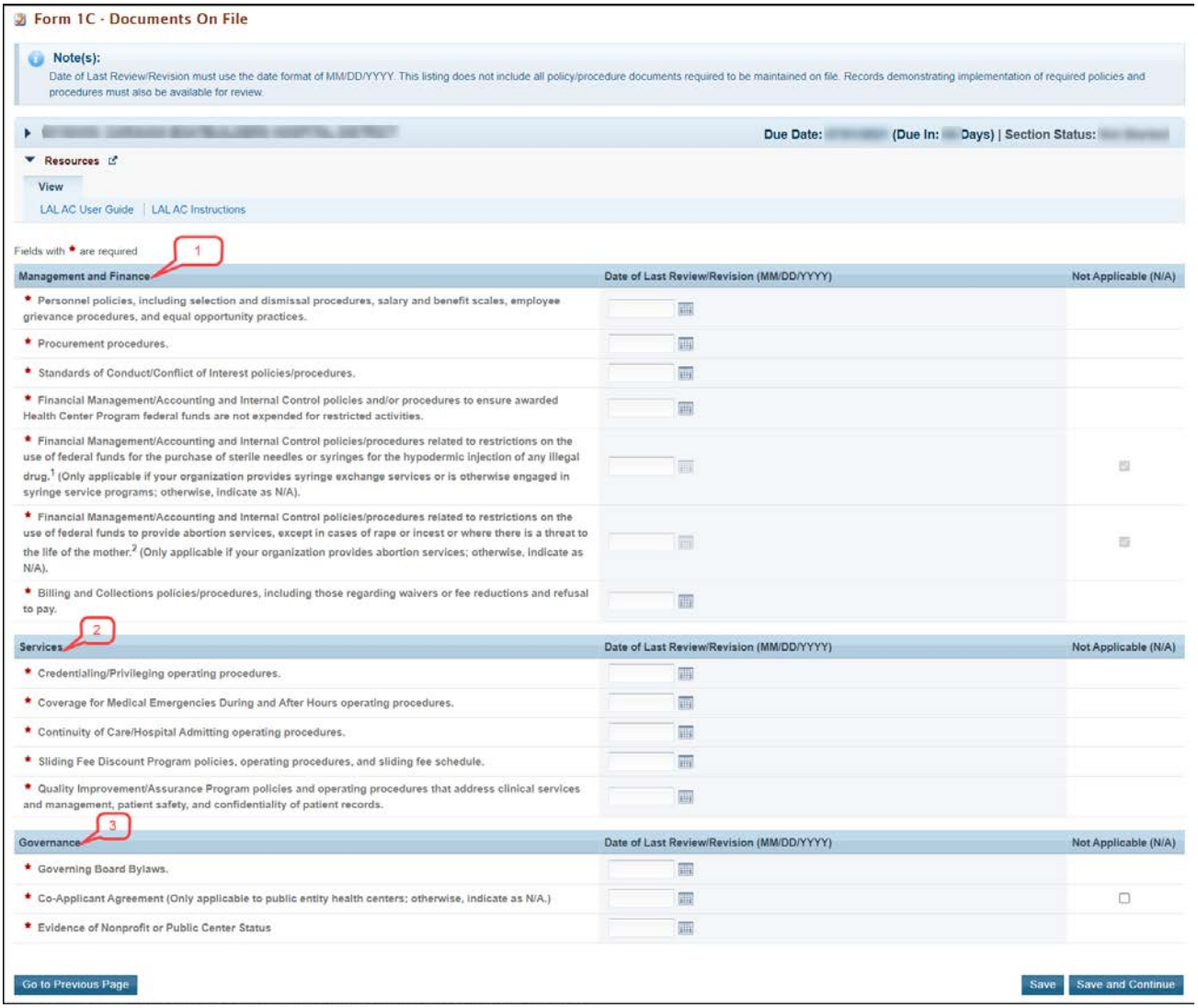
Form 1C: Documents on File displays a list of documents to be maintained by an organization.

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

1. In the Management and Finance section, provide the date of the last review/revision (**Figure 6**, **1**).
2. In the Services section, provide the date of the last review/revision (**Figure 6**, **2**).

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

Figure 6: Form 1C

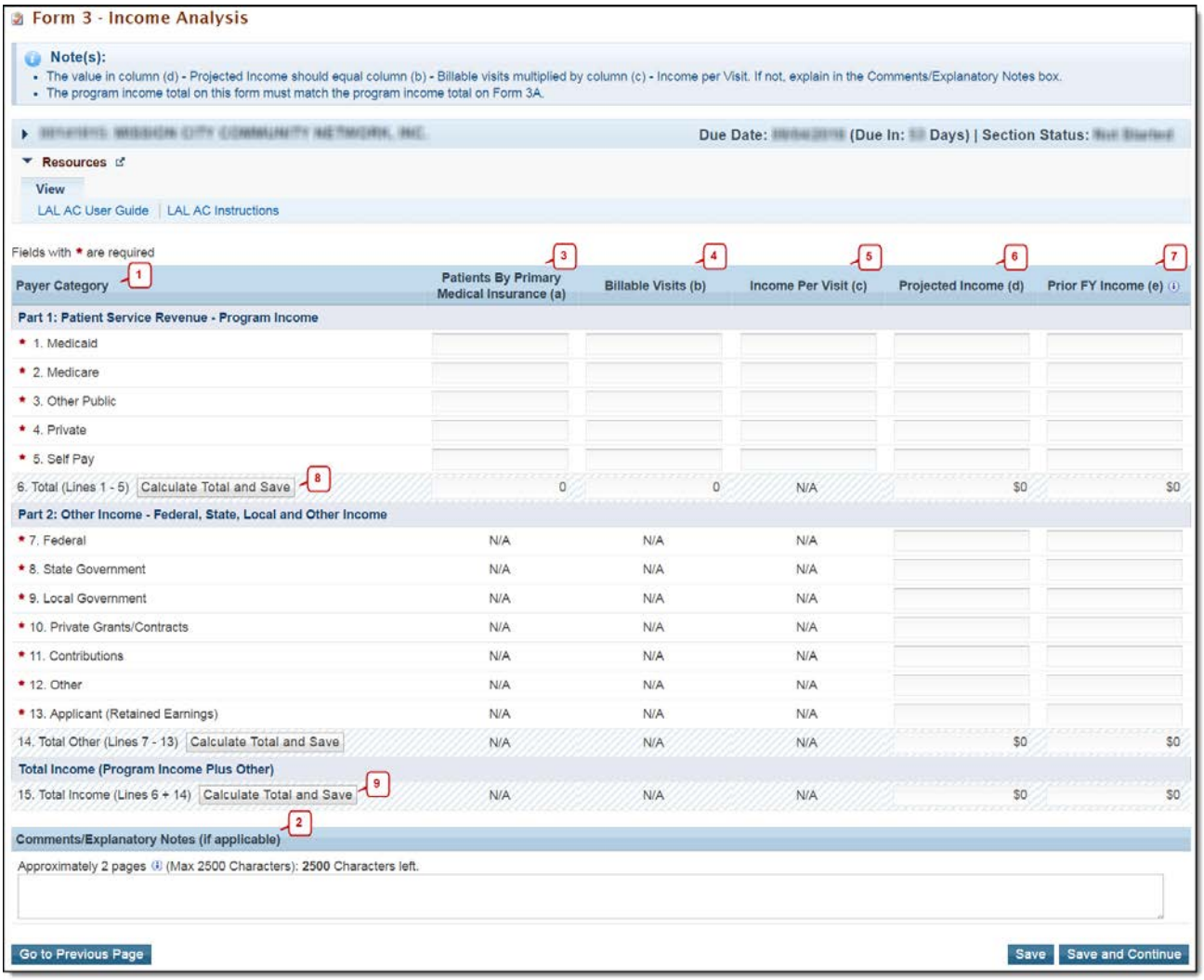


4.2 Form 3 - Income Analysis

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

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

Figure 7: Form 3: Income Analysis



4.2.1 Completing the Payer Category section

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

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

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

1. In column (a), provide the number of Patients by Primary Medical Insurance for each payer category. Enter 0 if not applicable (**Figure 7**, **3**).
2. 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**).
3. In column (c), provide the amount of Income per Visit for each payer category. Enter 0 if not applicable. (**Figure 7**, **5**).

4. In column (d), provide the amount of Projected Income for each payer category. Enter 0 if not applicable (**Figure 7**, **6**).
5. In column (e), provide the amount of Prior FY Income. Enter 0 if not applicable (**Figure 6**, **7**).
6. Click the Calculate Total and Save button to calculate and save the values for each Payer Category in Part 1 (**Figure 7**, **8**).
7. 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**). If the value for any payer category in Projected Income (d) is not equal to the value obtained by multiplying Billable Visits (d) 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. Click the Save and Continue button to save your work and proceed to **Form 3A – Budget Information** form.

4.3 Form 3A – Budget Information

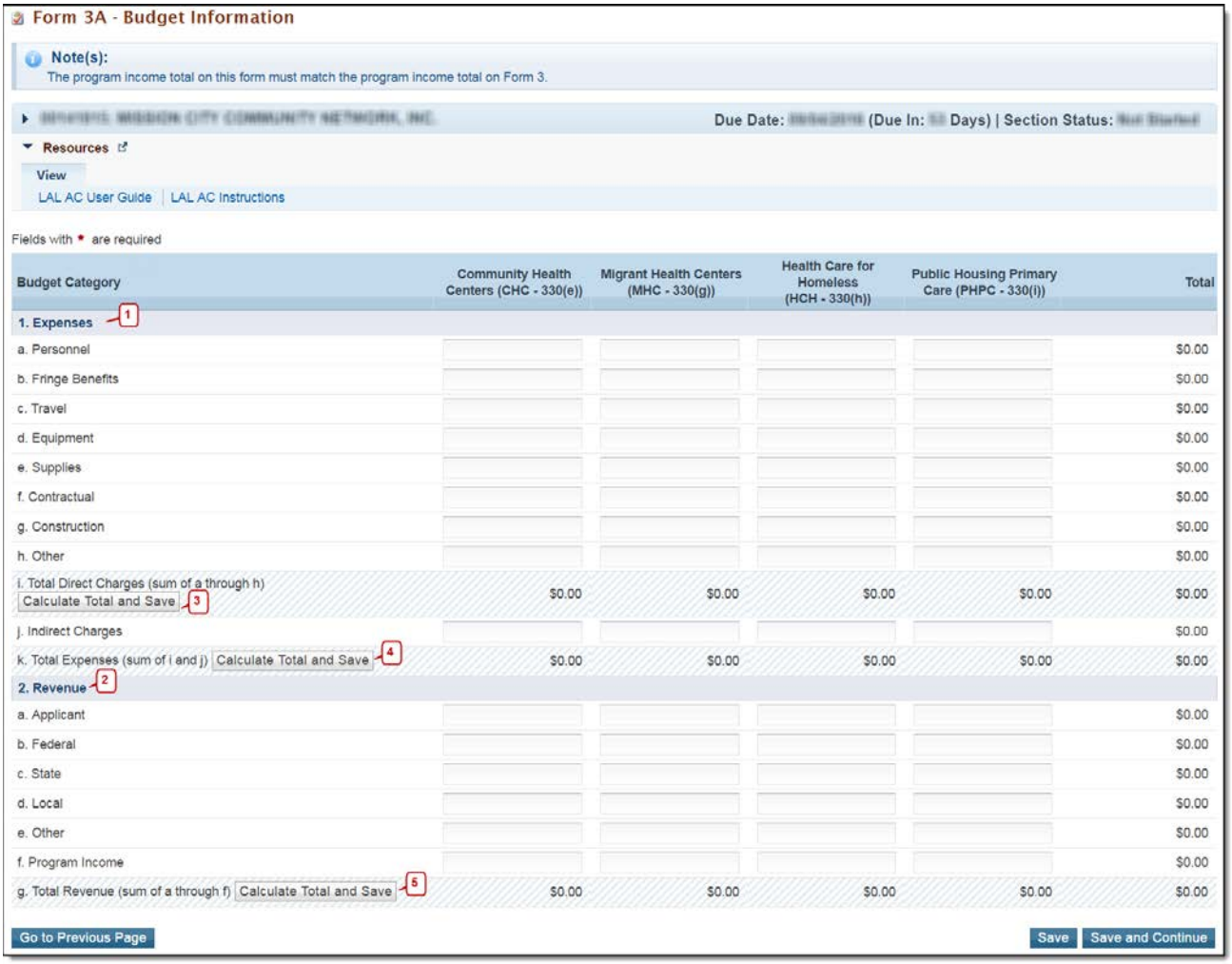
Form 3A: Budget Information shows the program budget, by category, for the upcoming certification period. This form has the following sections:

1. Expenses (**Figure 8**, **1**)
2. 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 8: 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.

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

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

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).

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 9: 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 [illegible]. 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.

[illegible] Due Date: [illegible] (Due In: [illegible] Days) | Section Status: [illegible]

Resources

View

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

2

Required Services | Additional Services | Specialty Services

Refresh from Scope 1

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]

3

Go to Previous Page | Continue

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

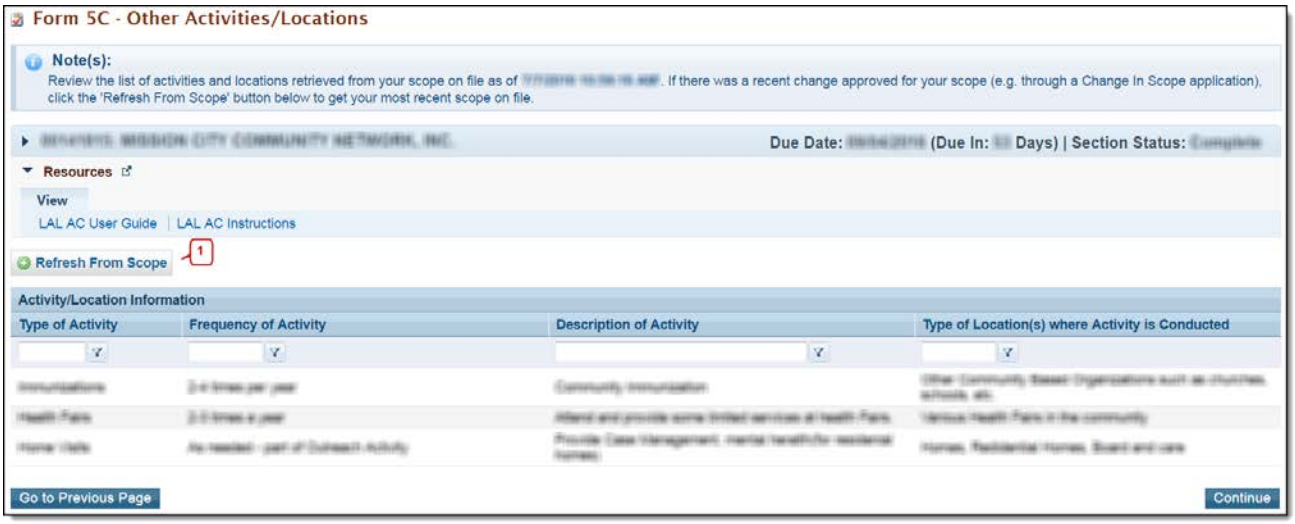
Figure 10: Form 5B - Service Sites

If the pre-populated data on **Form 5B** does not reflect any recently approved scope changes, click the **Refresh from Scope** button (**Figure 10, 1**) to refresh the data and display the latest scope of the 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 are 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 11: Form 5C – Other Activities/Locations



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

Click the Continue button on **Form 5C** to proceed to the **Project Narrative Update** form.

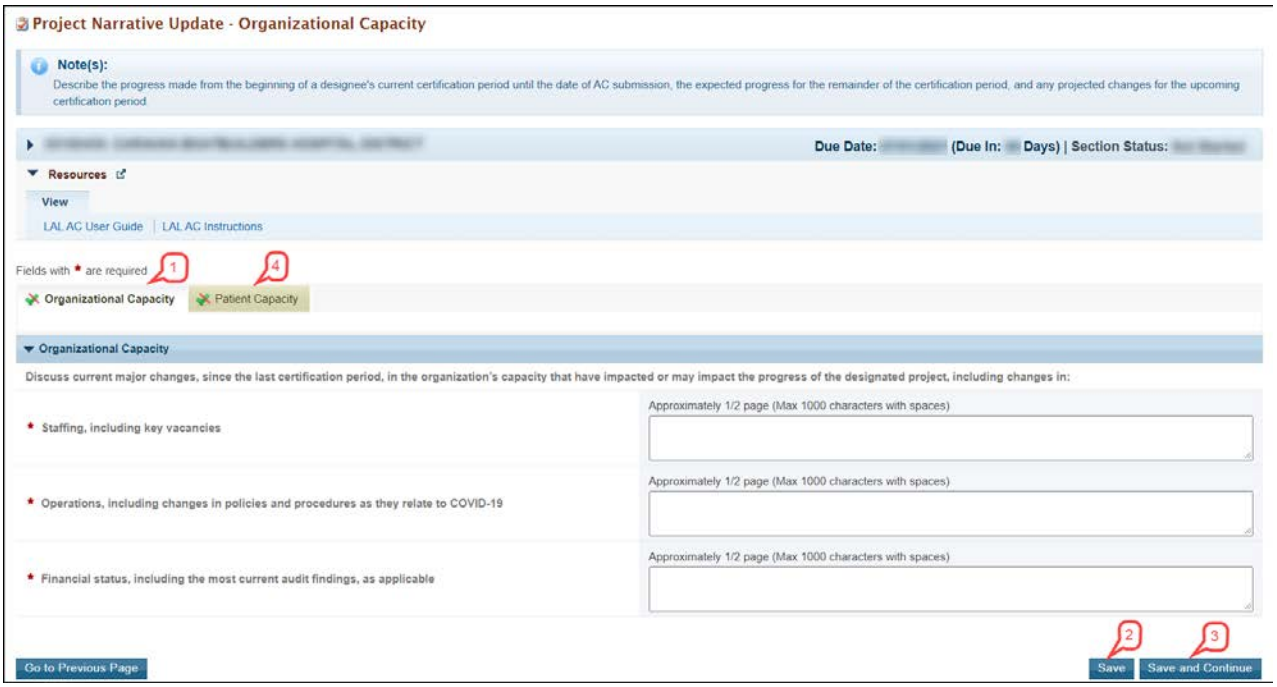
4.7 Project Narrative Update

The **Project Narrative Update** form addresses the impact of COVID-19, expected progress for the remainder of the certification period; and projected changes for the upcoming certification period. This form is comprised of the following sections:

1. Organizational Capacity
2. Patient Capacity

4.7.1 Completing Organizational Capacity Tab

Figure 12: Project Narrative Update (Organizational Capacity)



To complete this section, follow the steps below:

1. Discuss major changes that have impact or may impact the progress of the designated project. Provide a narrative response in each text box within the Organizational Capacity (**Figure 12**, **1**) section.
2. Click the Save and Continue button (**Figure 12**, **2**) to proceed to the **Patient Capacity** section, OR click the Save button (**Figure 12**, **3**) at the bottom of the **Organizational Capacity** section and select the **Patient Capacity** tab below the **Resources** section (**Figure 12**, **4**).

4.7.2 Completing Patient Capacity Tab

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

In the **Patient Capacity** section, discuss the negative trends in unduplicated patients served and plans for reaching the projected number of patients to be served in the identified categories. (**Figure 13**).

In the sub-section **Patients and Visits by Service Type** (**Figure 14**, **1**), review the patient projections and trends (**Figure 14**, **2**) and provide a narrative for negative trends and plans for reaching the projected number of patients in each service type (**Figure 14**, **3**).

To complete this section, follow the steps below:

1. Review the numbers populated in the **2018 - 2020 Patient Number** columns (**Figure 13**, **1, 2, 3**). These numbers are populated from the respective UDS Reports that you previously submitted to HRSA.

IMPORTANT NOTES:

- For the **Total Unduplicated Patients** row (**Figure 13**, **4**), the **2018 - 2020 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 13**, **5**), the **2018 - 2020 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.

Figure 13: 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.

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

Resources
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Fields with * are required

Organizational Capacity | Patient Capacity

Patient Capacity

* Referencing the % Change 2018-2020 Trend, % Change 2019-2020 Trend, and % Progress Toward Goal columns:

Discuss negative trends in unduplicated patients served and plans for reaching the projected number of patients. In the Patient Capacity Narrative column, explain negative trends toward the projected number of patients and plans for achievement.

Notes:

- 2018-2020 Patient Number data are pre-populated from Table 3a in the UDS Report.
- If you did not experience a negative trend in Patient Capacity, the system will not require narrative in the Patient Capacity Narrative column.

Designation Period:

Unduplicated Patients	2018 Patient Number (1)	2019 Patient Number (2)	2020 Patient Number (3)	% Change 2018-2020 Trend (7)	% Change 2019-2020 Trend (8)	% Progress Toward Goal (9)	Projected Number of Patients (6)	Patient Capacity Narrative (10)
Total Unduplicated Patients (4)								Approximately 1/2 page (Max 1000 characters with spaces)

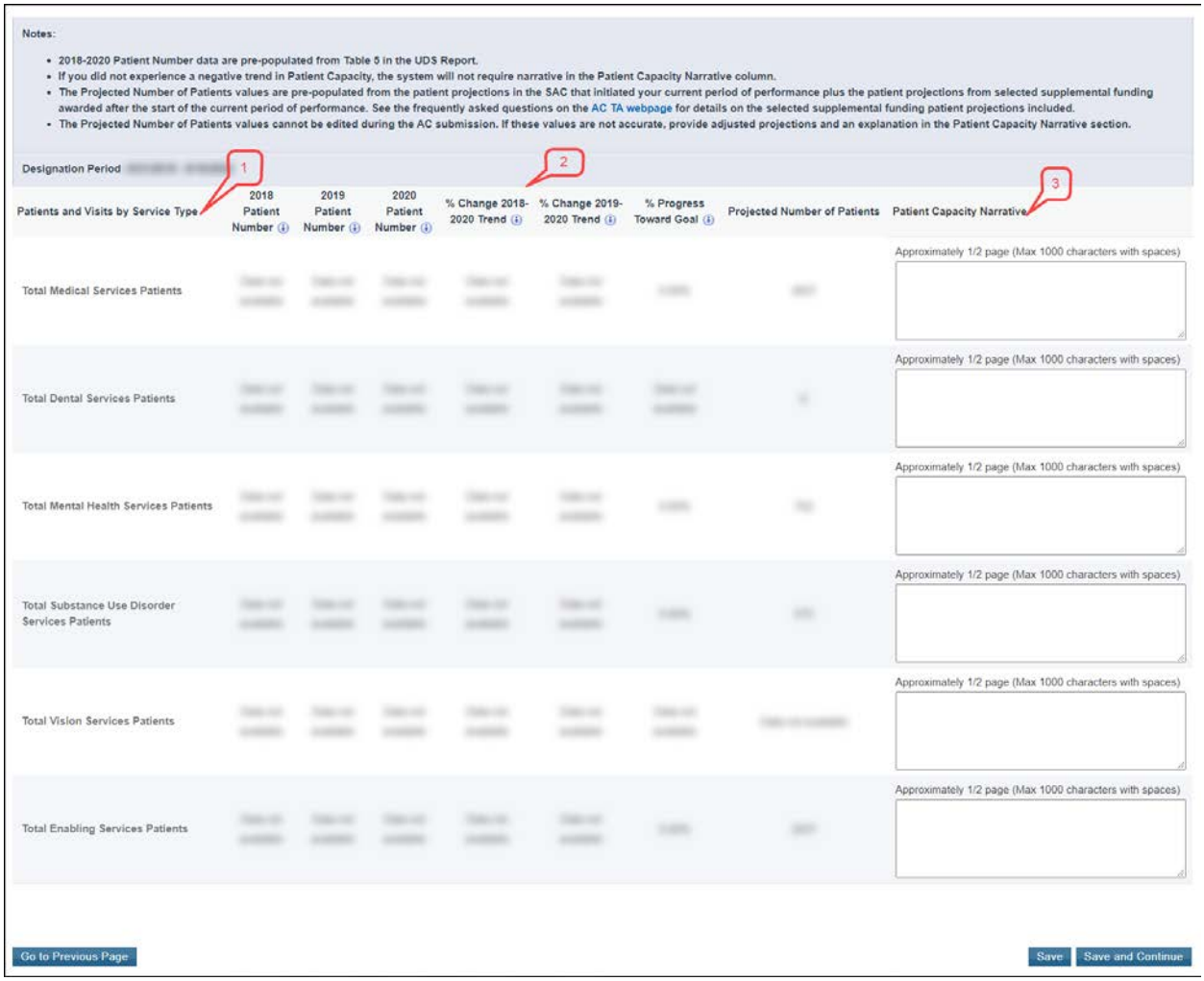
Notes:

- 2018-2020 Patient Number data are pre-populated from Table 4 in the UDS Report.
- If you did not experience a negative trend in Patient Capacity, the system will not require narrative in the Patient Capacity Narrative column.
- The Projected Number of Patients values are pre-populated from the patient projections in the Service Area Competition (SAC) that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the AC TA webpage for details on the selected supplemental funding patient projections included.
- The Projected Number of Patients values cannot be edited during the AC submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

Designation Period:

Special Populations	2018 Patient Number	2019 Patient Number	2020 Patient Number	% Change 2018-2020 Trend	% Change 2019-2020 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Total Migratory and Seasonal Agricultural Worker Patients (5)								Approximately 1/2 page (Max 1000 characters with spaces)
Total People Experiencing Homelessness Patients								Approximately 1/2 page (Max 1000 characters with spaces)
Total Public Housing Resident Patients								Approximately 1/2 page (Max 1000 characters with spaces)

Figure 14: Patient Capacity – Service Type



2. Review the numbers populated in the **Projected Number of Patients** column (**Figure 13**, **6**).

IMPORTANT NOTES: For the Total Unduplicated Patients (**Figure 13**, **4**) and Special Populations rows (**Figure 13**, **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 2018-2020 Trend** (**Figure 13**, **7**), **% Change 2019-2020 Trend** (**Figure 13**, **8**), and **% Progress Toward Goal** **Figure 13**, **9**) 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 column 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 13**, **10**), provide a narrative describing your progress for each patient category by referencing the numbers displayed in the **% Change 2018-2020 Trend**, **% Change 2019-2020 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.

4.7.3 Completing the Project Narrative Update forms

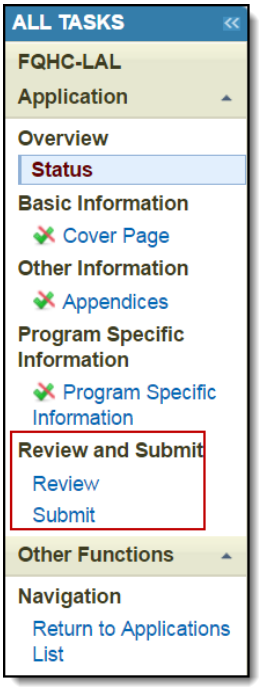
The **Project Narrative Update** form will be complete when the status of all 2 sections is complete. The completed status of all these sections is indicated with a green tick mark in the section tabs.

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

To review your application, follow these steps:

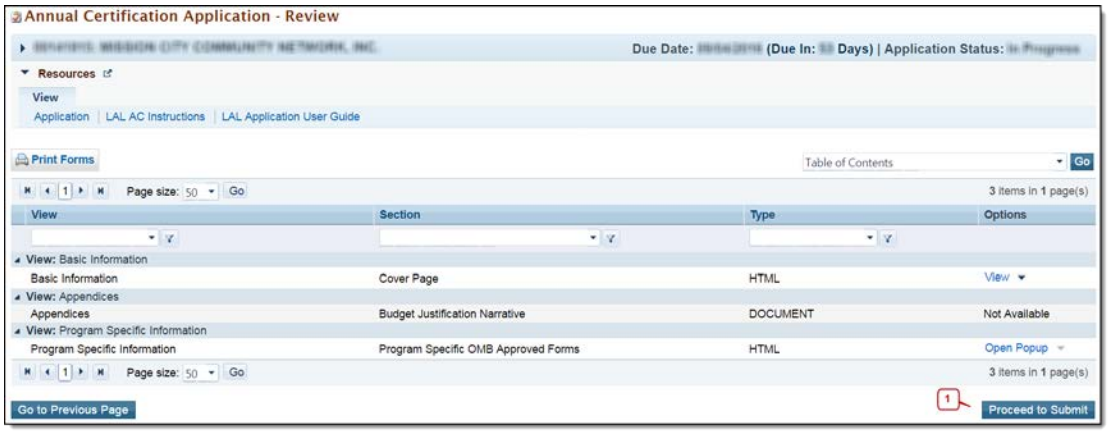
1. Click on the **Status** link on the left side menu.

Figure 15: Left menu – Review and Submit



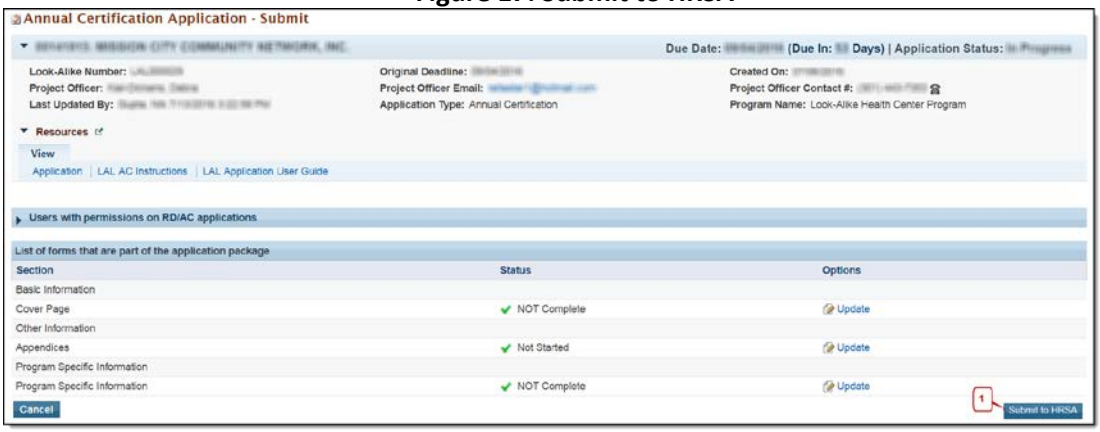
2. On the **Application – Status Overview** page, click the **Review** link in the Review and Submit section of the left menu (**Figure 15**). The system navigates to the **Review** page (**Figure 16**).

Figure 16: 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 16, 1**). The system navigates to the **Submit** page (**Figure 17**). The system navigates to a confirmation page.

Figure 17: Submit to HRSA



5. Check the Application Certification to electronically sign the application and click the Submit to HRSA button (**Figure 17**, **1**)
6. If you experience any problems with submitting the application in EHBs, contact the Health Center Program Support at 877-464-4772 or https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form.

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.