NATIONAL ASSOCIATION OF
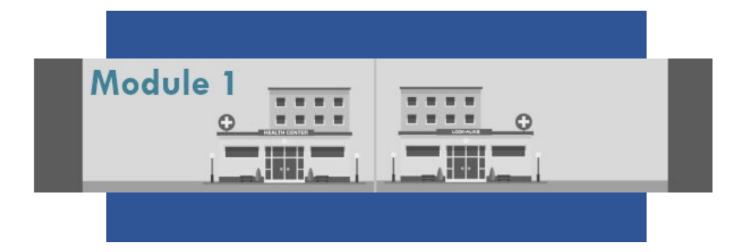**Community Health Centers**

BECOMING A HEALTH CENTER PROGRAM LOOK-ALIKE

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Module 1

MODULE 1: What is a Health Center Look-Alike and Should I Become One?

Module 1 Notes

Lesson 1: Understanding the Health Center Program

Lesson 2: Becoming a Look-Alike

Module 1 Activity: Reflect: Strategic Questions to Consider

Is joining the Health Center Program by becoming a Look-Alike right for your organization? Take some time to consider these strategic questions. We recommend you discuss these questions with your board and other key organizational leaders. This is not an easy decision, so it's okay if it takes some time to determine your best path forward!

Why join the Health Center Program?

- What is our organization's current situation? Why is joining the Health Center Program status better than the status quo?
- What are the alternatives to joining the Health Center Program? Is continuing the status quo an option?
- If not, why not? Why is joining the Health Center Program critical to our future success?

Which Health Center Program benefits do we currently have, and which do we need?

- Do we already have access to any of the major Health Center Program benefits like enhanced reimbursement, Vaccines for Children, or National Health Service Corps access? *(refer to the online module for full list of health center program benefits)*
- If so, what other program benefits do we most need? Why do we need these?
- What would access to these benefits mean for us financially? Have we calculated this?
- How else would access to these benefits impact us and our programs, reputation, etc?
- If we only had access to the benefits available to Look-Alikes and not those limited to Health Center Program grantees, would it be enough?

What would need to change?

- How would things need to change in our organization if we were to join the Health Center Program? What clinical changes would we need to make? What governance changes would we need to make? (please note: this will be covered in greater depth in Module 2)
- Are those changes strategic? Are we ready to make those changes?

Are there are costs or impacts we have not considered?

- How much will applying to join the Health Center Program, being continuously compliant, etc. cost us?
- How will this impact other funding streams? Would any be negatively affected?
- How will this impact our Board of Directors, providers and staff, and patients and community?Are there any negative impacts to consider?

Module 1: Additional Readings/Resources

1. Summary and LAL Initial Design Description part of guidance (pgs 2-7) - https://bphc.hrsa.gov/sites/default/files/bphc/programopportunities/lookalike/pdfs/LALidinstructions.pdf
2. [Health Center Program Chalk Talk](#)
3. [At the Heart of a Health Center](#)
4. [Health Center Program Statute: Section 330 of the Public Health Service Act](#)
5. [National Health Center Program Data from the Uniform Data System](#)
6. [Federally Qualified Health Center Fact Sheet from CMS](#)
7. [Two Paths into the Health Center Program](#)
8. [New Access Point Awards](#)
9. [Service Area Competitions](#)
10. [Primary Health Care Digest – Past Issues and Sign-Up](#)

MODULE 2: Getting Ready to Become a Health Center Program Look-Alike

Module 2 Notes

Lesson 1: Look-Alike Eligibility Requirements

Lesson 2: Understanding HRSA Compliance Requirements

Lesson 3: Key Decisions in the Planning Process

Lesson 4: Defining Your Scope of Project

Lesson 5: Getting Ready to Apply

Schedule 2 Activity: Reflect on Common Hurdles in Look-Alike Initial Designation Planning Process
The planning and preparation phase of a Look-Alike initial designation can include a number of challenges. How likely do you think your organization is to face these common hurdles? Use the activity here to think through which of these may be challenges for you.

Suggested Rating Scale:

1 (not at all likely to be a challenge) 2   3   4   5 (extremely likely to be a challenge)

Common Hurdle	Rating
Services and Operations	
Having comprehensive primary medical care be our health center project's main purpose	_____
Providing all required services	_____
Operating full time (40+ hrs/week)	_____
Providing after hours coverage for all services in scope	_____
Ensuring credentialing and privileging files meet the HRSA requirements	_____
Having and implementing a compliant sliding fee discount program	_____
Board and Management	
Ensuring a compliant board composition (such as having enough patient board members)	_____
Ensuring board is independent and has full authority	_____
Having sufficient key management staff capacity	_____
Collaborations and Contracts	
Developing hospital partnerships, admitting privileges, or formal written relationships	_____
Ensuring collaboration/letters of support from other health centers in the service area	_____
Ensuring services provided via contract or referral arrangements still meet credentialing, privileging, and sliding fee discount program requirements	_____
Other Challenges	
Managing funding until get new Look-Alike reimbursement rates	_____
Service area-related challenges, such as demonstrating that area is not "saturated"	_____

For each item that you rated a 4 or 5, what strategies might you use to overcome these?

What other hurdles do you anticipate encountering? How might you address them?

Module 2 Additional Readings/Resources

1. Eligibility info part of guidance (pgs 8-9)
2. Application and Submission Info part of guidance (pg. 10)
3. Appendix A of LAL guidance (pgs 51-53)
   https://bphc.hrsa.gov/sites/default/files/bphc/programopportunities/lookalike/pdfs/LALidinstructions.pdfLALidinstructions.pdf
4. Health Center Program Requirements
5. Health Center Program Compliance Manual
6. Site Visit Protocol
7. UDS Mapper
8. MUA/MUP Find
9. Credentialing and Privileging File Review Resource
10. Form 5A
11. Health Center Self-Assessment Worksheet for Form 5A
12. Form 5A service delivery method descriptors
13. Form 5A services descriptors
14. Form 5B
15. Getting started in the EHBs video
16. Sample application components on the HRSA TA site
17. EHBs User Guide
18. SAM.gov

Compliance Manual Chapters Listed by Narrative Section

Narrative Section	Compliance Manual Chapters
Need	Chapter 3: Needs Assessment
Response	Chapter 4: Required and Additional Services Chapter 6: Accessible Locations and Hours of Operation Chapter 7: Coverage for Medical Emergencies During and After Hours Chapter 8: Continuity of Care and Hospital Admitting Chapter 9: Sliding Fee Discount Program
Collaboration	Chapter 14: Collaborative Relationships
Evaluative Measures	Chapter 10: Quality Improvement/Assurance Chapter 18: Program Monitoring and Data Reporting Systems
Resources/Capabilities	Chapter 1: Health Center Program Eligibility Chapter 5: Clinical Staffing Chapter 11: Key Management Staff Chapter 12: Contracts and Subawards Chapter 13: Conflict of Interest Chapter 15: Financial Management and Accounting Systems Chapter 16: Billing and Collections
Governance	Chapter 19: Board Authority Chapter 20: Board Composition

Narrative Sections Listed by Compliance Manual Chapter

Compliance Manual Chapter	Narrative Section
Chapter 1: Health Center Program Eligibility	Resources/Capabilities
Chapter 3: Needs Assessment	Need
Chapter 4: Required and Additional Services	Response
Chapter 5: Clinical Staffing	Resources/Capabilities
Chapter 6: Accessible Locations and Hours of Operation	Response
Chapter 7: Coverage for Medical Emergencies During and After Hours	Response
Chapter 8: Continuity of Care and Hospital Admitting	Response
Chapter 9: Sliding Fee Discount Program	Response
Chapter 10: Quality Improvement/Assurance	Evaluative Measures
Chapter 11: Key Management Staff	Resources/Capabilities
Chapter 12: Contracts and Subawards	Resources/Capabilities
Chapter 13: Conflict of Interest	Resources/Capabilities
Chapter 14: Collaborative Relationships	Collaboration
Chapter 15: Financial Management and Accounting Systems	Resources/Capabilities
Chapter 16: Billing and Collections	Resources/Capabilities
Chapter 17: Budget	Budget Narrative
Chapter 18: Program Monitoring and Data Reporting Systems	Evaluative Measures
Chapter 19: Board Authority	Governance
Chapter 20: Board Composition	Governance

Module 3

MODULE 3: Demonstrating Organizational and Operational Readiness in the Application

Module 3 Notes

Lesson 1: Overview of the LAL Initial Designation Application

Lesson 2: Understanding the Application Narrative

Lesson 3: Creating a Compelling Need Section for your LAL Application

Lesson 4: Enhancing the Rest of Your Narrative

Lesson 5: Developing Strong Forms, Attachments, and Budgets

Lesson 6: Other Best Practices for Submitting Your Application

Module 3 Activity: Reflect on Application Strengths, Weaknesses, and Plans

Whether you have started drafting your application or are still just familiarizing yourself with the guidance, it's important to identify potential areas of strength and weakness so you can leverage the strengths and mitigate the weaknesses. Use this guided reflection to consider some areas where you may be doing well, areas where you may need to focus attention, and think through your planning accordingly.

What are my application's biggest areas of strength? Some possible examples include:
- Depth of need in the community (and ability to show that through quantitative data, charts, graphs, maps, qualitative data, etc.)
- Unique operations, services, or other activities that are well-aligned to the need
- Strong collaborative relationships
- Strong QI/QA program and clinical performance
- Experienced and diverse management team, board, or other leadership

What are my application's biggest areas of weakness? Some possible examples include:
- Overlapping service area, saturation of market, or other potential reasons service area may not be viewed as high-need
- Difficulty differentiating from other health centers in terms of services, population, etc.
- Insufficient collaboration, partnerships, or support
- Insufficient QI/QA program or EHR capacity
- Challenges developing budget (e.g. insufficient internal finance capacity)

Where might I need some help? Who might be able to assist? How will they assist?

- **Internally:** who on the leadership team, staff, or board can help in which ways? *List out who might be able to be assigned certain roles, such as developing the budget, drafting policies, analyzing population health data, reaching out to partners, etc.*

- **Externally:** might I be able to get support from NACHC, my state PCA, a partner organization, or a consultant or grant writer? What types of help do I need from them? *List out who might be able to provide data analysis, technical assistance, budgetary guidance, grant writing support, letters of collaboration, etc.*

How might I leverage my strengths or mitigate these weaknesses? What are my next steps?

- Example #1: to strengthen need section and highlight a specific need, we will add interviews with partners serving a specific sub-population (e.g. homeless individuals, refugees, etc.). We will reach out to these partners for interviews.
- Example #2: to resolve technical challenges developing a HRSA-compliant budget, we will contact our state PCA for recommendations of consultants we can engage or trainings we can attend.

Module 3 Additional Readings/Resources

1. Application Components part of guidance (pgs. 10-46)
https://bphc.hrsa.gov/sites/default/files/bphc/programopportunities/lookalike/pdfs/LALidinstructions.pdf
2. Sample application components on the HRSA TA site
3. EHBs User Guide
4. Performance Measures Crosswalk
5. Sample Clinical Performance Measures Form
6. HRSA-Scope of Project
7. UDS Mapper
8. MUA/MUP Find
9. Health Center Self-Assessment Worksheet for Form 5A
10. Form 5A service delivery method descriptors
11. Form 5A services ~~descriptors~~
12. Strategic Partnerships that can provide Training and Technical Assistance
13. Find your local State Primary Care Association

Module 4 Activity: Prepare for Your OSV and Reflect on Next Steps

There are many steps in preparing for your Look-Alike initial designation Operational Site Visit (OSV). Use the following exercise to list where your health center compliance is demonstrated in your current board minutes and where there might be gaps. After you complete the exercise, reflect on areas that need improvement. Remember, having good board minutes is vital to your organization and to demonstrating your compliance!

Dates of Board Minutes or Resolutions that Confirm or Approved Items Below	
	Date of Board Minutes or Resolutions and PAGE #
Met Monthly With Quorum (quorum determined by health center)	
Approval, Selection Evaluation, Dismissal of CEO (Please circle one or all and document dates for all)	
Approval of applications related to the health center project. Please provide dates for the following: • Annual Budget • HRSA Look-Alike Application	
Approval of health center (Please provide dates for the following): • Sites • Hours of Operations • Form 5A, B, C (Services)	
Monitoring Financial Status of the Health Center: • Approval of Auditor • Reviewing Results of the Audit • If Audit finding, follow up action (corrective action plan) approval	
Strategic Plan/Long Range Planning (at least 1x every 3 years) Approval (to include financial management and capital expenditure needs)	
Evaluation of health center performance based on QI/QA and other info	
Achievement of Project Objectives	
Service Utilization Patterns	
Quality of Care	
Efficiency and effectiveness of the center	
Patient Satisfaction including any patient grievances	
Billing and collections • Including policy on waiving charges • Refusal to Pay Policy (IF APPLICABLE)	
Sliding fee discount program Approval Date and dates for the following:	

Module 4

MODULE 4: What to Expect After Submitting Your Application

Module 4 Notes

Lesson 1: What to Expect in the Review and Designation Process

Lesson 2: Understanding Operational Site Visits

Lesson 3: After Designation

• Evaluation of each of the pay classes to ensure patients are accessing health center services • Data used once every three to evaluation effectiveness of the sliding fee scale • Implementation of follow up based on data	
Quality Improvement/Assurance Plan and Program	
1-2 examples of actions taken as a result of evaluations of policies or programs	
Financial Management and Accounting Systems Policies	
Personnel Policies	
Any Audit Findings? If yes, date board approved corrective action plan	
Needs Assessment-Service Area review process completed at least annually? Completed every 3 years	

For each item that is not clearly documented in recent board minutes or resolutions, why not? How can this be addressed? Some solutions might be:
- Update not-yet-approved board minutes that are unclear to reflect actions taken
- Address this in an upcoming board meeting and clearly document

Are there other observations you have about your board minutes or processes after this exercise, or ideas for improvement? Some examples might be:
- Board decisions and resolutions need to be documented more clearly in our minutes
- We need to add certain topics routinely to board meetings (e.g. annually or quarterly)
- We will need to complete a strategic plan or a needs assessment in a certain year

Module 4 Additional Readings/Resources

1. Application review part of guidance (pgs. 47-49)
   https://bphc.hrsa.gov/sites/default/files/bphc/programopportunities/lookalike/pdfs/LALidinstructions.pdf
2. Site Visit Protocol
3. Consolidated SVP Documents Checklist by Topic Area
4. Consolidated SVP Documents by Program Requirements
5. Health Center Operational Site Visit Video
6. Onsite Interviews and Interactions Resource
7. Change in Scope information
8. Health Center Program Site Visit Protocol: Sampling Review Resource Guide
9. Look-Alike Annual Certification information page
10. Look-Alike Annual Certification Instructions
11. Look-Alike Renewal of Designation Guidance