



# Quick Guide: Scope of Project Considerations for Aspiring Health Centers

Is your organization interested in and aspiring to apply for **federal 330-funding** or for **Look-Alike Health Center status**?

If so, understanding how to meet the Health Resources & Services Administration’s (HRSA’s) Scope of Project requirements is a foundational first step in the journey toward becoming a HRSA-supported health center.



This guide provides aspiring health center leaders with an overview of **KEY CONSIDERATIONS, TOOLS, and STRATEGIES** for ensuring your organization has the systems in place to carry out HRSA’s complete Scope of Project. When the day comes that you become a HRSA-recognized Health Center, you will want to have your Scope of Project in order.



## REQUIREMENTS

# What are HRSA's requirements around a Health Center's Scope of Project?

To become a HRSA-supported health center, organizations may apply for Health Center Program funding or designation as a Health Center Program look-alike (LAL). To be eligible to apply, organizations must meet the Health Center Program Requirements. One of those requirements is what is called, "**Scope of Project**".

HRSA Scope of Project requirements are explained in [PIN 2008-01](#) and are referenced throughout the HRSA [Compliance Manual](#) and [Site Visit Protocol](#).

**A health center's "Scope of Project" is made up of five core elements and address these key questions:**

### 1 Service Sites: Where will services be provided?

- These sites are documented on HRSA's Form 5B.
- Sites may be permanent, seasonal, mobile, migrant voucher, or intermittent.
- Services sites are where:
  - ♦ Health center encounters are generated by documenting in the patients' records face-to-face contacts between patients and providers;
  - ♦ Providers exercise independent judgment in the provision of services to the patient;
  - ♦ Services are provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location; and
  - ♦ Services are provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month). There is no minimum number of hours per week that services must be available at an individual site.

### 2 Services: What services will be provided?

- These services are documented on HRSA's Form 5A and are grouped into three categories:
  - ♦ Required: Those services that a health center must provide, as defined in Section 330(b)(1) of the Public Health Service Act.
  - ♦ Additional: Services that are not included as required primary health services and that may be offered as appropriate to meet the health needs of the population served by the health center. (Section 330(b)(2) of the Public Health Service Act).
  - ♦ Specialty: Services under the umbrella category of "additional" health services that are not included as required primary health care services but help meet the needs of the target population.

### 3 Providers: Who will provide the services?

- Documentation of who is providing the health center's services is documented on HRSA Form 5A as direct services (Column I), contracted services (Column II) where the health center is paying for the service, or as referral arrangements (Column III) where the health center is not paying for the service.

#### 4 Service Area: What geographic area will the project serve?

- The service area is generally the area in which the majority of the health center's patients reside, but health centers may use other geographic or demographic characteristics to describe their service area.
- The health center completes or updates a needs assessment of the current or proposed service area at least once every 3 years, to inform and improve the delivery of health center services. The needs assessment utilizes the most recently available data on the associated ZIP codes for the service area and, if applicable, special populations.

#### 5 Target Population: Who will the project serve?

- Health centers must provide services to a "medically underserved, or special medically underserved population". This population is contained within the health center's established service area and could be a general population or specific underserved populations (LGBTQIA+, veterans, etc.)
- Health centers may seek additional funding for HRSA-defined special populations that include migrant and seasonal agricultural workers and their families, persons experiencing homelessness, and/or residents of public housing.

### REQUIREMENT: An aspiring health center must be prepared to:

1. **Clearly answer** these five Scope of Project questions;
2. **Develop and maintain systems** that support these areas; and
3. **Accurately document** these elements in the various ways HRSA requires.





# COMPLIANCE CONSIDERATIONS

An area that operational site visit (OSV) reviewers see health centers commonly struggle with is documenting Scope of Project on HRSA's "Form 5A: Services Provided." Reviewers recommend:



**Start Early:** Sometimes it's difficult to execute a contract with external organizations so allow yourself plenty of time.



**Review the Service Definitions:** Make sure you are providing all of the required services as they are defined in the **HRSA Service Descriptors** document.



**Review the Contracts:** Ensure the organization has signed, formal written agreements representing all contracted or referral organizations providing any in-scope services on behalf of the health center. Review the agreements for the required HRSA language.





## STRATEGY

# Why is it important to understand all that is required around a health center's Scope of Project?

Understanding Scope of Project is critically important to understand for aspiring health centers seeking federal status. In addition, other federal (i.e., Medicare) and state (i.e., Medicaid) programs use a health center's documented Scope of Project to inform determinations about eligibility for their respective programs as well. These other programs include Federal Tort Claims Act (FTCA) medical malpractice coverage, the [340B Drug Pricing Program](#), and the [National Health Service Corps \(NHSC\)](#) program.

A health center's Scope of Project interacts with and influences a **health center's sites, services, staffing, funding, and finances**, as well as its **business strategy** and **community partnerships**.

A health center's services continually change; sites open and close, community needs evolve, and services are added or removed. Aspiring health centers must plan for a continual evaluation of the current Scope of Project as the organization grows and adapts.





## METHODOLOGY AND TOOLS & DATA

# Tools, Data, and Methodology for Managing Your Scope of Project

Many aspiring health centers have the mindset that they will first worry about applying to become a health center and then, once granted this status, they will scale up efforts to carry out its Scope of Project. This approach often leads to new health centers and look-alikes feeling overwhelmed and ultimately, some are unsuccessful. Aspiring health centers who begin their efforts with the focus of having **systems in place** to carry out their Scope of Project before submitting their application are often more successful. This approach leads to **lower stress, greater team satisfaction, and better results.**

**At the end of this document is a simple tool (See Chart 1) with the goal of:**

- 1) helping your aspiring health center evaluate your organization's systems and structures that will support your ability to meet HRSA's Scope of Project requirements and
- 2) developing a practical plan to improve any areas that might need further development and refinement.

### ***Evaluation:***

Review the "Systems Needed" column and ask yourself each question. Then, in the "Current State" column, decide whether your team has systems in place to address each needed system or if your organization is still lacking some systems.

### ***Plan:***

For every question you evaluate that is lacking systems and support, write down (in the "Improvement Plan" column 1-2 practical steps that you or your team would need to take in order to shore up any missing or inadequate systems in your current state as an organization. Now, nobody can fix everything overnight. So, once you've gone through the entire form and come up with a few practical improvement steps for each question where systems are still needed, prioritize 1-2 actions you can take in the next week to address those system gaps. We encourage you to test small tests of change using a rapid-cycle improvement model like a "PDSA Cycle."



## PARTNERSHIPS

# How do partnerships play into my Scope of Project?

It is critical that aspiring health centers coordinate and collaborate with other health centers, state and local health services delivery projects, and other organizations serving in the same or nearby community. Though a health center is responsible for ensuring all the required services are provided, it is not expected that the health center provide all of these services directly.

The HRSA Health Center Program allows for required services to be provided:

- Directly by the health center (Form 5A, Column I)
- By formal written contract or agreement where the health center pays for the service (Form 5A, Column II); or
- By a formal written referral arrangement where the health center does not pay for the service (Form 5A, Column III).

With those contract or referral arrangements, however, the health center is responsible for tracking the referral, closing-the-loop with follow-up care, and ensuring the referral partners provide appropriate discounted care. They also are responsible for ensuring that the referral partners provide high-quality services and that the organizations appropriately credential and privilege their clinical staff.



# ETHICS & DEI TIP

- ✓ Health centers must ensure delivery methods and services in their Scope of Project are provided in a culturally and linguistically appropriate manner based on the needs and characteristics of their target population.
- ✓ This information is often contained in your organization's "Needs Assessment" and will be helpful in determining the services needed as well as the cultural and linguistic considerations for the specific target population for your organization.
- ✓ Aspiring health centers should include the "voice" of that target population early in the decision-making process to align the structure and systems with the community's needs from the beginning.

## KEY RESOURCES

1. HRSA PAL 2009-11: New Scope Verification Process. <https://bphc.hrsa.gov/sites/default/files/bphc/funding/pal-2009-11.pdf>
2. HRSA PAL 2020-01: Telehealth and Health Center Scope of Project. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/tele-health-pal-2020-01.pdf>
3. HRSA PAL 2020-05: Requesting a Change in Scope to Add Temporary Service Sites in Response to Emergency Events. <https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/pal-20-2005.pdf>
4. HRSA PIN 2007-09: Service Area Overlap: Policy & Process. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/pin-2007-09.pdf>
5. HRSA PIN 2008-01: Defining Scope of Project & Policy for Requesting Changes. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/pin-2008-01-project-scope.pdf>
6. HRSA PIN 2009-02: Specialty Services & Health Centers' Scope of Project. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/pin-2009-02.pdf>
7. HRSA PIN 2009-05: Policy for Special Populations Only Grantees Requesting a Change in Scope to Add a New Target Population. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/pin-2009-05.pdf>
8. HRSA. Become a Health Center. <https://bphc.hrsa.gov/about-health-center-program/become-health-center>
9. HRSA. Change in Scope Assurances. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/cis-assurances.pdf>
10. HRSA. Form 5A Column Descriptors. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/form-5a-column-descriptors.pdf>
11. HRSA. Form 5A Service Descriptors. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/form-5a-service-descriptors.pdf>
12. HRSA. Form 5B Instructions. <https://bphc.hrsa.gov/compliance/scope-project/instructions-form-5b-service-sites>
13. HRSA. Form 5B Scope Accuracy Worksheet. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/form-5b-accuracy-worksheet.pdf>
14. HRSA. Health Center Self-Assessment Worksheet for Form 5A: Services Provided. <https://bphc.hrsa.gov/sites/default/files/bphc/compliance/form-5a-self-assessment-review.pdf>
15. HRSA. How to Create a CIS Map Using UDS Mapper. <https://bphc.hrsa.gov/programopportunities/fundingopportunities/sac/mapandtableinstruct.pdf>
16. HRSA. Maintaining an Accurate Scope of Project. <https://bphc.hrsa.gov/compliance/scope-project/maintaining-accurate-scope-project>
17. HRSA. Scope 101. <https://hrsa.gov.zoomgov.com/rec/play/Xwib4YdBTOWyJDWiXZ-RjuUk0-n4L4hlnk1qnUlipeVzbvo7ucOj2ziXqrO8wjMeRhdUh-kzcHPoT0f0g.gGqbVn1h1ddGQ11w?autoplay=true&startTime=1650138321000>
18. HRSA. Scope of Project Resources. <https://bphc.hrsa.gov/compliance/scope-project/scope-project-resources>
19. HRSA. Scope of Project. <https://bphc.hrsa.gov/compliance/scope-project>
  - a. Module 2, Lesson 4: Defining Your Scope of Project
20. NACHC. (July 15, 2021). Becoming a Health Center Look-Alike. <https://www.nachc.org/resource/becoming-a-health-center-look-alike/>
21. NACHC. Health Center Growth & Development. <https://www.nachc.org/training-events/training-for-health-center-professionals/health-center-growth-development/>
22. NACHC. So You Want To Become A Health Center? <https://www.nachc.org/resource/so-you-want-to-start-a-health-center/>



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# CHART 1

Scope	Requirements	Systems Needed	Current State		Improvement Plan
			We're Ready!	Systems Needed?	
Service Sites	<p>Service sites are defined as locations where all the following are met:</p> <ul style="list-style-type: none"> <li>health center encounters are generated by documenting in the patients' records face-to-face contacts between patients and providers;</li> <li>providers exercise independent judgment in the provision of services to patient;</li> <li>services are provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location; and</li> <li>services are provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month). However, there is no minimum number of hours per week that services must be available at an individual site.</li> </ul>	Have you filled out a sample <a href="#">HRSA Form 5B: Service Sites</a> form?			
		Do you have locations that have defined boundaries that can be used for health center work (Unique address, suite number, separate building, etc.)?			
		Are your sites permanent, seasonal, mobile, migrant voucher sites, or intermittent?			
		Are your service hours posted on your website, the site door, or in other easily accessible locations?			
		Do you have the staffing to provide services on a regularly scheduled basis?			
Services	<ul style="list-style-type: none"> <li>Provide, either directly or through formal written agreements, all primary health care services (<a href="#">HRSA Service Descriptors for Form 5A</a>).</li> <li>Health centers must provide all <a href="#">required services</a> either directly, by contract (where the health center pays), or by referral arrangement (where the health center does not pay).</li> <li>All required services provided by contract or referral arrangement, must have formal written agreements for each organization and must contain all HRSA-required language contained in the <a href="#">HRSA Site Visit Protocol</a>?</li> <li>All services must be provided in a culturally and linguistically appropriate manner.</li> <li>Required services provided directly or by formal written arrangements must be offered on a sliding fee scale, available equally to all patients regardless of ability to pay.</li> </ul>	Have you filled out a sample <a href="#">HRSA Form 5A: Services Provided</a> form?			
		Are you able to provide all <a href="#">required services</a> either directly, by contract (where the health center pays), or by referral arrangement (where the health center does not pay)? Are you familiar with the definitions of all <a href="#">required services</a> listed on the <a href="#">HRSA Service Descriptors</a> document?			
		For required services provided by contract or referral arrangement, do you have formal written agreements for each organization that contain all HRSA-required language contained in the <a href="#">HRSA Site Visit Protocol</a> ?			
		Are all of services provided in a culturally and linguistically appropriate manner?			
		Are all required services provided directly or by formal written arrangements offered on a <a href="#">compliant sliding fee scale</a> , equally to all patients regardless of ability to pay?			
Providers	<p>Providers must be either employed, contracted, or volunteers (who have signed an agreement with the organization).</p> <p>All clinical staff who are employees, individual contractors, or volunteers must be credentialed and privileged upon hire and every two years (<a href="#">HRSA Site Visit Protocol, Chapter 5</a>).</p> <p>The type and number of clinical providers including volunteers and other staff must be listed on <a href="#">Form 2: Staffing Profile</a>.</p>	Are all providers either employed, contracted, or volunteers (who have signed an agreement with the org.)? For contractors listed in Columns II or III on Form 5A, do all contracts contain the requirements in HRSA Site Visit Protocol, related to " <a href="#">Required and Additional Services</a> ," " <a href="#">Clinical Staffing</a> ," " <a href="#">Sliding Fee Discount Program</a> ," and " <a href="#">Contracts &amp; Subawards</a> ?"			
		Are all clinical staff who are employees, individual contractors, or volunteers credentialed and privileged upon hire and every two years ( <a href="#">HRSA Compliance Manual, Chapter 5</a> )?			
		Have you filled out a sample <a href="#">HRSA Form 2: Staffing Profile</a> form?			
Service Area	<p>The health center must ensure that the size of the service area is such that the services to be provided through the center are available and accessible to the residents of the area promptly and as appropriate; that it conforms, to the extent practicable, to relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs; that it eliminates, to the extent possible, barriers to access to the services of the center, including barriers resulting from the area's physical characteristics, its residential patterns, its economic and social grouping, and available transportation.</p>	Does your board have representation who have a demonstrable connection to your service area?			
		Have you run a report from your EMR that provides insight into the main ZIP codes your patients live in?			
Target Pop	Health centers must serve a "medically underserved, or special medically underserved population".	Have you filled out a sample <a href="#">HRSA Form 2: Staffing Profile</a> form? Do you serve a "medically underserved, or special medically underserved population"?			