HRSA
Health Center Program

PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: PAL 2026-04

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DOCUMENT TITLE: Health Center Program Scope of Project System Improvements

TO: Health Center Program Award Recipients and Look-Alikes
Primary Care Associations
National Technical Assistance Partners

I. Purpose and Applicability

This Program Assistance Letter (PAL) updates and supersedes existing Health Center Program Change in Scope (CIS) process guidance[1] to improve scope of project documentation and facilitate the submission of responsive and complete CIS requests to the Health Resources and Services Administration (HRSA) for prior approval.[2] This PAL also addresses system improvements in HRSA's Electronic Handbooks (EHBs) scope module designed to improve the customer experience for health centers. These improvements will take effect on November 20, 2026.

To improve the efficiency of the CIS process and the accuracy of CIS requests, HRSA will update the CIS checklists in November along with Form 5A: Services Provided and Form 5B: Sites. When the updates are implemented, HRSA will migrate each health center's existing scope data to the new forms. No action is needed by health centers for this migration.

HRSA anticipates the new system improvements will reduce the burden on health centers, improve the efficiency of the CIS request process, and reduce the need for changes during the review of CIS requests.

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[1] Refer to Change in Scope Review and Verification Process and Timelines for a list of superseded PALs.
[2] In accordance with 2 CFR 200.308(f)(1), health centers must request prior approval from HRSA for a "Change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval)." This prior approval requirement applies to changes related to services and sites within the Health Center Program scope of project.

This PAL applies to all entities that receive funds under the Health Center Program authorized by section 330 of the Public Health Service Act (42 CFR 254b). It also applies to Health Center Program look-alikes and any subrecipient of section 330 funding. HRSA refers to all of these entities collectively as "health centers."

II. Background

HRSA-approved sites, services, providers, service areas, and medically underserved populations define a health center's scope of project. Refer to the Health Center Program Scope of Project Policy Manual (PDF) for more information.

Health centers request changes to their scope of project through the HRSA EHBs scope module. Changes to a health center's scope of project must comply with applicable statutory, regulatory, and policy requirements. Some changes to a health center's scope of project require HRSA approval through a CIS request before being initiated; other changes may be implemented and documented in the HRSA EHBs by the health center without HRSA approval.

Depending on the change to a health center's scope of project, the health center will use the HRSA EHBs scope module to:

- Submit a Formal CIS request for HRSA review and approval;
- Submit a Scope Adjustment CIS request for HRSA review and approval; or
- Enter a Self-Update to a field that the health center can change *without* HRSA review or approval.

For more information, refer to the "What is a Change in Scope (CIS) Request?" Frequently Asked Question.

III. Change in Scope Review and Verification Process and Timelines

To streamline scope of project resources, HRSA has consolidated CIS process-related information within this PAL, which supersedes the following PALs:

- PAL 2009-11: New Scope Verification Process
- PAL 2013-03: Alignment of EHB Change in Scope Module with Change in Scope Policy
- PAL 2014-06: Documenting Scope of Project in Updated Forms 5A and 5B
- PAL 2014-07: Scope Alignment Validation in HRSA Electronic Handbooks
- PAL 2014-10: Updated Process for Change in Scope Submission Review, and Approval Timelines

HRSA's general timeline and review process are not changing for CIS requests and for scope verifications. The standard timeline for HRSA's review of a complete CIS request is 60 days. HRSA may extend the review period beyond 60 days if the CIS request is incomplete or requires additional analysis. If HRSA needs additional information or clarification about a CIS request:

- HRSA will notify the health center (via a Change Request), and the health center has up to 60 days to submit the requested information. HRSA provides a limited number of Change Request opportunities.
- The standard 60-day HRSA review period restarts upon receipt of the Change Request response from the health center.
- If the health center does not respond to a Change Request by the end of 60 days, HRSA deactivates the CIS request and converts it to a read-only format. If the CIS request is deactivated, the health center must submit a new CIS request.

To ensure a complete CIS request is submitted, the health center should discuss the request with its Project Officer prior to submission.

A CIS request does not become part of a health center's HRSA-approved Health Center Program scope of project until all of the following steps are completed:

1. HRSA sends the health center a Notice of Award (NoA) or Notice of Look-Alike Designation (NLD) approving the CIS request and creates a related scope verification task;
2. Within 120 days, the health center submits a response to the scope verification task confirming implementation of the scope change. The health center may request an extension to the 120-day verification deadline, if necessary; and
3. Upon completion of scope verification, HRSA sends the health center a NoA or NLD, documenting that the change is included in the health center's scope of project.

IV. Scope Module Improvements

HRSA will implement the following system improvements on November 20, 2026, to reduce burden and streamline processes for health centers:

- **Statutory Alignment:** Align language and requirements in the HRSA EHBs scope module with the Health Center Program Compliance Manual and Health Center Program statute.

- **Assurances:** Clarify and consolidate the Assurances that a health center completes when submitting a CIS request. The Assurances incorporate the existing scope of project policy, which requires a health center to demonstrate that the proposed services, sites, and activities are operated or conducted on behalf of the health center.

- **Checklist Improvements:** Update all CIS checklists to offer a more streamlined experience and reduce burden on health centers. Where possible, data will be pre-populated within the checklist.

- **CIS Requests to Add a Medically Underserved Population:** Health centers will no longer use the scope module to submit a request to serve a new medically underserved population. Instead, this type of CIS request will be submitted through a general HRSA Prior Approval module request. Health centers should contact their Project Officers for specific guidance on submissions.

A. Service Documentation Improvements

HRSA will align Form 5A: Services Provided with statutory language for certain services and service delivery methods.

- **Additional Services:** Specialty Services will be integrated under the Additional Services category. A health center that requests to add a new Specialty Service will either select the service under Additional Services, if available, or select "Other" and list the name of the service. Specialty Services that are part of a health center's current scope of project will appear under the Additional Services category on the updated Form 5A: Services Provided.

- **Additional Patient Support Services:** Additional Enabling Services will be renamed as Additional Patient Support Services.

- **Form 5A: Services Provided Service Delivery Method Columns:** The following columns will be renamed:
    - Form 5A, Column I: Direct (Health Center Pays) will be Direct.
    - Form 5A, Column II: Formal Written Contract/Agreement (Health Center Pays) will be Contracts and Subawards.
    - Form 5A, Column III: Formal Written Referral Arrangement (Health Center DOES NOT pay) will be Cooperative Arrangements.

- **Certain Scope Adjustments Changed to Self-Updates:** Refer to *Appendix A: Modifying Service Delivery Methods Via Self-Updates* for the full list of changes.

On November 20, 2026, HRSA will administratively move the existing scope of project information into the updated format for Form 5A: Services Provided. No action is needed by health centers for this data migration.

B. Site Documentation Improvements

HRSA will add new site types and settings and will modify form field options. In addition, Form 5B: Service Sites will be renamed Form 5B: Sites.

B.1. New Site Types and Site Settings

The site types on Form 5B: Sites will include: Service Site, Other Site, and Transitional Care in Carceral Setting (TCCS) Site.

- **Service Site:** Service Site will not change as a site type. However, HRSA will improve and refine options for classifying the settings of service sites that are co-located with another organization. Service Site Setting options will update to:
    - Freestanding
    - Co-located with Hospital
    - Co-located with School
    - Co-located with Behavioral Health Organization
    - Co-located with Domestic Violence Shelter
    - Co-located with Another Organization

- **Other Site:** Other Site is a new site type. This allows a health center to better document locations that do not meet the service site definition, but where the health center conducts one or more in-scope health center activities. A health center will be able to add an Other Site through a new Scope Adjustment checklist option. The site settings for Other Site are:
    - **Administrative Site:** A site where the health center conducts administrative work for the health center project (for example, billing and accounting, information technology, human resources).
    - **Patient Support Services Site:** A site that provides patient support services that do not generate a patient visit (for example, insurance enrollment, eligibility assistance, services under the Women, Infants, and Children (WIC) Program). If the patient support service generates a patient visit and all other service site criteria are met, the location would be categorized as a Service Site.
    - **Pharmacy-Only Site:** A stand-alone pharmacy site that provides only pharmaceutical services that do not generate a patient visit.

- **Transitional Care in Carceral Setting (TCCS) Site:** TCCS is a new site type. The new corresponding TCCS CIS checklist will be available for a health center to use when submitting a Formal CIS request to add a TCCS Site to its scope of project. A TCCS Site must meet the criteria in PIN 2024-05: Health Center Program Policy Guidance Regarding Services to Support Transitions in Care for Justice-Involved Individuals Reentering the Community (PDF).

B.2. Modified Field Options

Form 5B: Sites field options will be refined to improve scope documentation and reflect current practices.

- **Updated Location Type Options**: HRSA will remove the following location type options for service sites:
    - **Intermittent:** Service sites that are Intermittent location types will be re-categorized as Seasonal.
    - **Migrant Voucher Screening:** Sites with Migrant Voucher Screening location types that meet the definition of a service site will be re-categorized as Seasonal or Permanent.

- **Permanent, Seasonal, and Mobile:** These service site location types will not change.

B.3. New CIS Checklist and Scope Adjustment Options

New and expanded checklist options will be added to reduce burden on health centers and streamline CIS requests.

- **Replace Service Site Checklist:** The Replace Service Site checklist allows a health center to complete a more streamlined CIS prior approval request in cases where the health center will replace one service site with another comparable service site. Using this new checklist, a health center can delete and add (replace) a site within the same CIS request if the criteria demonstrating comparability of the sites are met.

- **Additional Scope Adjustment Checklist Options:** The Form 5B Scope Adjustment checklist contains new options to:
    - Remove a Temporary Site Added Due to an Emergency;[3]
    - Add or Update an Existing Site's Suite, Floor, Room, or Building Information; or
    - Add or Delete an Other Site (Administrative Site, Patient Support Services Site, or Pharmacy-Only Site).

On November 20, 2026, HRSA will administratively move the existing scope of project information into the updated format for Form 5B: Sites. No action is needed by health centers for this data migration. For more information, refer to *Appendix B: Changes to Form 5B: Sites*.

[3] For guidance on Requesting a Change in Scope to Add Temporary Service Sites in Response to Emergency Events, review PAL 2020-05 (PDF).

V. Contact Information

If you have any questions on the guidance or processes detailed in this PAL, contact the Bureau of Primary Health Care using the BPHC Contact Form. You may also call 1–877–464–4772 from 8 a.m. – 8 p.m. ET, Monday – Friday (except Federal holidays). Additional resources on Health Center Program scope of project are available on the HRSA website at Scope of Project. For specific questions about your health center's HRSA-approved scope of project, contact your Project Officer.

Appendix A: Modifying Service Delivery Methods Via Self-Updates

When the November 2026 updates to the scope module are implemented, the following modifications to Form 5A: Services Provided service delivery methods will no longer require Scope Adjustment requests and, instead, can be completed via Self-Updates (no HRSA review or approval required) in the HRSA Electronic Handbooks (EHBs).

Required Services

From	To
Column I	Columns I and III
Columns I and II	Column I
Columns I and II	Columns I and III
Columns I and III	Column I
Columns I, II, and III	Column I
Columns I, II, and III	Columns I and II
Columns I, II, and III	Columns I and III
Column II	Columns II and III
Columns II and III	Column II

Additional Services

From	To
Column I	Columns I and III
Column II	Columns II and III
Column III	*No Column (complete deletion)*
Columns I and II	Column I
Columns I and II	Columns I and III
Columns I and II	Columns I, II, and III
Columns I and III	Column I
Columns II and III	Column II
Columns I, II, and III	Column I
Columns I, II, and III	Columns I and II
Columns I, II, and III	Columns I and III

Appendix B: Changes to Form 5B: Sites

When the November 2026 updates to Form 5B: Sites are implemented, HRSA will migrate each health center's existing site data to the following new field options. No action is needed by health centers for this data migration.

Form 5B: Sites Field	From	To
Site Type	Service	Service
	Administrative/Service	Service
	Administrative	Other*
	Administrative - with "Transitional Care in Carceral Setting" as Site Setting	Transitional Care in Carceral Setting
Service Site Setting	All Other Clinic Types	Freestanding
	Tribal	Freestanding
	School	Co-located with School
	Hospital	Co-located with Hospital
	Nursing Home	Co-located with Another Organization
	Domestic Violence Shelter	Co-located with Domestic Violence Shelter
Service Site Location Types	Permanent	Permanent
	Seasonal	Seasonal
	Mobile	Mobile
	Intermittent	Seasonal
	Migrant Voucher Screening	Permanent or Seasonal

* At a future date, health centers will be given the opportunity to further categorize the settings of their Other Sites. Refer to the *Site Documentation Improvements* section of this PAL.