Health Center Scope of Project Policy Manual: Summary of Changes

This resource complements the Health Center Program Scope of Project Policy Manual (Scope Manual) (PDF). The Scope Manual is the primary resource for health centers to what constitutes Health Center Program Scope of Project under section 330 of the PHS Act (42 U.S.C. § 254b.)

Contents

On August 11, 2026, HRSA published the Health Center Program Scope of Project Policy Manual (Scope Manual). The Scope Manual supersedes the following scope of project Policy Information Notices (PINs):

- **PIN 2007-09**: Service Area Overlap: Policy and Process
- **PIN 2008-01**: Defining Scope of Project and Policy for Requesting Changes
- **PIN 2009-02**: Specialty Services and Health Centers' Scope of Project
- **PIN 2009-05**: Policy for Special Populations-Only Grantees Requesting a Change in Scope to Add a New Target Population

The following tables provide a summary of changes from superseded policy, organized by Scope Manual chapter.

Summary of Changes

Chapter 1: Definition of Scope of Project and Overview

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
Mention of "On Behalf of"	**Concept of "On Behalf of" Defined**
Previous guidance did not define what it meant to provide services directly by or on behalf of the health center.	A new section establishes criteria for demonstrating that health center services and activities are delivered, and sites are operated, on behalf of the health center. Health center services must be provided on behalf of the health center, regardless of service delivery method, and the health center governing board must have oversight over sites and services.
HRSA Monitoring and Oversight	**Scope Project Correction**
Not previously addressed or acknowledged.	The Scope Manual clarifies that HRSA may take administrative action as part of oversight responsibilities to change or modify a health center's scope of project, with notice to a health center, when its scope of project is not consistent with the purposes of the Health Center Program, and when HRSA finds: • Sites, services, or other activities are inconsistent with scope of project policy; • There is non-compliance with requirements or other applicable laws or requirements; • Patient safety concerns; • Any element of scope of project or a proposal is based on inaccurate, false, or misleading information; or • A need for immediate enforcement action.

Chapter 2: Medically Underserved Populations, Special Medically Underserved Populations, and Service Area

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
Target Population	**Medically Underserved Population (MUP)**
PIN 2008-01 used the term "target population."	The Scope Manual replaces the term "target population" with the statutory terms "medically underserved population(s)" (MUP) and "special medically underserved population(s)" (SMUP). The term "patient population" refers to patients served by the health center.
PIN 2009-05: Policy for Special Populations-Only Grantees Requesting a Change in Scope to Add a New Target Population was a supplemental policy to PIN 2008-01. PIN 2009-05 applies to health centers funded only under sections 330(g), (h), and/or (i) ("special populations–only awardees") requesting to change their scope of project by adding a new target population beyond the designated population for which section 330 Federal grant funds were awarded.	The Scope Manual will supersede PIN 2009-05. The Scope Manual establishes a threshold of 25% to indicate when special medically underserved populations-only health centers must request a change in scope to add a new MUP.

Chapter 3: Required Primary and Additional Health Services

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
Requirements for Adding Services	**Criteria for Approval of Services**
Previous policy did not include criteria for the approval of services within the scope of project.	Adds criteria for approval of service(s), which include governing board approval of the service, demonstrating that the service is provided on behalf of the health center, and ensuring that the patient population has access to the service.
Service Delivery Methods	**Clarification of Service Delivery Methods**
It was not explicitly stated that applicable program requirements would apply across all service delivery methods.	Incorporates statutory language and program requirements that apply across all service delivery methods.
Services provided via Column II were previously referred to as "Formal Written Contract/Agreements."	Services provided via Column II are now referred to as "Contracts and Subawards." This aligns with statutory language and the Social Security Act. Provides criteria for what must be included in a contract with a contracted provider, including a subrecipient for Column II services.

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
Services provided via Column III were previously referred to as "Formal Written Referral Arrangements".	Services provided via Column III are now referred to as "Cooperative Arrangements." This edit was made to align with statutory language in Section 330(a)(1) that "the term 'health center' means an entity … by providing, either through the staff and supporting resources of the center or through contracts or cooperative arrangements." Consistent with prior policy, the health center is not responsible for overseeing the delivery of the service itself; however, the health center must assist the patient in making an appointment for any service that the patient can only access through a cooperative arrangement. Clarifies that sliding fee and other Health Center Program requirements apply to services delivered via Column III. Provides scope of project guidance for scenarios when two health centers enter into a cooperative arrangement with each other. Clarifies that benefits, such as FTCA, do not extend to services provided via Column III.
Specialty Services	**Specialty Services are Now Additional Health Services**
PIN 2009-02: Specialty Services and Health Centers Scope of Project was a supplemental policy to PIN 2008-01, which did not address specialty services. PIN 2009-02 described the criteria required for health centers to request to add specialty services to their scope of project.	The Scope Manual integrates PIN 2009-02 and provides the following policy clarifications: • Incorporates "specialty services" into the larger category of "additional health services" to align with statutory language. • Further defines the criteria for adding additional health services, including those previously referenced as "specialty services."

Chapter 4: Service Provided via Telehealth

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
Telehealth Not Addressed	**Telehealth**
Not previously addressed or acknowledged.	Establishes telehealth policy (Released in draft September 2022) that addresses criteria health centers must meet to deliver services via telehealth. This includes telehealth-specific criteria that states telehealth may only be provided to patients within or adjacent to the health center's service area. There is an exception that established patients who are no longer residents of or physically located within the service area or areas adjacent to the service area may be seen for a limited period of time (for example, up to 1 year) for continuity of care.

Chapter 5: Sites

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
Service Site Criteria	**Updated Service Site Criteria**
Service site definition excluded information on access to all in-scope services.	Clarifies and adds new criteria for the service site definition, including that patients receiving services at the service site have access to all in-scope health center services, regardless of whether they are performed at this site, and that definition includes an assessment of patient need for and access to transportation.
Administrative Sites	**Other Sites**
Intermittent Sites were a category of Service Sites	Removes the categories of "intermittent sites" and "migrant voucher sites."
PIN 2008-01 had a category of "administrative sites," which were not well defined.	Creates a new category of "other sites" at which the health center provides activities that do not meet the definition of a service site. These activities include: a. Administrative functions; b. Services that do not generate a patient visit (for example, insurance enrollment, eligibility assistance); c. Pharmaceutical services at a stand-alone pharmacy; and d. Transitional Care in a Carceral Setting. "Administrative Sites" will be renamed "Other Sites" on Form 5B. Locations operated *on behalf of the health center* that provide the listed in-scope activities need to be documented on Form 5B as "Other Sites."

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
Mobile Van Sites	**Mobile Service Sites**
PIN 2008-01 does not provide specificity about where mobile van sites may travel with respect to service area zip codes.	The Scope Manual clarifies that mobile units can serve both the service area and adjacent areas. It also specifies that health centers cannot add new ZIP Codes to their service area solely through mobile units. This language does not impact the statutory authorization under section 330(e)(6)(v) for an existing health center to apply for a New Access Point grant "to establish a new delivery site that is a mobile unit, regardless of whether the applicant additionally proposes to establish a permanent, full-time site."

Chapter 6: Considerations for Adding a Service Site to Scope of Project

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
Service Area Overlap Policy	**Updating and Integrating Service Area Overlap Policy**
PIN 2007-09: Service Area Overlap: Policy and Process was a supplemental policy to PIN 2008-01. PIN 2007-09 defined what service area overlap is and described HRSA's policies and process for determining whether to approve a pending application or change in scope request when there is service area overlap.	The Scope Manual will supersede PIN 2007-09 and will integrate the factors from the prior PIN that HRSA will consider when reviewing CIS requests for new service sites. Factors include overlap with existing health centers, unmet need, and the degree to which the addition of the proposed site will complement and not duplicate existing services and programs. Including these factors reduces the risk of federal resources being used in an area sufficiently served by other health centers.
No Specific Service Area Factors Defined for Adding a New Service Site	**Defined Additional Service Area Factors for Adding a New Service Site**
Previous policy did not define the specific service area factors that HRSA will consider when reviewing a CIS to add a new site.	The Scope Manual clarifies that HRSA may disapprove a proposal to add a new site based on factors such as: penetration, location of the site and proximity to other health centers, if the site conforms to service area boundaries, the degree of meaningful community input and collaboration, and coordination with other health centers.
No Mention of Co-Located Sites	**Co-Located Sites Addressed**
Co-located sites not specifically addressed.	Defines criteria for adding co-located sites, which are service sites operated by a health center at a location where another organization provides services. This includes co-location specific criteria for documentation of separate operations on behalf of the health center and that the site is operated independently of the other entity.

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
Sites Operated by Contractors	**Sites Operated by Contractors or Subrecipients**
PIN 2008-01 references but does not define what it means for a site to be operated directly or through a contract or subrecipient.	The Scope Manual clearly defines and provides criteria for sites that are operated by a: • Contractor organization that is paid with 330 award funds but does not meet all Health Center Program requirements ("Contractor"). The health center ensures the delivery of health care on behalf of the health center at the service site meets the requirements of section 330; or • Subrecipient organization that receives section 330 award funding ("subaward") from an award recipient and demonstrates compliance with all of the requirements of section 330 ("Subrecipient"). Establishes a new threshold of direct service provision before HRSA approves requests for new contractor- or subrecipient-operated sites that the health center currently and will continue to: • Deliver General Primary Medical Care, at a minimum directly through its own employees and volunteers; and • Directly operate at least one service site. Clarifies the applicability of FQHC benefits for these types of sites.

Chapter 7: Temporary Service Sites Added in Response to Emergency Events

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
Adding Temporary Sites in Response to Emergency Events	**Increasing Flexibility and New Criteria for Adding Temporary Sites in Response to Emergency Events**
The current Temporary Sites PAL distinguishes three scenarios where a health center might request a CIS to add a temporary site: • Impacted health centers opening temporary sites outside their service area. • Non-Impacted health centers opening temporary sites in areas adjacent to their service area. • Non-Impacted health centers adding sites outside their service area beyond adjacent counties. HRSA will not approve these. For the purposes of the PAL, HRSA considers a health center to be affected or impacted by a declared emergency, such that the PAL may be applicable, if any part of the health center's service area is within the geographic area of the declared emergency	The Scope Manual allows for health centers to respond to emergencies by requesting a CIS to add a temporary site. These sites must be located in the health center's service area or adjacent areas. Adds new criteria for approval: • The health center demonstrates it is coordinating its emergency response efforts with state or local emergency response efforts, including health centers in the geographic area. • The health center must maintain, to the extent possible, the existing level of service at its current sites. HRSA will also evaluate, on a case-by-case basis, situations where the health center requests to add a temporary site to serve communities outside the health center's service area or adjacent areas. Approval is dependent on a justification of extraordinary circumstances for the temporary sites.

Chapter 8: Providers, Patients, and Visits

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
Providers	**Patients & Visits**
PIN 2008-01 did not previously address the establishment of health center patient-provider relationships or define visits for the purposes of scope of project.	Defines how to establish a health center patient-provider relationship for the purposes of scope of project . This includes 1) the patient receives an in-scope service from a provider providing a service on behalf of the health center; 2) the patient is located within or in an area adjacent to the health center's service area; and 3) the health center establishes and maintains a health record that documents the visit. Defines "provider" and "visit" for the purposes of scope of project: • Provider is defined as clinical staff who deliver in-scope services on behalf of the health center. • Visit is defined as when a provider delivers an in-scope service on behalf of the health center, and the service is documented in the patient's health center record.

Chapter 9: Services Provided at Locations Other Than Health Center Service Sites

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
Documenting Other Activities	**Services Provided at Locations Other Than Health Center Service Sites**
PIN 2008-01 provided examples of "other activities" that are included in the scope of project at locations that do not meet the definition of a service site. These activities are recorded on Form 5C: Other Activities with a brief description of the activity, their locations, and estimated frequency.	Establishes criteria for determining when services provided at locations other than a site are still considered to be within the scope of the health center project. The criteria address scenarios for providing such services to both established health center patients and new patients: • For established health center patients, examples include: the health center provider conducts home visits or hospital-based care such as rounding on hospitalized patients during labor and delivery. • For individuals who are not established health center patients, examples include: portable clinical care and outreach, hospital and coverage-related activities, and emergency response activities. Form 5C: Other Activities/Locations will be discontinued because there are now criteria that must be met for the inclusion of such activities within the scope of project. Retiring Form 5C will help reduce administrative burden for health centers.

Change-in-Scope Process

Retired PIN 2008-01 or Other Relevant Scope of Project PIN/PAL	Scope Manual
TA Resources and Process-Related Instructions	**A Focus on Policy**
PIN 2008-01 included detailed instructions for the CIS process.	Details regarding the CIS process in EHBs and related timelines have been removed. This information is housed and maintained on the BPHC scope of project website. This allows the Scope Manual to focus solely on the Scope of Project policy and to update process related information, as needed, via the BPHC website.