

# The Health Center Program Scope of Project Policy Manual

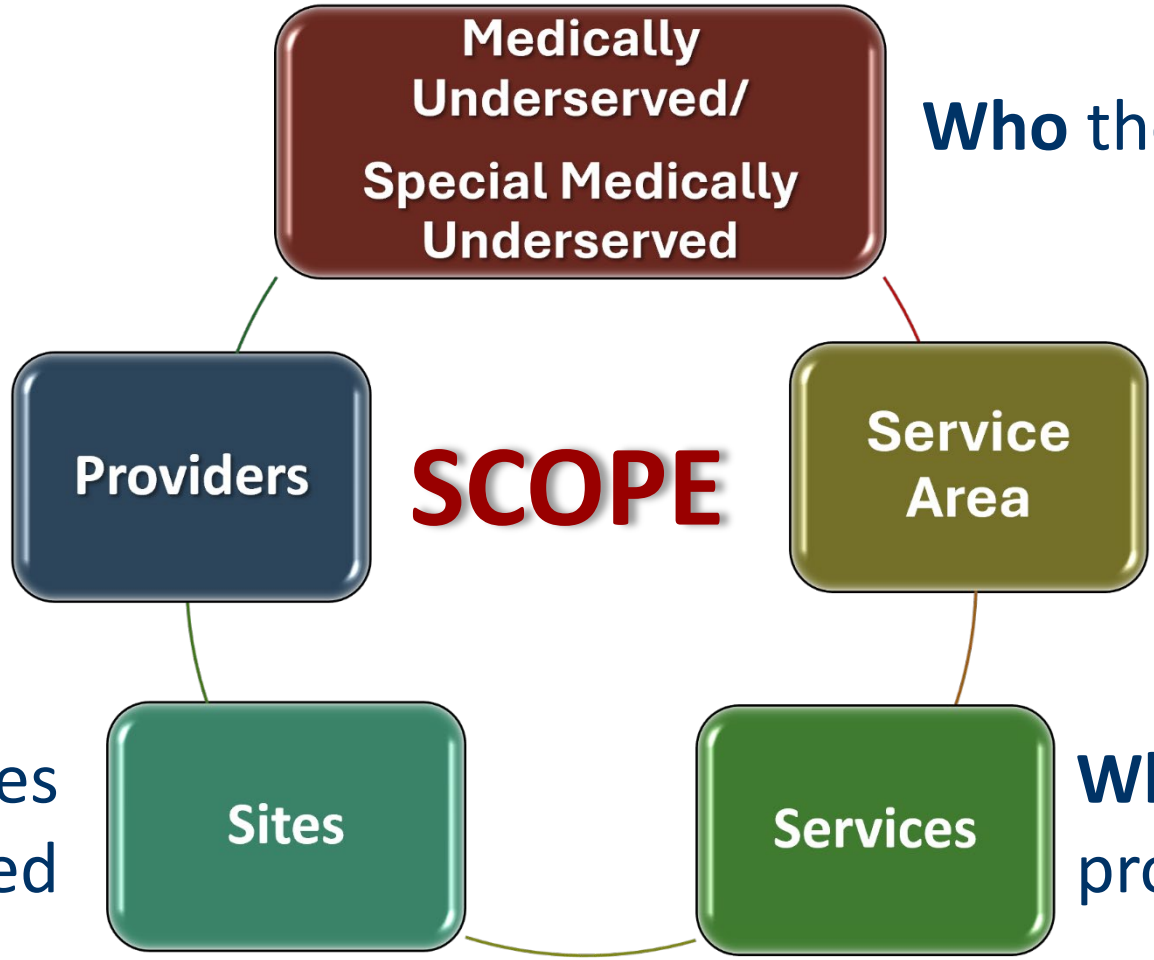
## Office of Program and Policy Development
## Bureau of Primary Health Care (BPHC)
## October 21, 2026

HRSA Health Center Program

# Today We Will Cover

- Defining Scope of Project
- The Scope Manual –Key Changes and Clarifications
- Where to Direct Scope Manual-Related Questions

# What are the Five Core Elements of Scope of Project?




**Who** the project **serves**

**Who** provides the services

The **geographic area** the project serves

**Where** the services are provided

**What** services are provided

HRSA Health Center Program

# The Scope Manual

- We published the Health Center Program Scope of Project Policy Manual on August 11, 2026.
- The Scope Manual:
  - Incorporates your feedback received during the open comment period.
  - Consolidates, streamlines, and updates scope-related policies.
  - Was effective as of August 11, 2026.
- Our systems, processes, and webpages will be updated in a phased approach.
- A summary of the major changes is available now.
- Stay tuned for additional resources and materials.

# The Scope Manual – Purpose and Structure

- Purpose
  - **Modernizes:** Consolidates all scope of project policy into one document, incorporates updated grant regulations, aligns with Compliance Manual
  - **Strengthens Programmatic Oversight:** Provides health centers with greater transparency and clarity and supports consistent and rapid decision making.
  - **Ensures Accountability:** Improves HRSA's ability to hold health centers accountable to comply with program requirements and to use funds correctly.
  - **Simplifies**: Reduces administrative burden by removing outdated forms and requirements. Allows health centers more autonomy in certain processes.
- Structure
  - Organized by scope of project core elements and other key topics.
  - Ten chapters and lettered subsections in each chapter.

# Chapter 1: Definition of Scope of Project and Overview

# CH 1: Concept of “On Behalf of” Defined

- 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.
- The health center provides services on behalf of the health center, regardless of service delivery method.
- The health center provides services under the authority and direction of the health center’s governing board and in accordance with the health center’s policies and procedures.

# CH 1: Scope Project Correction

- 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 the 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

# CH 2: Medically Underserved 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.
- The Scope Manual supersedes 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 and Additional Services

# CH 3: Criteria for Approval of Services

- Criteria added for approval of service(s)
- A health center must demonstrate that a service meets all of the following criteria to receive HRSA approval for inclusion of the service within the Health Center Program scope of project:
  - The service is a required primary health service or is an additional health service necessary for adequate support of one or more required primary health services, as appropriate to meet the health needs of the patient population, as defined by section 330(b) of the Public Health Service Act (PHS Act);
  - The health center provides the service, either directly, by contract or subaward, or by cooperative arrangement, on behalf of the health center;
  - The health center ensures that its patient population is able to access all services offered by the health center; and
  - The health center's governing board has approved the service.

# CH 3: Service Delivery Methods Clarification (1/2)

- Incorporates statutory language and program requirements that apply across all service delivery methods.
- The Service Delivery Methods were renamed to align with statutory language:
  - 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.
- Provides criteria for what must be included in a contract with a contracted provider, including a subrecipient for Column II services.

# CH 3: Clarification of Service Delivery Methods (2/2)

- Services provided via Column III are now referred to as “Cooperative Arrangements.”
- Consistent with prior policy and for services provided via Cooperative Arrangements, 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.

# CH 3: Specialty Services Now Additional Health Services

- 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: Services Provided via Telehealth

# CH 4: Telehealth

- Within the context of the Health Center Program scope of project, telehealth is not a service or a service delivery method requiring specific HRSA approval; rather, telehealth is a mechanism or means for delivering health services to health center patients using telecommunications technology or equipment.
- The Scope Manual establishes the criteria health centers must meet to deliver services via telehealth.
- This includes 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

# CH 5: Service Site Definition Criteria

- Clarifies and adds new criteria for the service site definition, including:
  - 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;
  - An assessment of patient need for and access to transportation.

# CH 5: Other Sites Types

- Removes the categories of “intermittent sites” and “migrant voucher sites.”
- 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 “Other Sites” activities include:
  - Administrative functions;
  - Services that do not generate a patient visit (for example, insurance enrollment, eligibility assistance);
  - Pharmaceutical services at a stand-alone pharmacy; and
  - Transitional Care in a Carceral Setting (TCCS)
- “Administrative Sites” will be renamed “Other Sites” on Form 5B.
- Document “Other Sites” on Form 5B that are 1) locations operated directly by the health center and 2) provide the in-scope “Other Sites” activities listed above.

# CH 5: Mobile Service Sites

- 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

# CH 6: Service Area Overlap Policy

- The Scope Manual supersedes PIN 2007-09: Service Area Overlap: Policy and Process because it integrates factors that HRSA considers 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 in the review reduces the risk of federal resources being used in an area sufficiently served by other health centers.

# CH 6: Additional Service Area Factors for Adding a New Service Site

- The Scope Manual clarifies that HRSA may request more information about a proposed service site or disapprove a request to add a proposed service site based on factors such as:
  - Health center penetration rates,
  - Location of the site and proximity to other health centers,
  - Whether the site conforms to service area boundaries,
  - The degree of meaningful community input and collaboration, and
  - Coordination with other health centers.

# CH 6: Co-Located Sites

- Co-located sites are service sites operated by a health center at a location where another organization provides services.
- Includes co-location specific criteria for:
  - Documentation of separate operations on behalf of the health center; and
  - The site is operated independently of the other entity.

# CH 6: Sites Operated by Contractors or Subrecipients

- The Scope Manual defines and provides criteria for sites operated by contractor organizations and subrecipient organizations.
- Establishes a new threshold of direct service provision that a health center must meet before HRSA will approve requests for new contractor- or subrecipient-operated sites. Specifically, the health center must currently, and continue to:
  - Deliver General Primary Medical Care, at a minimum directly through its own employees and volunteers, as documented on Form 5A: Services Provided; and
  - Directly operate at least one service site on Form 5B: Sites.
- Clarifies the applicability of FQHC benefits for these types of sites.

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

# CH 7: Temporary Sites in Response to Emergency Events

- 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.
- It also includes 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

# CH 8: Patients and Visits

- Defines how to establish a health center patient-provider relationship for the purposes of scope of project. This includes:
  - The patient receives an in-scope service from a provider providing a service on behalf of the health center;
  - The patient is located within or in an area adjacent to the health center's service area;
  - 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

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

- In Chapter 9, the Scope Manual establishes criteria for determining when services provided at locations other than a site are considered in the scope of the health center project.
- The criteria address scenarios for providing these services to both established health center patients and new patients.
- Form 5C: Other Activities/Locations is discontinued because criteria now exists, and must be met, for the inclusion of such activities within the scope of project.

# Chapter 10: Changes in Scope of Project

# CH 10: Changes-in-Scope Process

- Details regarding the CIS process in HRSA's Electronic Handbooks or EHBs and related timelines were removed. This information is housed and maintained on the BPHC scope of project website.
- This allows the Scope Manual to focus solely on Scope of Project policy and to update process related information, as needed, via the BPHC website.
- Additional information included in Chapter 10 related to special medically underserved population-only health centers adding a new statutory population.

# Questions?



# Thank You!

- We hope you found the presentation informative and helpful.
- If you have additional questions about the Scope Manual, submit them through the BPHC Contact Form: [https://hrsa.my.site.com/support/s/].
- Select the “Health Center Program Policy and Information” category, then select “Scope Manual General Inquiry” as the topic.

# Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov

Sign up for the HRSA *eNews*

FOLLOW US: