

ADD A SITE TO SCOPE



1. **NEED AND RATIONALE:** Discuss why and how the addition of the proposed site will address unmet need by maintaining or increasing access and maintaining or improving quality of care for the patient population.

a. Provide evidence that the proposed site will address unmet need by maintaining or increasing access to care for the population that will utilize the new site. Provide data only for the new site.

Total unserved low-income population in the proposed service area _____

Source _____

If these data/source are not consistent with the UDS Mapper map and data table, please explain:

Total number of patients projected to be served annually:

New patients _____

Existing patients _____

Of the total projected patients, anticipated % of patients with incomes at or below 200% of the Federal Poverty Guidelines: _____

Briefly explain how these projections were derived: _____

[Attachments]

Note: The UDS Mapper Map and Data Table are required and should be used to support the explanations provided in this CIS request; upload any additional need data/documentation as necessary. HRSA will use UDS Mapper data to assess unmet need and service area overlap. If UDS Mapper Map and Data Table are not yet available, attach other relevant and comparable documentation which supports this request. UDS Mapper: <http://www.udsmapper.org>.

b. What is the unmet need/justification for the proposed site? Select all that apply.

This is a comparable replacement site for an existing site awarded via a funding opportunity (e.g., New Access Point) that is no longer available. Note: The proposed site must serve the same zip codes and be comparable in terms of patient capacity to the site originally proposed in the approved application.

Provide the relevant application number: _____

The proposed service area has a Health Center Program (grantees and look-alikes) penetration rate for the low-income (below 200% of the Federal Poverty Guidelines) population at or below 25% as evidenced by the attached UDS Mapper data (i.e., 75% or more of the proposed service area's low-income population is not served under the Health Center Program).

The health center is exceeding capacity at a current location(s).

The health center is already serving a high number of patients from the proposed service area.

An existing provider is closing a site and/or no longer offering services to the patient population in the area.

One or more of the health center's existing sites is under renovation and a temporary service site is needed until the renovations are complete. Note: If the temporary site will no longer be utilized once the existing site(s) re-opens, a CIS request to delete the temporary site from scope must be submitted.

- Other Need/Special Circumstance (e.g. high level of chronic conditions in the low income population, gaps in coverage among different population groups, special population, limited service site need)

- c. Provide a brief discussion, as appropriate, for the selection of the proposed site in terms of:
- Relevant background information (e.g., adding site in response to: operational site visit finding, health center strategic plan, special funding obtained)
 - Reason for location type (e.g., permanent, mobile)
 - Rationale for site hours of operation (e.g., part-time versus full-time)
 - Rationale for types of services to be offered at the site (e.g., medical, oral , mental health)
 - Description if the proposed site will offer limited services (e.g., dental-only, behavioral health-only) or services to limited patient groups (e.g., school-aged children), of:
 - How all individuals who present for services at this site will have access to the full scope of health center required and additional services; and/or
 - How all individuals who are not among the limited group served by the site and who present at this site for care will be referred to other appropriate health center sites to receive services not available at the proposed site.

Proposed Date of Site Addition: [Date]

Note: Please review [Program Assistance Letter 2014-10: Updated Process for Change in Scope Submission, Review and Approval Timelines](#) and [Policy Information Notice 2008-01: Defining Scope of Project and Policy for Requesting Changes](#). In cases where a health center is not able to determine the exact date by which a CIS will be fully accomplished, BPHC will allow up to 120 days following the date of the CIS approval Notice of Award (NoA) or look-alike Notice of Look-Alike Designation (NLD) for the health center to implement the change (e.g., open the site). Review the [Program Assistance Letter 2009-11: New Scope Verification Process](#) for more information.

2. SERVICE AREA: Explain the proposed service area, existing safety net resources, and how the proposed new site will complement and not duplicate these existing resources.

Based on *UDS Mapper Map and Data Table* information, will the site serve all or part of a service area currently served by another health center grantee or look-alike and/or of another primary care safety net provider (rural health clinic, critical access hospital, health department, etc.)?

Yes No

If Yes, check all that apply:

- The site will serve a newly identified sub-group/underserved population (e.g., people experiencing homelessness, populations with limited English proficiency within the service area), whose health care needs are not being met.
- The site will serve an area where unmet need exceeds the capacity of the existing health center site(s) and/or other safety net providers.
- The site will serve a population where the distance and travel time to the nearest safety-net provider site, (e.g., health center grantee or look-alike, rural health clinic, critical access hospital) is a barrier for patients to access care.

Note: UDS Mapper is the best tool for identifying the nearest Health Center Program grantee or look-alike. Distance should be measured as the distance (in miles) from the address of the proposed service site to the nearest Health Center Program grantee or look-alike service sites. Use the UDS Mapper Distance tool and/or Google Maps to determine (1) the distance in miles between sites and (2) travel time by driving or public transportation, as appropriate (e.g., if at least 30% of the patient population uses public transportation as the main source of transportation to work, provide travel time based on public transport as opposed to providing travel time by car/drive time).

- Distance in miles: _____
- Travel time in minutes: _____

Required for any Yes response: Based on this answer and attached UDS Mapper data and other needs assessment documentation that shows other health centers and service providers and their penetration rates, address any service area overlap and how the proposed site will complement existing services and programs so as to minimize the potential for unnecessary duplication and/or overlap in services, sites or programs.

Note: Please upload any relevant letters of support from all health centers serving the same service area in the next section.

3. COLLABORATION WITH HEALTH CENTERS AND OTHER SAFETY NET PROVIDERS: For the purposes of this question, collaborative relationships are those that contribute to one or both of the following goals relative to the proposed site:

(1) Maximize access to required and additional services within the scope of the health center project for patients that will be served at the proposed site

and/or

(2) Promote the continuity of care of patients that will be served at the proposed site by coordinating with the services and activities of other federally funded, as well as State and local, health services delivery projects and programs serving the same or a similar patient population (e.g., other health centers, rural health clinics, hospitals, health departments).

a. Describe the established and/or proposed collaboration with other health centers and safety net providers (e.g., health departments, rural health clinics, hospitals) within and adjacent (e.g., neighboring ZIP codes) to the service area for this proposed site and how this collaboration will benefit the proposed patient population to be served.

b. Attach documentation of collaboration, including any agreements (e.g., MOA, MOU, contract), relevant and specific to the proposed site which support the response to 3a. If documentation could not be obtained, describe the outreach made to these service area providers concerning this proposed site and the result of this outreach.

[Attachment]

4. SITE OWNERSHIP/OPERATION (not required if site operated directly by health center)

FOR SITES OPERATED BY CONTRACT: If the proposed site is operated by a third party on behalf of the health center through a written contractual agreement between the health center and the third party (i.e., the health center is contracting with a third party for part or full operation of this service site):

- Provide the rationale for operating the site through a contract (as opposed to the health center operating the site directly); and
- Explain why this third-party organization was selected to operate the proposed site (e.g., contractor's capabilities and resources, experience with health center patient population).

Resources:

Procurement Standards: [http://www.ecfr.gov/cgi-](http://www.ecfr.gov/cgi-bin/retrieveECFR?qp=&SID=0386f369acd20f0e943466135faeed0b&r=PART&n=pt45.1.75#sq45.1.75_1324_675_1325.sq2)

[bin/retrieveECFR?qp=&SID=0386f369acd20f0e943466135faeed0b&r=PART&n=pt45.1.75_1324_675_1325.sq2](http://www.ecfr.gov/cgi-bin/retrieveECFR?qp=&SID=0386f369acd20f0e943466135faeed0b&r=PART&n=pt45.1.75#sq45.1.75_1324_675_1325.sq2)

Contract: *A contract is used for the purpose of obtaining goods and services for the health center's own use and creates a procurement relationship with the contractor. Characteristics indicative of a procurement relationship between the health center and a contractor are when the contractor:*

- (1) Provides the goods and services within normal business operations;*
- (2) Provides similar goods or services to many different purchasers;*
- (3) Normally operates in a competitive environment;*
- (4) Provides goods or services that are ancillary to the operation of the federal program; and*
- (5) Is not subject to compliance requirements of the federal program as a result of the agreement, though similar requirements may apply for other reasons.*

For more information on determining whether an agreement for the disbursement of federal program funds casts the party receiving the funds in the role of a subrecipient or a contractor, please review 45 CFR 75.351. Please note that contractors are not able to qualify as federally qualified health centers. See [http://www.ecfr.gov/cgi-](http://www.ecfr.gov/cgi-bin/retrieveECFR?qp=&SID=0386f369acd20f0e943466135faeed0b&r=PART&n=pt45.1.75)

[bin/retrieveECFR?qp=&SID=0386f369acd20f0e943466135faeed0b&r=PART&n=pt45.1.75](http://www.ecfr.gov/cgi-bin/retrieveECFR?qp=&SID=0386f369acd20f0e943466135faeed0b&r=PART&n=pt45.1.75)

FOR SITES OPERATED BY SUBRECIPIENTS: If the proposed site is operated by a third party on behalf of the health center through a written subrecipient agreement between the health center and the subrecipient organization (i.e., the health center is providing a subaward to the organization to perform a substantive portion of the grant-supported program or project for the operation of the proposed site):

- Provide the rationale for operating the site through a subaward (as opposed to the health center operating the site directly);
- Describe actions taken to confirm that the subrecipient organization complies with all Health Center Program requirements and the terms and conditions of the federal award; and
- Describe actions for ongoing monitoring of the subawardee (as indicated in the attached subrecipient agreement) to ensure maintenance of Health Center Program requirements and the terms and condition of the federal award.



[Attachment]

Resources:

Subrecipient Monitoring and Management: http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=0386f369acd20f0e943466135faeed0b&r=PART&n=pt45.1.75#sg45.1.75_1344_675_1350.sg4

- **Subaward:** *An award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.*
- **Pass-Through Entity:** *A non-federal entity that provides a subaward to a subrecipient to carry out part of a federal program.*
- **Subrecipient:** *A non-federal entity that receives a subaward from a pass-through entity to carry out part of a federal program and is accountable to the recipient for the use of the funds provided but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.*
 - Characteristics which support the classification of the non-federal entity as a subrecipient include when the non-federal entity:
 - Determines who is eligible to receive what federal assistance;
 - Has its performance measured in relation to whether objectives of a federal program were met;
 - Has responsibility for programmatic decision making;
 - Is responsible for adherence to applicable federal program requirements specified in the federal award; and
 - In accordance with its agreement, uses the federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or

services for the benefit of the pass-through entity.

For more information on determining whether an agreement for the disbursement of federal program funds casts the party receiving the funds in the role of a subrecipient or a contractor, please review 45 CFR 75.351. See <http://www.ecfr.gov/cgi-bin/retrieveECFR?ap=&SID=0386f369acd20f0e943466135faeed0b&r=PART&n=pt45.1.75>

Note: Subrecipients are generally eligible to receive FQHC reimbursement under Medicaid and Medicare, 340B Drug Pricing, and FTCA coverage. However, such benefits are not automatically conferred and may require additional actions and approvals (e.g., submission and approval of a subrecipient deeming application.)