

Add A New Target Population



1. OVERVIEW

a. The proposed change will add the following target population to the health center’s scope of project:

- 330(e) General medically underserved population
- 330(g) Migratory and seasonal agricultural workers
- 330(h) Individuals experiencing homelessness
- 330(i) Residents of public housing

b. Patient Data: Provide the number and proportion of patients that your health center has served at sites within the current approved scope of project (Form 5B) from the proposed new target population over the past three complete calendar years.

Year	Number of Patients from New Target Population Served Annually by Health Center	New Target Population Patients as a Percentage of Total health Center Patients Served Annually
		_%
		_%
		_%

c. Proposed Reallocation of Section 330 Funds: Describe how you propose that your current section 330 funding be reallocated to support services to the new target population.

Section 330 Funding	Current Annual (Federal) Section 330 Funding Allocation (Based on Current 12 Month Budget Period)	Proposed Annual (Federal) Section 330 Funding Reallocation (Based on Current 12 Month Budget Period) <i>The sum of the proposed subprogram funding amounts must be equal to the total annual funding amount.</i>	Projected Number of Patients to be Served in 12 Month Period following CIS Approval
330 (e) CHC	\$	\$	
330 (g) MHC	\$	\$	
330 (h) HCH	\$	\$	
330 (i) PHPC	\$	\$	
Total Section 330 Funding/ Total Patients	\$	\$	

2. MAINTENANCE OF APPROVED SCOPE OF PROJECT

Clearly describe in narrative format the health center’s plan for maintaining its current scope of project (i.e., sites and services) for the existing patient population(s). Specifically address how the health center is prepared to meet the primary care needs of the new target population while also assuring that resources will not be reduced for providing services to the current patient population.

3. SERVICE AREA ANALYSIS

This section addresses how the proposed addition of this target population will complement and not duplicate existing health services and resources within the service area.

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>

[Attachment - UDS Mapper Map & Data Table]

[Attachment – Other Supporting Need Documentation]

Based on *UDS Mapper Map and Data Table* information, will this proposed change result in your health center serving all or part of a service area or patient population currently served by another health center award recipient 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 health center 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 health center will serve an area where unmet need for this target population exceeds the capacity of the existing health center site(s) and/or other safety net providers.
- The health center will serve a population where the distance and travel time to the nearest safety-net provider site, (e.g., health center, 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 addition of the new target population will complement existing services and programs so as to minimize the potential for unnecessary duplication and/or overlap in services, sites or programs.

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

4. 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 target population:

(1) Maximize access to required and additional services within the scope of the health center project for target population patients that will be served; and/or

(2) Promote the continuity of care of target population patients 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 collaborative efforts 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 and how this collaboration will benefit the new target population.**

- 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 4a. If documentation could not be obtained, describe the outreach made to these service area providers concerning this proposed target population and the result of this outreach.**

[Attachment - Documentation of Collaboration]

5. PLAN TO MEET NEWLY APPLICABLE PROGRAM REQUIREMENTS

The addition of a new target population may impact which Health Center Program Requirements apply to the health center. Address how the health center can or will demonstrate compliance with any newly applicable Health Center Program Requirements resulting from the addition of the proposed target population. Attach supporting documentation (e.g., existing bylaws that already demonstrate compliance, draft revised bylaws, etc.).

Resources:

- Health Center Program Governance Policy Information Notice 2014-01:
<http://bphc.hrsa.gov/programrequirements/policies/pin201401.html>
- Form 5A: Services Provided - Service Descriptors:
<http://bphc.hrsa.gov/archive/about/requirements/scope/form5aservicedescriptors.pdf>

Newly Applicable Program Requirements

(applicable section depends on type of population added)

New Target Population - 330(e): General Underserved Community

Newly Applicable Program Requirement - Board Composition: Document that the health center's governing board currently meets all of the following board composition requirements. If the board does not yet meet these requirements, describe how and when they will be met:

- The health center governing board is composed of a majority of individuals whom are being served by the center and this majority as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex.
- The overall governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.
- The non-patient/consumer members of the board are representative of the community in which the center's service area is located and are selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.
- No more than one half (50%) of the non-patient/consumer board members derives more than 10% of their annual income from the health care industry.

Plan for Demonstrating Compliance with Program Requirement:

New Target Population - 330(h): Individuals Experiencing Homelessness

Newly Applicable Program Requirement - Required and Additional Services: Describe how the health center will assure that all appropriate substance abuse services for homeless populations are or will be available (either directly or via a formal written referral arrangement) among their required services.

Plan for Demonstrating Compliance with Program Requirement: