



# PROGRAM ASSISTANCE LETTER

**DOCUMENT NUMBER:** 2014-05

**DATE:** March 14, 2014

**DOCUMENT TITLE:** Updated Process for Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events

**TO:** Health Center Program Grantees and Look-Alikes  
Primary Care Associations  
Primary Care Offices  
National Cooperative Agreements

## **I. Purpose**

The purpose of this Program Assistance Letter (PAL) is to update information regarding the process for requesting a change in scope to the federal scope of project to add temporary locations in response to emergency events. For ease of reference, this PAL contains an attachment which consolidates the related scope policy contained in Policy Information Notice (PIN) 2008-01, "Describing Scope of Project and Policy for Requesting Changes" (specifically Section II.c of the PIN) and PIN 2007-16, "Federal Tort Claims Act (FTCA) Coverage for Health Center Program Grantees Responding to Emergencies."<sup>1</sup>

This PAL does not address a health center's scope of project for purposes of Medicaid/Medicare reimbursement during an emergency or eligibility for the 340B Drug Pricing Program during an emergency. This PAL also does not address Federal Tort Claims Act (FTCA) coverage for FTCA-deemed Health Center Program grantees during an emergency. For information on FTCA coverage for FTCA-deemed Health Center Program grantees, please refer to the "Federal Tort Claims Act (FTCA) Health Center Policy Manual" (PIN 2011-01)<sup>2</sup>. In addition, for general

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<sup>1</sup> The FTCA-related information in PIN 2007-16 is contained in the "Federal Tort Claims Act (FTCA) Health Center Policy Manual" (PIN 2011-01).

<sup>2</sup> Available on the HRSA/BPHC website at <http://www.bphc.hrsa.gov/ftca/healthcenters/>.

information on health center emergency preparedness, please refer to “Health Center Emergency Management Expectations” (PIN 2007-15)<sup>3</sup>.

## **II. Applicability**

This PAL applies to all health centers funded under sections (e), (g), (h), and (i) of the Health Center Program authorized in section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) (“section 330”). It also applies to organizations designated as look-alikes under the authority of section 1861(aa)(4) and section 1905(l)(2)(B) of the Social Security Act, since these facilities are subject to all Health Center Program requirements. Throughout this PAL, “health center” refers to all the organizations described above.

## **III. Background**

In certain circumstances (see [Attachment](#)), health centers are permitted to request a change in scope of project to temporarily add a location in response to emergency events. For the purposes of this PAL, an “emergency” or “disaster” is defined as an event affecting the overall target population and/or the community at large, which precipitates the declaration of a state of emergency at a local, State, regional, or national level by an authorized public official such as a governor, the Secretary of the U.S. Department of Health and Human Services, or the President of the United States. Examples include, but are not limited to: hurricanes, floods, earthquakes, tornadoes, wide-spread fires, and other natural/environmental disasters; civil disturbances; terrorist attacks; collapses of significant structures within the community (e.g., buildings, bridges); and infectious disease outbreaks and other public health threats. In addition, in situations where an emergency has not been officially declared, HRSA will evaluate on a case-by-case basis whether extraordinary circumstances justify a determination that the situation faced by the health center constitutes an “emergency.”

## **IV. Updated Process for Requesting a Change in Scope of Project in Response to an Emergency Event**

To ensure that the emergency response at temporary locations is considered part of the center’s scope of project, the health center must provide the following information to HRSA (contact information provided below) by email or phone:

1. Health center name.
2. The name of a health center representative and this person’s contact information.
3. The event, and whether a state of emergency has been officially declared by an authorized public official such as a governor, the Secretary of the U.S. Department of Health and Human Services, or the President of the United States, or if there has

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<sup>3</sup> Available on the HRSA/BPHC website at <http://www.bphc.hrsa.gov/policiesregulations/policies/pin200715expectations.html>.

been an official warning issued regarding an anticipated emergency event by an authorized public official. (This should be no more than one to two sentences.)

4. A brief statement on how the health center, the target population, and/or a medically underserved population have been impacted. (This should be no more than one to two sentences.)
5. A brief description of the emergency response activities. The request must include a summary of the requested change in scope of project, including:
  - Temporary address information, and
  - The date emergency response activities at the site were initiated (if they have already started); and
6. Verification and/or assurance that each of the four applicable criteria for adding temporary locations will be met. For information on the criteria, health centers may refer to the [Attachment](#). If the temporary site is within the health center's current service area or within neighboring counties, parishes, or other political subdivisions adjacent to the health center's service area, see the [Adding Temporary Sites Within or Adjacent to the Service Area](#) section. If the temporary site is outside of these areas, see the [Adding Temporary Sites Outside the Service Area](#) section<sup>4</sup>.

**Health centers must submit this information as soon as practicable but no later than 15 calendar days after initiating emergency response activities.** HRSA will determine on a case by case basis whether extraordinary circumstances justify an exception to the 15-day notification requirement.

**Health centers should submit this information to HRSA via their HRSA Project Officer(s).**

If **neither** the Project Officer **nor** his/her designated back-up is available, the health center should contact its BPHC Program Division's mainline:

- Northeast Division (CT, RI, NH, VT, ME, MA, NJ, VI, PR, NY, MD, PA, DE, DC, VA, WV)  
301-594-4488
- Central Southeast Division (IA, KS, NE, MO, AL, FL, KY, TN, NC, SC, GA, MS)  
301-594-4420
- North Central Division (MI, OH, IL, IN, OR, ID, CO, UT, MT, WY, ND, SD, MN, WI, AK, WA): 301-443-0011
- Southwest Division (CA, NV, TX, AZ, NM, AR, LA, OK, HI, Pacific Islands)  
301-480-1130

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<sup>4</sup> As noted in the [Attachment - Change in Scope Requests for Non-impacted Health Centers](#) section, non-impacted health centers are not eligible to add temporary sites outside the service area, or beyond adjacent neighboring counties, parishes, or political subdivisions.

If the health center cannot reach its HRSA Project Officer **nor** his/her designated backup **nor** its BPHC Program Division, it should contact the BPHC Help Line at 1-877-947-BPHC or [bphchelp@hrsa.gov](mailto:bphchelp@hrsa.gov).

HRSA will confirm receipt of the temporary emergency site information to the health center. HRSA will make all efforts to provide rapid approval for such requests. Should further information or a more extensive review be required, HRSA will notify the health center, and expedite the review of these requests with a goal of notifying the grantee of HRSA's decision (i.e. approval or disapproval) as soon as possible (for example, within 48 hours of receipt of the request). If HRSA approves the request, the site will be added to the health center's scope of project through an internal HRSA process. Formal documentation, such as a Notice of Award, may be delayed, but will reflect HRSA's approved effective date. The approved effective date will be either the HRSA approval date or, if emergency response activities were initiated **within 15 days** of the request, the date those activities were initiated. HRSA will determine on a case by case basis whether extraordinary circumstances justify an exception.

**Approval of the temporary site will automatically expire 90 days after the site's approved effective date, regardless of the issue date of formal documentation and the temporary site will be removed from the health center's scope of project. If a health center needs to continue operating at a temporary site beyond 90 days from the approved effective date, the health center must submit a formal change in scope request to add the site. Health centers in this situation should contact their Project Officers, and submit the formal request with sufficient time for HRSA processing.**

## **V. Contact**

For further assistance regarding change in scope requests during emergencies on an individual health center level, Health Center Program grantees and look-alikes are encouraged to contact their Project Officers.

**ATTACHMENT: Consolidated Change-in-Scope Policy during  
Emergency Events for Health Centers**

This attachment to PAL 2014-05, “Updated Process for Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events,” is based on the related scope policy contained in PIN 2008-01, “Describing Scope of Project and Policy for Requesting Changes” (specifically Section II.c of the PIN) and PIN 2007-16, “Federal Tort Claims Act (FTCA) Coverage for Health Center Program Grantees Responding to Emergencies.” For the purposes of the Health Center Program’s change-in-scope policy during emergency events, an “emergency” or “disaster” is defined as an event affecting the overall target population and/or the community at large, which precipitates the declaration of a state of emergency at a local, State, regional, or national level by an authorized public official such as a governor, the Secretary of the U.S. Department of Health and Human Services, or the President of the United States. Examples include, but are not limited to: hurricanes, floods, earthquakes, tornadoes, wide-spread fires, and other natural/environmental disasters; civil disturbances; terrorist attacks; collapses of significant structures within the community (e.g., buildings, bridges); and infectious disease outbreaks and other public health threats. In addition, in situations where an emergency has not been officially declared, HRSA will evaluate on a case-by-case basis whether extraordinary circumstances justify a determination that the situation faced by the health center constitutes an “emergency.”

**Adding Temporary Sites Within or Adjacent to the Service Area**

HRSA recognizes that during an emergency, health centers are likely to participate in an organized State or local response and provide primary care services at temporary locations. Temporary locations could include, but are not limited to, any place that provides shelter to evacuees and victims of an emergency. It also may include those locations where mass immunizations or medical care is provided as part of a coordinated effort to provide temporary medical infrastructure where it is most needed. A temporary service site at one of these locations meeting specific criteria outlined below will be considered part of a health center’s scope of project and will only require a notification to HRSA (containing the information described in [Section IV: Updated Process for Requesting a Change in Scope of Project in Response to an Emergency Event](#)). The four criteria are:

1. Services provided by health center staff at such locations are on a temporary basis;
2. Temporary sites are within the health center’s service area or neighboring counties, parishes, or other political subdivisions adjacent to the health center’s service area;
3. Services provided by health center staff are within the approved scope of project<sup>5</sup>; and

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<sup>5</sup> Please note that all applicable State licensure requirements apply in all instances. For more information on policies related to credentialing and privileging of providers, please see PIN 2001-16: “Credentialing and Privileging of Health Center Practitioners” (<http://www.bphc.hrsa.gov/policiesregulations/policies/pin200116.html>) and PIN 2002-22: “Clarification of Credentialing and Privileging Policy Outlined in PIN 2001-16” (<http://www.bphc.hrsa.gov/policiesregulations/policies/pin200222.html>).

4. All activities of health center staff are conducted on behalf of the health center.

### **Adding Temporary Sites Outside the Service Area**

In rare cases, an emergency may impact an entire region or State, causing widespread devastation and evacuation of the population served by the health center to another area of the State or region. In those unique situations, a health center may be called upon to fulfill its mission under the Health Center Program by continuing to provide care to its original target population, which has been displaced by the emergency to a different part of the State or region. In these instances, the health center may submit a request for prior approval (via the process described in [Section IV: Updated Process for Requesting a Change in Scope of Project in Response to an Emergency Event](#)) to change its scope of project to include operation of a temporary site within the health center's general geographic region, but outside the health center's regular service area and beyond areas adjacent to the health center's service area. The primary purpose of any such scope change should be to provide medical care to the health center's target population and to other medically underserved populations that may have been displaced by the disaster.

Therefore, the following criteria must be met in order for the temporary site outside of the service area and in an area that is not in an adjacent neighboring county, parish, or political subdivision, to be eligible for inclusion within the scope of project:

1. The health center must demonstrate that the purpose of the temporary site is to provide services primarily to its original health center target population which has been displaced by the emergency, and if appropriate for the health center, to other medically underserved populations that may have been displaced by the emergency;
2. Services provided by health center staff at such locations are on a temporary basis;
3. Services are within the approved scope of project<sup>6</sup>; and
4. All activities of health center staff are conducted on behalf of the health center.

### **Change in Scope Requests for Non-impacted Health Centers**

In emergency situations, health centers that are not directly impacted by the emergency may:

1. Provide staff and/or resources to assist at temporary sites operated by other health centers or other community organizations within the non-impacted health center's

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<sup>6</sup> Please note that all applicable State licensure requirements apply in all instances. For more information on policies related to credentialing and privileging of providers, please see PIN 2001-16: "Credentialing and Privileging of Health Center Practitioners" (<http://www.bphc.hrsa.gov/policiesregulations/policies/pin200116.html>) and PIN 2002-22: "Clarification of Credentialing and Privileging Policy Outlined in PIN 2001-16" (<http://www.bphc.hrsa.gov/policiesregulations/policies/pin200222.html>).

service area or within adjacent neighboring counties, parishes, or political subdivisions;  
and/or

2. Operate temporary sites within the non-impacted health center's service area or within adjacent neighboring counties, parishes, or political subdivisions by including the temporary locations within the scope of project as described in [Adding Temporary Sites Within or Adjacent to the Service Area](#).

In either (1) or (2), the health center must notify HRSA by submitting information through the process described in [Section IV: Updated Process for Requesting a Change in Scope of Project in Response to an Emergency Event](#).

Non-impacted health centers are not eligible to submit CIS requests to add temporary sites to respond to emergency events outside their service area, or beyond adjacent neighboring counties, parishes, or political subdivisions. Employees of non-impacted health centers who provide care during emergencies outside their health center's service area, or beyond adjacent neighboring counties, parishes, or political subdivisions, will not be eligible for the benefits associated with the Health Center Program for these activities.