

Service Descriptors for Form 5A: Services Provided

Background

Services are one of five elements that comprise the scope of project, as described in the Bureau of Primary Health Care's (BPHC) scope of project policy ([PIN 2008-01: Defining Scope of Project and Policy for Requesting Changes](#) [PDF]). Specifically, the scope of project defines the approved service sites, services, providers, service area(s) and target population(s) which are supported (wholly or in part) under the total budget approved for the health center.

Health centers are required to provide a set of primary health care services described in statute and regulations. Health centers may also provide additional health services, beyond those required by statute or regulations, *as appropriate* to meet the needs of the population served by the health center, including certain specialty services. Any service, whether required or additional, may be provided *directly by the health center or through established (formal) arrangements*. The term "established arrangement" means an arrangement where a service is provided through a formal written contract or cooperative arrangement (section 330(a)(1) of the PHS Act). All services within the approved Health Center Program scope of project must be appropriately recorded on Form 5A: Services Provided (Form 5A) in the HRSA Electronic Handbooks Scope Module.

Health centers should keep in mind the following requirements and considerations related to the delivery of services.

- The *specific amount and level or intensity of services may vary by health center* based on a number of factors including, but not limited to: the population served, demonstrated unmet need in the community, provider staffing, collaborative arrangements and/or State licensing requirements.
- *Services provided by a health center are defined at the grantee/designee level, not by individual site*. Thus, not all services must be available at every health center service site; rather, health center patients must have reasonable access to the full complement of services offered by the center as a whole, either directly or through formal written established arrangements.
- Once a service is included in the approved scope of project, it *must be available to all patients regardless of ability to pay and be discounted in accordance with the health center's sliding fee discount program*.
- Health centers should assure services are provided in a culturally and linguistically appropriate manner based on the target population(s). In assuring that services are appropriate for the needs of the patient population served, the health center must take reasonable steps to provide meaningful access to health center services for patients with limited English proficiency.

NOTE: HRSA considers specialty services to be within the broad category of "additional" health services, defined in section 330 as services that are not included as required primary health care services and that are (1) necessary for the adequate support of primary health services and (2) appropriate to meet the health needs of the population served by the health center. Refer to [PIN 2009-02: Specialty Services & Health Centers' Scope of Project](#) (PDF).

Overview

The Form 5A service descriptors outline the general elements for all services, both Required and Additional, to assist in accurate recording of the approved Health Center Program scope of project.

The descriptors are broadly written to acknowledge the variety of staff and provider types that may deliver any one service and to ensure individual health centers understand where and how to appropriately record the services they provide within the Health Center Program scope of project on Form 5A. For example, in the case of obstetrical care, the service may be provided by a family practice physician, certified nurse midwife, OB/GYN physician, and/or other appropriate provider. Additionally, both clinical and non-clinical workers (e.g., physician assistants, registered nurses, promotoras, community workers, doulas) may provide or support the delivery of a service. All providers must be properly credentialed and privileged (i.e., appropriately trained and licensed) to perform any service(s), activities and/or procedures on behalf of the health center. (For further information, review the Health Center Program Compliance Manual, [Chapter 5: Clinical Staffing](#).) In addition, health centers must ensure that any/all Federal, State and local standards/accreditation requirements of the facility where the service is provided have been met.

NOTE: Key benefits that health centers should consider and/or actively plan to address prior to requesting a change in scope include Medicaid and Medicare FQHC reimbursement, FTCA coverage (eligible to grantees only), and 340B Drug Pricing benefits for a specific service, as appropriate. While identification within a scope of project is required for participation in these programs, it is not a guarantee that these benefits will be realized. Each of these programs has a specific application process and a comprehensive set of requirements, of which scope of project is only one

Descriptors for Required Services

Health centers are required to provide, either directly or through an established arrangement, a set of primary health care services. The descriptors for the Required Services provide a “floor” for what elements, at a minimum, are included for a particular service. In addition, where applicable the descriptors:

- Provide detail as to what “may” (but is not required to) be included for a particular service to account for health centers that may provide a more expansive or an intense level of a service. In these instances, a separate change in scope (CIS) request is not needed.
- Identify a “ceiling” that clarifies what is not included in a particular service and thus where a separate change in scope request is required.

Descriptors for Additional Services

When considering what additional services to provide, health centers should thoroughly investigate the costs, benefits, and risks before making such decisions. In general, a health center must prioritize making required primary health services available to all patients before proposing to add additional health services, including additional specialty services. Each health center must determine whether adding additional services as part of approved scope of project is appropriate for the population served, demonstrated unmet need, and other relevant factors.

The descriptors for Additional Services:

- Provide detail as to what “may” (but is not required to) also be included for a particular service to account for health centers that may provide

a more expansive or an intense level of a service. In these instances, a separate change in scope request is not needed.

- Identify a “ceiling” that clarifies what is not included in a particular service and thus where a separate change in scope request is required.

Specialty Services are recorded under Additional Services, on Form 5A.

- When a proposed specialty service change in scope request is approved, only those aspects of the specialty service, described within the change in scope request, will be included within the approved scope of project.

Table of Contents

Service Descriptors for Form 5A: Services Provided	1
Background	1
Overview	2
Descriptors for Required Services	2
Descriptors for Additional Services	2
REQUIRED SERVICES	6
General Primary Medical Care	6
Diagnostic Laboratory	7
Diagnostic Radiology	8
Screenings	9
Coverage for Emergencies During and After Hours	10
Voluntary Family Planning	11
Immunizations	12
Well Child Services	12
Gynecological Care	13
Obstetrical Care	14
• Prenatal Care	15
• Intrapartum Care (Labor & Delivery)	15
• Postpartum Care	16
Preventive Dental	17
Pharmaceutical Services	18
HCH Required Substance Use Disorder Services (Health Care for the Homeless only)	19
Case Management	20
Eligibility Assistance	20
Health Education	21

Outreach	22
Transportation	22
Translation	23
ADDITIONAL SERVICES.....	24
Additional Dental Services	24
Behavioral Health Services	24
• Mental Health Services	25
• Substance Use Disorder Services.....	26
Optometry	27
Recuperative Care Program Services.....	27
Environmental Health Services.....	28
Nutrition	29
Occupational Therapy.....	29
Physical Therapy	29
Speech-Language Pathology/ Therapy	29
Complementary and Alternative Medicine	30
Additional Enabling/ Supportive Services.....	30

REQUIRED SERVICES

5A Service	Service Descriptor	Statute Reference	Regulation Reference
General Primary Medical Care	General primary medical care services are comprehensive and address prevention as well as acute and chronic conditions. At a minimum, these services include assessment, diagnosis, screening, education and treatment; referrals; and follow- up of such services. Any referrals are based on the provider's documented assessment of the health center patient, indicating the medical necessity for referral(s) to other health-related services (including but not limited to specialty, mental health and substance use disorder services). Follow-up of services includes the medical coordination of ongoing treatment involved with the transfer or discharge planning of health center patients in various settings.	Section 330(b)(1)(A) "(i)Basic Health Services: (I) Health services related to family medicine, internal medicine, pediatrics, obstetrics or gynecology, that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives; (II) diagnostic laboratory and radiologic services; (III) preventive health services, including-- ..."	42 CFR, Part 51c.102(h) "Primary health services means: (1) Diagnostic treatment, consultative, referral, and other services rendered by physicians, and, where feasible, by physicians' extenders, such as physicians' assistants, nurse clinicians, and nurse practitioners;"

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Diagnostic Laboratory	Diagnostic laboratory services are screening and diagnostic tests ordered by health center providers to provide information for the assessment of health center patients. At a minimum, these services include the specimen collection, processing and interpretation of the result, and must include access to a combination of: a) Clinical Laboratory Improvement Amendments (CLIA) waived tests; and b) moderate complexity laboratory tests, which are appropriate for the treatment and management of common conditions of the patient population. Services may also include access to high complexity laboratory tests in the support of basic health services, ordinarily provided by a certified reference laboratory.	Section 330(b)(1)(A) “(i) Basic Health Services:... (II) Diagnostic Laboratory and Radiologic Services”	42 CFR, Part 51c.102(h) “Primary Health Services means:...(2) Diagnostic laboratory services and diagnostic radiologic services”

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Diagnostic Radiology	Diagnostic radiology services are the processing and interpreting of radiologic images to guide the health center provider's subsequent care and/or treatment of a patient. At a minimum, these services are inclusive of plain medical films. All other types of advanced diagnostic radiology (e.g., CT, MRI, diagnostic mammogram, advanced ultrasound, advanced imaging or nuclear medicine) are considered specialty services. NOTE: Other service descriptors reference associated diagnostic radiology services that are included in the scope of project of the related service. For instance, screening mammography is considered a screening service; basic obstetrical ultrasounds are a prenatal service; basic gynecology imaging (i.e., ultrasound) is a gynecology service; and dental x-rays are part of preventive and additional dental services.	Section 330(b)(1)(A) “(i) Basic Health Services:… (II) Diagnostic Laboratory and Radiologic Services”	42 CFR, Part 51c.102(h) “Primary Health Services means:…(2) Diagnostic laboratory services and diagnostic radiologic services”

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Screenings	Screening services are performed based on identified risk factors in the patient population and/or communities to evaluate, treat, and educate a health center patient. At a minimum, these services include all of the following: cancer, communicable disease, cholesterol and blood lead. Cancer screenings at a minimum must include, but are not limited to, screening for breast, cervix, and colorectal cancers (e.g., mammography, Pap testing, fecal occult blood testing, sigmoidoscopy, colonoscopy). Communicable disease screenings at a minimum must include, but are not limited to, testing for tuberculosis, HIV, Hepatitis B and C, and other sexually transmitted diseases/infections based on a patient's identified risk factors. Cholesterol screenings are blood tests used to assess and understand a patient's risk for cardiovascular disease. Blood lead screenings at a minimum must comply with recommendations of state and/or local health departments for children at-risk for elevated blood lead levels. Additional communicable disease screenings that are appropriate for special populations may also be included (e.g., screening for parasitic infections in migratory and/or seasonal agricultural worker populations).	Section 330(b)(1)(A) “(i) Basic Health Services:... (III) Preventive Health Services, including--(aa) prenatal and perinatal services; (bb) appropriate cancer screening; (cc) well- child services; (dd) immunizations against vaccine-preventable diseases; (ee) screenings for elevated blood lead levels, communicable diseases, and cholesterol”	Not described

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Coverage for Emergencies During and After Hours	During the health center’s regularly scheduled hours, at a minimum, health centers must have clearly defined processes and arrangements to respond to patients presenting with emergencies and to transfer patients to a more appropriate setting for additional health care services when appropriate. After the health center’s regularly scheduled hours, at a minimum, after hours coverage includes the provision of telephone access through clearly defined written arrangements, to an individual who has the qualification and training (consistent with licensing requirements in the health center’s jurisdiction) to exercise professional judgment in assessing a health center patient's need for emergency medical care and if appropriate, who can then refer patients to a covering physician or licensed or certified independent practitioner, and/or to locations such as emergency rooms or urgent care facilities for further assessment or immediate care. A patient’s need for emergency medical care might arise from an emergent physical, oral, behavioral and/or other health need and therefore, the health center’s after hours arrangement must have the capacity to address comprehensive emergent health situations. The coverage arrangement must include provisions to facilitate follow-up by the health center for patients accessing after hours coverage, as appropriate.	Section 330(b)(1)(A) “(i) Basic Health Services... (IV) emergency medical services”	42 CFR, Part 51c.102(h) “Primary Health Services means:...(4) Emergency medical services, including provision, through clearly defined arrangements, for access of users of the center to health care for medical emergencies during and after the center’s regularly scheduled hours;”

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Voluntary Family Planning	Delivery of voluntary family planning and related services is a required primary health service under section 330(b)(1)(A) of the Public Health Service Act for Health Resources and Services Administration's (HRSA)-supported health centers. Voluntary family planning services are preventive health services that may include: counseling on family planning options; contraceptive services; effective family planning practices; sterilization procedures that are determined by an individual and the individual's medical provider to be medically appropriate; and management of patient care related to such services. Consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed.	Section 330(b)(1)(A) “(i) Basic Health Services... (III) Preventive Health Services, including...(gg) voluntary family planning services”	42 CFR, Part 51c.102(h) “Primary Health Services means...(3) Preventive health services, including medical social services, nutritional assessment and referral, preventive health education, children's eye and ear examinations, prenatal and post-partum care, prenatal services, well child care (including periodic screening), immunizations, and voluntary family planning services;”

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Immunizations	Immunization services are the provision of age appropriate preventive vaccines. These services may also include any immunizations recommended by Federal, state or local authorities to address an outbreak.	Section 330(b)(1)(A) “(i) Basic Health Services... (III) Preventive Health Services, including--...(dd) immunizations against vaccine-preventable diseases,”	42 CFR, Part 51c.102(h) “Primary Health Services means...(3) Preventive health services, including medical social services, nutritional assessment and referral, preventive health education, children's eye and ear examinations, prenatal and post-partum care, prenatal services, well child care (including periodic screening), immunizations, and voluntary family planning services;”
Well Child Services	Well child services are age appropriate preventive care and treatment for newborns through adolescents. At a minimum, these services must include regular/periodic physical exams and measurements; appropriate screenings and tests to assess vision, hearing, oral health, growth and development, and immunization status; and health education and counseling.	Section 330(b)(1)(A) “(i) Basic Health Services:... (III) Preventive Health Services, including...(cc) well- child services”	42 CFR, Part 51c.102(h) “Primary Health Services means... (3) Preventive health services, including medical social services, nutritional assessment and referral, preventive health education, children's eye and ear examinations, prenatal and post-partum care, prenatal services, well child care (including periodic screening), immunizations, and voluntary family planning services;”

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Gynecological Care	Gynecological services include pelvic and breast exams, cervical cancer screening, and the review of menstrual and reproductive history, gynecological symptoms, and basic gynecological ultrasounds. Such services may also include common gynecological procedures required to ensure continuity of care for health center patients (e.g., colposcopy, hysterectomy, and fibroid removal). Advanced gynecological services, such as gynecologic oncology, urogynecology, reproductive endocrinology, and infertility, are considered specialty services. Consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed.	Section 330(b)(1)(A) “(i) Basic Health Services: (I) Health services related to family medicine, internal medicine, pediatrics, obstetrics or gynecology, that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives; (II) diagnostic laboratory and radiologic services; (III) preventive health services, including-...”	42 CFR, Part 51c.102(h) “Primary health services means: (1) Diagnostic treatment, consultative, referral, and other services rendered by physicians, and, where feasible, by physicians' assistants, nurse clinicians, and nurse practitioners;”

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Obstetrical Care	Obstetrical services include the clinical assessment, management/treatment, and coordination of services and referrals to care for planning pregnancy, during pregnancy, during labor and delivery, and after giving birth. Such services can be divided into three components: 1) prenatal; 2) intrapartum (labor and delivery); and 3) postpartum. These services should be consistent with the individual health center provider's licensure, credentials, and privileging. Consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed.	Section 330(b)(1)(A) “(i) Basic Health Services: (I) Health services related to family medicine, internal medicine, pediatrics, obstetrics or gynecology, that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives; (II) diagnostic laboratory and radiologic services; (III) preventive health services, including-- ...”	

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Prenatal Care	Prenatal care includes regular screening (including labs and basic ultrasounds), ongoing monitoring of uterine and fetal growth, risk assessment, and counseling. Maternal-fetal medicine (i.e., perinatology) is considered a specialty service.	Section 330(b)(1)(A) “(i) Basic Health Services:… (III) Preventive Health Services, including...(aa) prenatal and perinatal services”	42 CFR, Part 51c.102(h) “Primary Health Services means...(3) Preventive health services, including medical social services, nutritional assessment and referral, preventive health education, children's eye and ear examinations, prenatal and post-partum care, prenatal services, well child care (including periodic screening), immunizations, and voluntary family planning services;”
Intrapartum Care (Labor & Delivery)	Intrapartum care includes birthing care and care for the newborn during labor and birth and ongoing assessment and potential transfer to an appropriate delivery and/or postnatal care setting. Maternal-fetal medicine (i.e., perinatology) is considered a specialty service.	Section 330(b)(1)(A): “(i)Basic Health Services: (I) Health services related to family medicine, internal medicine, pediatrics, obstetrics or gynecology, that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives; (II) diagnostic laboratory and radiologic services; (III) preventive health services, including-- ...”	

5A Service	Service Descriptor	Statute Reference	Regulation Reference
• Postpartum Care	Postpartum care includes postpartum checkup(s), along with appropriate follow-up treatment and education, for up to a year.	Section 330(b)(1)(A): “(i)Basic Health Services: (I) Health services related to family medicine, internal medicine, pediatrics, obstetrics or gynecology, that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives; (II) diagnostic laboratory and radiologic services; (III) preventive health services, including--...”	42 CFR, Part 51c.102(h) “Primary Health Services means...(3) Preventive health services, including medical social services, nutritional assessment and referral, preventive health education, children's eye and ear examinations, prenatal and post-partum care, prenatal services, well child care (including periodic screening), immunizations, and voluntary family planning services;”

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Preventive Dental	Preventive dental services prevent diseases of the oral cavity and related structures. At a minimum, these services include all of the following: basic dental screenings and recommendations for preventive intervention; oral hygiene instruction and related oral health education (e.g., prevention of oral trauma and oral cancer); oral prophylaxis, as necessary; and topical application of fluorides (e.g., fluoride varnishes) and the prescription of fluorides for systemic use when not available in the water supply. Services may include application of sealants, and diagnostic screening for caries and periodontal disease through the use of dental x-rays.	Section 330(b)(1)(A) “(i) Basic Health Services:… (III) Preventive Health Services, including…(hh) preventive dental services”	42 CFR, Part 51c.102(h) “Primary Health Services means…(6) Preventive dental services provided by a licensed dentist or other qualified personnel, including (i) oral hygiene instruction; (ii) oral prophylaxis, as necessary; and (iii) topical application of fluorides, and the prescription of fluorides for systemic use when not available in the community water supply.”

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Pharmaceutical Services	Pharmaceutical services provide access to prescribed medications. These services may include a broad spectrum of functions ranging from the dispensing and tracking of medications to pharmacist-delivered patient care services (e.g., disease state management, medication reconciliation, therapeutic monitoring, wellness promotion, and disease prevention).	Section 330(b)(1)(A) “(i) Basic Health Services:... (V) pharmaceutical services as may be appropriate for particular centers”	42 CFR, Part 51c.102(j) “Supplemental health services means health services which are not included as primary health services and which are: ... (9)Pharmaceutical services, including the provision of prescription drugs;”

5A Service	Service Descriptor	Statute Reference	Regulation Reference
HCH Required Substance Use Disorder Services (Health Care for the Homeless only)	Substance use disorder services are screening, diagnosis, and treatment services for substance use disorders (e.g., abuse of alcohol, tobacco, prescription drugs). At a minimum, these services include: age appropriate, harm/risk reduction and age appropriate counseling to address identified risk factors, support abstinence, and/or decrease negative consequences of substance use disorder; detoxification to manage withdrawal symptoms associated with substance use disorder; and treatment/rehabilitation, to include individual and/or group treatment, counseling and case management. Treatment may occur in out-patient or short-term residential settings and may include medication-assisted treatment (e.g., buprenorphine products, methadone, naltrexone).	Section 330(h) – Health Care for the Homeless only "(5)(B) Substance use disorder services. The term "substance use disorder services" includes detoxification, risk reduction, outpatient treatment, residential treatment, and rehabilitation for substance abuse provided in settings other than hospitals."	

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Case Management	Case management services are the coordination of support and enabling services to meet the ongoing needs of a patient. At a minimum, these services include an assessment of factors affecting health (e.g., medical, social, housing, or educational), counseling and referrals to address identified needs and periodic follow-up of services.	Section 330(b)(1)(A) “ (iii) Patient case management services (<i>including counseling, referral, and follow-up services</i>) and other services designed to assist health center patients in establishing eligibility for and gaining access to Federal, State, and local programs that provide or financially support the provision of medical, social, housing, educational, or other related services;”	
Eligibility Assistance	Eligibility assistance services are support to health center patients to establish eligibility for and gain access to appropriate federal, state and local programs that provide or financially support the provision of medical, social, educational, housing, or other related services (e.g., Medicaid, Veteran’s benefits, the Special Supplemental Nutrition Assistance Program, Legal Aid).	Section 330(b)(1)(A) “...(iii) Patient case management services (<i>including counseling, referral, and follow-up services</i>) and other services designed to assist health center patients in establishing eligibility for and gaining access to Federal, State, and local programs that provide or financially support the provision of medical, social, housing, educational, or other related services;”	

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Health Education	Health education services are a variety of learning experiences designed to help individuals improve their health. At a minimum, these services include education regarding the availability and appropriate use of health services. Services may include primary prevention and/or targeted education on self-managed care and other health promoting behaviors for patients with identified risk factors or conditions (e.g., tobacco cessation). These services may also include education on injury prevention and unique needs and risks of special populations (e.g., education to prevent common exposures experienced by migratory and/or seasonal agricultural workers).	Section 330 (b)(1)(A) “...(V) education of patients and the general population served by the health center regarding the availability and proper use of health services”	42 CFR, Part 51c.102(j) “...(13) Health education services”

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Outreach	Outreach services are a broad range of culturally and linguistically appropriate activities focused on recruiting and retaining patients from the target population/service area. At a minimum, these services must promote awareness of the health center's services and support entry into care. These services do not involve direct patient care where a provider is generating a face-to-face visit with a patient, documenting the care in a patient medical record, or exercising clinical judgment in the provision of services to a patient.	Section 330(b)(1)(A) "... (iv) Services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English- speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals);"	42 CFR, Part 51c.102(j) "... (14) services, including the services of outreach workers, which promote and facilitate optimal use of primary health services and services....if a substantial number of individuals in the population served by the center are of limited English-speaking ability, the services of outreach workers and other personnel fluent in the language or languages spoken by such individuals."
Transportation	Transportation services are services that enable patients to access health center services when transportation would otherwise be a barrier to care (e.g., providing transport vans, bus tokens or vouchers for public transportation, or linkages to other community transportation programs).	Section 330 (b)(1)(A) "... (iv) Services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English- speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals);"	42 CFR, Part 51c.102(h) "Primary Health Services means... (5) Transportation services as needed for adequate patient care, sufficient so that residents of the catchment area served by the center with special difficulties of access to services provided by the center receive such services;"

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Translation	Translation services are services to make care linguistically accessible and culturally responsive for individuals with limited English proficiency and/or a disability impacting communication. At a minimum, these services includes the timely availability of professional translation (written) and interpretation (oral) services (e.g., access to bilingual providers, onsite interpreters, language telephone line) based on the primary language(s) spoken by a substantial number of individuals in the health center's target population and service area. These services also include auxiliary aids to ensure effective communication with individuals who have disabilities.	Section 330 (b)(1)(A) “...(iv) Services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English- speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals);”	42 CFR, Part 51c.102(j) “...(14) services, including the services of outreach workers, which promote and facilitate optimal use of primary health services and services...if a substantial number of individuals in the population served by the center are of limited English-speaking ability, the services of outreach workers and other personnel fluent in the language or languages spoken by such individuals.”

ADDITIONAL SERVICES

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Additional Dental Services	Additional dental services are basic services at a general practice level to diagnose and treat disease, injury, or impairment in teeth and associated structures of the oral cavity and include any diagnostic x-rays or imaging. These services may include: fillings and single unit crowns; non-surgical-endodontics, extractions, periodontal therapies, bridges or dentures. Complex dental services (e.g., oral surgery, surgical endodontics, orthodontics) are considered specialty services.	Not described	42 CFR, Part 51c.102(j) “...(6) Dental services other than those provided as primary health services”
Behavioral Health Services	Behavioral health services encompass a wide array of services that address both mental health and substance use disorder.	Section 330(b)(2) “...(A) behavioral and mental health and substance use disorder services;”	42 CFR, Part 51c.102(j) “...(5) Mental health services, including services of psychiatrists, psychologists, and other appropriate mental health professionals;”

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Mental Health Services	Mental health services are the prevention, assessment, diagnosis, treatment/intervention, and follow-up of mental health conditions and disorders (e.g., depression, anxiety, attention deficit and disruptive behavior disorders) including care of patients with severe mental illness who have been stabilized. These services may include treatment and counseling for health center patients such as individual or group counseling/psychotherapy, cognitive-behavioral therapy or problem solving therapy, 24-hour crisis services, and case management services. Psychiatry is considered a specialty service.	Section 330(b)(2) "... (A) behavioral and mental health and substance use disorder services;"	42 CFR, Part 51c.102(j) "... (5) Mental health services, including services of psychiatrists, psychologists, and other appropriate mental health professionals;"

5A Service	Service Descriptor	Statute Reference	Regulation Reference
• Substance Use Disorder Services	Substance use disorder services are screening, diagnosis, and treatment services for substance use disorders (e.g., abuse of alcohol, tobacco, prescription drugs). These services may include: age appropriate, harm/risk reduction and age appropriate counseling to address identified risk factors, support abstinence and/or decrease negative consequences of substance use disorder; detoxification to manage withdrawal symptoms associated with substance use disorder; and/or treatment/rehabilitation, to include individual and/or group treatment, counseling and case management. Treatment may occur in out-patient or in short-term residential settings and may include medication-assisted treatment (e.g., buprenorphine products, methadone, naltrexone). NOTE: Health centers that do not receive HCH funding or designation, record substance use disorder services under the Additional Services section of Form 5A, under Behavioral Health Services. Health centers receiving Healthcare for the Homeless (HCH) funding or designation through 330(h) must record substance use disorder services under the Required Services section of Form 5A. For HCH health centers that also receive funding or designation to serve an additional population (e.g., 330(e)), substance use disorder services are only recorded once, under Required Services.	Section 330(b)(2) "... (A) behavioral and mental health and substance use disorder services;"	

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Optometry	Optometry services assess the health of the eyes and related structures. These services include conducting routine eye exams, prescribing glasses/contacts, identifying related systemic conditions affecting the eye, and treating injuries and disorders of the visual system. Ophthalmology and surgical procedures of the eye (e.g., laser surgery) are considered specialty services.	Not described	42 CFR, Part 51c.102(j) “(7) Vision services, including routine eye and vision examinations and provision of eyeglasses, as appropriate and feasible;”
Recuperative Care Program Services	Recuperative care program services are short-term care and case management provided to individuals recovering from an acute illness or injury that generally does not necessitate hospitalization, but would be exacerbated by their living conditions (e.g., street, shelter or other unsuitable places).	Section 330(b)(2) “(B) recuperative care services”	Not described

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Environmental Health Services	Environmental health services prevent, detect and mitigate unhealthy environmental conditions (e.g., contaminated water supply, chemical and pesticide exposures, air quality, exposure to lead, poor field sanitation, rodent and parasitic infestation, and aging or over-crowded housing).	Section 330(b)(2) “(C) environmental health services including--(i) the detection and alleviation of unhealthful conditions associated with--(I) water supply; (II) chemical and pesticide exposures; (III) air quality; or (IV) exposure to lead; (ii) sewage treatment; (iii) solid waste disposal; (iv) rodent and parasitic infestation; (v) field sanitation; (vi) housing; and (vii) other environmental factors related to health; and”	42 CFR, Part 51c.102 “...(d) <i>Environmental health services</i> means the detection and alleviation of unhealthful conditions of the environment of the catchment area, such as problems associated with water supply, sewage treatment, solid waste disposal, rodent and parasite infestation, and housing conditions. For the purposes of this part, the detection and alleviation of unhealthful conditions of the environment includes the notification of and making of arrangements with appropriate Federal, State, or local authorities responsible for correcting such conditions.”

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Nutrition	Nutrition services prevent and treat diseases and conditions through nutritional assessment, diagnosis and treatment. These services may include medical nutrition therapy, nutrition education and counseling, and other interventions to enhance knowledge and impact behaviors related to healthy eating, nutrition and health. These services may include the nutrition services of a WIC program, if the WIC program is within the scope of project.	Not described	42 CFR, Part 51c.102(h) “...(3) Preventive health services, including medical social services, nutritional assessment and referral, preventive health education, children's eye and ear examinations, prenatal and post-partum care, prenatal services, well child care (including periodic screening), immunizations, and voluntary family planning services;”
Occupational Therapy	Occupational therapy services provide assessment and treatment services to assist patients in their ability to perform activities of daily living.	Not described	42 CFR, Part 51c.102(j) “...(4) Rehabilitative services (including physical and occupational therapy) and long-term physical medicine;”
Physical Therapy	Physical therapy services provide assessment and treatment services to assist patients to maintain, restore, and improve physical activity and functioning while ensuring safety.	Not described	42 CFR, Part 51c.102(j) “...(4) Rehabilitative services (including physical and occupational therapy) and long-term physical medicine;”
Speech-Language Pathology/Therapy	Speech-language pathology/therapy services provide assessment and treatment services to assist patients to improve and optimize their ability to communicate and swallow.	Not described	Not described

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Complementary and Alternative Medicine	Complementary and alternative medicine services are the assessment, diagnosis and non-conventional treatment of disorders/conditions used together with or in place of conventional medicine to support health and well-being of the mind and body (e.g., chiropractic care, acupuncture, meditation, and massage therapy).	Not described	Not described
Additional Enabling/ Supportive Services	Additional enabling/supportive services are beyond any required case management services and support a health center patient's access to non-medical, social, educational or other related services (e.g., child care, food banks/meals, employment and education counseling, legal services/legal aid).	Not described	Not described