



Health Center Program Compliance Manual Revisions

Updated by HRSA: August 20, 2018

Background

The Bipartisan Budget Act of 2018 amended Section 330 of the Public Health Service Act ([42 U.S.C. 254b](#)), which is the authorizing statute of the Health Center Program. The Health Resources and Services Administration (HRSA)/Bureau of Primary Health Care (BPHC) has revised the Health Center Program Compliance Manual (Compliance Manual), which was originally issued in August 2017, to reflect the amended statute. All related Health Center Program documents, including the [Site Visit Protocol](#), have been revised to align with the statutory changes. Refer to the revised [Health Center Program statute](#) for current statutory language and detail on all statutory amendments.

How to Read the Revisions Tables

Below are the revisions and the relevant Compliance Manual chapter and section(s) impacted.

- Each relevant chapter has its own table and a short summary of the revisions
- On the left side of the table is the language from the Compliance Manual that was originally issued in August 2017.
- On the right side of the table are the revisions
 - Text that has been added has been marked through the use of bold. For example: **this is added text.**
 - Text that has been deleted has been marked off curly brackets, and italicized red text. For example: *{this is deleted text.}*

Revisions

Chapter 2: Health Center Program Oversight: Program Compliance and Application Review and Selection and related footnotes: Revisions based on amendments to Section 330(e)(1)(B) of the PHS Act that require HRSA to award a 1-year project period when HRSA finds that a health center has not demonstrated compliance with Health Center Program requirements, and for such health centers to submit an implementation plan for compliance within 120 days of award.

Compliance Manual Prior to August 2018	Compliance Manual Revisions as of August 2018
<i>Program Compliance and Application Review and Selection</i>	
<p>Project/designation period length is based on a comprehensive evaluation of the risks to the Health Center Program posed by each applicant if it were to receive an award/designation for a new project or designation period, including an assessment of a health center’s compliance with program requirements. Therefore, an existing health center with a history of failure to demonstrate compliance with Health Center Program requirements may be considered by HRSA to pose risk and may be awarded Federal funding or designation for a shortened project/designation period as part of the competing continuation/renewal of designation application review process. The specific criteria for determining project period length are further detailed in the applicable Service Area Competition (SAC) Notices of Funding Opportunity (NOFOs) and Look-Alike Renewal of Designation (RD) application instructions.</p> <p>Further, if a current Health Center Program Federal award recipient has been awarded two consecutive one-year project periods, based on the project period length criteria associated with program compliance and outlined in the SAC NOFO, and a review of the subsequent SAC application would result in a third consecutive one-year project period, HRSA may conclude that this organization cannot consistently carry out the Health Center Program project in accordance with Health Center Program requirements. Due to continued unsatisfactory performance in demonstrating compliance with program requirements, this organization’s SAC application may not be selected for funding for a third consecutive one-year project period.²⁵ In such circumstances, HRSA may announce a new competition for the service area, in order to identify an organization that can carry out a service delivery program consistent with Health Center Program requirements.</p> <p>In addition, a health center’s ability to demonstrate compliance with program</p>	<p>Project/designation period length is based on <i>{a comprehensive evaluation of the risks to the Health Center Program posed by each applicant if it were to receive an award/designation for a new project or designation period, including}</i> an assessment of a health center’s compliance with program requirements. Therefore, an existing health center <i>{with a history of failure}</i> that fails to demonstrate compliance with all Health Center Program requirements <i>{may be considered by HRSA to pose risk and}</i> may only be awarded Federal Service Area Competition (SAC) funding <i>{or designation}</i> for a <i>{shortened}</i> one-year project/designation period <i>{as part of the competing continuation/renewal of designation application review process. The specific criteria for determining project period length are further detailed in the applicable Service Area Competition (SAC) Notices of Funding Opportunity (NOFOs) and Look-Alike Renewal of Designation (RD) application instructions}</i>.²⁵</p> <p>Further, if a current Health Center Program Federal award recipient has been awarded two consecutive one-year project periods as a result of noncompliance with any Health Center Program requirements <i>{, based on the project period length criteria associated with program compliance and outlined in the SAC NOFO}</i>, and <i>{a}</i> review of <i>{the}</i> a subsequent SAC application would result in a third consecutive one-year project period due to noncompliance with Program requirements, HRSA will not <i>{may conclude that this organization cannot consistently carry out the Health Center Program project in accordance with Health Center Program requirements. Due to continued unsatisfactory performance in demonstrating compliance with program requirements, this organization’s SAC application may not be selected for}</i> fund<i>{ing for}</i> a third consecutive one-year project period.^{<i>{25}</i>26} In such circumstances, HRSA may announce a new competition for the service area, in order to identify an organization that can carry out a</p>

Compliance Manual Prior to August 2018	Compliance Manual Revisions as of August 2018
<p>requirements is critical to ensuring continued Federal award support and may, in certain cases, directly impact award decisions for supplemental funding, as outlined in the specific NOFO.</p> <p>Consistent with the approach regarding Federal award recipients, HRSA will not renew a Health Center Program look-alike organization's designation if the organization has received two consecutive one-year designation periods and the review of the subsequent RD application would result in a third consecutive one-year designation period. Look-alikes whose designation period has not been renewed may reapply for look-alike designation through the initial designation application process at any time.²⁶</p>	<p>service delivery program consistent with Health Center Program requirements.</p> <p><i>{In addition, a health center's ability to demonstrate compliance with program requirements is critical to ensuring continued Federal award support and may, in certain cases, directly impact award decisions for supplemental funding, as outlined in the specific NOFO.}</i></p> <p>Consistent with the approach regarding Federal award recipients, HRSA will not renew a Health Center Program look-alike organization's designation if the organization has received two consecutive one-year designation periods and the review of the subsequent RD application would result in a third consecutive one-year designation period. Look-alikes whose designation period has not been renewed may reapply for look-alike designation through the initial designation application process at any time.^{{26}27}</p> <p>In addition, project/designation period length determinations may be impacted by <i>{further based on}</i> a comprehensive evaluation of the risks to the Health Center Program posed by each applicant if it were to receive an award/designation for a new project or designation period, or for supplemental funding. The specific criteria for determining project period length are further detailed in the applicable Service Area Competition (SAC) Notices of Funding Opportunity (NOFOs) and Look-Alike Renewal of Designation (RD), or supplemental funding application instructions. A health center's ability to demonstrate compliance with program requirements is critical to ensuring continued Federal award support and may, in certain cases, directly impact award decisions for supplemental funding, as outlined in the specific NOFO.</p>

Compliance Manual Prior to August 2018	Compliance Manual Revisions as of August 2018
Footnotes	
	²⁵ Section 330(e)(1)(B) of the PHS Act (42 U.S.C. 254b(e)(1)(B)). In addition, a health center that fails to demonstrate compliance with all Health Center Program requirements, including those in Section 330(k)(3) of the PHS Act, must submit, within 120 days of grant funding, an implementation plan for compliance for HRSA approval. Additional information related to this implementation plan will be included in the applicable Notices of Funding Opportunity and Look-Alike Designation/Renewal of Designation application instructions.
²⁵ While such organizations may apply to future Health Center Program notice of funding opportunity (NOFO) in accordance with 45 CFR 75.205(c)(3), HRSA may consider factors, including an applicant’s history of performance if it is a prior recipient of Federal awards or designation when making competitive awards. These factors include, but are not limited to, unsuccessful Progressive Action condition resolution and current compliance with Health Center Program requirements and regulations.	{25} ²⁶ Section 330(e)(4) of the PHS Act states that “Not more than two grants may be made under subparagraph (B) of paragraph (1) for the same entity.” While such organizations may apply for {to} future Health Center Program {notice of} funding {opportunity (NOFO) in accordance with} under 45 CFR 75.205(c)(3), HRSA may consider factors, including an applicant’s history of performance if it {i} has been a prior recipient of Federal awards or designation when making competitive awards. These factors include, but are not limited to, unsuccessful Progressive Action condition resolution and current compliance with Health Center Program requirements and regulations.
²⁶ See http://bphc.hrsa.gov/programopportunities/lookalike/index.html for more information on the Health Center Program look-alike application process.	{26} ²⁷ See http://bphc.hrsa.gov/programopportunities/lookalike/index.html for more information on the Health Center Program look-alike application process.

Chapter 3: Needs Assessment: Requirements, Demonstrating Compliance element (b) related footnote: Revisions based on amendments to Section 330(k)(2) of the PHS Act that add “unmet” before “need” and provides clarity in footnote 2 of this chapter regarding needs assessments.

Compliance Manual Prior to August 2018	Compliance Manual Revisions as of August 2018
Requirements	
(Bullet 2) <ul style="list-style-type: none"> The health center must assess the need for health services in the catchment area of the center based on the population served, or proposed to be served, utilizing, but not limited to, the following factors: 	(Bullet 2) <ul style="list-style-type: none"> The health center must assess the unmet need for health services in the catchment or proposed catchment area of the center based on the population served, or proposed to be served, utilizing, but not limited to, the following factors:
Footnotes	
² Compliance may be demonstrated based on the information included in a Service Area Competition or a Renewal of Designation application.	² Compliance may be demonstrated based on the information included in a Service Area Competition [SAC] or a Renewal of Designation [RD] application. Note that in the case of a Notice of Funding Opportunity {n application} for a New Access Point or Expanded Services grant, {the Notice of Funding Opportunity (NOFO)} HRSA {will} may specify application-specific requirements for demonstrating an applicant has consulted with the appropriate agencies and providers consistent with Section 330(k)(2)(D) of the Public Health Service Act. Such application-specific requirements may require a completed or updated needs assessment more recent than {one} that which was provided in an applicant's SAC or RD application.

Chapter 4: Required and Additional Health Services: *Requirements: Revisions based on amendments to Section 330(b)(1)(A)(ii) and (b)(2)(A) of the PHS Act that replace the term “substance abuse” with “substance use disorder.”*

Compliance Manual Prior to August 2018	Compliance Manual Revisions as of August 2018
Requirements	
(Bullet 2) <ul style="list-style-type: none"> A health center that receives a Health Center Program award or look-alike designation under section 330(h) of the PHS Act to serve individuals experiencing homelessness must, in addition to these required primary health services, provide substance abuse services. 	(Bullet 2) <ul style="list-style-type: none"> A health center that receives a Health Center Program award or look-alike designation under section 330(h) of the PHS Act to serve individuals experiencing homelessness must, in addition to these required primary health services, provide substance {ab}use disorder services.

Chapter 9: Sliding Fee Discount Program: Demonstrating Compliance element (k): Revisions based on a technical correction of a typographical error (deleting two commas) that produced a clearly erroneous statement.

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<i>Demonstrating Compliance</i>	
k. Health center patients, who are eligible for sliding fee discounts and have third-party coverage, are charged no more for any out-of-pocket costs than they would have paid under the applicable SFDS discount pay class. ⁹ Such discounts are subject to potential legal and contractual restrictions. ¹⁰	k. Health center patients{,} who are eligible for sliding fee discounts and have third-party coverage{,} are charged no more for any out-of-pocket costs than they would have paid under the applicable SFDS discount pay class. ⁹ Such discounts are subject to potential legal and contractual restrictions. ¹⁰

Chapter 11: Key Management Staff: Authority, Requirements, Demonstrating Compliance element (d), Related Considerations, and related footnotes: Revisions based on amendments to Section 330(k)(3)(H)(ii) of the PHS Act that require the health center to directly employ the Project Director/Chief Executive Officer (PD/CEO). References to contracted PD/CEO have been removed.

Compliance Manual Prior to August 2018	Compliance Manual Revisions as of August 2018
<i>Authority</i>	
Section 330(k)(3)(I)(i) of the PHS Act; 42 CFR 51c.104(b)(4), 42 CFR 51c.303(p), 42 CFR 56.104(b)(5), and 42 CFR 56.303(p); and 45 CFR 75.308(c)(1)(ii)(iii)	Section 330(k)(3)(H)(ii) , and 330(k)(3)(I)(i) of the PHS Act; 42 CFR 51c.104(b)(4), 42 CFR 51c.303(p), 42 CFR 56.104(b)(5), and 42 CFR 56.303(p); and 45 CFR 75.308(c)(1)(ii)(iii)
<i>Requirements</i>	
	(Bullet 4) <ul style="list-style-type: none"> The health center must directly employ its Project Director/CEO.¹
<i>Demonstrating Compliance</i>	
d. The health center's Project Director/CEO ² reports to the health center's governing board ³ and is responsible for overseeing other key management staff in carrying out the day-to-day activities necessary to fulfill the HRSA-approved scope of project.	d. The health center's Project Director/CEO ^{2} is directly employed by the health center, ³ reports to the health center's governing board ⁴ and is responsible for overseeing other key management staff in carrying out the day-to-day activities necessary to fulfill the HRSA-approved scope of project.
<i>Related Considerations</i>	
(Bullet 1) <ul style="list-style-type: none"> The health center's governing board determines under what circumstances it is appropriate and necessary to contract for the Project Director/CEO position rather than directly employ this individual.⁵ 	<i>{The health center's governing board determines under what circumstances it is appropriate and necessary to contract for the Project Director/CEO position rather than directly employ this individual.⁵}</i>

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(Bullet 3) <ul style="list-style-type: none"> The health center determines when and if it is appropriate and necessary to contract for other key management staff positions rather than directly employ such individuals. 	(Bullet 3) <ul style="list-style-type: none"> The health center determines when and if it is appropriate and necessary to contract for <i>{other}</i> key management staff positions (other than the CEO, who may not be a contractor), rather than directly employ such individuals.
Footnotes	
	⁽²⁾ ¹ While the position title of the key person who is specified in the award /designation may vary, for the purposes of the Health Center Program, this Chapter will utilize the term “Project Director/CEO” when referring to this key person. Under 45 CFR 75.2, the term “Principal Investigator/Program Director (PI/PD)” means the individual(s) designated by the recipient to direct the project or program being supported by the grant . The PI/PD is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity. For the purposes of the Health Center Program, “Project Director/CEO” is synonymous with the term “PI/PD.”
¹ Examples of key management staff may include Project Director/CEO, Clinical Director/Chief Medical Officer, Chief Financial Officer, Chief Operating Officer, Nursing/Health Services Director, or Chief Information Officer.	⁽¹⁾ ² Examples of key management staff may include Project Director/CEO, Clinical Director/Chief Medical Officer, Chief Financial Officer, Chief Operating Officer, Nursing/Health Services Director, or Chief Information Officer.
² While the position title of the key person who is specified in the award /designation may vary, for the purposes of the Health Center Program, this Chapter will utilize the term “Project Director/CEO” when referring to this key person. Under 45 CFR 75.2, the term “Principal Investigator/Program Director (PI/PD)” means the individual(s) designated by the recipient to direct the project or program being supported by the grant . The PI/PD is responsible and accountable to officials of the recipient organization for the proper conduct of the project, program, or activity. For the purposes of the Health Center Program, “Project Director/CEO” is synonymous with the term “PI/PD.”	(Redesignated as footnote 1)

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	³ Public agency health centers utilizing a co-applicant structure would demonstrate compliance with the statutory requirement for direct employment of the Project Director/CEO by demonstrating that the public agency, as the Health Center Program awardee/designee of record, directly employs the Project Director/CEO. Refer to related requirements in Chapter 19: <u>Board Authority</u> regarding public agencies with co-applicants.
³ Refer to related requirements in Chapter 19: <u>Board Authority</u> regarding the selection and dismissal of the Project Director/CEO by the health center board as part of its oversight responsibilities for the Health Center Program project.	{ ³ ⁴ Refer to related requirements in Chapter 19: <u>Board Authority</u> regarding the selection and dismissal of the Project Director/CEO by the health center board as part of its oversight responsibilities for the Health Center Program project.
⁴ Such changes include situations in which the current Project Director/CEO will be disengaged from involvement in the Health Center Program project for any continuous period for more than 3 months or will reduce time devoted to the project by 25 percent or more from the level that was approved at the time of award [see: 45 CFR 75.308(c)(1)(ii) and (iii)].	{ ⁴ ⁵ Such changes include situations in which the current Project Director/CEO will be disengaged from involvement in the Health Center Program project for any continuous period for more than 3 months or will reduce time devoted to the project by 25 percent or more from the level that was approved at the time of award [see: 45 CFR 75.308(c)(1)(ii) and (iii)].
⁵ Contracting for the Project Director/CEO or for the entire key management staff requires prior approval from HRSA as this is considered to be a transfer of substantive programmatic work. For more information, see Chapter 12: <u>Contracts and Subawards</u> .	{ ⁵ <i>Contracting for the Project Director/CEO or for the entire key management staff requires prior approval from HRSA as this is considered to be a transfer of substantive programmatic work. For more information, see Chapter 12: <u>Contracts and Subawards</u>.</i> }

Chapter 12: Contracts and Subawards: *Footnotes:* References to contracted PD/CEO removed consistent with amendments to Section 330(k)(3)(H)(ii) of the PHS Act that require the health center to directly employ the PD/CEO.


Compliance Manual Prior to August 2018	Compliance Manual Revisions as of August 2018
<i>Italicized note (below the title/before Authority)</i>	
<i>Footnotes</i>	
<p>⁴ For the purposes of the Health Center Program, contracting for substantive programmatic work does not include the acquisition of supplies, material, equipment, or general support services. However, it does apply to contracting for the: Project Director/CEO; entire key management team; majority of health care providers with a single entity. Substantive programmatic work may be further defined within HRSA Notices of Funding Opportunity (NOFOs) and applications.</p>	<p>⁴ For the purposes of the Health Center Program, contracting for substantive programmatic work <i>{does not include the acquisition of supplies, material, equipment, or general support services}</i> applies to contracting with a single entity for the majority of health care providers. {However, it does apply to contracting for the: Project Director/CEO; entire key management team; majority of health care providers with a single entity.} The acquisition of supplies, material, equipment, or general support services is not considered programmatic work. Substantive programmatic work may be further defined within HRSA Notices of Funding Opportunity (NOFOs) and applications.</p>
<p>¹² For the purposes of the Health Center Program, contracting for substantive programmatic work does not include the acquisition of supplies, material, equipment, or general support services. However, it does apply to contracting for the: Project Director/CEO; entire key management team; majority of health care providers with a single entity. Substantive programmatic work may be further defined within HRSA Notices of Funding Opportunity (NOFOs) and applications.</p>	<p>¹² For the purposes of the Health Center Program, contracting for substantive programmatic work <i>{does not include the acquisition of supplies, material, equipment, or general support services}</i> applies to contracting with a single entity for the majority of health care providers. {However, it does apply to contracting for the: Project Director/CEO; entire key management team; majority of health care providers with a single entity.} The acquisition of supplies, material, equipment, or general support services is not considered programmatic work. Substantive programmatic work may be further defined within HRSA Notices of Funding Opportunity (NOFOs) and applications.</p>

Chapter 14: Collaborative Relationships: Requirements, Demonstrating Compliance elements (a), (b), and (c): Revisions based on amendments to Section 330(k)(3)(B) of the PHS Act that require health centers to establish and maintain collaborative relationships with other health care providers, local hospitals, and specialty providers to provide access to services not available through the health center and to reduce the non-urgent use of hospital emergency departments.

Compliance Manual Prior to August 2018	Compliance Manual Revisions as of August 2018
Requirements	
<p>(Bullet 1)</p> <p>The health center has made and must continue to make every reasonable efforts to establish and maintain collaborative relationships with other health care providers in the health center’s catchment area [service area].</p>	<p>(Bullet 1)</p> <p>The health center has made and must continue to make every reasonable effort{s} to establish and maintain collaborative relationships <i>{with other health care providers in the health center’s catchment area [service area]}</i>, including with other health care providers that provide care within the catchment area [service area], local hospitals, and specialty providers in the catchment area of the center, to provide access to services not available through the health center and to reduce the non-urgent use of hospital emergency departments.</p>
Demonstrating Compliance	
<p>a. The health center documents its efforts to coordinate and integrate activities with other providers or programs in the service area (for example, social service organizations, including those that serve special populations, specialty practices, hospitals) in order to support:</p> <ul style="list-style-type: none"> ◦ Continuity of care across community providers; and ◦ Other health or community services that impact the patient population. 	<p>a. The health center documents its efforts to <i>{coordinate and integrate activities}</i> collaborate with other providers or programs in the service area, including local hospitals, specialty providers, and social service organizations (including those that serve special populations), to provide access to services not available through the health center <i>{{for example, social service organizations, including those that serve special populations, specialty practices, hospitals}}</i> in order to support</p> <ul style="list-style-type: none"> ◦ Reductions in the non-urgent use of hospital emergency departments; ◦ Continuity of care across community providers; and ◦ Access to {O} other health or community services that impact the patient population.

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<p>b. The health center documents its efforts to collaborate with other primary care providers serving similar patient populations in the service area (at a minimum, this would include establishing and maintaining relationships with other health centers in the service area).</p>	<p>b. The health center documents its efforts to <i>{collaborate}</i> coordinate and integrate activities with other federally-funded, as well as State and local, health services delivery projects and programs <i>{primary care providers}</i> serving similar patient populations in the service area (at a minimum, this would include establishing and maintaining relationships with other health centers in the service area).</p>
<p>c. If the health center expands^{1,2} its HRSA-approved scope of project:</p> <ul style="list-style-type: none"> ◦ The health center obtains letters or other appropriate documents specific to the request or application that describe areas of coordination or collaboration with providers serving similar patient populations in the service area (health centers, rural health clinics, critical access hospitals, health departments, other providers, as applicable); or ◦ If such letters or documents cannot be obtained from these providers, the health center documents its attempts to coordinate or collaborate with these providers (health centers, rural health clinics, critical access hospitals, health departments, other providers, as applicable) on the specific request or application proposal. 	<p>c. If the health center expands^{1,2} its HRSA-approved scope of project:</p> <ul style="list-style-type: none"> ◦ The health center obtains letters or other appropriate documents specific to the request or application that describe areas of coordination or collaboration with health care providers serving similar patient populations in the service area (health centers, rural health clinics, local hospitals including critical access hospitals, health departments, other providers including specialty providers, as applicable); or ◦ If such letters or documents cannot be obtained from these providers, the health center documents its attempts to coordinate or collaborate with these health care providers (health centers, rural health clinics, local hospitals including critical access hospitals, health departments, other providers including specialty providers, as applicable) on the specific request or application proposal.

Chapter 15: Financial Management and Accounting Systems: Requirements, and related footnotes: Revisions based on the amendment to Section 330(k)(3)(N) of the PHS Act that require health centers to have written policies and procedures to ensure the appropriate use of federal funds. This requirement to safeguard federal assets is consistent with the existing Demonstrating Compliance Element (a) of this chapter, which requires health centers demonstrate that they have written policies and procedures in place to ensure the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award.

Compliance Manual Prior to August 2018	Compliance Manual Revisions as of August 2018
Authority	
<i>Sections 330(e)(5)(D), 330(k)(3)(D), and 330(q) of the PHS Act; 42 CFR 51c.113, 42 CFR 56.114, 42 CFR 51c.303(d), and 42 CFR 56.303(d); and 45 CFR Part 75 Subparts D, E and F</i>	<i>Sections 330(e)(5)(D), 330(k)(3)(D), 330(k)(3)(N), and 330(q) of the PHS Act; 42 CFR 51c.113, 42 CFR 56.114, 42 CFR 51c.303(d), and 42 CFR 56.303(d); and 45 CFR Part 75 Subparts D, E and F</i>
Requirements	
	(Bullet 2)  The health center must have written policies and procedures in place to ensure the appropriate use of Federal funds in compliance with applicable Federal statutes, regulations, and the terms and conditions of the Federal award.
Demonstrating Compliance	
(a, sub-bullet 3) <ul style="list-style-type: none"> The safeguarding of all assets to assure they are used solely for authorized purposes in accordance with the terms and conditions of the Health Center Program award/designation; and 	(a, sub-bullet 3) <ul style="list-style-type: none"> The safeguarding of all assets to assure they are used solely for authorized purposes in accordance with the terms and conditions of the Health Center Program award/designation;⁴ and
Footnotes	
	⁴ The requirement to safeguard federal assets as described in this bullet substantially reflects the requirement to have written policies and procedures in place to ensure the appropriate use of Federal funds in compliance with applicable Federal statutes, regulations, and the terms and conditions of the Federal award. See Section 330(k)(3)(N) of the Public Health Service Act.

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⁴ Federal program and Federal award identification would include, as applicable, the Catalog of Federal Domestic Assistance (CFDA) title and number, Federal award identification number and year, name of the HHS awarding agency, and name of the pass-through entity , if any.	(4) ⁵ Federal program and Federal award identification would include, as applicable, the Catalog of Federal Domestic Assistance (CFDA) title and number, Federal award identification number and year, name of the HHS awarding agency, and name of the pass-through entity, if any.
⁵ The cost principles are set forth in 45 CFR Part 75, Subpart E.	(5) ⁶ The cost principles are set forth in 45 CFR Part 75, Subpart E.

Chapter 19: Board Authority: *Footnotes:* References to contracted PD/CEO removed consistent with amendments to Section 330(k)(3)(H)(ii) of the PHS Act that require the health center to directly employ the PD/CEO.

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Footnotes	
¹⁴ Note that this applies both in situations where the health center directly employs and where the health center contracts for the Project Director/CEO position.	{ ¹⁴ <i>Note that this applies both in situations where the health center directly employs and where the health center contracts for the Project Director/CEO position.</i> }
¹⁵ For more information related to the production of reports associated with these topics, see Chapter 18: Program Monitoring and Data Reporting Systems, Chapter 15: Financial Management and Accounting Systems, and Chapter 10: Quality Improvement/Assurance.	{ ¹⁵ ¹⁴ For more information related to the production of reports associated with these topics, see Chapter 18: Program Monitoring and Data Reporting Systems, Chapter 15: Financial Management and Accounting Systems, and Chapter 10: Quality Improvement/Assurance.
¹⁶ Policies related to billing and collections that require board approval include those that address the waiving or reducing of amounts owed by patients due to inability to pay, and if applicable those that limit or deny services due to refusal to pay.	{ ¹⁶ ¹⁵ Policies related to billing and collections that require board approval include those that address the waiving or reducing of amounts owed by patients due to inability to pay, and if applicable those that limit or deny services due to refusal to pay.

Glossary: Glossary: Section 330(h) Homeless Population: Revisions based on amendments to Section 330(h)(1) of the PHS Act to include homeless veterans and veterans at risk of homelessness, as among the populations health centers receiving Section 330(h) funding may serve.

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330 Homeless Population	
For the purposes of health centers receiving a Health Center Program award or designation under section 330(h) of the Public Health Service Act, the population served includes individuals:	For the purposes of health centers receiving a Health Center Program award or designation under section 330(h) of the Public Health Service Act, the population served includes individuals: <ul style="list-style-type: none"> Who lack housing (without regard to whether the individual is a member of a family);

<ul style="list-style-type: none"> • Who lack housing (without regard to whether the individual is a member of a family); • Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; • Who reside in transitional housing; and/or • Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations. <p>Under section 330(h) a health center may continue to provide services for up to 12 months to formerly homeless individuals whom the health center has previously served but are no longer homeless as a result of becoming a resident in permanent housing. (Section 330(h) of the PHS Act)</p>	<ul style="list-style-type: none"> • Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; • Who reside in transitional housing; and/or • Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations. <p>Under section 330(h) a health center may continue to provide services for up to 12 months to formerly homeless individuals whom the health center has previously served but are no longer homeless as a result of becoming a resident in permanent housing and may also serve children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness. (Section 330(h) of the PHS Act)</p>
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