

Health Center Program Terms and Definitions

HRSA recommends the use of this resource in conjunction with the Glossary in the HHS Grants Policy Statement available at <http://www.hrsa.gov/grants/default.htm>.

340B Drug Pricing Program: The 340B Drug Pricing Program resulted from the enactment of Public Law 102-585, the "[Veterans Health Care Act of 1992](#)", which is codified as Section 340B of the Public Health Service Act. Section 340B limits the cost of drugs to certain grantees of Federal agencies. The 340B Web site is <http://www.hrsa.gov/opa>.

340B Prime Vendor Program: The 340B law requires the Department of Health and Human Services (DHHS) to create a "prime vendor" program for the entities in the 340B drug discount program. The prime vendor handles price negotiation and drug distribution responsibilities for those entities that choose to join the prime vendor. A covered entity does not have to join the prime vendor program in order to participate in the 340B program although covered entities are encouraged to join Apexus. Since the prime vendor has the potential to control a large volume of pharmaceuticals, it can negotiate favorable prices and utilize a national distribution system that would not be possible for covered entities to access individually.

Additional Services: Per section 330(b)(2), additional health services are those "that are not included as required primary health services and that are appropriate to meet the health needs of the population served by the health center." Additional health services are appropriate when "necessary for the adequate support of primary health services."

Behavioral Health Providers: Include licensed psychiatrists, psychiatric nurses (also known as advance practice nurses), psychiatric social workers, clinical psychologists, clinical social workers, and family therapists who develop, deliver or supervise comprehensive onsite behavioral health programs, including patient education classes on self-management skills for at risk populations and/or group care clinics provided collaboratively with members of primary care teams.

Behavioral Health Services: Refers to prevention, screening, intervention, assessment, diagnosis, treatment, and follow-up of common mental health disorders, such as depression, anxiety, and Attention Deficit Disorder with Hyperactivity (ADHD). Behavioral Health Services also include the treatment and follow-up of patients with severe mental illnesses (e.g., schizophrenia, bi-polar disorder, psychotic depression) who have been stabilized and are treatment compliant on psychiatric/psychotropic medications. Clinical and support services may include individual and group counseling/psychotherapy, cognitive-behavioral therapy or problem solving therapy, psychiatric/psychotropic medications, self-management groups, psycho-educational groups, and case management.

Budget Period: The intervals of time (usually 12 months each) into which a project period is divided for budgetary and funding purposes. Funding of individual budget periods sometimes is referred to as “incremental funding.”

Census Tracts: Small, relatively permanent statistical subdivisions of a county designed to be relatively homogeneous units with respect to population characteristics, economic status, and living conditions. Census tracts average about 4,000 inhabitants. In addition, tracts are delineated by a local committee of census data users for the purpose of presenting data. Census tract boundaries normally follow visible features, but may follow governmental unit boundaries and other non-visible features in some instances; they always nest within counties. Information to determine the census tracts with a given service area is available online at:
<http://www.census.gov/geo/www/tractez.html>.

Comprehensive Pharmacy Services: Services that improve the health status of the patient population through access to affordable medications, efficient pharmacy management, and Medication Therapy Management (MTM) to improve patient outcomes.

Construction: Construction of a new building or expansion of an existing building that increases the total square footage of the facility, including the installation of fixed equipment or permanently affixing structure (e.g., modular units, prefabricated buildings) to real property (i.e., land).

Cultural Competency: HRSA defines cultural and linguistic competence as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural and linguistically diverse situations. Healthcare providers funded through HRSA grants need to be alert to the importance of cross-cultural and language-appropriate communications, as well as general health literacy issues. HRSA supports and promotes a unified health communication perspective that addresses cultural competency, limited English proficiency, and health literacy in an integrated approach in order to develop the skills and abilities needed by HRSA-funded providers and staff to deliver the best quality health care effectively to the diverse populations they serve.

Enabling Services: Per Section 330(b)(1)(A)(iv), enabling services are non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes. Enabling services include case management, referrals, translation/interpretation, transportation, eligibility assistance, health education, environmental health risk reduction, health literacy, and outreach.

Equipment: An article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost, which equals or exceeds the lesser

of (a) the capitalization level established by the organization for the financial statement purposes or (b) \$5,000.

Existing Grantee: An organization currently funded under the Health Center Program, authorized under section 330 of the Public Health Service Act, as amended.

Federally Qualified Health Center (FQHC): Per Section 1905(l)(2)(B) of the Social Security Act (42 USC 1396d), a FQHC means an entity which -

- (i) is receiving a grant under section 254b of this title, or
- (ii) (I) is receiving funding from such a grant under a contract with the recipient of such a grant, and
(II) meets the requirements to receive a grant under section 254b of this title;
- (iii) based on the recommendation of the Health Resources and Services Administration within the Public Health Service, is determined by the Secretary to meet the requirements for receiving such a grant, including requirements of the Secretary that an entity may not be owned, controlled, or operated by another entity, or
- (iv) was treated by the Secretary, for purposes of part B of subchapter XVIII of this chapter, as a comprehensive Federally funded health center as of January 1, 1990; and includes an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act (Public Law 93-638) [25 U.S.C. 450f et seq.] or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act [25 U.S.C. 1651 et seq.] for the provision of primary health services. In applying clause (ii), (4) the Secretary may waive any requirement referred to in such clause for up to 2 years for good cause shown.

Full Operational Capacity: Relates to the projected number of providers and patients within the designated target population that the center can realistically serve after two years of Federal funding of the project. This capacity should be determined using the projected provider levels required by the center to operate at its full level of services (i.e., at the full-range of services required by section 330 statute, regulations and Health Center Program Requirements).

Health Center: Per section 330(a), a health center is “an entity that serves a population that is a medically underserved area, or a special medically underserved population comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing by providing either directly through the staff and supporting resources of the center or through contracts or cooperative agreements required primary health services (as defined in section 330(b)(1)) and, as may be appropriate for particular centers, additional health services (as defined in section 330(b)(2) necessary for the adequate support of the primary health services ...; for all residents of the the area service by the center.”

Health Professional Shortage Area (HPSAs): Federally-designated areas that have shortages of primary medical care, dental or mental health providers and may be urban

or rural areas, population groups or medical or other public facilities. A list of HPSA designations is available on HRSA's website at <http://bhpr.hrsa.gov/shortage/>.

Homeless: Per Section 330(h)(5)(A), the term "homeless individual" means "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing."

Medically Underserved Area (MUA): Refers to an area in which residents have a shortage of personal health services. A MUA may be a whole county, a group of contiguous counties, a group of county or civil divisions, or a group of urban census tracts. Grantees under section 330 of the PHS Act are required under the statute to serve, in whole or in part, areas or populations designated by the Secretary of Health and Human Services as medically underserved. (Note: This is not required for organizations only serving MSFW, homeless, and/or public housing populations). The methods for designation of MUAs can be found at <http://bhpr.hrsa.gov/shortage/muaguide.htm>.

Medically Underserved Populations (MUP): Refers to a group of persons who face economic, cultural or linguistic barriers to health care. Grantees under section 330 of the PHS Act are required under the statute to serve, in whole or in part, areas or populations designated by the Secretary of Health and Human Services as medically underserved. (Note: This is not required for organizations only serving MSFW, homeless, and/or public housing populations). The methods for designation of MUPs can be found at <http://bhpr.hrsa.gov/shortage/muaguide.htm>.

Mental Health Providers: See Behavioral Health Provider.

Mental Health Services: See Behavioral Health Services.

Migratory and Seasonal Farmworker (MSFW): Per section 330(g)(3)(A) of the PHS Act, the term "migratory agricultural worker" means "an individual whose principal employment is in agriculture, who has so been so employed within the last 24 months, and who establishes for the purposes of such employment a temporary abode." Per section 330(g)(3)(B), "seasonal agricultural worker" means "an individual whose principal employment is in agriculture on a seasonal basis and who is not a migratory agricultural worker."

Minor Alteration and Renovation: Work that changes the interior arrangements or other physical characteristics of an existing facility or installed equipment so that it can be used more effectively for its currently designated purpose or adapted to an alternative use to meet a programmatic requirement. Alteration and renovation may include work referred to as improvements, conversion, rehabilitation, or remodeling, but is distinguished from new facility construction, facility expansion, or major alteration and renovation where the total Federal and non-Federal costs, excluding moveable

equipment, exceeds \$500,000. **Section 330 grant funds may not be used to support the construction, expansion or major alternation and renovation of facilities.** If the proposed project is part of a larger overall project that exceeds \$500,000, it may not be artificially segmented to achieve the cost threshold.

Moveable Equipment: Equipment that is not permanently affixed and can be easily moved (i.e., medical exam tables, dental chairs, x-ray equipment, computers, modular workstations, autoclaves, freezers, etc.).

New Access Point (NAP): A new access point is a new service delivery site for the provision of comprehensive primary and preventive health care services (see definition for Primary Care Services) that will improve the health status and decrease health disparities of the medically underserved and vulnerable populations to be served. New access points address the unique and significant barriers to affordable and accessible primary health care services for the specific population and/or community targeted by the applicant. Every NAP application is expected to demonstrate compliance with the requirements of section 330 of the PHS Act, as amended and applicable regulations. A NAP application may be submitted by a new organization or an existing Health Center Program grantee (see definitions for New Start and Satellite organizations).

New Start: A new start applicant is an organization that **currently DOES NOT RECEIVE** Federal grant support under the Health Center Program authorized under section 330 of the PHS Act. New start applicants may submit an application for Federal support for a single site or a multi-site operation and may request funding for one or multiple types of health centers authorized under section 330 based on the population(s) to be served.

Patient: Patients are individuals who have at least one encounter during the year within the scope of activities supported by any section 330 grant. Patients do not include individuals who only have visits such as outreach, community education services, and other types of community-based services not documented on an individual basis. Also, persons who only receive services from large-scale efforts such as mass immunization programs, screening programs, and health fairs are not patients. A person who interfaces with the grantee only to receive WIC counseling and vouchers are not patients and the contact does not generate an encounter.

Permanent or Fixed Equipment: Equipment that is intended to be permanently fixed within a facility (i.e., generators, signage, HVAC, hard-wired security systems, countertops, and carpeting) and is typically classified as real property.

Primary Health Care Services: Under section 330(b) of the Public Health Services Act, the term “required primary health services” means:

- i. basic health services which, for the purposes of this section, shall consist of:
 - l. 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;
 - (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;
 - (ff) pediatric eye, ear, and dental screenings to determine the need for vision and hearing correction and dental care;
 - (gg) voluntary family planning services;
 - (hh) preventive dental services;
- IV. emergency medical services; and
- V. pharmaceutical services as may be appropriate for particular centers;
- ii. referrals to providers of medical services (including specialty referral when medically indicated) and other health-related services (including substance abuse and behavioral health services);
- iii. patient case management services (including counseling, referral, and follow-up services) 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;
- 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); and
- v. education of patients and the general population served by the health center regarding the availability and proper use of health services.

Primary Substance Abuse Services: Include screening, assessment and diagnosis, treatment, and where possible, recovery services for substance use (alcohol, tobacco, prescription, and illicit drugs) disorders. Clinical and support services may include individual and group counseling, educational groups, 12-step and/or other mutual self-help groups, brief alcohol intervention and case management.

Project Period: The total time for which support of a project has been programmatically approved (i.e. total time for which Federal grant support has been approved). The total project period comprises the initial competitive segment, any subsequent competitive segments resulting from a competing continuation award, and any non-competing extensions, if applicable.

Satellite: A satellite applicant is an organization that currently receives grant support under the Health Center Program authorized under section 330 of the PHS Act. All satellite applicants must propose to establish a new access point(s) to serve a new

patient population that is outside the applicant's approved scope of project (i.e., not listed in the applicant's current approved scope of project).

Scope of Project: Defines the activities that the total approved grant-related project budget supports. Specifically, the scope of project defines the service sites, services, providers, service area(s) and target population for which section 330 grant funds may be used. For more information, please see PIN 2008-01 available at: <http://www.bphc.hrsa.gov/policy/pin0801/>.

Service Area: In general, the service area is the area in which the majority of the applicant's patients reside. The Health Center Program's authorizing statute requires that each grantee periodically review its catchment area to:

- (i) ensure that the size of such area is such that the services to be provided through the center (including any satellite) are available and accessible to the residents of the area promptly and as appropriate;
- (ii) ensure that the boundaries of such area conform, to the extent practicable, to relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs; and
- (iii) ensure that the boundaries of such area eliminate, to the extent possible, barriers to access to the services of the center, including barriers resulting from the area's physical characteristics, its residential patterns, its economic and social grouping, and available transportation. **Public Health Service Act sec. 330(k)(3)(J).**

The service area should, to the extent practicable, be identifiable by census tracts. Describing service areas by census tracts is necessary to enable analysis of service area demographics. Service areas may also be described by other political or geographic subdivisions (e.g., county, township, zip codes as appropriate). The service area must be designated in full or in part as a Medically Underserved Area (MUA) or contain a designated Medically Underserved Population (MUP), except for applicants requesting or receiving funding only under sections 330(g), (h) and/or (i). While applicants may serve patients from outside their service area, they must serve all residents of the service area regardless of ability to pay. There is one exception to this rule; health centers receiving funding only under section 330(g), (h), and/or (i) of the PHS Act are not subject to the requirement to serve all residents of the service area. See PIN 2007-09: Service Area Overlap: Policy and Process available at <http://bphc.hrsa.gov/policy/pin0709.htm> for more information.

Service Site: Any location where a grantee, either directly or through a subrecipient or established arrangement, provides primary health care services to a defined service area or target population. Service sites are defined as locations where all of the following conditions are met (For more information, please see PIN 2008-01):

- health center visits are generated by documenting in the patients' records face-to-face contacts between patients and providers;
- providers exercise independent judgment in the provision of services to the patient;

- services are provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location; and
- services are provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month). However, there is no minimum number of hours per week that services must be available at an individual site.

Note the statutory requirement in section 330(k)(3) of the PHS Act that “primary health services of the center will be available and accessible in the catchment area of the center promptly, as appropriate, and in a manner which assures continuity.” In addition, note the regulatory requirement in 42 CFR 51c.303(m) that health centers “must be operated in a manner calculated ... to maximize acceptability and effective utilization of services.”

Administrative offices or locations that do not provide direct health care services are NOT service sites.

Sliding Discount: Discounts (also referred to as a “sliding fee scale” or “schedule of discounts”) must be provided to self-pay patients at or below 200% of the Federal Poverty Level (FPL) (see the Federal poverty guidelines at <http://aspe.hhs.gov/poverty/>) based on their ability to pay. Those at or below 100% of the Federal Poverty Level receive a 100% (full) discount (but may pay a nominal fee if consistent with program goals and as long as such a fee does not result in the denial of health care services due to an individual's inability to pay). Grantees must establish their own schedule of discounts based on income and family size as it relates to the poverty level with the discount applied to the charge for services “sliding” downwards from 100% (full discount) to 0% (no discount-full charge for those individuals with incomes over 200% of the Federal Poverty Level). The number of distinct categories of discounts is chosen by the grantee. Sliding fee discounts for those between 100-200 percent of the FPL may also be applied to co-payments for incurred patients.

Sparsely Populated Areas: Defined as a geographical area with 7 people or less per square mile for the entire service area. In order to be considered for a funding priority, an applicant must demonstrate that the entire service area to be served by the proposed grant has seven or less people per square mile. When determining whether the service area is sparsely populated, the entire, defined service area for the application must be considered in whole (e.g., all of the census tracts/zip codes for the entire service area, not just a specified few census tracks/zip codes within the proposed service area). Applicants requesting consideration of a funding priority must indicate the request on FORM 1A (General Information Worksheet) and provide documentation indicating the entire service area to be served has seven (7) or less people per square mile (e.g., information from the Bureau of Census).

Specialty Service: Specialty services are considered 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 (section 330(a)(1)(B) and section 330(b)(2) of the PHS Act). Please refer to PIN 2009-02, "Specialty Services and Health Centers' Scope of Project," for additional information on specialty services.

Target Population: The target population is the medically underserved population to be served by the health center. It is usually a subset of the entire service area population, but in some cases, may include all residents of the service area.

Section 330(e) grantees are required to serve all residents of the center's service area, regardless of the individual's ability to pay, including migrant and seasonal farmworkers, homeless persons and residents of public housing. Although grantees may also extend services to those residing outside the service area, HRSA recognizes that health centers must operate in a manner consistent with sound business practices.

Grantees funded only under section 330(g), (h), and/or (i) receive funding to support care for the specific population(s) and, as such, are not subject to the requirement to serve all residents of the service area. However, all section 330 grantees should address the acute care needs of all who present for service, regardless of residence. In the case of section 330(g), (h), and (i) grantees, individuals who are not members of the special population group(s) served by the health center may be seen initially and then referred to more appropriate settings for their non-acute health care needs.

Uniform Data System (UDS): The UDS is a reporting requirement for section 330 funded health centers. It is the core set of information appropriate for monitoring and evaluating health center performance reporting on trends. UDS collects basic demographic information on populations served, such as race/ethnicity and insurance status of patients. The data helps to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve access to primary health care for vulnerable populations. UDS data is also compared with national data to look at differences between the U.S. population at large and those individuals and families who rely on the health care safety net for primary care.

Visits: Documented, face-to-face contact between a patient and a provider who exercises objective judgment in the provision of services to the patient. To be included as a visit, services rendered must be documented in the patient's record.