

# Summary of BPHC Requirements for funding for Special Populations<sup>1</sup>

Pertinent to all federally qualified health centers and their target populations:

1. **Needs Assessment** includes all target populations.<sup>2</sup>
2. Health Center provides all required and additional **enabling services**.<sup>3</sup>
3. Access to **interpreters** (including after-hours line) and **translated forms** as needed.<sup>4</sup>
4. **Accessible hours** for targeted populations.<sup>5</sup>
5. **Accessible locations** for targeted populations.<sup>6</sup>
6. **Sliding Fee Scale** application may allow for self-attestation of income since pay stubs may be unavailable.<sup>7</sup>
7. Must propose to **increase numbers** of individuals seen within the designated special population.<sup>8</sup>
8. **Maintain funded scope** of project (including target population), including any increases based on recent grant awards)<sup>9</sup>.
9. At least one **board representative** for each special population funded. (Can be a member, dependent, or caregiver of the special population or from a community organization which represents their interests as well).<sup>10</sup>

Read on for more information specific to [homeless](#), [agricultural workers](#), and [public housing](#).

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<sup>1</sup> Please note that the information shared here is specific to funding for Special Populations. All community health centers are responsible for compliance with the [19 Program Requirements](#).

<sup>2</sup>2014 Operational Site Visit (OSV) Guide, Program Requirement #1.

<sup>3</sup>2014 OSV Guide, Prog Req #2.

<sup>4</sup> 2014 OSV Guide, Prog Req's #2, 5.

<sup>5</sup> 2014 OSV Guide, Prog Req #4

<sup>6</sup> 2014 OSV Guide, Prog Req #4

<sup>7</sup> 2014 OSV guide, Prog Req #7

<sup>8</sup> New Access Point grant guidance & authorizing 330 legislation

<sup>9</sup> 2014 OSV Guide, Prog Req #16

<sup>10</sup> 2014 OSV Guide, Prog Req #18



## Healthcare for the Homeless (HCH) Program (330h)

*Approximately 9% of total funding for health centers is designated for the 330h HCH Program.*

### *Specific requirements*

1. Health center must provide **substance abuse services** either directly and/or through formal written agreements or formal written referral arrangements<sup>11</sup>.
2. Must document and report types of homelessness of patients served as required in **UDS**.<sup>12</sup>

### *More information:*

- The NC Coalition to End Homelessness maintains county-specific [Point-in-Time counts](#) for the homeless each year.
- Local homeless shelters and soup kitchens in each community could be valuable partners for reaching the homeless population.
- The [National Health Care for the Homeless Council](#) is the National Cooperative Agreement which receives HRSA funding to provide TA to healthcare for the homeless grantees. They have a wealth of information, trainings, and individual TA available on meeting HRSA requirements, but also on implementing best practices to best serve homeless individuals. They also host the annual National Health Care for the Homeless Conference and Policy Symposium.
- NCCHCA can sign health center staff up to receive the “The Mid-Atlantic Special” electronic newsletter. “The Mid-Atlantic Special” is a bi-monthly publication which compiles and disseminates recent news, resources, research, and staff development opportunities for serving farmworkers, individuals experiencing homelessness, public housing residents, and LGBTQ patients. The intended audience are outreach workers, clinicians, and administrators who frequently serve special populations at health centers. The newsletter also includes a regular feature on best outreach practices and highlights upcoming NCCHCA events focusing on special populations. Please contact Allison Lipscomb at [lipscomba@ncchca.org](mailto:lipscomba@ncchca.org) to sign up.

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<sup>11</sup> 2014 OSV guide, Prog Req #2 and Form 5A

<sup>12</sup> 2014 UDS manual



## Migrant Health Centers (330g)

*Approximately 9% of total funding for health centers is designated for 330g Migrant Health Centers.*

### *Specific requirements*

1. Must report if individual farmworkers served are migratory or seasonal in **UDS**.<sup>13</sup>

### *More information:*

- The NC Department of Commerce provides [annual estimates](#) on the number of farmworkers by county.
- There are several [National Cooperative Agreement Agreements](#) which receive HRSA funding to provide TA to Migrant Health Centers. Resources and assistance are available around integrating farmworker health into overall operations, outreach, lay health promotion programs, clinician tools, and policy & advocacy.
- NCCCHA has several tools available to assist Migrant Health Centers, including the “The Mid-Atlantic Special” electronic newsletter, the annual East Coast Migrant Stream Forum, Special Populations Workgroup quarterly meetings, staff trainings, and individual TA. Please contact Allison Lipscomb at [lipscomba@ncchca.org](mailto:lipscomba@ncchca.org) or visit our website for more information.

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<sup>13</sup> 2014 UDS manual



## Public Housing Primary Care Health Centers (330i)

*Approximately 1% of total funding for health centers is designated for 330i Public Housing Primary Care Health Centers.*

### *Specific requirements*

1. Services do NOT have to be offered onsite of public housing, however, services must be available in areas “immediately accessible to the targeted public housing communities”.<sup>14</sup>
2. Document the relationship with the local public housing authority and with public housing resident groups within the community.<sup>15</sup>
3. A formal agreement with the local public housing authority that demonstrates the sufficient provision of comprehensive primary care services.<sup>16</sup>
4. Resident involvement in the planning, implementation and management of the program.<sup>17</sup>

### *More information:*

- You can find information on the number of eligible public housing residents and the location of public housing in your community [here](#).
- The [National Center for Health in Public Housing \(NCHPH\)](#) and [Community Health Partners for Sustainability](#) are the National Cooperative Agreements (NCA's) which receives HRSA funding to provide TA to public housing primary care health centers. NCHPH also hosts an annual health center and public housing national symposium.
- The [Corporation for Supportive Housing \(CSH\)](#) is also an NCA which supports health centers in collaborating with housing.
- NCCCHCA can sign health center staff up to receive the “The Mid-Atlantic Special” electronic newsletter. “The Mid-Atlantic Special” is a bi-monthly publication which compiles and disseminates recent news, resources, research, and staff development opportunities for serving farmworkers, individuals experiencing homelessness, public housing residents, and LGBTQ patients. The intended audience are outreach workers, clinicians, and administrators who frequently serve special populations at health centers. The newsletter also includes a regular feature on best outreach practices and highlights upcoming NCCCHCA events focusing on special populations. Contact [lipscomba@ncchca.org](mailto:lipscomba@ncchca.org) to sign up.

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<sup>14</sup> 2014 OSV Guide Prog Req #4

<sup>15</sup> Service Area Competition grant instructions

<sup>16</sup> Service Area Competition grant instructions

<sup>17</sup> *The Public Housing Primary Care Program: Updates and Opportunities*, NACHC, 2007.

