



NATIONAL ASSOCIATION OF
Community Health Centers®

EXPANDING YOUR HEALTH CENTER'S SERVICE LINES

How Board Members Can Support Strategic Service Line Expansion





WELCOME & GETTING STARTED

New NACHC Publication

Service Line Expansion: A Guide for Health Center Boards

Service Line Expansion:

A GUIDE FOR HEALTH CENTER BOARDS

Health centers sometimes consider adding new services. For example:

- A recent needs assessment¹ uncovers a service gap.
- The health center sees more patients who want a certain service.
- The health center decides it needs to provide a new service directly because it takes too long for patients to get appointments for such service through other providers in the community.

If your health center is considering expanding the services it offers, your board of directors is a critical part of the process. Specifically:

- Boards play an important role in directing the health center's overall strategy and making decisions about the future that align with the community's needs.

- Boards have a responsibility to make sure that any changes to the provided services are done properly.
- Your health center must obtain its board's approval *before* it can submit Change in Scope request(s) to the Health Resources and Services Administration (HRSA) for a new service.

This guide provides health center boards² with an overview of service line expansion. It provides:

- an understanding of why a health center might consider such expansion;
- information on the board's role in the process; and
- questions to help guide decisions around expansion.

¹ To learn more, see Chapter 3: Needs Assessment of the HRSA Health Center Program Compliance Manual. Resources are also available from NACHC: "The Board's Role in the Needs Assessment" and "Quick Guide: Conducting Your Health Center's Needs Assessment."

Audience Participation

Chat
(use to talk with peers)



PThB2 - Policy, Oversight, and Strategy: Exploring Health Center Board Roles

Policy, Oversight,
and Strategy:
Exploring Health
Center Board Roles

Polling/Q&A
(participate in polls, ask questions to faculty)



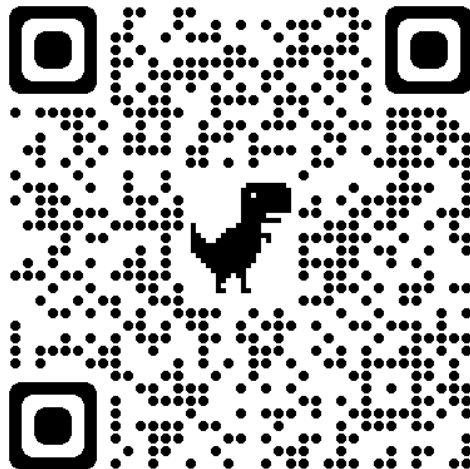
In-person

WIFI

Network Name: NACHC Conference Password: hcnetwork

Option 1: Online

- Scan the QR Code or go to <https://pi.cnf.io/> and click on “PFA3”



Option 2: NACHC Mobile App

- Open the App
- Click on “Sessions”
- Select date (3/10/2023)
- Find “PFA3: Expanding Your Health Center’s Service Lines: How Board Members Can Support Strategic Service Line Expansion Speaker Outline”
- Click on “Feedback/Polling”
- Ask or “up vote” questions

Learning Objectives

1. Understand when, why, and how a health center expands its service lines.
2. Explore the data and strategic questions boards might consider when evaluating potential service line expansion.
3. Recognize the roles of board members and executive team members when expanding service lines.

Our Plan for Today



Overview of service line expansion



Case studies: board engagement in service line expansion



Q&A and discussion



Wrap up

Our Panel



Rachel Sacks, MPH
President
Leading Healthy Futures



Kelly Sweeney McShane
CEO
Community of Hope



Hiroshi Nakano
Board Member
International Community Health
Systems



Jennifer Walsh, Esq.
SVP and Chief Governance Officer
The Wright Center

Poll: How familiar do you consider yourself to be with service line expansion?

- a) Very familiar
- b) Some familiarity
- c) Not much familiarity
- d) No idea or I'm new to the board



Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: How familiar do you consider yourself to be with service line expansion?

Poll: Why are you interested in learning about service line expansion today?

- a) My health center recently expanded or considered expanding its services
- b) My health center is considering expanding services right now or in the near future
- c) I have specific questions about service line expansion
- d) I want to learn from the experiences of my fellow health centers
- e) I'm curious about how my role as a board member fits in with expanding our health center's services



Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: Why are you interested in learning about service line expansion today?



OVERVIEW OF SERVICE LINE EXPANSION

What, when, and how

What is service line expansion?

Expanding the services your health center offers to its patients within your official HRSA-approved scope of project

When might a health center consider expanding service lines?

- As part of strategic planning
- When new needs are identified
- Based on patient or staff feedback
- Based on patient trends
- When the environment outside your health center changes

How does a health center expand its services?

- Update your *Form 5A: Services Provided*
- Done via either a formal Change in Scope (CIS) or Scope Adjustment request to HRSA
- Boards must formally approve this decision *before* the health center submits a CIS request to HRSA

Why are health center boards important to the service line expansion?

- Boards play a role in directing the health center's overall strategy
- Boards have a responsibility for ensuring any changes to services are done properly
- Boards must approve decisions to add new services *before* the health center can seek HRSA's approval for changes in scope

What is the board's role? What do boards do?

- Review and discuss data and information shared by health center staff
- Ask thoughtful questions regarding the proposed expansion
- Evaluate alignment with strategy, mission, financial performance, and compliance
- Determine whether and how to expand services

Poll: As a board member, what types of information or data would you want provided or what types of questions answered before expanding your health center's services?

Tell us in your own words!



Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: As a board member, what types of information or data would you want provided or what types of questions answered before expanding your health center's services?

What data does a health center consider when expanding its services?

Patient data

Safety net gaps
and community
needs data

Fiscal and
operational
data

See pages 4-5 of NACHC's [Service Line Expansion: A Guide for Health Center Boards](#)

What questions should the board consider when expanding services?

**Strategy &
Sustainability**

**Target
Population &
Unmet Need**

**Collaboration
& Partnership**

See pages 6-9 of NACHC's [Service Line Expansion: A Guide for Health Center Boards](#)

What questions should the board consider when expanding services?

Staffing

**Operations &
Access**

**Sites &
Renovations**

**Financial
Impact**

**Compliance &
Regulatory
Impact**

What about adding an *out-of-scope* service or business line?

- “Other lines of business” = activities that are NOT part of the HRSA scope of project
- Adding a new out-of-scope service or “other line of business” does NOT require HRSA approval
- Boards should still be involved in decision-making and discuss strategic, legal, financial, and operational implications of adding any services

See page 10 of NACHC's [Service Line Expansion: A Guide for Health Center Boards](#)

What about other types of expansion?



HOURS OF OPERATIONS



SITES OR GEOGRAPHIES

See NACHC's [Geographic Expansion: A Guide for Health Center Boards](#)

Do health centers ever *stop* offering a service line?

- If service is no longer needed because offered elsewhere
- If service can no longer logistically be delivered
- Boards must approve decisions to remove services *before* the health center can seek HRSA's approval for changes in scope

See page 9 of NACHC's [Service Line Expansion: A Guide for Health Center Boards](#)



CASE STUDIES

Board Engagement in Service Line
Expansion



Kelly Sweeney McShane, CEO



Jennifer J, Walsh, Esq.
*SVP of Enterprise Integrity,
Executive Counsel and Chief
Governance Officer*

Who We Are

OUR MISSION:

To improve the health and welfare of our communities through inclusive and responsive health services and the sustainable renewal of an inspired, competent workforce that is privileged to serve

OUR VISION:

To integrate patient care delivery, workforce development and innovation to be the leading model of primary healthcare in America

OUR NICHE:

Innovative and responsive primary healthcare through community centric workforce renewal

OUR VALUES:

- *Do the Wright thing*
- *Be privileged to serve*
- *Be an exceptional team player*
- *Strive for excellence*
- *Be driven for great results*
- *Spread positivity*



Soon to be



Soon to be



The Wright Center Enterprise: *Intercompany Relationships*



Needs-Responsive Clinical Services and Learning Environments



Needs-Responsive Interprofessional Workforce Development



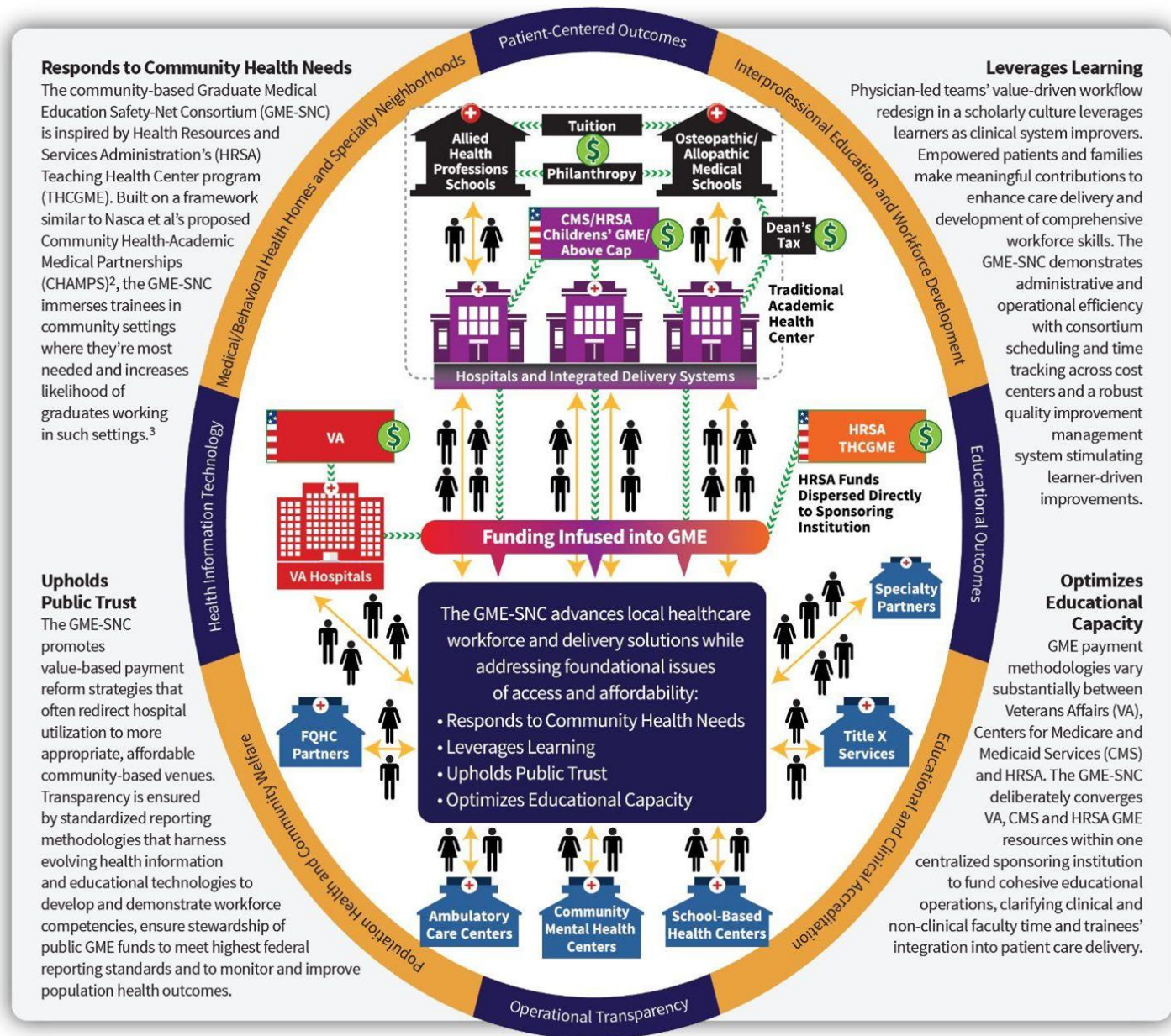
Needs-Responsive Patient and Community Engagement Platform to Organize SDOH and Volunteer Activities into Clinical and Workforce Learning Systems



The corporate structure of The Wright Center Enterprise honors the independent governance of each organization while promoting efficiencies and optimizing their shared mission, vision, and core values. The GME corporation is the *Common Paymaster* for the Enterprise, and the organizations lease services to one another through comprehensive intercompany agreements with covenants.

Our Transformative THC GME-SNC Model

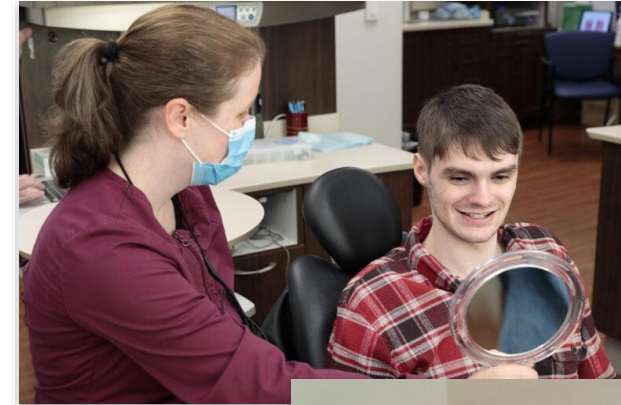
An “Achievable by All” results-driven, replicable, & scalable model for Essential Community Providers of primary health services that is fueled by a hopeful strategy of integrated incumbent and future workforce development and an inclusive, “We Can Do More Together” learning culture.



Our Forever Evolving Community Health Needs Responsive Service Lines

- Full Age Spectrum Medical
- Preventive Health Services & Lifestyle Medicine
- Women's Health
- Chronic Disease Management
- Care Coordination/Management
- Geriatrics/Alzheimer's & Dementia
- Dental Health & Pop-Up Clinics
- **Driving Better Health Mobile Unit**
- Community Deployed Care Teams
- Enrollment and Enabling Support
- School-Based Health
- Sports Medicine
- Behavioral Health

- Addiction, MAT & Recovery
 - PA COE, Opioid Misuse
 - Healthy MOMS Recovery & NAS Prevention
 - PacMAT Hub
- Ryan White HIV/AIDS
- Hepatitis-C/Infectious Disease Clinic
- Social Work & Case Management
- Prison Linkage
- Spiritual Support
- Telehealth
- Hospital Services



- **NCQA Medical Home & Behavioral Health/Primary Care Integration**
- **Journey to JC Accreditation**

Our Patient Population: Who Do We Serve?

Total Unique Patients Served

- Outpatient: **31,064**
- Inpatient: **3,140**
- Combined total: **31,930**

Total Patients Served (Outpatient)

- Medical: **29,672**
- Dental: **6,188**
- Mental Health: **2,925**
- Opiate COE: **2,468; 673 Active**
- Healthy MOMS: **378; 134 Active**
 - Babies Born: **213**
- Ryan White HIV: **524**
- School-Based Health Center: **854**
- Alzheimer's & Dementia Clinic: **152 total; 99 active**
- Homeless: **490**
- Agricultural Workers or Dependents: **161**

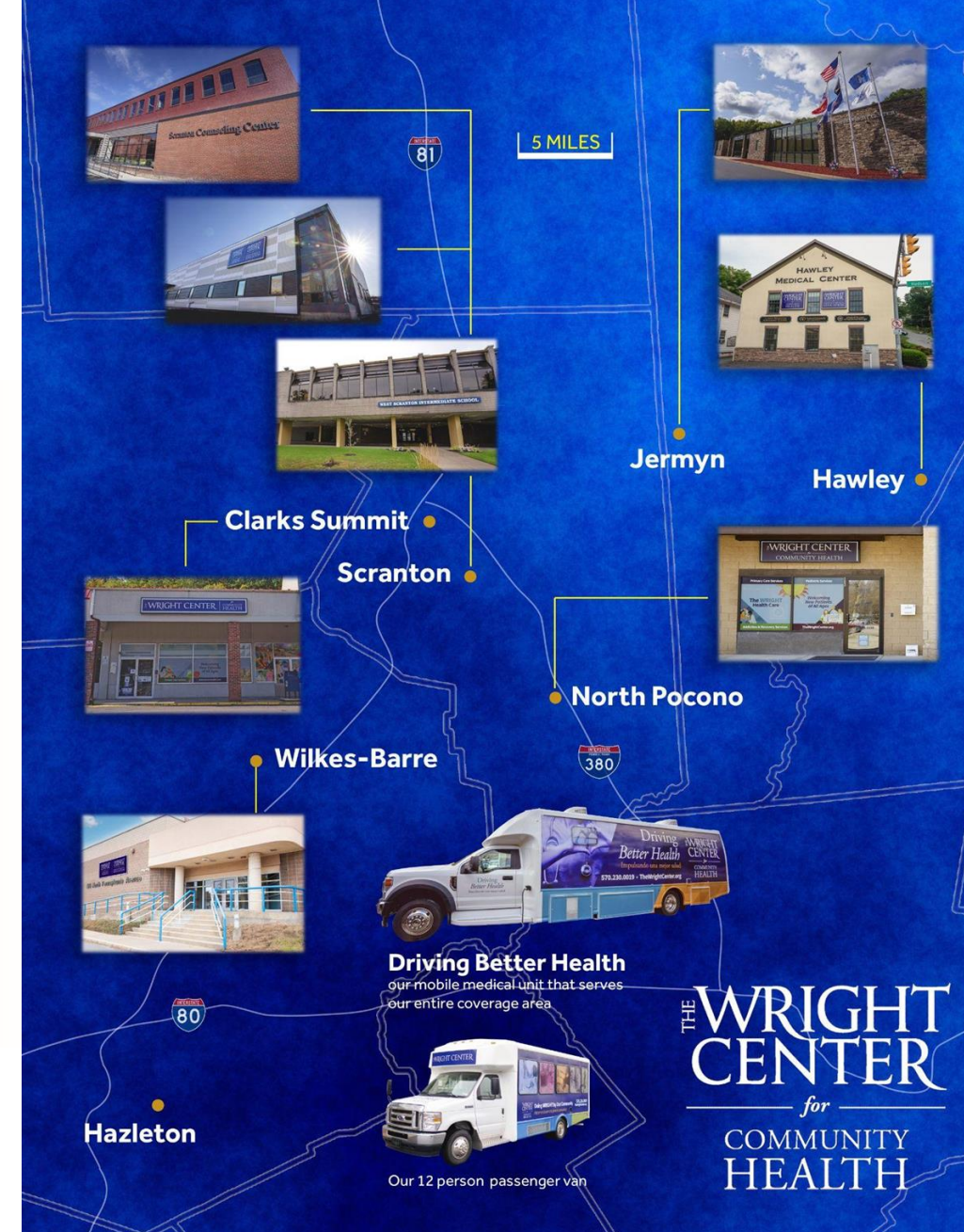
Total Clinic Visits (All Service Lines): **147,863**

- Total Medical Visits: **95,957**
- Dental Visits: **11,509**
- Mental Health Visits: **15,670**
- Substance Use Disorder Visits: **9,203**
- Enabling Service Visits: **2,191**
- Telehealth/Virtual Visits: **13,333**

Total Inpatient Visits: **20,743**

SDOH & ACE screens completed: **8,633**

**Data from January - December 2022*



Driving Better Health
our mobile medical unit that serves
our entire coverage area.

Our 12 person passenger van

THE WRIGHT CENTER
for
COMMUNITY HEALTH



@NACHC

Setting Our Course: How the Vision Gains Traction

- By design, FQHCs and FQLAs are community- and patient-needs responsive
- SDOH challenges such as lack of transportation led us to consider how to meet our patients where they live, work and learn
- Motivated by strong governance and driven by visionary leadership, we pursued innovative opportunities to bring primary care and COVID-19 responsive services to patients and families hardest hit by the pandemic
- The keys to long-term success hang on finding a way for this mobile medical unit to stay financially sustainable after any enabling grant would expire



The Role of the Board

A goal without a plan is just a wish. . . Antione de Saint-Exupery

- Governance approves types of services (i.e., scope of project), locations and hours
- Consider whether adding any additional service is an opportunity to, or could require an expansion of, your CHC's HRSA Scope of Project
- Assess and emphasize the community health needs-responsive nature of the proposed new service or site



The Role of the Board of Directors

A goal without a plan is just a wish. . . Antione de Saint-Exupery

TWCCH's Path to Implementing Strategic Initiatives:

- Strategic Planning Exercise/Opportunity Responsiveness
- Management Tiger Teams
- **Strategic Planning Document Bundle** Preparation (Logic Model, Strategic Execution Business Plan, Financial Projections, Map or Players, Funding Matrix)
- Planning and Development Committee
- Finance Committee & Executive Committee
- Full Board Approval of Project
- Board Approval of Grant Applications supporting the Project



A Logic Model: the Context and Goals for the Vision

CONTEXT	INPUTS	OUTPUTS	The Wright Center for Community Health Driving Better Health: GOALS/OUTCOME/IMPACTS		
			Short-term (3 months)	Mid-term (6-12 months)	Long-term (18-24 months)
<p>COVID-19 pandemic</p> <p>Role of health centers (medical/BH/dental) – providing testing/ care to our most vulnerable</p> <p>TWCCH practices open, staff engaged</p> <p>Telehealth visits were made available; transportation remains an issue</p> <p>Parents of school-aged children staying away from health offices due to COVID concerns caused many children to fall behind in their school physicals and vaccination schedules.</p> <p>COVID care options for populations in need, particularly the region's apartment buildings for adults in elderhood, requires mobile services.</p> <p>Rural community members staying away from clinics and hospitals during the pandemic.</p> <p>Community members without functional housing have not had access to care as may walk-in clinics have closed or become COVID-only.</p> <p>TWCCH selected for PA Governor/ Department of Health Educational Support and Clinical Coaching Program</p>	<p>ESCCP enabled TWCCH to establish positive working relationships with care facilities.</p> <p>COVID ECT-LAL funding</p> <p>Mobile health unit to support the coordination of COVID testing, vaccinations, and non-COVID vaccinations for traditionally underserved populations, with the ultimate goal of addressing health equity issues seen in the pandemic.</p> <p>Tests and vaccines within the service area and provide patient and community education related to testing.</p> <p>TWCCH staff to assess symptoms and deliver test results and appropriate follow-up assessment by telephone, text monitoring, and videoconference.</p> <p>Actively engaged regional/ national stakeholders:</p> <ul style="list-style-type: none"> • Area Agency on Aging • CDC Foundation • Regional School Districts • Regional Elderhood communities • Rural county commissioners • HRSA • Hazelton area community • AllOne Foundation • Moses Taylor Foundation 	<p>COVID testing and care events at care facilities and elderhood high rises</p> <p>Vaccination events for school readiness and pandemic-delayed catch-up</p> <p>Community health fairs</p> <p>Intentional outreach to community members without functional housing</p> <p>Dental events</p> <p>Public health education</p> <p>Regional, cross-organizational engagements</p>	<p>Obtain 3 competitive bids and secure purchase</p> <p>Secure fitout needs</p> <p>Finalize ECT submission and obtain award</p> <p>Purchase unit and begin scheduling</p> <p>Determine staffing plan (based on size of unit) and assign/ schedule staff</p> <p>Ensure regional school district and elder home interest</p>	<p>Press releases and announcements</p> <p>4 School vaccine events</p> <p>Monthly visits: 228</p> <p>Annual visits: 3456</p> <p>Bi-monthly/quarterly scheduled events</p>	<p>Summer 2021: all regional school districts engaged for level of interest in readiness events with 6 events scheduled</p> <p>ESCCP relationships activated for COVID vaccine events</p> <p>Fully reviewed and activated yearly schedule template</p>



DRIVERS / ASSUMPTIONS

EXTERNAL FACTORS

COVID testing and care will remain a need for the foreseeable future (18mo+). Vulnerable populations will be more harmed by Pandemic-related delays in care. Transportation to clinic issues will persist and may worsen. Flu and other non-developmental vaccines are often given without attention to full care causing potential lack of oversight of adverse reactions. School districts and other community partners present excellent opportunities for community health fairs.

Federal funding, regional partner buy-in, COVID test and vaccine availability, public interest, parking spaces adjacent to restrooms



The Roadmap to Start-Up Funding and Sustainability

PHASE 1

- Project Initiated
- Logic Model
- Strat Exec Biz Plan
- Partner Map
- Financial Projections
- Funding Matrix
- PnD Committee Approval
- Full Board Approval
- FQHC site approval

PHASE 2

- ELT Contract Approvals
- Secure FQHC site
- Contracts signed
- Mobile Unit Vendor
- HRSA ECT-LAL funding
- CDC Foundation ask
- Marketing Matrix

PHASE 3

- Fit-out completed
- Staffing
- staffing plan created
- Doors open



Mobile Clinic Strategic Execution & Business Plan Summary

Site Location: various



BUSINESS PROBLEM

As the COVID-19 pandemic grew, health centers were on the front lines providing much-needed care to our most vulnerable. Despite operational challenges, all TWCCCH practices stayed open and provided high-quality primary care that patients have come to expect and deserve in a safe environment. If a patient could not make it into one of our practices, telehealth visits were made available.

The pandemic caused parents of school-aged children to stay away from health offices due to concerns about spread of the virus. This caused many children to fall behind in their school physicals and vaccination schedules.

As the COVID vaccine options became available to TWCCCH, it was apparent that many populations in need, particularly the region's apartment buildings for adults in elderhood, would need services brought to them.

Rural community members have also been staying away from clinics and hospitals during the pandemic, and community members without functional housing have not had access to care as many walk-in clinics have closed or become COVID-only. This marks 4 distinct populations in need of the type of more proximal services a mobile unit can provide: school-aged children and their families, adults in elderhood, rural communities and the homeless population.

BUSINESS MODEL

Open Hours: by contract/ event

Services: Primary care, full visit vaccination clinics, COVID testing

Staffing Plan: 2 residents (IM/FM), 1 CRNP/PA, 2-3 MA/Nurse, 1 Driver, 1 Manager/coordinator

BUSINESS OPPORTUNITY

During the pandemic, TWCCCH was selected as one of seven healthcare systems statewide to be part of the Governor's Task Force to assist the Department of Health in assessing the needs of residents and healthcare workers in assisted living residences, personal care homes and nursing homes. As a member of the task force, TWCCCH established a "COVID Command Center" in an outreach partnership with the Pennsylvania Department of Human Services and the Department of Health's Educational Support and Clinical Coaching Program. Outreach was completed to provide clinical guidance, assess and direct PPE supplies, address workforce needs, and provide telehealth medical appointments as needed. This outreach has enabled TWCCCH to establish positive working relationships with these facilities, and TWCCCH intends to continue this work.

The use of a mobile health unit will support the coordination of COVID testing, vaccinations, and non-COVID vaccinations for traditionally underserved populations, with the ultimate goal of addressing health equity issues seen in the pandemic. TWCCCH will procure and distribute tests and vaccines within the service area and provide patient and community education related to testing. TWCCCH staff will assess symptoms and deliver test results and appropriate follow-up assessment by telephone, text monitoring, and videoconference.

VALUE PROPOSITION

Our Driving Better Health mobile unit expands our capacity for Coronavirus Testing with funding provided by HRSA.

This specialized vehicle provides COVID-19 testing throughout the region. In the future, this medical and dental clinic on wheels will offer everything from check-ups to immunizations to dental appointments.

Driving Better Health has increased patient access, allowing us to meet patients where they are.

PARTNER ECOSYSTEM

- Area Agency on Aging
- CDC Foundation
- Regional School Districts
- Regional Elderhood communities
- Rural county commissioners
- HRSA
- Hazleton area community
- AllOne Foundation
- Moses Taylor Foundation

OPERATIONAL PROJECT PLAN

- Create project dashboard & plan
- Develop marketing plan, collateral & marketing launch
- Capital/asset planning, supply inventory & ordering
- Site preparation – painting, furnishing, cleaning
- Capacity/staff hiring, credentialing & onboarding
- IT & data implementation
- [Smartsheet link for Mobile Unit](#)

Fueling an Idea: Grants Life Cycle Process

1. Pre-Award: Registration Requirements

- Data Universal Numbering System (DUNS)-1-2 business days
- System for Award Management (SAM)-2-3 weeks
- Grants.Gov (Submit Grant)– 1 hour
- ERA Commons (Access and Retrieve Grant Information)
- Authorized Organizational Representative (AOR)/E-Business Contact

2. Ideation:

- Review Notice of Funding Opportunity (NOFO)
- Eligibility/Organizational Alignment/Deliverables/Deadlines
- Board Approval

3. Framing/Refinement:

- Sustainability Plan/Proposal Timeline/
- Logic Model/Draft Proposal and Budget/Other Required Attachments
- Finalize/Upload into Grants.Gov

4. Implementation:

- Review Notice of Award (NOA)/Kick-off Meeting
- Finalize Workplan/Budget/Subagreements
- Hire Staff

5. Deployment:

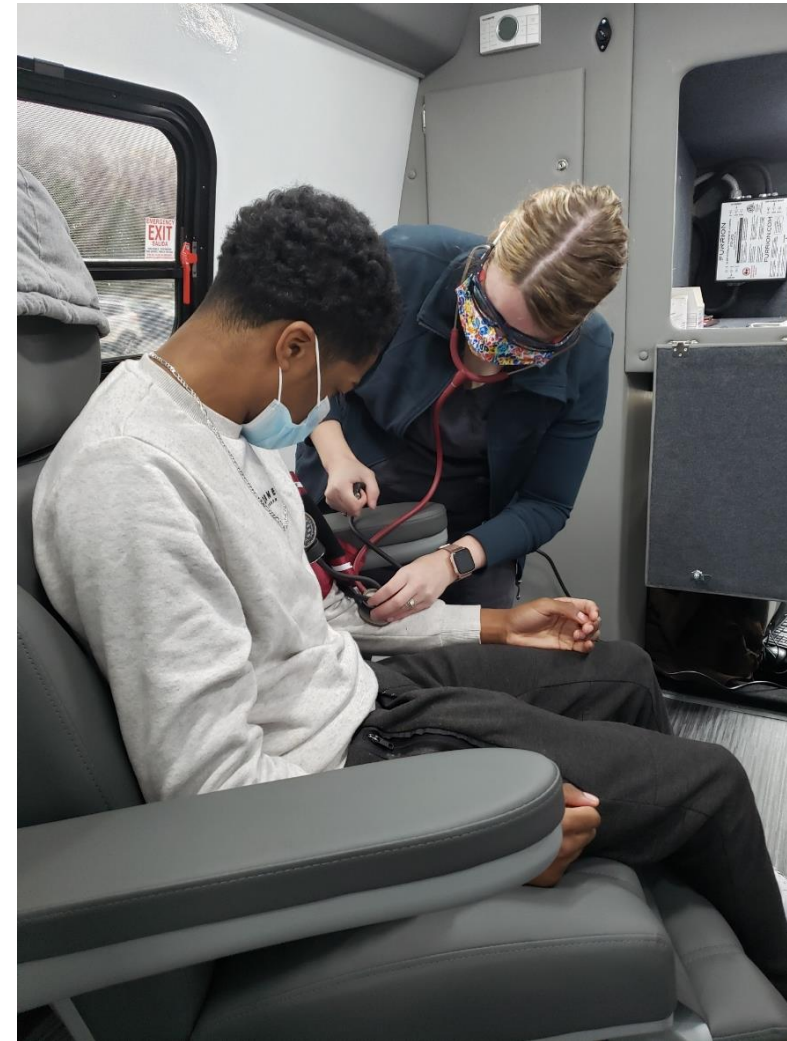
- Project Management/Grant Accounting/Progress Reports
- Uniform Guidance (Financial/Compliance)/Site Visits/Audits

6. Close-out:

- Implement Dissemination/Sustainability Plan
- Personnel Continuation/Equipment Disposition
- Final Progress/Financial Report

Mobilizing with Existing and New Resources

- **OPTIMIZE RESOURCES YOU ALREADY HAVE:** Driving Better Health was deployed into the community quickly using our own highly qualified (and bilingual) clinical staff.
- **OUTREACH TO YOUR EXISTING SAFETY-NET RESOURCE NETWORK:** We also tapped into our extensive local network using relationships nurtured by our Co-Directors of Patient and Community Engagement.
- **IDENTIFY NEW, MISISON-ALIGNED PARTNERS:** We partnered with like-minded government and social service agencies to align our efforts and work together on outreach and at events.



Shared Purpose Alliances & Community Partnerships

NATIONAL



Regional Extension Centers
Working to Assist Providers to Achieve Meaningful
Use of Electronic Health Record Systems



STATE



LOCAL



A Model for Post-Grant Funding Sustainability

In order to keep this dream-come-true alive, we developed a business plan to bring money back to the Health Center.

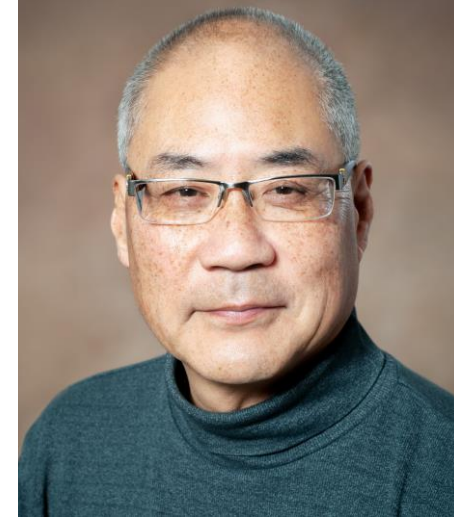
HOW?

- Registered our mobile medical unit as a HRSA-approved site
- Calculated billable visits through financial projections
- Developed contracts with agencies around testing
- Cross-supported HRSA/ECT grant with CDC Foundation grant



This is an example of how best to:

Envision • Plan • Spend Down Funding • Implement • Achieve Financial Independence



Hiroshi Nakano,
ICHS Consumer Board Member



2021 IMPACT REPORT

OUR MISSION *Deeply rooted in the Asian Pacific Islander community, ICHS provides culturally and linguistically appropriate health and wellness services and promotes health equity for all.*

\$1,097,025
uncompensated care

11
service locations in
Seattle, Bellevue
and Shoreline

390,763 health
encounters

119,841 health center
visits

WHO WE SERVE

29,683 total
patients

22,380 medical

13,020 dental

1,807 behavioral
health

1,174 vision



5 in 6 low income

7 in 9 persons of color

1 in 5 age 65 and over

1 in 27 homeless

55% need interpretation
services



Patients by insurance status

- 48% Medicaid
- 18% Medicare
- 30% Private
- 4% Uninsured

70+ languages.
Most frequently
spoken other
than English:

- | | | |
|---------------|--------------|-------------|
| 1. Cantonese | 6. Toisanese | 11. Farsi |
| 2. Vietnamese | 7. Khmer | 12. Russian |
| 3. Mandarin | 8. Tagalog | 13. Somali |
| 4. Spanish | 9. Amharic | 14. Arabic |
| 5. Korean | 10. Tigrinya | 15. Lao |

Where patients live

- 48% Seattle
- 15% South King County
- 11% Shoreline
- 10% Bellevue
- 9% Outside King County
- 7% Other King County

PACE requirements

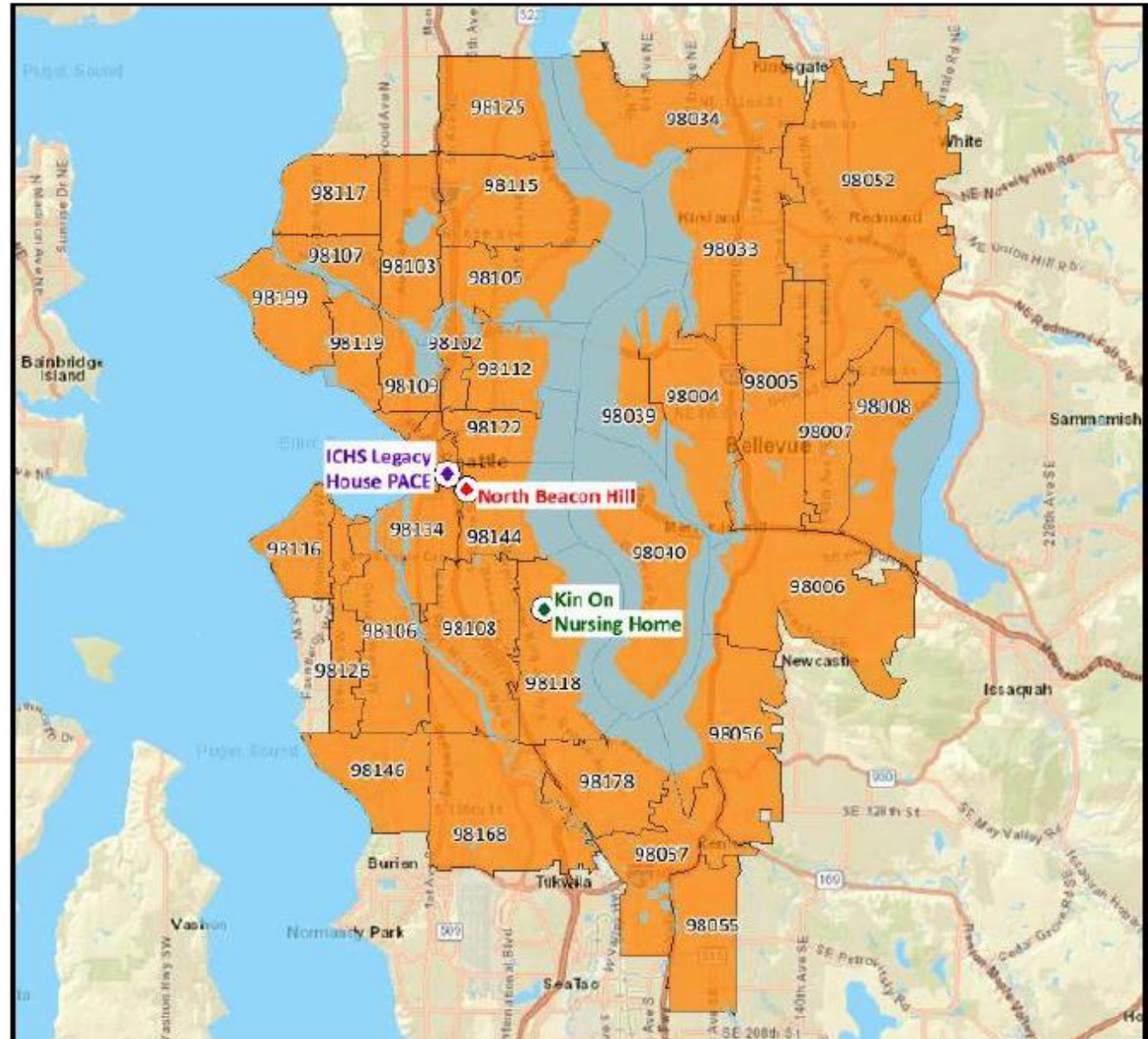
ICHS' PACE (Program of All-Inclusive Care for the Elderly) is an innovative model of care that helps seniors live independently in their community. The program is open to anyone:

- Age 55 or older
- In need of nursing facility level of care as defined by the state of Washington
- Residing in the PACE service area at the time of enrollment
- Able to live safely in the community with PACE services
- Medicaid-eligible and/or willing to pay private fees

PACE services

- Primary medical care, with expertise in geriatrics
- Specialty medical care
- Nursing care at the PACE center and at home
- 24-hour access to medical professionals
- Prescriptions and over-the-counter medications
- Hospital and nursing home care when necessary
- Dental, vision and hearing care
- Podiatry
- Transportation services
- Medical equipment and supplies
- Meals and nutritional counseling
- Physical, occupational and speech therapies
- Outpatient services such as lab, X-ray and surgery
- Relief/respice services for caregivers
- Mental health services
- End-of-life support and care
- Social services
- Treatment for substance use disorders
- Long-term services and support

ICHS PACE Service Area



Poll: After hearing these experiences, what do you think was the biggest opportunity or most challenging aspect of expanding service lines?

Tell us in your own words!



Live Content Slide

When playing as a slideshow, this slide will display live content

Poll: After hearing these experiences, what do you think was the biggest opportunity or most challenging aspect of expanding service lines?



Q&A



Wrap Up

Poll: What is your biggest lesson learned or takeaway from today's session?

Tell us in your own words!



Live Content Slide

When playing as a slideshow, this slide will display live content

**Poll: What is your biggest lesson learned or
takeaway from today's session?**

New NACHC Publication

Service Line Expansion: A Guide for Health Center Boards

Service Line Expansion:

A GUIDE FOR HEALTH CENTER BOARDS

Health centers sometimes consider adding new services. For example:

- A recent needs assessment¹ uncovers a service gap.
- The health center sees more patients who want a certain service.
- The health center decides it needs to provide a new service directly because it takes too long for patients to get appointments for such service through other providers in the community.

If your health center is considering expanding the services it offers, your board of directors is a critical part of the process. Specifically:

- Boards play an important role in directing the health center's overall strategy and making decisions about the future that align with the community's needs.

- Boards have a responsibility to make sure that any changes to the provided services are done properly.
- Your health center must obtain its board's approval *before* it can submit Change in Scope request(s) to the Health Resources and Services Administration (HRSA) for a new service.

This guide provides health center boards² with an overview of service line expansion. It provides:

- an understanding of why a health center might consider such expansion;
- information on the board's role in the process; and
- questions to help guide decisions around expansion.

¹ To learn more, see Chapter 3: Needs Assessment of the HRSA Health Center Program Compliance Manual. Resources are also available from NACHC: "The Board's Role in the Needs Assessment" and "Quick Guide: Conducting Your Health Center's Needs Assessment."

Resources for Health Center Boards

NACHC has over 50 resources (including many in Spanish) to support health center boards addressing:

- Governance Fundamentals, including board roles, board recruitment and orientation, board meetings, CEO succession planning
- Overall Health Care Environment & Governance, including many resources on value-based payment, pharmacy models, workforce, and more
- Strategic Planning
- And much more!



Short Videos and E-learning Modules are available to support new board member orientation and ongoing board education.

Learn more at <https://www.nachc.org/trainings-and-conferences/governance>



Please complete the evaluation!

Virtual Participants will receive the evaluation by email after the session

In-person Participants: NACHC Mobile App

- *Open the App*
- *Click on “Sessions”*
- *Select/click PFA3*
- *Click on “External Survey”*

THANK YOU!

This resource was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,656,250 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



NATIONAL ASSOCIATION OF
Community Health Centers®

PLEASE VISIT US ONLINE

[nachc.org](https://www.nachc.org)