

**CCHN**  
**Change of Scope and FTCA Coverage for Dental Projects**  
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Community Health Centers (CHCs) planning new dental projects should consider implications and impact on the CHC scope of project and Federal Torts Claims Act (FTCA) malpractice coverage. It is recommended that CHCs work with their project officers on any questions regarding change in scope (CIS) or FTCA considerations early in the process. *This document represents CCHN staff's understanding of best practices and does not constitute legal advice or official guidance from the Health Resources and Services Administration (HRSA).*

**Background – Federal Requirements**

The Scope of Project (SOP) defines the service sites, providers, service areas, and target population included in the HRSA-approved Health Center Program project. This, in turn, governs what a CHC can bill for and the locations and services covered by the CHC's FTCA protections for malpractice insurance. Providing services that are not in scope could jeopardize a CHC's federal funding and designation.

Service sites are defined as locations where a CHC provides a service, either directly or through a subrecipient or contractual arrangement, and where the following conditions are met:

- CHC encounters are generated by documenting in the patients' records face-to-face contacts between patients and providers
- Providers, who are appropriately licensed and/or certified, exercise independent judgement in the provision of services to the patient
- Services are provided directly by or on behalf of the CHC, whose governing board retains control and authority over the provision of services at the location, and
- Services are provided on a regularly-scheduled basis.

**Background – Pilot Projects**

Colorado CHCs are exploring many new and innovative arrangements to expand access to care for patients. Examples of those projects include the virtual dental home (VDH), which expands the ability of dental hygienists to provide preventative care and some restorative care with remote supervision, as allowed by HB15-1309, and the Colorado Medical Dental Integration Project (CO MDI), which integrates dental hygienists into medical clinics or other nontraditional settings. This may also include school sealant programs or other unique care arrangements.

**Implementation Planning – Scope of Project**

Pilot implementation of these innovative care settings raised questions regarding whether a change in scope (CIS) from HRSA is necessary prior to providing care under the new arrangements. How the CHC will offer dental care impacts what needs to be in the CHC's scope. Questions to answer include:

- Are the planned sites already included in the CHC's SOP? For example:
  - Permanent or seasonal service sites
  - Mobile vans
  - Portable clinical care
- Are the services that will be provided already included in the CHC's SOP?
  - CHCs with a dental clinic should already have these services included in their SOP.
  - CHCs that only offer dental services through referral or contract relationships will likely need to add those services to their SOP as a service provided directly by the CHC.
  - Note: Page 31 of the Health Center Program Compliance Manual states: "Services provided by a health center are defined at the awardee/designee level, not by individual site. Thus, not all services must be available at every health center service site; rather, health center patients must have reasonable access to the full complement of services offered by the center as a whole, either directly or through formal written established arrangements."
- Will new services be provided, or will the same services be provided by new providers or in a new way?

- When does the CHC anticipate starting to provide these services? The change in scope request must be completed prior to starting the project to maintain compliance and will take a minimum of 60 days.

In addition to ensuring the SOP is complete, a CHC must consider whether patients served in new dental arrangements will be considered CHC patients and can be counted for visits for annual reporting requirements.

CHC visits are those that are:

- Documented, face-to-face contacts between a patient and a licensed or credentialed provider
- The provider exercises independent, professional judgment in providing services.
- Services must be documented in the electronic medical record (EMR) or electronic dental record (EDR).

Additionally, to show compliance CHCs must have:

- A sliding fee discount program that applies to all required and additional services for which there are distinct fees. See the Sliding Fee Discount Program section of the [Compliance Manual](#) and [Site Visit Protocol](#) for more details.
- A fee schedule for all services that are within the HRSA-approved scope of project and billed for in the local health care market. See the Billing and Collections section of the [Compliance Manual](#) and [Site Visit Protocol](#) for more details.

The FTCA considerations that may arise when seeking to implement any new dental care arrangement are outlined under scenarios below. Each scenario may also have specific implications for billing; CHCs exploring these arrangements should consider how billing will occur and may contact CCHN staff with questions.

### Scenarios

The following scenarios are for informational purposes only to demonstrate elements to consider when planning dental programs.

Scenario	Change of Scope	Federal Tort Claims Act (FTCA) and Patient Considerations
CHC has an in-scope dental practice and provides services through a portable clinic at a local community organization regularly. VDH will be used to add dental services to those community organization portable clinics.	No change in scope needed if the service is already in the SOP, and the community organization is already listed in Form 5C.  If not in scope, a change in scope will be required.	If CHC providers are providing an in-scope service, at an in-scope location, they should be covered by FTCA.
CHC has an existing, in-scope dental practice, but provides no dental services at locations other than the clinic. a) They plan to regularly provide dental services at a school. b) They plan to regularly integrate a dental hygienist in a non-CHC practice site.	a) Yes. The school location needs to be added to the scope of project. b) Yes. The non-CHC practice site must be added to the CHCs' scope of project.	If CHC providers are providing an in-scope service, at an in-scope location, they should be covered by FTCA.
CHC has an existing, in-scope dental practice, but provides no dental services at locations other than the dental clinic. They plan to integrate a dentist hygienist into an existing medical-only CHC site.	No change in scope needed if the dental services are already in the Scope of Project, and the medical site is already listed in the Scope of Project.	If CHC providers are providing an in-scope service, at an in-scope location, they should be covered by FTCA.
CHC does not have a dental practice. They plan to provide	Dental services must be added to the scope of project.	If CHC providers are providing an in-scope service, at an in-scope

<p>dental services through a CHC-employed dental hygienist.</p>	<p>Any site where the dental hygienist regularly provides dental services must be added to the scope of project, if not already included.</p> <p>Depending on whether the CHC has employed a dental hygienist before, Form 5A may need to be updated to describe how dental services are being provided.</p>	<p>location, they should be covered by FTCA.</p> <p>Some procedures may require the direct or indirect supervision of a dentist, which may then require a formal contract arrangement with a dentist. CHCs considering this arrangement may contact CCHN staff for specific questions.</p>
<p>CHC has an in-scope dental practice. The CHC is approached by an independent dental hygienist or a hygienist who is employed by a community partner, who would like to partner on virtual dental home, and asks a CHC dentist to be the supervising dentist to review the hygienists' exams and provide treatment planning. The hygienists' patients <i>will not</i> be established as CHC patients.*</p>	<p>No change in scope required.</p>	<p>Because the patients seen by the dental hygienist will not be considered patients of the CHC, these services will not fall under the CHC's FTCA coverage. The dentist should purchase additional gap insurance coverage to provide his/her services as the supervising dentist (e.g. treatment planning). It is recommended to have a formal agreement in place to detail the services being provided.</p>
<p>The CHC is reaching capacity and is considering contracting with additional dentists to provide services.</p>	<p>A change in scope may be required depending on the contractual agreement, whether Medicaid is being billed, and whether patients will have access to the sliding fee schedule.</p> <p>Form 5B may need to be updated depending on the nature of the arrangement.</p>	<p>A contract should include how the contractor will provide malpractice insurance.</p> <p>The CHC may want to consider how to ensure how patient's details are included in the CHC's electronic health record.</p>

\* If the patients seen by the hygienist in this scenario are to be CHC patients, additional considerations may apply. CHCs interested in this arrangement should contact CCHN staff for additional information.

### Resources

- HRSA [Scope of Project webpage](#)
- [PIN 2008-01](#): Defining Scope of Project and Policy for Requesting Changes
- [PIN 2014-10](#): Updated Process for Change in Scope Submission, Review and Approval Timelines
- [Health Center Program Compliance Manual](#)
- [Health Center Program Site Visit Protocol](#)
- [PAL 2017-03](#): Calendar Year 2018 Requirements for FTCA Coverage for Health Centers

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