

Adding Street Medicine to Scope of Project for Federally Qualified Health Centers

By Katie League, National Health Care for the Homeless Council

Federally qualified health centers (FQHCs) provide comprehensive primary care, behavioral health, and support services to underserved areas and populations regardless of an individual's insurance status or ability to pay. Health centers funded by the Health Resources and Services Administration (HRSA) — including FQHCs, FQHC look-alikes, and rural health centers — are the backbone of the health care safety net in the U.S., [providing care to one in 10 people](#). Last year, nearly 1,400 health centers provided care to over 31 million people, including more than [1.4 million individuals experiencing homelessness](#) (4.5 percent of all health center patients).

Each health center has a defined [scope of project](#) or “scope” that outlines the approved [service sites](#), [services](#) to be delivered, providers involved, geographic [service area](#), and population the health center serves. **Street medicine is an allowable service for health centers if the service being provided is: (1) listed under scope; and (2) non-traditional sites, such as encampments and other street locations are specified in the types of location.** To promote street medicine among health centers, HRSA recently added [an FAQ](#) to its compliance material to reinforce this allowance by stating, “health centers can provide services to their patients and other residents of their service area at locations outside the health center, such as homeless encampments, parks, and under bridges.” Relatedly, the Centers for Medicare & Medicaid Services (CMS) recently added a new [place of service code](#) that allows health centers to bill Medicaid or Medicare for care provided at outreach sites and via street medicine (code 27).

Health centers can take the following steps to bring street medicine under scope, while making the service eligible for reimbursement through Medicaid or Medicare.

Steps to Making Street Medicine Billable at Health Centers

Health centers already conduct [needs assessments](#) as part of core requirements to determine the unmet needs for health services in the geographic area where they operate. If delivering care to unsheltered people is identified as a need, programs can design a street outreach or street medicine team to best meet those needs. Outreach workers, peer specialists, and community health workers are critical roles to have on these teams since they know the community and have spent time building relationships and earning trust. Health centers can then consider which of their current services are needed in the

About this Tool

This tool provides a step-by-step framework to help FQHCs incorporate street medicine services into their scope of project, making these services eligible for Medicaid and Medicare reimbursement. FQHCs can use this tool to assess unmet health care needs for people experiencing homelessness; design and implement street medicine teams; update their scope of project; and work with state policymakers to identify reimbursement codes.

community, and structure their outreach team to include staff who can meet those identified needs. When possible, the goal should be to provide the service directly on site in the community rather than referring to a brick-and-mortar location.

To list street medicine under a health center’s scope and make the service eligible for reimbursement, health centers should:

- 1. Confirm the street medicine services they provide are listed on HRSA’s [Form 5A](#) under health center services provided.** Health centers should be offering some, or all, of the services that they are approved to offer within their current service sites.*
- 2. Add “Portable Clinic Care” on HRSA [Form 5C](#).** Portable Clinical Care should be selected as the type of activity on this form and a health center should specify “Intermittent Street Outreach” for the type of location. For more information, see: [PIN 2008-01 – Defining Scope of Project and Policy for Requesting Changes](#).
- 3. Consult with state Medicaid policymakers to determine the best place of service code to use on reimbursement claims.** Place of service code 27 for outreach site/street is one possible code that health centers can use for reimbursement. Health centers that receive [prospective payment system](#) rates may prefer to bill as traditional encounters.

In Summary

Street medicine is an important, lifesaving care delivery model that allows health centers to better meet the needs of their more vulnerable patients who are unhoused. Health centers are authorized to provide care within their scope at various locations, including on the streets and within encampments. Health centers can consider including street outreach sites in their scope and building street medicine programs that respond to the needs of their community. Not only can street medicine reach people whose needs are unmet by traditional service delivery approaches, but it can also support the financial sustainability of health centers.

Related Resources

- [Health Center Program Compliance Frequently Asked Questions](#) – Provides instructions for FQHCs that want to offer street medicine as part of their scope of project. (HRSA)
- [New Federal Regulation Establishes Street Medicine as a Reimbursable Model of Care](#) – Provides guidance on the new place of service code issued by CMS that recognizes the streets as a place where high-quality care can be provided. This code creates the opportunity for programs to seek reimbursement for these encounters. (University of Southern California (USC) Street Medicine)
- [Street Medicine Can Address the Health Needs of People Who Are Homeless](#) – Describes the ways in which street medicine meets the needs of people who are not served by traditional care delivery models. (The Commonwealth Fund)
- [Financial Planning for Street Medicine Providers in California](#) – Offers guidance and tools to support street medicine providers in California in using available funding opportunities to support their programs. (USC Street Medicine, Klurfeld Consulting, and the Center for Health Care Strategies)

* If a health center wishes to offer different services in street medicine than they offer at their service site, they must complete a Change of Scope Request; see <https://bphc.hrsa.gov/compliance/health-center-program-compliance-faq?categories=231&keywords=>.



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