§ 405.2444 Change of ownership.
(a) What constitutes change of ownership—
(1) Incorporation. The incorporation of an unincorporated FQHC constitutes change of ownership.
(2) Merger. The merger of the center corporation into another corporation, or the consolidation of two or more corporations, one of which is the center corporation, resulting in the creation of a new corporation, constitutes a change of ownership. (The merger of another corporation into the center corporation does not constitute change of ownership.)
(3) Leasing. The lease of all or part of an entity constitutes a change of ownership of the leased portion.
(b) Notice to CMS. A center which is contemplating or negotiating change of ownership must notify CMS.
(c) Assignment of agreement. When there is a change of ownership as specified in paragraph (a) of this section, the agreement with the existing center is automatically assigned to the new owner if it continues to meet the conditions to be a Federally qualified health center.
(d) Conditions that apply to assigned agreements. An assigned agreement is subject to all applicable statutes and regulations and to the terms and conditions under which it was originally issued including, but not limited to, the following:
(1) Compliance with applicable health and safety standards.
(2) Compliance with the ownership and financial interest disclosure requirements of part 420, subpart C of this subchapter.
§ 405.2446 Scope of services.
(a) For purposes of this section, the terms rural health clinic and clinic when they appear in the cross references in paragraph (b) of this section also mean Federally qualified health centers.
(b) FQHC services that are paid for under this subpart are outpatient services that include the following:
(1) Physician services specified in § 405.2412.
(2) Services and supplies furnished as an incident to a physician’s professional services, as specified in § 405.2413.
(3) Nurse practitioner or physician assistant services specified in § 405.2414.
(4) Services and supplies furnished as an incident to a nurse practitioner or physician assistant services, as specified in § 405.2415.
(5) Clinical psychologist and clinical social worker services specified in § 405.2450.
(6) Services and supplies furnished as an incident to a clinical psychologist or clinical social worker services, as specified in § 405.2452.
(7) Visiting nurse services specified in § 405.2416.
(8) Nurse-midwife services specified in § 405.2401.
(9) Preventive primary services specified in § 405.2418 of this subpart.
(c) Federally qualified health center services are covered when provided in outpatient settings only, including a patient’s place of residence, which may be a skilled nursing facility or a nursing facility or other institution used as a patient’s home.
(d) Federally qualified health center services are not covered in a hospital, as defined in section 1861(e)(1) of the Act.
[57 FR 29479, June 12, 1992, as amended at 61 FR 14657, Apr. 3, 1996]
Centers for Medicare & Medicaid Services, HHS

§ 405.2450 Clinical psychologist and clinical social worker services.

(a) For clinical psychologist or clinical social worker professional services to be payable under this subpart, the services must be—

(1) Furnished by an individual who owns, is employed by, or furnishes services under contract to the FQHC;

(2) Of a type that the clinical psychologist or clinical social worker who furnishes the services is legally permitted to perform by the State in which the service is furnished;

(3) Performed by a clinical social worker or clinical psychologist who is legally authorized to perform such services under State law or the State regulatory mechanism provided by the law of the State in which such services are performed; and

(4) Covered if furnished by a physician.

(b) If State law prescribes a physician supervision requirement, it is met if the conditions specified in § 491.8(b) of this chapter and any pertinent requirements of State law are satisfied.

(c) The services of clinical psychologists or clinical social workers are not covered if State law or regulations require that the services be performed under a physician’s order and no such order was prepared.

[57 FR 24980, June 12, 1992, as amended at 61 FR 14657, Apr. 3, 1996]

§ 405.2452 Services and supplies incident to clinical psychologist and clinical social worker services.

(a) Services and supplies incident to a clinical psychologist’s or clinical social worker’s services are reimbursable under this subpart if the service or supply is—

(1) Furnished in a physician’s office;

(2) Furnished as an incidental, although integral part of professional services furnished by a clinical psychologist or clinical social worker;

(3) Furnished under the direct, personal supervision of a clinical psychologist, clinical social worker or physician; and