

Scope Alignment Validation (SAV) Frequently Asked Questions (FAQs)

**These FAQs supplement the comprehensive information on SAV and scope of project available at <http://bphc.hrsa.gov/about/requirements/scope/scopealignment.html>. Please review these resources prior to SAV and review these FAQs as needed for additional answers about SAV:*

- Program Assistance Letter 2014-06: Documenting Scope of Project in Updated Forms 5A and 5B: <http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pal201406.pdf>
- Form 5A Preview: <http://bphc.hrsa.gov/about/requirements/scope/form5apreview.pdf>
- Form 5A Service descriptors: <http://bphc.hrsa.gov/about/requirements/scope/form5aservicedescriptors.pdf>
- Form5A Service Delivery Method (Column) descriptors: <http://bphc.hrsa.gov/about/requirements/scope/form5acolumndescriptors.pdf>
- Form 5B Preview: <http://bphc.hrsa.gov/about/requirements/scope/form5bpreview.pdf>
- Instructions for completing Form 5B: <http://bphc.hrsa.gov/about/requirements/scope/form5binstructions.pdf>
- Program Assistance Letter 2014-07: Scope Alignment Validation in HRSA Electronic Handbooks: <http://bphc.hrsa.gov/policiesregulations/policies/pal201407.pdf>
- Allowable Updates Resource: <http://bphc.hrsa.gov/about/requirements/scope/savallowableupdates.pdf>
- SAV EHB User Guide: <http://bphc.hrsa.gov/about/requirements/scope/savuserguide.pdf>
- SAV EHB Video Walkthrough (coming soon)

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Preparation for SAV

1. Which health centers will see a SAV deliverable in EHB?

All health centers will have the SAV deliverable. All EHB registered contacts for a health center will receive an EHB notification when the SAV deliverable is available.

SAV is an opportunity for **ALL** health centers – both grantees and look-alikes – to review and make limited updates to their Form 5A and Form 5B to improve the accuracy of these forms. While SAV is not a required submission, HRSA strongly encourages all health centers to take advantage of this opportunity. Following SAV, these updated Forms 5A and 5B will be HRSA’s official record for services and sites.

2. Who should work on and submit the SAV?

The health center should have staff who can access EHB (and have permission to submit deliverables) and who understand scope of project, Form 5A, and Form 5B, work on SAV. Health centers may have different staff work on SAV. For example, the CMO may work on Form 5A but the COO may work on Form 5B. HRSA recommends that health center management review all Form 5A, Form 5B and SAV resources, as well as their existing Form 5A and Form 5B to identify any changes they need to make or identify during SAV.

3. Will Health Centers need to have their governing board review, discuss and approve anything related to the SAV process?

Since SAV allowable corrections and updates must reflect current service delivery based on the better understanding health centers will have after reviewing the updated Forms 5A and 5B and related resources, they are not considered significant changes or new additions. Therefore, board review and approval is not required by HRSA. However, HRSA encourages both health center management and boards to understand the purpose of Scope Alignment and the SAV process and to periodically review these forms on an ongoing basis to ensure they accurately reflect the health center's current approved scope of project.

4. What data will be presented to health centers for review in SAV?

The SAV will present data from Forms 5A and 5B as of June 27th at 5:00pm ET, including any approved CIS request that has been verified by the health center by that time, as mapped by HRSA to the updated Forms.

The SAV deliverable will not present anything proposed in a CIS request that has not been approved and verified, or anything proposed but not yet approved through open funding opportunities such as Behavioral Health Integration (BHI) or Expanded Services (ES).

Form 5A: Services Provided

5. If psychiatry is not recorded in a health center's scope of project can this be reflected as part of the SAV deliverable?

PAL 2014-07 describes that prior to the release of *(PIN) 2009-02: Specialty Services & Health Centers' Scope of Project*, some health centers may have included psychiatry services under the umbrella of mental health services. Through SAV, HRSA is allowing these health centers to correct their scope of project in EHB to record psychiatry as a separate specialty service, in accordance with PIN 2009-02 and PAL 2014-06. Psychiatry services as referenced on Form 5A Specialty Services may be provided by various practitioners, but these providers must have board certification in psychiatry such as MDs, DOs, Psychiatric APRNs, and PAs with certification of added qualifications in psychiatry. Psychology services are distinct from Psychiatry services and are instead included under "Mental Health Services" on Form 5A and are not considered to be specialty services.

6. Why am I not seeing an option to add psychiatry in SAV?

This update is allowable only if psychiatry services are currently being provided and if "Mental Health" is already listed as provided via Column I and/or II on Form 5A as an Additional Service.

Also note that "Behavioral Health" services on the pre-SAV Form 5A (e.g., treatment/counseling and 24 hour crisis) will all be mapped to "Mental Health Services" on the updated Form 5A, as described in the appendix to PAL 2014-06. Therefore, if a health center currently has "Behavioral Health –

Treatment/Counseling” or “Behavioral Health – 24-Hour Crisis” on their pre-SAV 5A in Column I (Direct) and/or II (Formal Written Contract/Agreement), it will appear as “Mental Health Services” on their updated 5A during SAV and going forward.

7. What types of changes are allowed during SAV?

The ‘SAV Allowable Updates’ resource describes Form 5A updates you can perform as part of the SAV deliverable, if necessary to document the current service delivery method. The EHB system will only allow updates as described in this document and will notify you if a change is being requested that cannot be accomplished as part of SAV. See Question 6 for more information on how to record updates you are not able to make through the SAV deliverable.

8. Where do I record any updates I cannot make as part of the SAV deliverable?

Any updates beyond those included in the table for the ‘SAV Allowable Updates’ resource, may not be updated as part of SAV, but you will have the opportunity to identify any inaccuracies through the SAV Certification page for Form 5A.

9. The updated Form 5A does not list **referrals to specialty, behavioral health, and substance abuse services separately**. Where are these recorded?

These referral services that had previously been listed separately on Form 5A have been reassessed and determined to be part of “general primary medical care,” since these types of referrals are based on the provider’s documented assessment of the health center patient’s need for the indicated referral(s).

10. Where are substance abuse services recorded on the updated Form 5A?

If your health center receives Healthcare for the Homeless (HCH) funding or designation through (330(h)), substance abuse services must be recorded under the Required Services section of Form 5A and labeled as “HCH Required Substance Abuse Services (Health Care for the Homeless only)”. If your health center does not receive HCH funding or designation and you are currently providing substance abuse services, these services are recorded under the Additional Services section of Form 5A, under the umbrella of “Behavioral Health Services” and are labeled as “Substance Abuse Services”.

11. How do I know if procedures are part of my scope of project?

The specific range of services that are available at a health center may vary based on a number of factors including but not limited to provider qualifications and licensing requirements. Each service descriptor in the Descriptors resource document includes elements of the service, as applicable, that may be included to reflect a more expansive or intense level of service than the minimum required elements. In all cases the health center is responsible for ensuring that all professional, State, and local qualifications necessary for a health center provider to provide a specific service on its behalf have been met. In addition, the health center is also responsible for ensuring that specific state and local standards/accreditation requirements related to the facility have also been fully met.

12. What happened to the entries on my previous Form 5A: Additional Services that were included under the “other” category?

As described in PAL 2014-07, part of HRSA’s mapping process for Form 5A included a comprehensive review of all entries included in the “other” category. HRSA removed or consolidated these “other” entries, as appropriate, to be consistent with the updated Form 5A and accompanying service descriptors. Many of the “other” entries individually listed procedures, therapies and treatments, which

are not appropriate for individual entries on Form 5A since they are included under existing service line items elsewhere on Form 5A (please refer to Form 5A Service Descriptors).

13. Do I need to record telehealth on my Form 5A?

No. Telehealth is not listed as a unique line item on Form 5A since telehealth is a means for delivering services and it is not a separate service. As with any service, whether provided via telehealth or not, the service and delivery method(s) must be accurately recorded on Form 5A. For example, if a health center is delivering psychiatry through a formal written contractual arrangement utilizing telehealth equipment, Form 5A will identify psychiatry as an additional specialty service on Form 5A in Column II.

14. I'm not sure which Columns to record a service under after reviewing the Form 5A Descriptors for Services and Delivery Methods. How should I proceed?

If you still have questions after reviewing the 5A resources, please send your question to scopealignment@hrsa.gov. You may also provide additional details during SAV in the Comments section of your Form 5A Certification page.

Form 5B: Service Sites

15. Why am I seeing a list of "potential duplicate sites" on my 5B List page in the SAV deliverable?

While a physical address only needs to be captured once on Form 5B, due to past system issues, a health center may have two or more sites in its scope that share the same physical address. HRSA has identified any exact matches based on the Site Physical Address field, and has grouped those 5B sites together as "potential duplicate" sites in the SAV deliverable. As part of SAV, health centers have the opportunity to identify which of those sites should remain in scope and which is/are considered duplicate(s) to be removed from scope. HRSA will review any sites the health center confirms as duplicates and remove those from the health center's scope of project after SAV. Note that sites with the same street address but different suite, office, and building numbers are not duplicates.

16. I forgot to specify the suite number in the 'physical site address' field of my site's Form 5B. How do I note this during SAV?

Per [Policy Information Notice 2008-01: Defining Scope of Project and Policy for Requesting Changes](#), if one or more sites have the same street address but have different suite/office/building numbers, then each of those sites must have its own Form 5B listing. If your site address is missing a suite, office, building or other identifying number, select "I need to make changes to this site's Form 5B that are not allowed as part of this Scope Alignment Validation submission and will specify those changes below," and then select "Need to update 5B Field(s)", specifying the missing or incorrect information in the required comment box. HRSA will review incorrect and missing information to determine if HRSA is able to make additional corrections on the health center's behalf or if the health center will need to take additional change in scope actions after SAV.

17. I forgot to request to delete a site I'm no longer operating (or forgot to verify a site that I received HRSA approval to delete) as of 2012. What should I do?

If a site is presented to you as part of the SAV, HRSA considers that site to be active since the health center did not take necessary actions to remove the site from its scope. On that site's 5B Certification page, select "I need to make changes to this site's Form 5B that are not allowed as part of this Scope Alignment Validation submission and will specify those changes below," and then select "Site not Active", specifying in the required comment box why the site is no longer active but why it is still

showing up in scope. HRSA will review your response and will follow up with you after SAV to inform you if you need to submit a formal CIS request to delete the site.

18. I do not see a site I thought was in my scope on my SAV Form 5B List of Sites. What should I do?

If a site (service delivery or administrative) is not presented to you as part of the SAV, HRSA does not consider that site to be in your approved scope since the health center did not take necessary actions to add the site to its scope. Once the Change in Scope module is available in EHB on July 25th, you should work with your Project Officer to develop and submit a CIS request to add the missing site (for both Service Site and Administrative Site types).

19. What is an Administrative Site?

Administrative Sites are sites at which non-clinical services are provided and/or administrative work is performed (i.e., the site does not meet the definition of a service site). Examples include sites which house only a pharmacy and other health center administrative staff, and sites where only health education or outreach takes place. Health centers record Administrative Sites on their Form 5B to support complete documentation of where health center activities related to the scope of project are occurring. Not all Form 5B fields are required for Administrative Sites.

20. What updates are allowable in SAV for Administrative Sites?

You can update an Administrative Site's Form 5B (note Administrative Site Form 5B only captures limited information) and provide the same certification as you are able to for a Service Delivery Site during SAV.

If SAV includes an Administrative Site that is no longer utilized, on that site's 5B Certification page, select "I need to make changes to this site's Form 5B that are not allowed as part of this Scope Alignment Validation submission and will specify those changes below," and then select "Site not Active". HRSA will review incorrect and missing information to determine if HRSA is able to make additional corrections on the health center's behalf or if the health center will need to take additional change in scope actions after SAV.

21. Should I update my site's hours of operation as part of SAV if I plan to expand its hours in September 2014?

SAV is an opportunity to align your Form 5A and Form 5B with how you are currently providing services and operating sites. You should update a site's Form 5B information to reflect current practice. If you plan to change a site's hours after SAV, you will be able to update the site's hours of operation after SAV is completed via the CIS module.

22. The ZIP codes listed on my site's Form 5B are incorrect. What should I do?

If a site's service area ZIP codes are incorrect, select "I need to make changes to this site's Form 5B that are not allowed as part of this Scope Alignment Validation submission and will specify those changes below," and then select "Need to update 5B Field(s)", specifying the missing or incorrect information in the required comment box. Once SAV is completed, the health center will have the opportunity to update the ZIP codes and provide supporting information through the CIS module. Please refer to the [Form 5B Instructions](#).

CIS Requests/Approvals/Verifications

23. Should a health center submit a CIS request to make corrections or wait until the Scope Alignment Validation (SAV) process in EHB?

Please review PAL 2014-07 and SAV allowable updates at <http://bphc.hrsa.gov/about/requirements/scope/scopealignment.html> as well as information about the CIS module being unavailable in EHB from June 27th through July 24th at <http://bphc.hrsa.gov/about/requirements/scope/ehbcismodule.html>. If the health center believes what they are proposing in a CIS request may be “corrected” as part of the SAV process, consult with your Project Officer in advance of June 27th to determine next steps.

24. Why am I not seeing a site or service change that HRSA approved in my SAV deliverable?

Changes that were not verified as of June 27th will not be reflected in SAV. If a CIS review is in progress during SAV or the CIS is pending verification, you can still make any allowable updates in SAV. However, when applicable in the Optional Comments field, you may write that the SAV is not presenting accurate information but that you have an in-progress CIS request or pending verification that will result in an accurate Form 5A and/or Form 5B.

25. I submitted a Change in Scope request prior to June 27th (or proposed a change in services as part of a BHI or ES application). If my change is approved and/or verified during or after SAV, how will my Form 5A and 5B be impacted?

For any change in scope approvals (in response to a pending CIS request or an awarded application) and verifications that occur during or after SAV, HRSA will ensure that the site or service is mapped from the old Forms to the appropriate label/field on the updated Form 5A or Form 5B upon the health center’s verification of implementation via EHB. Note that for any site changes, the health center will need to update the two new Form 5B fields via a self-update after verification.

Other

26. Will reviewing and updating Form 5C: Other Activities/Locations be a part of SAV?

No. Note that Form 5C may be updated via a Monitored Change in Scope request in the CIS module in EHB before June 27th or after SAV.

27. Which forms will be reviewed at Operational Site Visits (OSVs) that occur during SAV?

The “old” Form 5A and Form 5B will be used during OSVs through July 23rd. The “updated” Form 5A and Form 5B will be used from July 24th onward.

28. What should I do if I have an existing ‘accurate scope of project’ condition?

All health centers will still need to respond to any active conditions in EHB. Review the materials that explain the updates that will be allowable during SAV; you may be able to address certain corrections through SAV and you may still need to complete a CIS request for to address others. Please discuss your response to the condition with your Project Officer.

29. Will I still be able to view what my pre-SAV Form 5A and Form 5B looked like once SAV is over?

Yes, as noted in PAL 2014-06, historical data previously captured in Form 5A and Form 5B will be retained and remain accessible in EHB. However, the data in Forms 5A and 5B at the conclusion of SAV will be HRSA’s official record of each health center’s approved scope of project for services and sites.

30. Will SAV result in the automatic creation of Change in Scope requests?

No. HRSA will review health center SAV submissions and will follow up with health centers that identify scope inaccuracies that could not be addressed through the SAV deliverable. As necessary, HRSA will direct the health center to submit a formal CIS request consistent with current HRSA policy.

31. Will SAV result in a Notice of Award?

Since actions taken during SAV are updates and/or corrections rather than significant changes or new additions, HRSA is not issuing a Notice of Award related to SAV.

32. Will SAV result in any compliance findings?

No, the SAV process is not part of a compliance review nor will it trigger any progressive actions. Compliance with Health Center Program Requirements will continue to be assessed through Operational Site Visits and Service Area Competition (SAC) applications. The intent of SAV is to facilitate accurate documentation of each health center's scope of project.

33. Will SAV impact how my Form 5A and Form 5B look in my FY 2015 Service Area Competition (SAC) application of Budget Period Renewal (BPR) progress report?

Health centers that have a budget or project period start date of November 1 and therefore start working on SAC or BPR submissions in EHB while SAV is open in EHB will need to do a "refresh" of their Form 5A and Form 5B after July 24th but before they submit the SAC/BPR. HRSA will specifically communicate with this cohort regarding the need to "refresh" so that scope is updated based on SAV in the SAC/BPR submission. Health centers that are not in this cohort are not impacted.