

Health Resources and Services Administration
Bureau of Primary Health Care
Scope Alignment Scope Alignment TA Session for Health Centers
June 18, 2014, 3:30 – 4:30 p.m. ET

Coordinator: Welcome everyone and thank you for standing by. At this time, all participants are in a listen only mode. However, during today's conference, we will be conducting a question and answer session. And if you'd like to ask a question at that time, you may press Star 1. Today's conference is being recorded.

If you have any objections, you may disconnect at this time. I would now like to turn the conference over to Lisa Wald. Thank you and you may begin.

Lisa Wald: Welcome everyone and thank you for joining us for today's session on Health Center Scope alignment. My name is Lisa Wald and I work in the Bureau of Primary Healthcare's office of Policy and Program Development or OPPD. And I am joined by four other speakers today, Jennifer Joseph, the Director of the Office of Policy and Program Development, Beth Rosenfeld, Branch Chief of the Policy Branch, Rebecca Braccia and Meghan Ochal.

There are a couple of ways to follow along with us today in addition to being on the phone. The first option is to log into our Adobe Connect webinar. If you are not already logged in, you can find the link at the top of our scope alignment website. And the address for that is bphc.hrsa.gov/about/requirement/scope/scopealignment.html. Once you're there you can click on the link for the scope alignment TA session at the top to

join the webinar. And once you do that, please mute your computer speakers as the audio will come through the phone.

If you're not able to join us on the webinar, you can access the slides at the same website which again is <http://bphc.hrsa.gov/about/requirements/scope/scopealignment.html> . For those of you who are already in the Adobe Connect webinar, I wanted to draw your attention to the Q&A box. It's at the bottom left side of the screen. You can use that to submit questions to the presenters.

And there will also be an opportunity to ask questions over the phone later in the session. Slide 2 in our slide presentation presents an overview of what we hope to accomplish today. First we will discuss why an accurate scope of project is important. Then we will talk about Scope alignment validation or SAV and how health centers can get ready for that opportunity to review and make limited updates to their scope of project in EHB.

Then we will review the time line for SAV. And finally we will have time for questions and answers. So I will turn it over to Jen Joseph at this time.

Jennifer Joseph: Good afternoon, everyone. I'm happy to be with you and to be with you on this second conversation about scope alignment and the scope alignment validation process. What you'll hear today will be somewhat process oriented. But I wanted to bring us back to thinking about scope of project as more than a procedural exercise.

As you know health centers' scope of project includes the activities supported by the total approved health center program budget including all required and additional services and the locations through which these services are made

accessible to patients. Scope of project is the central definition of what health centers do.

And it's the basis for essential benefits including FQHC requirements, 340B drug pricing eligibility and FTCA coverage. Therefore it's critical that health centers accurately document their scopes of project and why this scope alignment validation is an opportunity we hope you'll all take advantage of. And now I'll pass it over to Beth Rosenfeld.

Beth Rosenfeld: Okay. Thank you - we thank Jen for setting the stage for today's presentation. So before moving into the specifics of the scope alignment validation opportunity itself which is the primary focus of today's presentation, we want to provide a little background on HRSA's overall scope alignment project that has served as a foundation for the SAV deliverable.

So HRSA's overall scope alignment goals are to increase the accuracy of individual health center's documented scope of project on Forms 5A: Services Provided and 5B: Service Sites. And to ensure general consistency and understanding of the scope of project across the health center program especially as it relates to services and sites.

This consistency and understanding we believe will assist health centers in completing future change in scope requests as well as the forms that are associated with competitive applications such as new access point and service area competition. We also believe it'll assist health centers in maintaining an accurate scope of project on an ongoing basis.

So PAL 2014-06 which is titled "Documenting Scope of Project in Updated Forms 5A and B" which was issued on May 14, 2014 describes the steps that HRSA BPHC took in order to achieve these goals. First Forms 5A and 5B

were updated, clarifying and streamlining where possible what is necessary for scope of project documentation purposes. Through this updating process, duplicative and/or redundant information was removed from the forms.

Next, descriptors and/or instructions were developed for each field, row and/or column to help standardize and improve the quality of the data and information being recorded on Forms 5A and 5B. And finally, clear links to change in scope policy were provided wherever possible by being especially clear when a CIS submission is necessary.

And in some cases when a CIS might not be necessary. Again, to improve clarity and where possible, to reduce the burden on health centers by insuring that an appropriate level of data is being captured to document the approved scope of project. In addition, PAL 2014-06 describes a set of resources that were developed as part of this scope alignment project.

These resources are intended to support existing health centers as well as health center applicants in establishing and maintaining accurate scope of project documentation that is recorded in these forms.

Rebecca Braccia: So next, we'll go over some of the 5A resources that are now available. The first resource, the Form 5A Descriptor Resource document describes all of the required services that are included in the health center program's authorizing statute and program regulations. It also includes the small menu of additional services.

And these service descriptors describe the general elements of each service listed on Form 5A to assist in the accurate recording of a health center's scope of project. So for instance, you will notice that there are examples of either an

expanded level of the service or examples of procedures which could be included under a service and would not require a change in scope.

There are also instances highlighted throughout this resource that show where a change in scope is needed. And so we believe this resource tool will be helpful for their completing the upcoming SAV deliverable as well to plan for future change in scope requests. In a separate resource document, HRSA describes the service delivery methods in greater detail in order to guide health centers in determining which service delivery column should be marked for each service on the Form 5A.

And again, these descriptors are to assist in the accurate recording of the health center's scope of project consistent with scope policy. This particular resource highlights critical factors to consider such as who provides the service; where the service is delivered and other requirements when recording the service delivery method.

The service delivery methods also distinguish the different ways that a service can be provided. So for instance, column 1 directly where services directly provided by a health center and for which the health centers pays and bills for that service. A column 2 arrangement where services are provided on behalf of the health center by another entity in which the health center is accountable for paying and billing for the services through that agreement.

A column 3 arrangement is where services are provided by another entity through which the health center has a formal written referral arrangement. And the actual services provided and paid and billed by the other entity. The resource also highlights informal referral arrangements.

And these arrangements while they're not recorded on Form 5A or within the scope of project nor are they acceptable for a required service however, it's recognized the health centers often enter into these types of informal referral arrangements and they're a valuable community resource. And so this completes the overview of the Form 5A resources.

Meghan Ochal: And we're now on Slide 8 for those of you following along separately. But just a little bit on the Form 5B updates. Probably the biggest change to the Form 5B itself is that we eliminated a lot of redundant and unnecessary information. So it's much shorter now. But to go along with the updated and shorter form, we developed instructions.

And there's a sample here on the screen to ensure everyone is aware of what needs to be in each 5B data field as well as how the different fields may and may not be updated via the change in scope module going forward. So in addition to this being an ongoing resource for you as you do change in scope, these instructions will also be helpful during SAV as you work on updating existing 5B information and in case you're unclear about what a certain data field means.

Beth Rosenfeld: Okay. So in summary, we strongly encourage each health center to take some time to review these PALs and just - and the accompanying resources in greater detail. Familiarizing yourself with the content will help support decision making both in the long term as well as in the more immediate time frame as they will assist you in preparing for the scope alignment validation deliverable.

So now we will move the discussion to the SAV deliverable opportunity that will be available via Health Center's electronic handbook from Monday, June 30, 2014 through Wednesday, July 23 and which is the subject of PAL 2014-

07 which is titled scope alignment validation and HRSA Electronic Handbooks. This PAL which was published last week on June 11 describes HRSA's migration of health center scope of project information from the existing Forms 5A and B to the updated Forms 5A and B, consistent with the descriptors and the information provided in PAL 2014-06 that we just went over.

In addition, it describes the opportunity each health center will have via the SAV deliverable in EHB to review these updated forms, make limited allowable updates and certify the resulting services and sites in scope.

Rebecca Braccia: For Form 5A, this mapping process included aligning services with the descriptors that are described in Program Assistance Letter 2014-06. In addition, HRSA reviewed all of the entries in the other category and either consolidated them or removed them in order to be consistent with the updated descriptors as outlined in Form 5A.

You'll notice that Form 5A is about recording services only. And so you will see this reflected in the remaining service lines. So for example, it does not list out specific therapies, treatments or procedures on their own. So next, when looking at the SAV deliverable, you'll be presented first with your required services.

And you'll either be able to access the data or make limited allowable updates based on your assessment and the resources that are now available for how you're currently delivering a service. So for example, using the resources that we spoke about previously for Form 5A, for instance, if you notice that you're not currently meeting the column 3 criteria to deliver a service, but you're currently providing a service in either Column 1 or 2, you'll be able to remove the column 3 arrangement.

There may also be instances however, where you do not need to make any changes. And you'll be able to accept the data as presented. There will be separate resources that are available, one called "Allowable Updates" that you can refer to regarding the types of changes that can be made during this process. In addition, the system will also be programmed to understand the types of allowable updates that can be made.

For those health centers that have additional services in their scope of project including specialty services, your health center will have the data migrated to the updated Form 5A. And again, you will only be able to make certain allowable updates. For those health centers that have services that are provided only in column 3 and if you determine that you're not meeting the column 3 criteria, you'll be able to remove the column 3 as an allowable update.

For health centers that are currently providing mental health services, previously named Behavioral Health Treatment and Counseling and you're providing that in your scope of project under either column 1 or 2, and you're also currently providing psychiatry, you'll be permitted to record psychiatry as part of the SAV deliverable as long as you're currently providing that service.

After completing these sections, you will certify the accuracy of the Form 5A. And so in your review of the data, you'll either be able to make allowable updates. And you'll certify that the service data is accurate or that further changes are needed. If you identify that further changes are needed, you'll describe those changes whether you need to add or delete services, what the corresponding service delivery methods are that apply to those.

And you'll also be able to note any inaccuracies or any changes that you are unable to make as part of the allowable updates in this section.

Meghan Ochal: So for the 5B portion of SAV, health centers will be presented with a list of their sites, both service delivery and administrative, if you have any that are recorded in your scope of project. On this page, you will see one or both of the following categories. Unique sites are those with unique site addressing EHB and the potential duplicate sites grouping which not all of you may see.

But if - this category will appear if two or more of your sites in scope are the exact same physical site address as listed on Form 5B. There have been some issues with EHB in the past that have duplicated addresses in the system. So we'd like to use SAV as an opportunity to identify which site you'd like to keep.

It is important to know however, that if one or more sites have the same street address but have different suite, office or building numbers, than EHB is not categorizing those as duplicates since per HRSA scope policy, each of those sites is unique and must have its' own Form 5B listing. So we're really just trying to get rid of exact duplicates here.

We know that's an issue that some of you have brought up before. So from this page, you will use the options menu on the right side to complete two pages for each site. Update will take you to the Form 5B edit page. And 5B certification will take you to the site's certification page. So you may review your sites in any order once you're at this screen.

On each sites' Form 5B edit page, you will see your previous 5B data migrated to the shorter streamlined and updated form. You'll need to fill out two new fields, the required FQHC Site Medicare Billing Number status.

You'll choose one of five options for this. And the Optional FQHC Site National Provider Identification or NPI number. While optional, we strongly encourage all health centers to provide the NPI number for their sites.

You also have the opportunity to update many other Form 5B fields such as hours of operation and site phone number. There's some fields that are not editable such as specific site address. And the SAV allowable update resource that we'll have the website explains those. Note that if a site is a duplicate site or is no longer active, you will not be required to update the corresponding Form 5B edit page since our assumption is that these sites will later be removed from the scope.

So after that - after you complete the 5B edit page for site, you'll go to that specific site certification page. Note that unlike Form 5A, which has one overall certification for all services, each site will have its own certification page and SAV. So similar to 5A, however, you will certify to HRSA that either you've updated your Form 5B and it's accurate or that the site's data is still incorrect and additional changes are necessary.

So if it's still incorrect and you select that option, you'll then let HRSA know what is incorrect. And you'll have 3 choices to choose from. The first is that you need to still update a 5B field. For example, if there's a typo in your physical site address, you could also note that site is no longer active if you're no longer providing service there.

And you could note if it's a duplicate site which is not limited to only the ones we grouped as duplicate sites since that's only matching exact addresses. And the other resources we'll have up will give a lot more detail on that. So we'll also expect a narrative explanation if you do need to make additional changes.

So for any corrections you do identify, HRSA's going to review all responses after SAV and may be able to make some additional changes.

So please keep in mind that some of you may still be instructed after SAV to submit a formal CIS request to get your scope 100% accurate. So that's it for sites. We realize that this maybe time consuming portion of SAV for those of you with many sites, but to the extent that you've been keeping your Form 5B up to date, this should be a quick exercise.

So that was the overview of SAV. And we wanted to give a quick update on how this impacts the change in scope module. In order to accommodate SAV and EHB, the change in scope module will be unavailable from June 27 through July 24. So we wanted to bring up the following key points. Any complete CIS request submitted to HRSA to June 27 at 5:00 pm Eastern Time will continue to be reviewed by HRSA.

But if a health center initiates but does not submit a CIS request to HRSA, and this includes both new requests as well as those that are in a response to a specific change request, if you do not submit those prior to June 27 at 5:00 pm, HRSA will move those requests to an inactive status and you would need to initiate a new request after SAV.

But following SAV, health centers will have the opportunity to develop and submit new CIS requests as usual. So there's a bit more information on this. You all should have received the EHB notification as an FYI. But you also can go to the top of the scope alignment TA page that Lisa gave at the beginning of the call. And we have a little warning message at the top.

And you can click on that and get a lot more information and guidance about the CIS module.

Beth Rosenfeld: It is important to note that after SAV closes, these updated Forms 5A and B will be HRSA's official record of each health center's approved scope of project for services and sites. So what that means is that HRSA will no longer use the old Form 5A and B. However, we do want to assure you that the historical forms and data will be retained and be accessible in EHB.

Regarding SAV follow up, which is post July 23, HRSA anticipates that the majority of health centers will not need to take additional action to ensure the accuracy of the scope information on Form 5A and/or on Form 5B following the completion of the deliverable. However, HRSA will review the information provided by health centers in their submissions and will follow up with health centers that identify scope inaccuracies that could not be addressed to the SAV deliverable.

As needed, HRSA will clarify when health centers will be required to submit a formal CIS request consistent with current HRSA policy. Also following SAV and from that point forward, health centers will be asked annually at the time of service area competition or BPR progress report time, to review their Forms 5A and 5B to recertify that these forms either accurately reflect current health center operations.

Or that they do so with the caveat that an additional CIS request or requests are in progress. So now let's take a few minutes to review the SAV timeline. This slide provides the key dates designed to assist health centers in planning for SAV deliverable for the CIS submissions as we just reviewed. So June 27 is a key date, 5:00 pm, as that will be the last day to submit CIS requests before SAV.

And then on June 30, for those are that are super early birds, it actually will be accessible to you right - soon after midnight and through July 23 at 5:00 pm Eastern Time. So that will be the time to work on the deliverable. And then once that is completed, July 24 and from that point forward, scope is updated in EHB for all health centers on these new forms. New CIS requests will be able to be submitted following SAV.

And the new Forms 5A and B will be in use from that point forward. Now we'd like to take a few minutes to recap some of the key messages and provide you with some tips for next steps and some helpful reminders. First we want to be clear that the SAV process is not part of a compliance assessment nor will it trigger a progressive action condition.

And I do want to repeat that because I think it's really important that folks understand this that it is not part of a compliance assessment nor will it trigger a progressive action condition. As you are aware, compliance assessments occur when service area competition applications are submitted and reviewed. And when operational site visits take place.

If there are cases however where HRSA receives no SAV submission from a health center, then the new Forms 5A as migrated on June 27 will become HRSA's official record. However, HRSA strongly, strongly encourages each health center to take maximum advantage of this one time opportunity via SAV to make multiple, allowable updates through this one deliverable, all of which will be posted to updated Forms 5A and B following closure of the SAV deliverable.

And in order to make the most of this opportunity, HRSA also recommends that the following next steps for health centers to prepare for SAV between now and June 30. First review PALs 2014-06 and 07 and the accompanying

resources we have reviewed today. We believe they will assist you in better understanding what the new streamline forms look like? What is HRSA's mapping plan for migrating the data from the old forms to the new forms? What guidance HRSA has provided in the way of data field instructions for Form 5B in particular? And the service descriptors and service delivery methods descriptors for Form 5A.

Also, what specific updates you as a health center will be allowed to make to improve the accuracy of your health center scope of project documentation? And finally, what certification options are available via SAV including what additional information you might need or want to provide in the available text boxes.

And lastly, we strongly encourage you to review your current forms 5A and B to get a good sense of how much updating of sites and services may be needed to align with your current operations.

Lisa Wald:

There are a number of resources available to support health centers in maintaining accurate scope of project documentation as outlined in the first row of this table and as we've discussed throughout the presentation. These resources are designed to provide assistance both in preparation for SAV and on an ongoing basis.

As we discussed already, PAL 2014-06 describes the updates made to Form 5A and 5B and provides an overview of the three resources listed here for Form 5A services and the two resources for Form 5B service sites. In the second row is a set of resources that were developed specifically to support health centers in completing the SAV deliverables.

PAL 2014-07 provides an overview of SAV. And the other three resources listed here will be posted to our website in the next week or so, and will provide more detailed step by step guidance for completing the SAV deliverable in EHB. We recommend viewing the walk through video prior to going into EHB to help you get prepared.

And the user guide will be a helpful resource to have while you're completing the SAV deliverable in EHB. All of the resources on this slide are linked to from the scope alignment website. And this is a screen shot of the scope alignment website which contains all of the resources we just discussed as well a summary of the SAV timeline and some other important notes and reminders.

We will be updating this page frequently. So you may want to bookmark it and check it periodically. In a moment, we will move to the question and answer portion of our session. However, if you have follow up questions as you think about this material further and start the SAV deliverable in EHB, please know that there are several resources available to assist you.

General questions may be directed to us, the scope alignment team. For EHB specific questions including how to log in and access the SAV deliverable, please contact the BPHC Helpline. And for specific questions about your health center's scope of project or an existing or plan change in scope request, please continue to contact your BPHC project officer.

So at this time, we will open up the phone lines for questions you may have about the material that we've covered today. You may also submit questions by the Adobe Connect Q&A pod on the left hand side of the screen. And operator, would you please provide some instructions for asking questions over the phone?

Coordinator: Yes. Thank you. If you would like to ask a question, please press Star 1 on your phone. Unmute your phone and record your name clearly when prompted. Your name is required to introduce your question. And to withdraw your question, you may press Star 2. Once again, if you'd like to ask a question, you may press Star 1 at this time.

One moment please for the first question. The first question comes from (Victoria Derek).

(Victoria Derek): Yes. I do have a question. My agency is going to submit 3 changes in our - one change in scope to delete a site before the 27th. Will that appear on the SAV?

Beth Rosenfeld: That's really a good clarification question. SAV will only capture change in scope requests that have gone all the way through the approval and verification process as of June 27 at 5:00 pm.

(Victoria Derek): So what would your suggestion be? Should I just indicate that we've submitted a change in scope request - we have a pending change in scope request?

Beth Rosenfeld: That would be - you could note that in your text box.

(Victoria Derek): Yes.

Beth Rosenfeld: Yes. Yes.

(Victoria Derek): Okay. Thank you.

Beth Rosenfeld: Sure.

Coordinator: The next question comes from (David) (Unintelligible).

(David): Hello there. We already have a change in scope in process right now. And I'm wondering how this SAV process will affect the timing and the communication and any changes that we would have to do for that change in scope? We're hoping that it gets approved as soon as possible.

Meghan Ochal: So, So that's a good question as well. On our end, since we are not doing SAV, our change in scope review, our module in HRSA is actually not impacted. So we'll continue with our reviews as normal according to the normal review timelines and our scope policies. So you would still be able to get a NoA if it's approved and get the verification task.

It's just that it won't show up until after SAV and you know you've updated Form 5A and 5B.

(David): And then to resubmit in case they send it back for resubmission?

Meghan Ochal: So that's actually going to be a limitation because of SAV. So that's why we've emphasized in the - in all of the guidance and warnings that we sent out that it really needs to be a complete CIS submission. And we've also provided some internal guidance to our project officers here that they can contact our scope alignment team if you know there happens to be one thing missing in your request you know so we cannot duplicate work for everyone.

But we you know why we're hoping that people can make sure if they submit something, they can try and get all of the relevant information in that request

so we cannot have to worry about change requests or working outside the system.

(David): Thanks.

Coordinator: The next question comes from (Molly Ferguson).

(Molly Ferguson): Hi. Thank you very much for your time and your explanation on this. I just wanted to confirm that this - these changes are required for all centers in order to clean up what's listed on 5A and 5B even if we don't have a change in scope request in.

Beth Rosenfeld: Well I think I might describe it slightly differently that it's really an opportunity to make corrections and updates based on the additional guidance and information that HRSA has provided in a lot of the resources.

(Molly Ferguson): Okay. So - but all health centers have to do it even if we don't have any change in scope requests submitted?

Beth Rosenfeld: Right. It's not necessarily linked to the change in scope in process.

(Molly Ferguson): Okay. Great. Thank you very much.

Meghan Ochal: Okay. And I just want to reiterate too that if you've been keeping your scope pretty up to date and you know you go in and everything looks fine to you, you can just hit save, continue, yes. I'm good. I'm good. Submit. So you know if you've been doing that, you can just look at it and it might be fine. But you know it is an opportunity given all the new resources to maybe adjust slightly given a new understanding for all health centers.

(Molly Ferguson): Well, coincidentally, we did our last week. But there's some old locations on there that we were not able to delete which now we will be able to go in and delete.

Meghan Ochal: Well, we should clarify and on the other allowable update resources, we'll clarify that you can identify to us if a site is no longer active. But we need to then review why it might no longer be active before - you know, that's the point at which we're going to have to do an individual analysis after SAV to determine if HRSA could delete or if we still need you to do a change in scope request.

(Molly Ferguson): Understood. Thank you.

Coordinator: Next question comes from (Raymundo Espinoza).

(Raymundo Espinoza): Yes. Currently, we have - we submitted our change in scope to our project officer. And our project officer went on vacation. And so we're wondering whether the process from HRSA's side will continue even if we have the deadline of the 27th to submit everything.

Meghan Ochal: Yes. HRSA's processes can continue. We can continue to review any submitted CIS request on our end as long as it's submitted by you, the health center, by June 27.

(Raymundo Espinoza): Okay. Good. Great. Thank you.

Coordinator: Next question comes from (Margaret Skelly).

(Margaret Skelly): Hi. Thanks. Yes. I have actually two questions. My first is to clarify that we can actually remove an entire service from the scope all together if we do not provide it. Is that correct during the SAV?

Beth Rosenfeld: That's not exactly correct. I - what is - what you can do is remove potentially a column 3 service, recorded only service, if it's an additional or specialty if you now understand based on the descriptors that you don't meet that threshold.

(Margaret Skelly): Okay, because we for whatever reason have services on our scope that we've never provided. And we've been submitting a lot of changes in scopes. And our project officer's suggested that "no, we just wait at this point for the SAV to happen."

Beth Rosenfeld: Right.

Beth Rosenfeld: A review of the allowable updates, I - resources I think will really help guide you in your decision making.

(Margaret Skelly): Okay.

Beth Rosenfeld: It may be that in some cases, SAV will allow you to take care of it. But there may be others where you need to continue with the CIS process.

(Margaret Skelly): Okay. All right. And then the other question I have is this SAV begins on June 30. We actually have some conditions on our grant right now that ask that we have the scope situated - resituated and cleared up by July 1. When I make changes, if I go in on June 30, will they show up right away on the Forms 5 and 6 or Form - yes, 5 and 6.

Or do we have to - is there a follow up approval process from HRSA after that?

Meghan Ochal: So, if you could email both your project officer and the scope alignment inbox just because I want to make sure we're aware of the exact time lines and where you are in the change in scope process, we can answer that in terms of timing what would work best to make sure you don't you know have a progressive action that's not necessary.

(Margaret Skelly): Okay. And I think I have a scopealignment@hrsa.gov. Is that the email?

Beth Rosenfeld: Right. Right.

(Margaret Skelly): Okay.

Beth Rosenfeld: Right. But don't email your question about when you're going to see things in the new form based on whatever adjustments, allowable updates you're making through SAV. That will be after it closes July 23, so sometime late July 24th when you'll see that.

(Margaret Skelly): Okay. So it won't actually show up until after the - okay. All right. Great. Well, that answers my questions. Thank you very much.

Beth Rosenfeld: Sure. Sure.

Lisa Wald: Okay. I just want to take a minute address some of the questions that are coming in through Adobe Connect. The first question is are we allowed to make updates to Form 5C as part of SAV?

Meghan Ochal: So the Form 5C is not - not a part of this SAV deliverable. We do know that people have questions. And it is something that HRSA's going to look at in terms of trying to provide clear guidance.

But right now we're you know trying to focus all of our energy on 5A and 5B.

Beth Rosenfeld: But however, you are able to make adjustments to 5C through the CIS module at any point in time except when it will be closed.

Meghan Ochal: Except when it will be closed.

Meghan Ochal: But you know minor updates to 5C have always been acceptable.

Lisa Wald: Okay. Thank you. We've had a couple of folks asking us to clarify the due date. And the due date for SAV is July 23 at 5:00 pm Eastern Time.

There's also been a couple of questions about how health centers will be notified to access the deliverable in EHB.

Karl Reis: Well, they'll be sent notification through EHB to the project director, the AO, BO, point of contact.

Meghan Ochal: So just make sure your contact information is up to date in EHB. And I think we plan on at least getting something out a couple of days in advance. And then definitely the day it's available to use so you can click on the link and go right to it.

Lisa Wald: Okay. And there's also a question and this is the last one on line. We'll go back to the phones again after this one. Will psychiatry need to be added as a specialty or will SAV resolve this need?

Rebecca Braccia: So if your health center currently is providing mental health services and your scope of project is column 1 or 2 which was previously behavioral health treatment and counseling on the previous Form 5A and you're also currently providing psychiatry, you will be able to indicate psychiatry as part of this - as part of the SAV deliverable?

Lisa Wald: Thank you. Operator, we'll take a few from the phone now.

Coordinator: Sure. The next question comes from (Keri Mitza).

(Keri Mitza): Hi. How are you? Hello.

Beth Rosenfeld: We're here. We're good, thank you.

(Keri Mitza): Thank you for the informative presentation. And I know that it was noted at the beginning of the webinar that the information would be more process based. And most of the questions up until now have been processed based. I was wondering if you were available to answer more specific questions regarding the service descriptions.

Beth Rosenfeld: You mean in terms of what the service descriptors actually mean?

(Keri Mitza): Yes. I mean we've been analyzing and reviewing the documents as they've been available on HRSA's website just to stay on top of things. And you know we feel comfortable with what our Form 5A conveys at present. But there was one item, the description for transportation that sort of raised a couple of flags.

That's one item that we have in column 3 indicating that we don't provide it directly but that we provide transportation services through referral arrangements. And you know since there were no previous descriptions, we had categorized this in column 3 because we don't own a fleet of vans and provide transportation. But we notice that the service description on the resource document for Form 5A says you know transportation services. And then it goes on.

And at the very end, it's says, "for example, providing transport vans, bus tokens or vouchers or linkages to other community transport programs." If our health center does have a quantity of Charlie Cards - we're located in Boston and taxi vouchers, we really only make those available to medically necessary circumstances.

But we also have a whole department that links clients with specific concrete social service needs. And transportation is one of them. So one of the services that we advertised as providing directly is linkages to community programs for transportation needs. So would that be something based on that description that we would need to categorize as providing directly?

Beth Rosenfeld: Since - if your form right now would only be showing that in column 3, that's not an allowable update to the form. So...

(Keri Mitza): Right. I noticed that.

Beth Rosenfeld: So the suggestion would be to put that in the text box, a little summary description of what you're doing. And as we go through all of that information, you know this could be something that we could adjust administratively. But we'll get back to you based on our review about that situation.

(Keri Mitza): Okay. But based on the description of transportation and what I indicated that we do, do you feel that is something that would be worthy of fitting in column 1 at this point based on the new description?

Beth Rosenfeld: Let us review the information.

(Keri Mitza): Okay. But it's definitely at least worth your saying making note during the certification portion indicating that there were changes that were not allowable in the system.

Beth Rosenfeld: Correct. That would be the right place to document that.

(Keri Mitza): Okay. And then can I ask one follow up question?

Beth Rosenfeld: Sure.

(Keri Mitza): We have a look-alike renewal of designation application that is scheduled to become available in the EHB on August 5, due November 3. Will this process be in place prior to our renewal of designation application becoming available? Like when we log in to complete that, will it be the revised and reformatted Form 5A?

Beth Rosenfeld: That's also a really good question. It depends on when you open it up? So if you open it up post July 25, then it will have the new information in there. If you happen to have had the opportunity and there are a few cases I think perhaps even for SAC and BPR to open up before then, if you open up and start working on it, clicking the refresh button will bring in the new form information.

And we'll try to keep reminding folks that fall into that category that they should do that before they submit either their look-alike application or the SAC or BPR as appropriate.

(Keri Mitza): Okay. So it sounds like we might then cause a problem for ourselves if we do on the certification page indicate that we have a change that's not allowable. And then one week later, open up our renewal application.

Meghan Ochal: Well I think - I think the important thing too is even if there are changes identified that you either - we can make for you after - or we need a health center to do a change in scope request and you have something in progress. The application's at a point in time so if it reflects you know a not yet approved or in scope, that's not a huge issue.

You know it'll be updated eventually. So I wouldn't be worried about...

(Keri Mitza): Okay.

Meghan Ochal: About that.

(Keri Mitza): All right. So it won't not allow us to mark Form 5A as complete during our renewal of designation application?

Beth Rosenfeld, Meghan Ochal: Correct.

(Keri Mitza): Okay. Thank you.

Beth Rosenfeld: Sure.

Coordinator: The next question comes from (Marie Barnett).

(Marie Barnett): Oh, I'm sorry. All my questions have been answered. Thank you very much.

Beth Rosenfeld: Okay. Great.

Coordinator: The next question comes from (Beth Church).

(Beth Church): Hello. Can you hear me?

Meghan Ochal: Yes.

(Beth Church): Okay. So just two quick things. The SAV process will be closed July 23. We are going to have a HRSA site visit audit the first week of August. And so I just want to make sure that the changes and updates we have made will be seen by the HRSA program monitors on August 1 when they're here visiting?

Meghan Ochal: Yes. So the plan is that until July - up until July 23, if there are any site visits going on, we would have to refer any consultants or site visitors to the existing forms. But as soon as - on July 24 when they're all updated, from that point forward, on a site visit, we would look at those updated forms.

There may be a little coordination to do between you and the project officer to make sure that you know the week before you can get that updated information to them. But yes, starting July 24, HRSA will only be looking at those updated forms for all audits.

(Beth Church): And then if we give - again under transportation, if we give patients bus tokens and taxi vouchers, we can check column 1 for transportation services.

Beth Rosenfeld: Well, you're not necessarily going to be able to change that through SAV unless you have it already checked as...

(Beth Church): Okay.

Beth Rosenfeld: Column 1 or 2.

(Beth Church): Okay. And then the psychiatry, that must be done by a board certified psychiatrist? Or can't - we have a lot of Psych Ds that are doing behavioral healthcare and treatment. Does that - is that considered psychiatry? I'm looking in our form for the definition. But I don't find it.

Beth Rosenfeld: Why don't you send that question to us through the scope alignment?

(Beth Church): Okay.

Coordinator: Next question comes from (Noreen Kahn).

(Noreen Kahn): Yes. All, good afternoon. I actually had a couple of questions. And I apologize if they've already been answered. I just wanted to make sure that the changes that we will do in either of the columns, 1, 2 and 3, if that's not going to trigger a CIS request to complete afterwards, after the period is closed.

Beth Rosenfeld: That's correct. If it's an allowable update in SAV, it will all happen through the SAV process.

(Noreen Kahn): Okay. And then my - well, I forgot my second question. So, no worries. Thank you.

Meghan Ochal: Okay. And just to tag on to that though. But if there's a change you can't make, that's where we are going to need to do a more thorough review and then let you know if you might need to fill - in order to get it up to date to do a change request.

(Noreen Kahn): Okay. I just remembered my question. We have submitted a change in scope request a few months ago and it turns out, it was for an additional service. And it turns out, we didn't follow through with that. So it was an incomplete request. So it's still sitting in our EHB queue kind of thing. And the project officer is asking me to delete it.

However, I can't on my side. So is that going to be able to be edited while we're doing this SAV process?

Meghan Ochal: What's the service? Is it something that's being integrated?

(Noreen Kahn): It's an additional service that not's a required service. So it was - it wasn't a full change in scope?

Meghan Ochal: So is the project officer advising you to - that you don't actually need it on a 5A or that you need to submit...

(Noreen Kahn): No. She is saying that we don't need it at all because we don't have that provider. It's a specialty. So we don't have that provider anymore. And so we're not providing that specialty anymore. So she's saying just to delete the request entirely.

Meghan Ochal: Yes. I would just withdraw. You should see a withdraw option.

Karl Reis: Request.

Meghan Ochal: Yes.

(Noreen Kahn): I'll check for that. And if it's not there, then is that - again, is that going to be available during the SAV?

Beth Rosenfeld: I think that's something that's available at any point in time. But what will happen is anything that's in your queue as of June 27 that you have not submitted, it will become inactive.

(Noreen Kahn): Okay. All right. Thank you.

Beth Rosenfeld: Sure.

Coordinator: Your next question comes from (Joanne Andiorio).

(Joanne Andiorio): Thank you very much. I am really getting back to the basics because I'm wondering - I'm hearing that there are some things that may be requested that we might request which are not permissible to be changed. So first of all, is that true?

Meghan Ochal: Well, what we're trying to use the SAV as an opportunity is to make corrections to get as much as we can accurate. But to the extent there's certain things that you know say you forgot to request to delete a site last year, there's certain things that we can't do via this process because we still need the documentation trail.

But this is the opportunity to tell us all that information so that we can get back to you and let you know the exact steps to take either on our end or on your end. So it's an opportunity to do that. So it's - we can't promise that we

can make all these changes for you because we - we still need to adhere to our policies.

(Joanne Andiorio): Sure. I appreciate it. I just was curious because I think at some point, it appeared in that in correcting all of this, that it was simply if we don't - if we remove, then that's done. If we remove - if we add an X, well that's done. But I think what you're reflecting is that there's some things that will not be able to be done that way.

That it will take some other information through making requests from HRSA to us for more information. Would that be correct?

Meghan Ochal: Yes. So what we're - we're expecting is that you can take a look at your 5A and say there's something where you only ever had in column 3 and you need it in column 2 because you've actually - after you read the column descriptors, you realize it's column 2. So you wouldn't be able to do that in SAV.

But you could - we want you in the note to us when you certify that "oh, I need to do this" so that we can then try to you know triage all of these and get back to you as to what your next steps are. So you should be able to after you review all the resources and then look at the SAV, get a good idea of what might still be wrong.

(Joanne Andiorio): So there are some services that we don't perform directly or indirectly any longer. That's not - that I'll be something that has to be discussed. Is that what I understand?

Beth Rosenfeld: Right. And you may be, after we've had a chance to look at it, our response to you may be that you do need to submit a change in scope request to delete that service from the scope of projects with the CIS module.

(Joanne Andiorio): So change in - there would be still a process. I'm familiar with the process to add a service. I didn't realize that there is a whole change in scope to delete certain services that have to go through that process.

Beth Rosenfeld: Right.

(Joanne Andiorio): Okay.

Beth Rosenfeld: That is part of the process. And one of the choices you can make as a formal CIS request submission.

(Joanne Andiorio): Great. Thanks very much.

Beth Rosenfeld: Sure.

Lisa Wald: Okay. I just want to address a few other questions that have come in online. The first one is where are the 5A service descriptors and service delivery method descriptors located? Those are some of the resources that are on our scope alignment website. So if you're on Adobe Connect, that link is right there on the left hand side of your screen.

Once you get on to the website on the right hand side, there's a forms and resources box that contains all of those resources. The next question is are we allowed to remove an inactive site through SAV?

Meghan Ochal: So we're not actually removing any sites automatically through SAV. But that is why we're giving you the opportunity on your certification for that site to let us know either if it's a duplicate or if it is no longer active.

And so similar to the 5A review, we're going to do a review of 5B and figure out kind of how it got to this point. And as I mentioned earlier, there - we can't promise we won't need a CIS from you at some point, but you know there are sometimes just some errors that prevented something from getting on the system. And to that extent, we are happy to try and work with you to get that out.

But if you - you know happen to forget to delete it, we will get back with you and let you know that a CIS delete is necessary for that site. But we kind of want this to be the opportunity where you can tell us everything so we can work with you to get it accurate before you know your next site visit and it may become a compliance issue at that point.

Lisa Wald: The next question is if we had previously listed out specific therapies and procedures on our scope, how will this information be migrated? Will these items disappear and automatically fall under the new headers if they fall within the descriptors?

Rebecca Braccia: So in PAL 2014-06, you will want to take a look at how we've explained the changes to the services.

We went through a pretty comprehensive process of looking at all of those entries on the other category to determine where they do fall within the new service descriptors. So you also want to look at the service descriptor resource closely. And as you're completing the SAV deliverable, if you notice that there are particular services that you still have questions about, you can certainly indicate that as part of a narrative and the explanation.

Lisa Wald: Thank you. So operator, I think we have time for about 3 more questions. And then we will have again, those resources available for anyone who doesn't get their question answered today.

Coordinator: Okay. The next question comes from (Kathrin Yacavone).

(Kathrin Yacavone): Hi. Just to clarify under additional or specialty services, if we have for example orthopedics listed in column 1 and column 3 currently on Form 5A and we continue to make external referrals as in column 3, but we no longer have the consultant on site who's able to provide those services in column 1, so it would be my understanding that we cannot delete column 1 under orthopedics. Is that correct?

Beth Rosenfeld: You are correct.

(Kathrin Yacavone): Okay. I think basically and I have I think two other specialty categories that fall into that. So that would require a change in scope outside of this process?

Beth Rosenfeld: That's correct.

(Kathrin Yacavone): To remove that from column 1.

Beth Rosenfeld: That's correct.

(Kathrin Yacavone): Okay. Thank you very much.

Beth Rosenfeld: You are welcome.

Coordinator: The next question comes from (Rose Swift).

(Rose Swift): Hello. Under the additional specialty services, speech language pathology is now listed. We had traditionally listed - considered our speech and language pathologist to be considered under physical therapy. And do you have physical therapy? Will we be able to add the speech and language pathology as part of the SAV process?

Beth Rosenfeld: It's possible if we were able to detect speech in the title of how you had that listed that we actually mapped it properly. That's one possibility. If we did not and you want to explain that as the one thing that needs attention post SAV that you were not able to do through SAV, then we can go back and look at your old forms and check things out and maybe work that out without a change in scope request submission.

(Rose Swift): Oh, that would be wonderful. Thank you.

Coordinator: The last question comes from (Bill Wapinski).

(Bill Wapinski): Hello. Quick question. I'm wondering what one would do if they have 3 buildings on the same campus. It's the same address for each of those 3 buildings. One building is primary care. The other one is admin. The other one's billing. Do we need to have 3 different locations or 3 different buildings noted on Form 5B?

Meghan Ochal: Yes. So this is a good question and it probably might confuse a few folks. But in our main scope policy about recording scope of project on the forms, it's Policy Information Notice 2008-01. And we actually have it on that scope alignment page if you want to review that.

There is a section that does explain that for documentation purposes, it is required to have - if you have separate buildings with the same street address, but it's you know it's building 1, building 5 and building 3, those are - those do need to be separate 5B records. So you know if you only have one street address in your 5B for that right now, as part of the SAV, we would want you to identify that in the certification as saying there's something incorrect about the address.

And then explain your situation. And as I said before, we'll review and work with folks to see what we can do or what's still necessary on your end.

(Bill Wapinski): Thank you very much.

Lisa Wald: Great. Well I just want to thank everyone again for joining us today. We hope that you found the call helpful and that you will continue to review the resources that we discussed as you prepare for SAV. And as a reminder, Slide 23 provides resources for any additional questions you may have. And in particular to reach us at the scope alignment team.

It's scopealignment@hrsa.gov. So thanks again. And goodbye, everyone.

Coordinator: This will conclude today's conference. All parties may disconnect. Speakers, please standby.

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