

## Instructions for Form 5B: Service Sites

### **Background:**

Sites are one of five elements that comprise the scope of project, as described in PIN 2008-01.<sup>1</sup> Specifically, the scope of project defines the approved service sites, services, providers, service area(s) and target population(s) which are supported (wholly or in part) under the total budget approved for the health center.

Health centers are required to provide services at times and locations that assure accessibility and meet the needs of the population to be served. All sites within the approved Health Center Program scope of project must be appropriately recorded on Form 5B: Service Sites (Form 5B) in the HRSA Electronic Handbooks (EHB) Scope Module.

A service site is any location where a health center, either directly or through a sub-recipient or other established arrangement (i.e., contract) , provides primary health care services<sup>2</sup> to a defined service area or target population. Based on the service needs of the target population and other factors, sites may be identified as permanent, seasonal, mobile van, migrant voucher or intermittent as described in the table below.

Service sites are defined as locations where all of the following conditions are met:

- health center visits are generated by documenting in the patients' records face-to-face contacts between patients and providers;
- providers exercise independent judgment in the provision of services to the patient;
- services are provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location; and
- services are provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month). However, there is no minimum number of hours per week that services must be available at an individual site.

Health centers also record Administrative Sites (as described in table below) 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.

### **Form 5B Descriptions and Instructions:**

To ensure accurate recording of scope of project, the following table provides the required answer format, instructions for completing, and explanation of whether and how each field may be updated. Unless indicated, all fields must be completed.

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<sup>1</sup> Refer to *Policy Information Notice (PIN) 2008-01: Defining Scope of Project and Policy for Requesting Changes* for further information.

<sup>2</sup> A service site may provide comprehensive primary care services or may provide a single service such as oral or mental health services, based on the identified needs in the community/population.

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Field Name	Answer Format	Description of and Instructions for each Form 5B Field	Explanation of allowable updates to field
<b>Site Name</b>	Text	Provide a unique name for each site you operate; this name will be displayed in the <a href="#">Find a Health Center</a> tool on HRSA's website.	You may change this without HRSA approval via the Self-Update module.
<b>Physical Site Address</b>	Street Address City, State, ZIP (or urbanization code if Puerto Rico)	<p>Provide the physical street address for the site, including street number, street name, city, state and ZIP code (or urbanization code for Puerto Rico). This information will be standardized by HRSA to align with accepted address formats. If the site address includes a specific suite, office, building or other specific number, this information must be provided as part of the physical address.</p> <p>Do not provide Post Office boxes or other non-physical addresses; this address will be displayed in the <a href="#">Find a Health Center</a> tool on HRSA's website.</p> <p>A health center must complete a change in scope request for prior approval to add a new site if the site would have a separate physical address including a different suite/office/building number. For example, a change in scope of project is required if a health center operates a site at 345 Main Street, Suite #4 and will be adding a new site at 345 Main Street, Suite #12.</p> <p>If the site does not have a physical address or you are unclear as to the specific physical address to enter, please contact your Project Officer before submitting the request.</p>	<p>You may not change the physical address. If the address changes, you must submit a formal Change in Scope request to add, delete, or replace a site.</p> <p>If the physical address of the site is changed by another entity (e.g., due to 911 reassignment; US Postal Service changes) contact the BPHC Help Line (1-877-974-2742).</p> <p>If the physical address where a mobile unit is parked changes, contact the BPHC Help Line (1-877-974-2742).</p>
<b>Site Phone Number</b>	Phone Number (xxx-xxx-xxxx)	Provide a phone number for the site; this will populate the <a href="#">Find a Health Center</a> tool on HRSA's website.	You may change without HRSA approval via the Self-Update module.
<b>Web URL (optional)</b>	URL format	Provide a website address for your organization or for the site if you have a site-specific web page. This will populate the <a href="#">Find a Health Center</a> tool on HRSA's website.	You may add/delete/change without HRSA approval via the Self-Update module.

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Field Name	Answer Format	Description of and Instructions for each Form 5B Field	Explanation of allowable updates to field
<b>Site Type</b>	<p>Multiple Choice Options:</p> <ul style="list-style-type: none"> <li>• Administrative/ Service Delivery Site</li> <li>• Service Delivery Site</li> <li>• Administrative Site</li> </ul>	<p>Service Delivery Sites are locations where all of the following conditions are met:</p> <ul style="list-style-type: none"> <li>• health center visits are generated by documenting in the patients' records face-to-face contacts between patients and providers;</li> <li>• providers exercise independent judgment in the provision of services to the patient;</li> <li>• services are provided directly by or on behalf of the health center, whose governing board retains control and authority over the provision of the services at the location; and</li> <li>• services are provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month). However, there is no minimum number of hours per week that services must be available at an individual site.</li> </ul> <p>Service Delivery/Administrative Sites are locations that meet the service site definition and also serve as a site where administrative work is performed.</p> <p>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).</p>	<p>You may change between Service Delivery Site type and Service Delivery/Administrative Site type without HRSA approval via the Self-Update module.</p> <p>You cannot change between Administrative Site type and the other site types. This type of change requires a formal CIS request.</p>

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Field Name	Answer Format	Description of and Instructions for each Form 5B Field	Explanation of allowable updates to field
<b>Location Type</b>	Multiple Choice Options: <ul style="list-style-type: none"> <li>• Permanent</li> <li>• Seasonal</li> <li>• Mobile</li> <li>• Migrant Voucher Screening</li> <li>• Intermittent</li> </ul>	Carefully review the location types as they are described in <b>Policy Information Notice 2008-01: Defining Scope of Project &amp; Policy for Requesting Changes</b> , specifically Section III.B.1. ( <a href="http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pin2008-01.pdf">http://bphc.hrsa.gov/policiesregulations/policies/pdfs/pin2008-01.pdf</a> ). <ul style="list-style-type: none"> <li>• Permanent sites operate at a fixed address and are open year round.</li> <li>• Seasonal sites operate at a fixed location for less than 12 months during the year.</li> <li>• Mobile sites are fully-equipped and staffed by health center clinicians providing direct primary care services at various locations on behalf of the health center. Mobile sites must meet the definition of a service site, except that services do not need to be provided on a regularly scheduled basis, although this is encouraged to provide continuity and access to care for the target population. A health center must separately list each mobile van/unit (i.e., Mobile Van #1, Mobile Van #2, etc.) as a site. The address must be the primary address where the mobile site is parked; the specific locations where the unit provides direct health care services do not need to be listed.</li> <li>• Migrant Voucher Screening sites are screening site(s) where the clinical needs of a patient are assessed and then a referral for care is made to a local provider through an established contractual arrangement.</li> <li>• Intermittent sites are sites that meet the definition of a service site above but operate on a regular scheduled basis for a short period of time (two months or less) at locations that change frequently as necessary to continue services to the target population.</li> </ul>	If a site changes from Permanent to Seasonal or vice versa, you may submit a Monitored Change in Scope request for HRSA review. You must attach supporting documentation that explains the need for the change (e.g., data related to decrease or increase in demand for services at the site, loss or gain of providers, patient survey results, etc.) and describe how patients will be impacted. You cannot change between any other Location Types. This type of change requires a formal CIS request.

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Field Name	Answer Format	Description of and Instructions for each Form 5B Field	Explanation of allowable updates to field
<b>Site Setting</b>	Multiple Choice Options: <ul style="list-style-type: none"> <li>• All Other Clinic Types</li> <li>• Hospital</li> <li>• School</li> </ul>	Most sites will fall into the category of "All Other Clinic Types."  A hospital setting is a health center site located within a hospital building or on a hospital campus.  A school setting is a health center site located within a facility whose primary purpose is education.  For sites that are part of a larger building or campus, ensure that the specific suite, office, building or other specific number is provided as part of the physical address.	You may change between site settings without HRSA approval via the Self-Update module.
<b>Date Site was Added to Scope</b>	Populated by HRSA: MM/DD/YYYY	This field corresponds to the date that HRSA approves the application or Change in Scope request; the field will be populated by HRSA.	You may not change the Date Site was Added to Scope.
<b>Site Operational Date</b>	Populated by HRSA: MM/DD/YYYY	This field corresponds to the date that the health center verifies its site as operational via the verification submission task in EHB; the field will be populated by HRSA.  The health center should verify its site as operational in EHB once it is providing some level of care and seeing patients at the site.  Look-alike health centers should consult with their Project Officer on the verification process.	You may not change the Site Operational Date.

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Field Name	Answer Format	Description of and Instructions for each Form 5B Field	Explanation of allowable updates to field
<b>FQHC Site Medicare Billing Number Status</b>	<p>Multiple Choice Options:</p> <ul style="list-style-type: none"> <li>-This site is neither permanent nor seasonal per CMS (i.e., does not require unique FQHC Medicare Billing Number)</li> <li>-Health center does not/will not bill under the FQHC Medicare system at this site</li> <li>-Number is pending; application for this site has been submitted to CMS</li> <li>-Application for this site has not yet been submitted to CMS</li> <li>-This site has a Medicare billing number and it will be entered in the next field</li> </ul>	<p>This field refers to the FQHC (Federally Qualified Health Center) Site Medicare Billing Number assigned to your site by CMS, once your 855 application is submitted and approved. For more information, review <i>PAL 2011-04: Process for Becoming Eligible for Medicare Reimbursement under the FQHC Benefit</i> (<a href="http://bphc.hrsa.gov/policiesregulations/policies/pal201104.html">http://bphc.hrsa.gov/policiesregulations/policies/pal201104.html</a>).</p> <p>Choose the option (of the five provided) that applies to the site.</p> <p>If you select "Number is pending; application for this site has been submitted to CMS" or "Application for this site has not yet been submitted to CMS", you must update this status to "This site has a Medicare billing number and it will be entered it in the next field" upon assignment of your Medicare billing number by CMS. You must also update the FQHC Site Medicare Billing Number field at that time.</p>	<p>You may change this status without HRSA approval via the Self-Update module.</p>

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Field Name	Answer Format	Description of and Instructions for each Form 5B Field	Explanation of allowable updates to field
<b>FQHC Site Medicare Billing Number</b>	Number (5-6 digits) <i>Required if select "This site has a Medicare billing number and it will be entered it in the next field" in previous field</i>	If this site has an assigned FQHC Site Medicare Billing Number, you will enter the assigned 5- or 6-digit number. This field is required if you select option "This site has a Medicare billing number and it will be entered it in the next field" for the FQHC Site Medicare Billing Number Status field.	You may change this number without HRSA approval via the Self-Update module.
<b>FQHC Site National Provider Identification (NPI) Number (optional)</b>	Number (10 digits)	<p>The FQHC site NPI is the NPI assigned to an organization's site, and not an individual healthcare provider's NPI. The site's NPI may be looked up in CMS' NPI searchable registry:  <a href="https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do">https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do</a>.</p> <p>If your site does not have an NPI, refer to <a href="https://nppes.cms.hhs.gov/NPPES/Welcome.do">https://nppes.cms.hhs.gov/NPPES/Welcome.do</a> and register for an NPI if needed. Once an NPI is assigned, update this 5B field with your assigned site NPI number.</p>	You may change this number without HRSA approval via the Self-Update module.
<b>Total Hours of Operation (per week)</b>	Number (>0 through 168)	<p>Provide the total number of hours the health center is in operation (i.e., providing services to patients) each week.</p> <p>HRSA considers a "full-time" site to be in operation 40 or more hours per week. HRSA considers a "part-time" site to be in operation less than 40 hours per week.</p>	You may request to update Total Hours of Operation by submitting a Monitored Change in Scope request for HRSA review. You must attach supporting documentation that explains the need for the change (e.g., data related to decrease or increase in demand for services at the site, loss or gain of providers, patient survey results, etc.) and describe how patients will be impacted.

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Field Name	Answer Format	Description of and Instructions for each Form 5B Field	Explanation of allowable updates to field
<b>Months of Operation</b>	Checkbox next to each month	<p>Select the specific months that the health center is providing services at this site:</p> <ul style="list-style-type: none"> <li>• Permanent sites will select all 12 months of the year.</li> <li>• Mobile sites and Voucher sites are in operation up to 12 months of the year.</li> <li>• Seasonal sites are in operation up to 11 months of the year.</li> <li>• Intermittent sites are in operation 2 or fewer months of the year.</li> </ul>	<p>You may not request to change Months of Operation for a permanent site. You may request to change Months of Operation for other location types by submitting a Monitored Change in Scope request for HRSA review. You must attach supporting documentation that explains the need for the change (e.g., data related to decrease or increase in demand for services at the site, loss or gain of providers, patient survey results, etc.) and describe how patients will be impacted.</p>

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Field Name	Answer Format	Description of and Instructions for each Form 5B Field	Explanation of allowable updates to field
<b>Service Area ZIP Codes</b>	One or more 5-digit ZIP codes	<p>Each health center must define a service area, also referred to as “catchment area,” that is the geographic area in which the majority of the health center's patients reside. Once defined, this service area is reviewed at least annually and updated as appropriate in the health center's application for ongoing funding/designation if any changes are identified to ensure its accuracy and appropriateness. The ZIP codes are identified for each site on Form 5B, and are to be consistent with patient origin data reported by ZIP code in the health center's annual Uniform Data System (UDS) report.</p> <p>Mobile sites should list the ZIP codes where the mobile site provides services, which may or may not include the ZIP code where the site is parked.</p>	You may request to update your Service Area ZIP Codes by submitting a Monitored Change in Scope request for HRSA review. You must attach supporting documentation that explains why the service area is changing (e.g., new UDS patient origin data, need data related to decrease/shift in patient origin or influx of new patients, etc.) and how it may impact neighboring health centers (letters of support, etc.).
<b>Number of Contract Service Delivery Locations (Required for Migrant Voucher Screening Site Type)</b>	Number > 0	Health centers should list each migrant voucher assessment/screening site as a category on Form 5B. As the functions of migrant voucher screening sites are predominantly administrative, where little clinical services are provided, the assessment/screening sites should be listed as administrative sites. Those voucher locations which meet the requirements of a service site should be listed as administrative/service site. The specific locations where the health center maintains contracts for direct services do not need to be listed; however, the number of such locations should be indicated on Form 5B and should be updated at least annually in the health center's application for ongoing funding/designation.	You may change this number without HRSA approval via the Self-Update module.

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Field Name	Answer Format	Description of and Instructions for each Form 5B Field	Explanation of allowable updates to field
<b>Number of Intermittent Sites</b> <i>(Required for Intermittent Site Type)</i>	Number >0	Health centers should list intermittent sites as a category on Form 5B. The specific locations where the health center establishes an intermittent site to provide the services do not need to be listed; however, the number of such locations should be indicated on Form 5B and should be updated at least annually in the health center's application for ongoing funding/designation.	You may change this number without HRSA approval via the Self-Update module.
<b>Site Operated by</b>	Multiple Choice Options: <ul style="list-style-type: none"> <li>• Health Center/Applicant</li> <li>• Contractor</li> <li>• Subrecipient</li> </ul>	<p>Select "Health Center/Applicant" if the site is directly operated by the health center organization.</p> <p>If the health center is not operating the site, carefully review the documentation required and questions posed in the <i>Add Site Change in Scope Checklist</i><sup>3</sup> that explain the components of a subrecipient versus contractor relationship:</p> <p>Select "Subrecipient" if the site is owned and/or operated by a subrecipient on behalf of the health center through a written subrecipient agreement between the health center and the subrecipient organization to perform a substantive portion of the grant-supported program or project. A subrecipient is an organization that "(ii)(I) is receiving funding from such a grant under a contract with the recipient of such a grant, and (II) meets the requirements to receive a grant under section 330 of such Act . . ." (§1861(aa)(4) and §1905(l)(2)(B) of the Social Security Act):</p> <ul style="list-style-type: none"> <li>• Subrecipients must be compliant with all of the requirements of section 330 to be eligible to receive FQHC reimbursement from both Medicare and Medicaid; subrecipients bill third party payers directly.</li> <li>• The subrecipient arrangement must be documented through a formal written agreement (Section 330(a)(1) of the PHS Act).</li> <li>• The subrecipient arrangement must be approved by HRSA.</li> </ul>	You may request to change "Site Operated by" by submitting a Monitored Change in Scope request for HRSA review. You must attach supporting documentation that explains why the site is being operated by a different arrangement/entity and how this change is beneficial to the health center project.

<sup>3</sup> Change in Scope Checklist Previews are available at <http://bphc.hrsa.gov/about/requirements/scope/>.

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Field Name	Answer Format	Description of and Instructions for each Form 5B Field	Explanation of allowable updates to field
		<p>Select "Contractor" if the site is owned and/or operated by a third party on behalf of the health center through a written contractual agreement between the health center and the third party (i.e. the health center is purchasing a specific set of goods and services from the third party-such as the operation of a site):</p> <ul style="list-style-type: none"> <li>• The contract must have been secured according to written procurement procedures that comply with all federal requirements.</li> <li>• The contract must include maximum contract value/payment for which the health center is liable, and the health center maintains its ability to directly bill third party payers.</li> </ul>	
<b>Subrecipient or Contractor Information</b>	<p>Organization Name, Address and Employee Identification Number (EIN) <i>Required if select Contractor or Subrecipient in previous field</i></p>	<p>If a contractor or subrecipient is operating the site, provide that organization's name, main organizational address, and EIN number.</p>	<p>You may request to change Subrecipient or Contractor Information as necessary by submitting a Monitored Change in Scope request for HRSA review. You must attach supporting documentation that explains why the subrecipient's or contractor's organizational address or EIN number has changed.</p>