



# **Scope Alignment**

**Health Resources and Services  
Administration  
Bureau of Primary Health Care**

**June 2014**

## Session Goals

- Reinforce importance of accurate Scope of Project documentation
- Understand what Scope Alignment Validation (SAV) is and how health centers can prepare
- Review SAV timeline, tips, and reminders
- Q&A

## Why is an Accurate Scope of Project Important?

- Defines activities supported by total Health Center Program budget
- Basis for FQHC reimbursement, FTCA coverage, 340B drug pricing eligibility
- It is a Health Center Program requirement

# Scope Alignment Project Goal

Support health centers in accurately and consistently documenting scope of project



## Updated Forms 5A & 5B and Related Resources

- Updated Form 5A: Services and Form 5B: Service Sites to clarify and streamline
- Developed descriptors/instructions for each element of Forms
- Clarified when a Change In Scope (CIS) submission is necessary (or not necessary)

# Form 5A Service Descriptors

5A Service	Service Descriptor	Statute Reference	Regulation Reference
<b>Diagnostic Laboratory</b>	<p>Diagnostic laboratory services are screening and diagnostic tests ordered by health center providers to provide information for the assessment of health center patients.</p> <p>At a minimum, these services include the specimen collection, processing and interpretation of the result, and must include access to a combination of: a) Clinical Laboratory Improvement Amendments (CLIA) waived tests; and b) moderate complexity laboratory tests, which are appropriate for the treatment and management of common conditions of the patient population.</p> <p>Services may also include access to high complexity laboratory tests in the support of basic health services, ordinarily provided by a certified reference laboratory.</p>	<p>Section 330(b)(1)(A) “(i) Basic Health Services:… (II) Diagnostic Laboratory and Radiologic Services”</p>	<p>42 CFR, Part 51c.102(h) “Primary Health Services means:…(2) Diagnostic laboratory services and diagnostic radiologic services”</p>

# Form 5A Service Delivery Method Descriptors

**Service Delivery Methods:** In order to ensure the availability of comprehensive services for their patients, health centers utilize one or more of the following three delivery methods (Column I, II and/or III) to provide a service. A description and the specific requirements for utilizing each of the three services delivery methods are detailed below.

FORM 5A	Column I	Column II	Column III	Not Recorded on Form 5A
Title	Direct (Health Center Pays)	Formal Written Contract/Agreement <sup>1</sup> (Health Center Pays)	Formal Written Referral Arrangement <sup>2</sup> (Health Center Does NOT Pay)	Informal Referral Arrangement
Description	These are services provided directly by the health center and for which the health center pays and bills.	<p>These are services provided on behalf of the health center by another entity via a formal written contract/agreement, where the health center is accountable for paying and/or billing for the direct care provided via the agreement (generally a contract).</p> <p>All such contractual agreements must describe, at minimum:</p> <ul style="list-style-type: none"> <li>--how the service will be documented in the health center's patient record.</li> <li>--how the health center will pay and/or bill for the service.</li> <li>--how the health center's policies and procedures, including the availability of a sliding fee discount program, will apply.</li> </ul>	<p>These are services provided by an entity other than the health center, with which the health center has a <u>formal written referral arrangement</u> (e.g., memorandum of understanding (MOU), memorandum of agreement (MOA) or other formal written arrangement). The actual <u>service is provided and paid/billed for by the other entity (the referral provider)</u>.</p> <p>The MOU, MOA, or other formal written agreement for the referred service must describe, at a minimum:</p> <ul style="list-style-type: none"> <li>--the manner by which the referral will be made and managed, and the process for tracking and referring patients back to the health center for appropriate follow-up care.</li> <li>--how the referred service is made available equally to all health center patients, regardless of ability to pay.</li> </ul>	<p>These are services provided by an entity other than the health center, with which the health center has an <u>informal referral arrangement</u>. No payment is rendered by the health center and the referral provider assumes responsibility for both the treatment plan and billing of the service.</p> <p>For services provided by informal referral arrangements or agreements, the referral and the service and any follow-up care provided by the other entity, are considered outside of the health center's scope of project.</p> <p><b>Informal referral arrangements are not acceptable for the provision of any required service.</b></p>

# Form 5B Instructions

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.

# Scope Alignment Validation (SAV)

## June 30 – July 24, 2014

Health centers will have a one-time opportunity in EHB to:

- Review data migrated to the updated Forms 5A and 5B
- Accept the data or make limited updates
- Certify accuracy of updated forms or identify additional changes to be made following SAV

# Mapping and Migration to Updated Form 5A

Appendix to PAL 2014-06 shows how information from old Form 5A was mapped to the updated Form 5A

Appendix: Explanation of Changes to Form 5A: Services

OLD Form 5A Service	UPDATED Form 5A Service <sup>10</sup>	Explanation Based on Form 5A Service Descriptors <sup>11</sup>
<b>REQUIRED SERVICES</b>		
General Primary Medical Care	No change	Descriptor clarifies inclusion and consolidation of multiple previous Form 5A services
Diagnostic Laboratory	No change	
Diagnostic X-Ray	Diagnostic Radiology	Renamed
<u>Screenings</u>	No change	Consolidates previous Screening subcategories
• Cancer		Included in Screenings
• Communicable Diseases		Included in Screenings
• Cholesterol		Included in Screenings
• Blood lead test for elevated blood lead level		Included in Screenings
• Pediatric vision, hearing and dental		Included in Well Child Services

# SAV Form 5A

Required Services				
Service Type	Service Delivery Methods			Status
	Column I. Direct (Health Center Pays) ⓘ	Column II. Formal Written Agreement (Health Center Pays for service) ⓘ	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay) ⓘ	
General Primary Medical Care ⓘ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Diagnostic Laboratory ⓘ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Diagnostic Radiology ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable
Screenings ⓘ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Coverage for Emergencies During and After Hours ⓘ	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable
Voluntary Family Planning ⓘ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunizations ⓘ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Well Child Services ⓘ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Well child services are age appropriate preventive care and treatment for newborns through adolescents. At a minimum, these services must include regular/periodic physical exams and measurements; appropriate screenings and tests to assess vision, hearing, oral health, growth and development, and immunization status; and health education and counseling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable
Pharmaceutical Services ⓘ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



# SAV Form 5A (continued)

Additional Services				
Service Type	Service Delivery Methods			Status
	Column I. Direct (Health Center Pays) ⓘ	Column II. Formal Written Agreement (Health Center Pays for service) ⓘ	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay) ⓘ	
<b>Behavioral Health Services</b>				
Mental Health Services ⓘ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Nutrition ⓘ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Additional Enabling/Supportive Services ⓘ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

These are services provided by an entity other than the health center, with which the health center has a formal written referral arrangement (e.g. MOU, MOA or other formal written agreement). The actual service is provided and paid/billed for by the other entity (the referral provider). The MOU, MOA, or other formal written agreement for the referred service must describe, at a minimum: --the manner by which the referral will be made and managed, and the process for tracking and referring patients back to the health center for appropriate follow-up care. --how the referred service is made available equally to all health center patients, regardless of ability to pay.

[Go back to Required Services Page](#)

[Ability](#) | [Viewers And Players](#) | [Contact Us](#)

Product: SAT | Platform #: 2.35.2

4 ET

# SAV Form 5A Certification (for all Form 5A – required, additional, and specialty services)

▼ **Resources**

**View**

[Review SAV](#) | [SAV EHB User Guide](#) | [SAV Allowable Updates](#) | [HRSA/BPHC Guidance](#) | [Pre-SAV Form 5A](#) | [Pre-SAV Form 5B](#)

## Form 5A Certification

- I have made all updates/corrections to Form 5A and attest to its accuracy. No further changes are needed.
- I need to make changes that are not allowed as part of this Scope Alignment submission Note: Changes you identify below will not be made to Scope upon completion of Scope Alignment. HRSA will review identified changes and follow-up with you after submission. For certain identified changes, you may be required to submit a formal Change in Scope request.

Add a service (including the addition of a service never recorded before and/or addition of a service (Column I and/or II) that was previously a formal written referral arrangement (Column III) only. Specify below (Max 1000 Characters).

Approximately 1/2 page (Max 1000 Characters): **1000** Characters left.

Delete a Service (including the deletion of a service entirely from Additional (including Specialty) Services if currently recorded as Column I and/or II). Specify below (Max 1000 Characters).

Approximately 1/2 page (Max 1000 Characters): **1000** Characters left.

## Optional Comments

# SAV Form 5B List of Sites

SAV Form 5B

[List of Sites](#)

Review and Submit

[Review SAV](#)

[Submit SAV](#)

A potential duplicate listed in a site record in your scope should be flagged as a potential duplicate. If you have another site(s) that is not grouped as a potential duplicate, select a single site record to retain on that site's Certification page. Mark the remaining site(s) in the duplicate grouping as 'duplicate', 'inactive' or having an 'incorrect address' in each site's Certification page, as appropriate. If you mark a site as a 'duplicate' or 'inactive', do not update the associated 5B data fields. Note that these are sites identified as an exact match by EHB – if you have another site(s) that is not grouped as a 'potential duplicate' but is a duplicate site, you may still mark that site(s) as 'duplicate'.

**Sites with Same Street Address but Different Suite, Office, and Building Numbers** - If one or more sites have the same street address but have different suite/office/building number then each of those sites must have its own Form 5B listing. Therefore, sites with the same street address but different suite, office, and building numbers should not be marked as duplicates.

The option selected in each site's Certification page will be displayed in the 'Certification' column below. Your certification selection will NOT result in an automatic change to your site upon submission of SAV. HRSA will review identified changes and follow-up with you after submission. For certain identified changes, you may be required to submit a formal Change in Scope request.

Upon completion of a site's form 5B and Certification pages, the 'Site Status' column below will be 'Complete' for that site. The 'Site Status' for all sites listed below will need to be 'Complete' and this page saved for this section to be considered complete.

Section Status: Not Complete

Resources

View

SAV Allowable Updates | SAV EHB User Guide | Scope Alignment Guidance | Pre-SAV Form 5A | Pre-SAV Form 5B | Review SAV

Site ID	Site Name	Site Location Address	Service Site Type	Certification	Status	Options
<b>Unique Sites</b>						
BPS-488-086188	WHC CARE-A-VIA MOBILE #1	1640 S King St, Honolulu, HI 96826-2940	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-087262	WHC CARE-A-VIA MOBILE #2	1640 S King St, Honolulu, HI 96826-2940	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-084671	WHC Ohua	277 Ohua Ave, Honolulu, HI 96815-3643	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-088135	WHC's Care-A-Via Health Care for the Homeless	3025 Waialeale Ave, Honolulu, HI 96815-1536	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-082418	CDP Kahala	41 Laha Ave, Kahala, HI 96732	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-088488	WHC YOUTH OUTREACH	415 Kanihaka St, Honolulu, HI 96815-2518	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-086287	KEY PROJECT	47-200 Waialae Rd, Kaneohe, HI 96764-4947	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-084811	CDP Waialeale	670 Waialeale Rd APP A, Waialeale, HI 96750-2376	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-010371	Waialeale Health Center Family Clinic	845 22nd Avenue BLDG 5, Honolulu, HI 96815	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-085487	WCHC Primary	86-280 Farrington Hwy, Waikeane, HI 96750-3757	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-012795	Waialeale Clinic	935 Waialeale Way, Honolulu, HI 96826-2896	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-011408	WHC's Fast Stop Shelter	Flar 1 Fornard Avenue, Honolulu, HI 96813	Service Delivery Site		Not Started	<a href="#">Update</a>
<b>Potential Duplicate Site Address:</b> 87-2870 Farrington Hwy, Waikeane, HI 96750-3757						
BPS-488-082824	WCHC WAIKALUA CLINIC	87-2870 Farrington Hwy, Waikeane, HI 96750-3757	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-083763	WCHC KAPOLEI CLINIC	87-2870 Farrington Hwy, Waikeane, HI 96750-3757	Service Delivery Site		Not Started	<a href="#">Update</a>
<b>Potential Duplicate Site Address:</b> 84-428 Waikeane St, Waipahu, HI 96797-4300						
BPS-488-088321	WAIKALUA CLINIC	84-428 Waikeane St, Waipahu, HI 96797-4300	Service Delivery Site		Not Started	<a href="#">Update</a>
BPS-488-081482	WCHC Waipahu	84-428 Waikeane St, Waipahu, HI 96797-4300	Service Delivery Site		Not Started	<a href="#">Update</a>

Optional Comments

# SAV Form 5B Edit

Browse Monday 16<sup>th</sup> June 2014 01:34:27 P.M. ET

You are here: Home » Tasks » Browse » Scope Alignment Validation [ ] » List of Sites » [ ]

**Form-5B : Edit**

**Note(s):**  
 Site information has been migrated to the updated Form 5B. Per the guidance provided in PAL 2014-07, Scope Alignment Validation in HRSA Electronic Handbooks and using the Form 5B Instructions, you should fill out the two new fields (Medicare Billing Number and NPI Number) on the form and update other fields if needed. Allowable updates are described in the SAV Allowable Updates. Please Save before moving on to this site's SAV Form 5B Certification page.  
 It is recommended that you save your work often.

Fields with \* are required for all site types.

**Site Information** Status: Not Started

* Site Name	<input type="text" value="Change Site Name"/>	* Physical Site Address	<input type="text" value="1000 N. ..."/>
* Site Type	Service Delivery Site	* Site Phone Number	(202) 867-2000 Ext. 0
Web URL	<input type="text" value="www.hrsa.gov"/>		

The following fields are required for "Service Delivery" and "Administrative/Service Delivery" site types, other than where exceptions are noted:

* Location Type	Permanent	* Site Setting	All Other Clinic Types
Date Site was Added to Scope	10/26/2015	Site Operational By	10/26/2015
* FQHC Site Medicare Billing Number Status	Select Medicare Billing Number Status	FQHC Site Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in "FQHC Site Medicare Billing Number Status" field.) e.g. 12345 OR 123456	<input type="text"/>
FQHC Site National Provider Identification (NPI) Number (Optional field.) e.g. 1234567890	<input type="text"/>	Total Hours of Operation (when Patients will be Served per Week)	00:00
Months of Operation	<input type="text"/>		
Saved Months of Operation	<input type="text"/>		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)	<input type="text"/>	Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	<input type="text"/>
* Site Operated by	Health Center/Applicant		

▼ Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By'... (+ View More))

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	Options
No Subrecipient or Contractor information to be displayed			

# SAV Form 5B Certification (for each 5B site)

HRSA Electronic Handbooks (Switch to Classic) Environment: UTL8 Home/Help Support Logout

Tasks Organizations Grants Free Clinics FQHC-LALs

Browse Monday, 16<sup>th</sup> June, 2014 04:15:35 P.M. ET

You are here: Home » Tasks » Browse » Scope Alignment Validation [ ] » List of Sites » SAV5B01102

**ALL FUNCTIONS** <<

- Scope Alignment Validation
  - Overview
    - Status
  - SAV Form 5A
    - Required Services
    - Additional Services
    - Specialty Services
    - SA Certification
  - SAV Form 5B
    - List of Sites
  - Review and Submit
    - Review SAV
    - Submit SAV

**SAV Form 5B Certification**

Instructions: As explained in PAL 2014-07, [Scope Alignment Validation in HRSA Electronic Handbooks](#), after reviewing Form 5B and making any allowable updates, each health center will certify either to the accuracy of its updated Form 5B or that additional updates are needed to reflect an accurate scope of project. The updated Form 5B and certification will serve as HRSA's official record of your health center's approved scope of project for sites going forward.

For this site's updated Form 5B, select the appropriate option below. If you certify that additional changes are needed, specify those changes and explain in the appropriate text box(es).

Use the 'Additional Form 5B Comments' box for providing additional comments, if any.

Hover over the ⓘ to view more information.

Please Save before navigating back to SAV Form 5B List of Sites page.

Section Status: Not Complete

Site Details

Site ID: BPS-H80-013672 Site Name: Primary Health Care Center Lafayette (Administrative Only) Site Address: 106 E. Withers Street, Lafayette, GA 30728

Service Site Type: Administrative Site

Resources

View

SAV Allowable Updates | SAV EHB User Guide | Scope Alignment Guidance | Pre-SAV Form 5A | Pre-SAV Form 5B | Review SAV

**Form 5B Certification**

I have made all updates/corrections to this site's Form 5B and attest to its accuracy. No further changes are needed.

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.

Note: Changes you specify below will NOT be made to Scope upon completion of Scope Alignment. HRSA will review identified changes and follow-up with you after submission. For certain identified changes, you may be required to submit a formal Change in Scope request.

Proposed Change:  ⓘ

Explain your Proposed Change identified above.

Approximately 1/2 page ⓘ (Max 1000 Characters): 1000 Characters left.

**Optional Comments**

Approximately 1/2 page ⓘ (Max 1000 Characters): 1000 Characters left.

## Impact of SAV on EHB Change in Scope (CIS) Module

EHB CIS module will be temporarily suspended from June 27, 2014 at 5:00pm ET through July 24, 2014.

- Submit complete CIS requests by **June 27, 2014 at 5:00 pm ET.**
- CIS requests not submitted prior to June 27, 2014 at 5:00 pm ET will be moved to inactive status. A new CIS request will need to be submitted after SAV.
- New CIS requests may be submitted following the SAV July 24 deliverable deadline.

# SAV Follow-up

## July 24, 2014 and Ongoing

- Updated Forms 5A and 5B will become HRSA's official record of health center's approved scope of project for services and sites.
- Historical data (old Forms 5A and 5B) will be retained and remain accessible in EHB.
- HRSA will follow up with health centers that indicated the need for additional updates identified through SAV.

## SAV Timeline

Date	Activity
June 27 at 5:00 pm ET	Last day to submit complete CIS requests prior to SAV
June 30 at 12:00 am ET – July 23 at 5:00pm ET	SAV Deliverable Available in EHB
July 24	<ul style="list-style-type: none"><li>• Scope is updated in EHB for all health centers</li><li>• New CIS requests may be submitted following SAV</li><li>• New Forms 5A &amp; 5B in use</li></ul>

## Recommended Next Steps

- **Review PAL 2014-06 and 2014-07 and accompanying resources** on the scope alignment website:  
<http://bphc.hrsa.gov/about/requirements/scope/scopealignment.html>
- **Review current Forms 5A & 5B and compare** with current services and sites, noting any changes needed to update the forms.
- **Discuss potential changes** with clinical management, administrative management, and the health center board, as appropriate

# Resources

Timeframe	Resources
Pre SAV and Ongoing	<ul style="list-style-type: none"> <li>○ PAL 2014-06</li> <li><u>Form 5A</u></li> <li>○ Form 5A Preview</li> <li>○ Service Delivery Method Descriptors</li> <li>○ Service Descriptors</li> <li><u>Form 5B</u></li> <li>○ Form 5B Preview</li> <li>○ Instructions for completing Form 5B</li> </ul>
During SAV	<ul style="list-style-type: none"> <li>○ PAL 2014-07</li> <li>○ Allowable Updates Resources</li> <li>○ EHB User Guide</li> <li>○ EHB Video</li> </ul>

# Scope Alignment Website Information & TA Resources

A-Z Index | Questions? | Order Publications

Home | About Health Centers | Operating a Health Center | Health Center Data | Technical Assistance | FTCA

Look-Alikes | How to Apply | **Program Requirements** | Program Benefits | Special Populations

Home > About Health Centers > Program Requirements > Scope of Project

## Scope Alignment – Spring/Summer 2014

The BPHC EHB Change in Scope (CIS) module **will NOT be available beginning Friday, June 27, 2014 at 5:00 pm ET through Thursday, July 24, 2014**. Health centers who are working on, or plan to start, CIS requests should [view important details](#).

### Technical Assistance

#### [Scope Alignment TA Session for Health Centers](#)

Wednesday, June 18, 3:30 to 4:30 pm ET

Call-in Number: 800-857-9760, Participant Code: HRSA

The webinar provides an overview of the updates to Scope of Project Forms 5A and 5B announced in [PAL 2014-06](#), and further details on the upcoming scope alignment validation (SAV) opportunity for health centers.

### What is Scope Alignment?

HRSA is undertaking a “scope alignment” process that supports existing policy, responds to requests for clarification, facilitates accurate documentation of each health center’s scope of project, and ensures ongoing consistency and understanding across the Health Center Program. As part of this process, HRSA has:

- Updated the forms used to document a health center’s federally approved scope of project, Form 5A: Services Provided (5A) and Form 5B: Service Sites (5B).
- Developed Form 5A and Form 5B accompanying resource materials.

### Contact Us

For general questions about Scope Alignment, please contact the BPHC Scope Alignment Team at [scopealignment@hrsa.gov](mailto:scopealignment@hrsa.gov).

### Forms and Resources

Updated Forms 5A and 5B and related resources are available below:

- [Form 5A Preview](#) (PDF-60 KB)
- [5A Service Descriptors](#) (PDF-304 KB)
- [5A Column Descriptors](#) (PDF-111 KB)
- [Form 5B Preview](#) (PDF-65 KB)
- [5B Instructions](#) (PDF-186 KB)

### Policies & Procedures

#### Change in Scope Request

- [PIN 2008-01: Defining Scope of Project & Policy for Requesting Changes](#) (PDF - 224 KB)
- [PIN 2009-03: Technical Revision to PIN 2008-01, Defining Scope of Project & Policy for Requesting Changes](#) (PDF - 246 KB)
- [PAL 2013-03: Alignment of EHB](#)

<http://bphc.hrsa.gov/about/requirements/scope/scopealignment.html>

## Questions?

Topic	Resource
General questions about scope alignment and SAV	BPHC Scope Alignment Team: <a href="mailto:scopealignment@hrsa.gov">scopealignment@hrsa.gov</a>
EHB system issues or questions	BPHC Helpline: <a href="mailto:bphchelpline@hrsa.gov">bphchelpline@hrsa.gov</a> 877-974-2742
Specific questions about a health center's scope of project or CIS	BPHC Project Officer