

Add a New Service to Scope

Printable Preview of EHB CIS Forms and Checklists

This document provides a preview of the steps that will be required to submit a Formal CIS Request for 'Add a New Service to Scope', including the list of questions asked in each step. This document will help health centers prepare ahead of time for the information and documentation that will be required while completing this request.

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1 Section I

1.1 CIS Evaluation Page – Ensures health center has chosen the correct CIS request type and meets general criteria for request type

Select Formal CIS request type 'Add a New Service to Scope' and click save and continue. The next screen shall display the sub-types for adding a new Service to Scope.

CIS Request Type - Select

Note(s):
If you are unsure about the need to complete a change in scope request, we recommend contacting the program contact listed on your Notice of Award (NoA). This change in scope request applies to changes in Sites, Services, and Target Population NOT changes in federal funds. For changes in federal funds, please contact your Project Officer.

Monitored CIS Options

These type of updates do not generate a Notice of Award (NoA) or Notice of Look-Alike Designation (NLD) but do require HRSA's approval before the change is posted to scope. Select this option if you want to do any of the following types of updates noted below.

5A Attributes

- Update required services ([View Allowable Updates](#))
- Update additional services ([View Allowable Updates](#))

5B Attributes

- Addition of Admin Only Site
- Deletion of Admin Only Site
- Update PO monitored attributes ([View List of Attributes](#))

5C Attributes

- Updates to Other Attributes

Formal CIS Options (Requires Prior Approval)

The following types of changes are considered significant and, therefore, require prior approval from HRSA. Select this option if you want to request one of the below listed types of significant changes to the scope of project.

- Add a New Service to Scope ([View Next Step](#) | [View Allowable Updates](#) | [Printable Preview](#))
- Delete an Existing Service from Scope ([View Next Step](#) | [View Allowable Updates](#) | [Printable Preview](#))
- Add a New Service Delivery Site to Scope ([View Next Step](#) | [Printable Preview](#))
- Delete an Existing Service Delivery Site from Scope ([View Next Step](#) | [Printable Preview](#))
- Convert an Existing Service Delivery Site or Service Delivery/Admin Site to an Admin-Only Site ([Printable Preview](#))
- Convert an Existing Admin-Only Site to a Service Delivery/Admin Site or Service Delivery Site ([View Next Step](#) | [Printable Preview](#))
- Replace an Existing Service Delivery Site with a NEW Service Delivery Site NOT currently in Scope ([View Next Step](#) | [Printable Preview](#))
- Add a New Target Population ([View Next Step](#) | [Printable Preview](#))

[Cancel](#) [Save and Continue](#)

You must select one option in order to proceed.

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 **Change in Scope - Evaluate**

Note(s):
Reminder to Health Center Program Grantees Regarding Other Significant Changes that Require Prior Approval (Not Applicable to Look-Alikes). (+
View More)

Add a New Service to Scope

This includes either:

- Adding any clinical or non-clinical service (Required, Additional and/or Specialty Service) that is NOT already recorded in Form 5A via any service delivery method (i.e. adding a service not currently listed anywhere in Form 5A via Columns I, II and/or III)
- Adding any clinical or non-clinical service by CHANGING service delivery methods for a service presently recorded ONLY in Form 5A Column III (i.e. service will now be recorded in Columns I and/or II, health center starts paying/billing for the service).

See: "Services" in <http://www.bphc.hrsa.gov/policiesregulations/policies/pin200801defining.html>  for more information

Required Services

Add Required Service by Changing Service Delivery Method (Service presently recorded ONLY on Form 5A Column III will be recorded in Columns I and/or II, i.e., health center starts paying/billing for service)

Add Missing Required Service (Can be provided via Column I, II and/or III)

Additional Services

HRSA considers specialty services to be within the broad category of "additional" health services, defined in section 330 as services that are not included as required primary health care services and that are (1) necessary for the adequate support of primary health services and (2) appropriate to meet the health needs of the population served by the health center." If your health center requires further guidance in determining whether the additional service you are proposing to add to scope is considered a "specialty service" please review PIN 2009-01: [Specialty Services and Health Centers' Scope of Project](#)  and contact your Project Officer.

Add Additional Service by Changing Service Delivery Method (Service presently recorded ONLY on Form 5A Column III and will be recorded in Columns I and/or II, i.e., health center starts paying/billing for service)

Add Additional Specialty Service by Changing Service Delivery Method (Service presently recorded ONLY on Form 5A Column III and will be recorded in Columns I and/or II, i.e., health center starts paying/billing for service)

Add Additional Service (Service NOT Previously recorded in scope via any service delivery method)

Add Additional Specialty Service (Service NOT previously recorded in scope via any service delivery method)

1.2 CIS Request Created Page – Confirms creation of request and provides health center with CIS Tracking Number

After proceeding the system navigates to the next screen where the CIS request is created as shown below. The Grantee Information and CIS Tracking Number are displayed along with a list of sections that need to be completed for this CIS request.

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Status Overview

Success:
A CIS Request has been successfully created for you. Note the tracking number : CIS000 11111

CIS000 Submission Status: In Progress

Grant Number: XXXXXXXXXX

Withdrawal Requested: N/A

BHCMIS ID: XXXXXXXXXX

Created By: XXXXXXXXXX
AM

Project Period: 12/1/2003 - 10/31/2016

Submitted By: N/A

Resources [↗](#)

Current Document

[CIS Request](#) |
 [Additional Resources](#) |
 [User Guide](#) |
 [Allowable 5A Updates](#) |
 [Allowable 5B Updates](#) |
 [CIS Old and New UI Crosswalk](#)

CIS Status		
Section	Status	Options
CIS Information		
Cover Page	✖ Not Complete	Update ▼
Assurances	✖ Not Complete	Update ▼
Change Details	✖ Not Complete	Update ▼
Change Checklist	✖ Not Complete	Update ▼
Other Information		
Supporting Documents	✖ Not Complete	Update ▼

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1.3 CIS Cover Page – Health Center designates Authorized Official and Single Point of Contact

The next screen is the **Cover Page** where the user can change their selected request type if needed as well as provide details for Authorized Official (AO) and Single Point of Contact (SPOC).

General Information - Cover Page

Note(s):
It is recommended that you complete the Change Details section before you proceed to work on the Checklist section. The modifications made/proposed in the Change Details section will have an impact on the list of questionnaires in the Checklist section.

CIS000 Section Status: Not Complete

Resources

Expand Details

Grantee Information

Program Director: [Redacted]

Program Contact: [Redacted]

Grantee Address: [Redacted]

Monitored CIS Options

These type of updates do not generate a Notice of Award (NoA) or Notice of Look-Alike Designation (NLD) but do require HRSA's approval before the change is posted to scope. Select this option if you want to do any of the following types of updates noted below.

5A Attributes

Update required services ([View Allowable Updates](#))

Update additional services ([View Allowable Updates](#))

5B Attributes

Addition of Admin Only Site

Deletion of Admin Only Site

Update PO monitored attributes ([View List of Attributes](#))

5C Attributes

Updates to Other Attributes

Formal CIS Options (Requires Prior Approval)

The following types of changes are considered significant and, therefore, require prior approval from HRSA. Select this option if you want to request one of the below listed types of significant changes to the scope of project.

Add a New Service to Scope ([View Next Step](#) | [View Allowable Updates](#) | [Printable Preview](#)) Change

Add Required Service by Changing Service Delivery Method (Service presently recorded ONLY on Form 5 - Part A Column III will be recorded on Columns I and/or II, i.e., health center starts paying/billing for service)

Delete an Existing Service from Scope ([View Next Step](#) | [View Allowable Updates](#) | [Printable Preview](#))

Add a New Service Delivery Site to Scope ([View Next Step](#) | [Printable Preview](#))

Delete an Existing Service Delivery Site from Scope ([View Next Step](#) | [Printable Preview](#))

Convert an Existing Service Delivery Site or Service Delivery/Admin Site to an Admin-Only Site ([Printable Preview](#))

Convert an Existing Admin-Only Site to a Service Delivery/Admin Site or Service Delivery Site ([View Next Step](#) | [Printable Preview](#))

Replace an Existing Service Delivery Site with a NEW Service Delivery Site NOT currently in Scope ([View Next Step](#) | [Printable Preview](#))

Add a New Target Population ([View Next Step](#) | [Printable Preview](#))

Summary

Approximately 2 pages (Max 3000 Characters): **3000** Characters left.

Fields with * are required

Contact Information

Role	Name	Phone	Email	Options
* Authorizing Official (AO)		No AO Added		+ Add
* Point of Contact (POC)		No POC Added		+ Add

Go to Previous Page
Save
Save and Continue

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3. The proposed change in scope can be accomplished without additional section 330 Health Center Program Grant funds.

Yes No

4. The Board approved the proposed change in scope.

Yes No

The Board approved the proposed change in scope on (mm/dd/yyyy):

Attach the dated minutes noting board discussion and approval of the proposed change in scope here.

While the health center is not required to attach signed minutes, official signed minutes of all board meetings must be kept on file and be made available to HRSA upon request.

▼ Board Minutes (Maximum 6)

No documents attached

5. Consultation with the health center's Chief Clinical or Medical Officer/Clinical Leadership was completed prior to submitting a change in scope request for the Addition or Deletion of Clinical Services.

Yes No N/A, the proposed Change in Scope is NOT related to the Addition or Deletion of Clinical Services

6. Verification of Sites and Services: Health Center Program grantees will be allowed up to 120 days following the issue date of the Notice of Award (NoA) indicating approval for the change in scope to verify implementation of this approved change (e.g., open the site or begin providing a new service). This verification process is completed via the scope verification task the health center will receive once an applicable change in scope is approved. (Review the Scope Verification Program Assistance Letter for more information:

<http://www.bphc.hrsa.gov/policiesregulations/policies/pal200911verification.html>. *The scope verification task is not currently applicable for look-allkes.*

My health center will ensure that the change in scope verification task will be completed within this 120 Day Timeline:

Yes No

7. Change in Scope Policies and Supporting Documents:

Review of all applicable policies and supporting documents has been completed. See list below for change in scope policies and supporting documents that may be applicable to your health center's request.

Document	Description	Link
Program Assistance Letter 2013-03	Alignment of EHB Change in Scope Module with Change in Scope Policy	Program Assistance Letter 2013-03
Program Assistance Letter 2012-06	Alignment of Communicable Diseases Screenings under Form 5A: Services Provided	Program Assistance Letter 2012-06
Program Assistance Letter 2011-07	Sites, Scope of Project, and Capital Projects	Program Assistance Letter 2011-07
Program Assistance Letter 2009-11	New Scope Verification Process	Program Assistance Letter 2009-11
Policy Information Notice 2009-05	Policy for Special Populations-Only Grantees Requesting a Change in Scope to Add a New Target Population	Policy Information Notice 2009-05
Policy Information Notice 2009-02	Specialty Services and Health Centers' Scope of Project	Policy Information Notice 2009-02
Policy Information Notice 2008-01	Defining Scope of Project and Policy for Requesting Changes	Policy Information Notice 2008-01
Policy Information Notice 2009-03	Technical Revision to PIN 08-01, Defining Scope of Project and Policy for Requesting Changes	Policy Information Notice 2009-03
Program Assistance Letter 2011-04	Process for Becoming Eligible for Medicare Reimbursement under the FQHC Benefit	Program Assistance Letter 2011-04
Policy Information Notice 2007-09	Service Area Overlap: Policy and Process	Policy Information Notice 2007-09
Policy Information Notice 2001-16	Credentialing and Privileging of Health Center Practitioners	Policy Information Notice 2001-16
Policy Information Notice 2002-22	Clarification of Credentialing and Privileging Policy Outlined in PIN 2001-16	Policy Information Notice 2002-22
Policy Information Notice 2011-01	Federal Tort Claims Act (FTCA) Health Center Policy Manual	Policy Information Notice 2011-01

Acknowledgement

I acknowledge that I have reviewed all applicable change in scope policies and supporting documents and would like to proceed further.

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2.2 Change Details Page – Form that must be completed with relevant information about the CIS request

After completing the **Assurances** section, the system shall navigate to the **Change Details** page. Proceed to the next page to select a service. Depending on the sub-type of ‘Add a New Service to Scope’ that you’ve chosen, this section may look slightly different as shown in the next 2 screenshots.

Form 5A: Required Services - Change Details

Note(s):

CIS Request type selected on the cover page is **Add Required Service by Changing Service Delivery Method** (Service presently recorded ONLY on Form 5 - Part A Column III will be recorded on Columns I and/or II, i.e., health center starts paying/billing for service). If you wish to make a change to your request type, please go back to cover page and make a selection. This section status will be complete after all the updates are completed.

You need to first select a Site/Service/Activity and then update it from the 'Options' column in the table below. Please refer to [this document](#) to find out more on how to complete this Change Details section for your selected cover page option.

Based on your existing services and their modes of provision in Scope, you may be unable to select some or all of the services listed below. This does not apply to the 'Add Additional Specialty Service (Service NOT previously recorded in scope via any service delivery method)' cover page option.

Success:
Information entered on the 'Assurances' page was saved successfully. The section status is Complete.

▶ CIS000 Section Status: Not Complete

▼ Resources [↗](#)

Current Document

[CIS Request](#) | [Additional Resources](#) | [User Guide](#) | [Allowable 5A Updates](#) | [Allowable 5B Updates](#) | [CIS Old and New UI Crosswalk](#)

[Select Service from List](#)

Service Type	Original Service Delivery Methods			Updated Service Delivery Methods			Options
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)	
	No Service information has been added to the application.						

Go to Previous Page
Save
Save and Continue

Add a New Service to Scope

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Form 5A: Additional Services - Change Details

Note(s):

CIS Request type selected on the cover page is **Add Additional Service** (Service presently recorded **ONLY** on Form 5 - Part A Column III and will be recorded on Columns I and/or II, i.e., health center starts paying/billing for service). If you wish to make a change to your request type, please go back to cover page and make a selection. This section status will be **complete** after all the updates are completed.

You need to first select a Site/Service/Activity and then update it from the 'Options' column in the table below. Please refer to [this document](#) to find out more on how to complete this Change Details section for your selected cover page option.

Based on your existing services and their modes of provision in Scope, you may be unable to select some or all of the services listed below. This does not apply to the 'Add Additional Specialty Service (Service NOT previously recorded in scope via any service delivery method)' cover page option.

Success:

Information entered on the 'Assurances' page was saved successfully. The section status is Complete.

CIS000

Section Status: Not Complete

Resources

Current Document

[CIS Request](#) | [Additional Resources](#) | [User Guide](#) | [Allowable 5A Updates](#) | [Allowable 5B Updates](#) | [CIS Old and New UI Crosswalk](#)

Select Service from List

Service Type	Original Service Delivery Methods			Updated Service Delivery Methods			Options
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)	
No Service information has been added to the application.							

[Go to Previous Page](#)

[Save](#) [Save and Continue](#)

The next two screenshots show variations of the page that you will be directed to select an existing service or add a new service, depending on your chosen sub-option.

Add a New Service to Scope

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Form 5A: Additional Services - Change Details

Note(s):
 CIS Request type selected on the cover page is **Add Additional Service (Service NOT Previously recorded in scope via any service delivery method)**. If you wish to make a change to your request type, please go back to cover page and make a selection. This section status will be **complete** after all the updates are completed.

You need to first select a Site/Service/Activity and then update it from the 'Options' column in the table below. Please refer to [this document](#) to find out more on how to complete this Change Details section for your selected cover page option.

Based on your existing services and their modes of provision in Scope, you may be unable to select some or all of the services listed below. This does not apply to the 'Add Additional Specialty Service (Service NOT previously recorded in scope via any service delivery method)' cover page option.

▶ CIS000 Section Status: Complete

▼ Resources [↗](#)

Current Document

[CIS Request](#) | [Additional Resources](#) | [User Guide](#) | [Allowable 5A Updates](#) | [Allowable 5B Updates](#) | [CIS Old and New UI Crosswalk](#)

Service Type	Updated Service Delivery Methods			Options
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)	
Optometry	X	X		Update ▼

[Go to Previous Page](#)
[Save](#) [Save and Continue](#)

2.3 Change Checklist Page – Questions specific to the type of CIS request, including uploading of required and optional supporting documents

The checklist for **'Add a New Service to Scope'** is shown below. Depending on the type of Service and Mode of Service provision you are proposing, some questions may not be applicable to your specific CIS Request. Also, please note that some questions in this checklist may not be applicable for the Look-alike CIS Requests.

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2b. Specifically, utilizing at minimum the most recent UDS data available and if necessary, other data sources specific to your target population and/or service area, demonstrate why this proposed service has been determined to be a priority over any other area of unmet need (e.g. why is the health center adding this particular Additional Service instead of expanding adult preventive dental services?).

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

ONLY APPLICABLE FOR ADDITIONAL SERVICES, INCLUDING SPECIALTY SERVICES

3. PROJECTED SERVICE UTILIZATION

Provide evidence that the proposed service will appropriately focus on the current patient and/or target population by providing the following information about the population that will utilize the new service.

3a. Number of patients projected to be served annually

This is the anticipated number of patients that will utilize the proposed service in the coming calendar year.

Number :

(Format: 99)

Data Source Used for Projection:

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

3b. Percentage of projected patients at or below 200% of Federal Poverty Guidelines

This is the anticipated % of patients with incomes at or below 200% of the Federal Poverty Guidelines that will utilize the proposed service in the coming calendar year.

Percentage:

(Format: 9 or 9.99)

Data Source Used for Projection:

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

3c. Percentage of projected uninsured patients

This is the anticipated % of uninsured patients that will utilize the proposed service in the coming calendar year.

Percentage:

(Format: 9 or 9.99)

Data Source Used for Projection:

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

3d. Provide a brief narrative description on how the projections in 3a, b, and c were derived.

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

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ONLY APPLICABLE FOR ADDITIONAL SERVICES, INCLUDING SPECIALTY SERVICES

4. ACCESS AND COORDINATION FOR NEW PATIENTS

For individuals that become new patients of the health center by accessing the proposed new service:

4a. How will these new patients be assured access to the full scope of existing required and additional services the health center provides?

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

4b. If new patients have existing (non-health center) primary care providers, describe how the health center will coordinate and follow-up with such providers.

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

5. ACCESS TO NEW SERVICE FOR CURRENT PATIENTS

Describe the health center's plans to assure all patients will have reasonable access to the proposed new service, as appropriate.

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

6. SLIDING FEE DISCOUNT PROGRAM

Will the health center offer its current sliding fee discount program (sliding fee discount schedule, including any nominal fees and related implementing policies and procedures) for the proposed service to patients with incomes at or below 200 percent of the Federal Poverty Guidelines, and ensure that no patients will be denied access to the service due to inability to pay?

Yes No

6a. Will the sliding fee discount schedule for the proposed service differ from the health center's existing sliding fee discount schedule(s)?

Yes No

If Yes, explain how and why and attach the applicable sliding fee discount schedule for the proposed service.

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

▼ Sliding Fee Discount Schedule (Maximum 6)

Attach File

No documents attached

7. FINANCIAL IMPACT ANALYSIS

Download Template

Template Name	Template Description	Action
Financial Impact Analysis	Template for Financial Impact Analysis	Download
Instructions	Instructions for Financial Impact Analysis	Download

▼ Financial Impact Analysis (Maximum 6)

Attach File

No documents attached

Add a New Service to Scope

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7a. Explain how the addition of the proposed service to scope will be accomplished and sustained without additional section 330 Health Center Program funds. Specifically (referencing the attached Financial Impact Analysis, as necessary) describe how adequate revenue will be generated to cover all expenses as well as an appropriate share of overhead costs incurred by the health center in administering the new service.

The Financial Impact Analysis must at a minimum show a break-even scenario or the potential for generating additional revenue.

Additional revenue (program income) obtained through the addition of a new service must be invested in activities that further the objectives of the approved health center project, consistent with and not specifically prohibited by statute or regulations.

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

7b. Is this change in scope dependent upon any special grant, foundation or other funding that is time-limited, e.g., will only be available for 1 or 2 years?

Yes No

If Yes, how will the new service be supported and sustained when these funds are no longer available? Describe a clear plan for sustaining the service.

All time-limited or special one-time funds should be clearly identified as such in the Financial Impact Analysis.

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

8. STAFFING

Provide a clear and comprehensive description of the relevant staffing arrangements made to support the proposed new service and to ensure staffing is/will be sufficient to meet any projected patient/visit increases. The discussion of "staffing" should include non-health center employees if the service will be provided via contract/contracted providers or subrecipient arrangements. In addition, describe any potential impact on the overall organization's staffing plan (reference the Financial Impact Analysis as applicable).

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

9. HEALTH CENTER STATUS

Discuss any major changes in the health center's staffing, financial position, governance, and/or other operational areas, as well as any unresolved areas of non-compliance with Program Requirements (e.g. active Progressive Action conditions) in the past 12 months that might impact the health center's ability to implement the proposed change in scope.

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

10. CREDENTIALING AND PRIVILEGING

How has the health center planned for the appropriate credentialing and privileging of the provider(s) that will provide the proposed service in accordance with PIN 2002-22 ?

In responding, consider the following:

- It is the responsibility of the health center to ensure that all credentialing and privileging of providers have been completed BEFORE providing the service as part of their Federal scope of project. This includes services provided either Directly (Column I) OR via a (Column II) Formal Written Agreement (e.g. contract). For services provided via a Formal Written Referral Arrangement (Column III), the referral provider should be able to assure (within the arrangement) to the health center that all their providers are appropriately credentialed and privileged individually.
- The health center's current board-approved policy must cover the required verification of credentials and establishment of privileges to perform any new activities and procedures expected of providers by the health center or be updated to do so (for services provided either Directly (Column I) OR via a (Column II) Formal Written Agreement). In addition, a new or updated privileging list approved by the Clinical Director/Chief Medical Officer or other appropriate Clinical Leadership that delineates the specific services and procedures that the provider is privileged to provide on behalf of the health center (i.e. specific to the health center and not other organizations where the provider might serve patients e.g. hospitals) must also be in place.

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Attach the relevant Clinical Director/Chief Medical Officer-approved Privileging Lists. Note that the attached Privileging Lists Must Address:

- Typical level of services to be provided on behalf of the health center (e.g. consults vs. procedures and/or a specific list of services)
- Typical procedures to be provided as part of the service on behalf of the health center (i.e. a specific list of procedures)

▼ MEDICAL DIRECTOR/CMO-APPROVED PRIVILEGING LIST(S) (Maximum 6)

Attach File

No documents attached

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11. QUALITY IMPROVEMENT/ ASSURANCE PLAN

How will the proposed new service be integrated into and assessed via the health center's quality improvement/assurance and risk management plans? In responding, address the following:

- Will it be integrated into the QI/ QA plan using existing performance measures be applied to the service or will new measures be created specifically for the new service?
- Are board-approved peer and chart review policies in place by which any provider(s) of the proposed new service will be assessed?
- Are risk management plans in place to assure the new service has appropriate liability coverage (e.g. non-medical/dental professional liability coverage, general liability coverage, automobile and collision coverage, fire coverage, theft coverage, etc.)?

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

12. SERVICE DELIVERY METHOD AND LOCATION

12a. If the proposed service will be provided via a Formal Written Agreement (Form 5A, Column II) where the health center is accountable for paying/billing for the direct care provided via the agreement (generally a contract) - does the formal written agreement between the health center and the contractor/provider(s) state, address or include:

The activities to be performed by the contractor/provider in the provision of the service, specifically including:

- How the services provided will be documented in the health center patient record?
- How the health center will bill and/or pay for these services provided to health center patients?

Yes No

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

List Page Number(s):

The time schedule for such activities (e.g. provider hours/schedule)?

Yes No

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

List Page Number(s):

The policies and requirements that apply to the contractor, including those required by 45 CFR 74.48 or 92.36(l) and other terms and conditions of the grant? These may be incorporated by reference where feasible – See the HHS Grants Policy Statement for more information on public policy requirements applicable to contractors at: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf> pages II-2 to II-6

Yes No

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

List Page Number(s):

The maximum amount of money for which the health center may become liable to the contractor/provider under the agreement?

Yes No

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

List Page Number(s):

Provisions consistent with the health center's board approved procurement policies and procedures in accordance with 45CFR Part 74.41-48?

Yes No

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

List Page Number(s):

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Assurances that no provisions will affect the health center's overall responsibility for the direction of the services to be provided and accountability to the Federal government by reserving sufficient rights and control over the services to the health center to enable it to fulfill its responsibilities?

Yes No

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

List Page Number(s):

Requirements that the contractor/provider maintain appropriate financial, program and property management systems and records and provides the health center, HHS and the U.S. Comptroller General with access to such records, including the submission of financial and programmatic reports to the health center if applicable and comply with any other applicable Federal procurement standards set forth in [45CFR Part 74](#) (including conflict of interest standards)?

Yes No

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

List Page Number(s):

Provision that such agreement is subject to termination (with administrative, contractual and legal remedies) in the event of breach by the contractor/provider?

Yes No

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

List Page Number(s):

It is the responsibility of the health center to ensure that the agreement does NOT inappropriately imply the conference of the benefits and/or privileges of Health Center Program grantees or FQHC Look-Alikes such as 340B Drug Pricing, or FQHC reimbursement, on the other party.

Attach the agreement for the service (draft agreements are acceptable) here.

▼ Service Delivery Method and Location A (Maximum 6)

Attach File

No documents attached

Add a New Service to Scope

Printable Preview of EHB CIS Forms and Checklists

12b. If the proposed service will be provided via a Formal Written Referral Arrangement (Form 5A, Column III) where the actual service is provided and paid/billed for by another entity (the referral provider) and thus the service itself is NOT included in the health center's scope of project but the establishment of the actual referral arrangement and any follow-up care provided by the health center subsequent to the referral are included in scope – is the proposed referred service:

Documented via an MOU, MOA, or other formal agreement that at a minimum describes 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?

Yes No

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

List Page Number(s):

Available equally to all health center patients, regardless of ability to pay?

Yes No

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

List Page Number(s):

Attach the referral arrangement documentation (draft documents are acceptable) here.

▼ Service Delivery Method and Location B (Maximum 6)

Attach File

No documents attached

It is the responsibility of the health center to ensure that the arrangement does NOT inappropriately imply the conferrence of the benefits and/or privileges of Health Center Program grantees or FQHC Look-Alikes such as 340B Drug Pricing , or FQHC reimbursement, on the other party.

12c. Will the proposed service be provided at an existing site (see Form 5B) and/or Location (see Form 5C) within the approved scope of project?

Yes

No, but site or location where proposed service will be provided will be added to scope via a separate CIS Request as appropriate.

Review PIN 2008-01 for more information on the definition of a service site or other location at:
<http://www.bphc.hrsa.gov/policiesregulations/policies/pin200801defining.html>

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

The service must be provided at an approved site within the scope of project, a proposed new site with reasonable access to all available services in the health center's scope of project, or at a location where in-scope services or referrals are provided but that does not meet the definition of a service site.

Add a New Service to Scope

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Addition of Specialty Services Only Applicable to Specialty Services that will be Provided Directly and/or Through Formal Written Agreements (Form 5A Columns I and/or II)

In this CIS request, you have proposed to add the following specialty service to scope: Specialty Clinical Services - test

If the proposed specialty service is approved for addition to the scope of project, health centers are reminded that the full range of services within a specialist's area of expertise may or may not be within the Federal scope of project. Rather ONLY those specific aspects of the specialty service as described within this change in scope request will be considered included within the approved scope of project.

13. SPECIALTY SERVICE DESCRIPTION

Describe the proposed specialty service; address all of the following elements.

- The specialty area (e.g., endocrinology, ophthalmology)
- IF NOT ALREADY ADDRESSED IN QUESTION 8, discuss the specific level of staffing necessary to implement the proposed specialty service, in particular whether additional staff (above and beyond the specialist provider, e.g. nurses, additional medical assistants) and/or equipment (e.g. echocardiogram) will need to be added to scope and supported under the health center's budget in order to implement the Specialty Service. As a reminder, these costs should be appropriately reflected in the change in scope Financial Impact Analysis.

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

14. SPECIALTY SERVICE AND SUPPORT OF PRIMARY CARE

Demonstrate how the proposed specialty service will support the provision of the required primary care services already provide by the health center and function as a logical extension of or complement these required primary care services.

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

▼ Proposed Specialty Service (Maximum 6)

Attach File

No documents attached

Add a New Service to Scope

Printable Preview of EHB CIS Forms and Checklists

Additional Considerations for Adding a Service to Scope

While the following areas are not specific factors or criteria that will impact the CIS approval process, these are key elements that health centers should have considered or actively planned to address prior to adding a new service to scope:

A. Medical Malpractice Coverage Your health center must develop plans for medical malpractice coverage for any new providers including any specialty providers (e.g., extension of FTCA coverage, private malpractice coverage). Respond the following as applicable:

For grantees deemed under the FTCA, have you reviewed the FTCA Health Center Policy Manual or if appropriate, consulted with BPHC to assure the applicability of FTCA coverage?

The FTCA Health Center Policy Manual is available at: <http://www.bphc.hrsa.gov/policiesregulations/policies/pin201101.html> For specific questions, contact the BPHC HelpLine at: 1-877-974-BPHC (2742) or Email: bphchelp@hrsa.gov. Available Monday to Friday (excluding Federal holidays), from 8:30 AM – 5:30 PM (ET), with extra hours available during high volume periods.

Yes Not Applicable, health center is not deemed or FTCA coverage does not apply.

If you selected "Not Applicable" respond to the question below.

For health centers not deemed under the FTCA or if FTCA coverage is not applicable to the service, have you developed a plan for medical malpractice coverage?

Yes No

Briefly explain your response:

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

B. Section 340B Drug Pricing Program Participation: Health centers that participate in the 340B Drug Pricing Program are reminded that changes to the scope of project approved by BPHC do not automatically update within the 340B Program's Database. Health centers should contact the HRSA Office of Pharmacy Affairs to determine whether any updates to the 340 Database are necessary by contacting Apexus Answers at 888-340-2787, or ApexusAnswers@340bpvp.com.

Will your health center complete all necessary 340B Program updates with the HRSA Office of Pharmacy Affairs?

Yes Not Applicable, health center does not participate in the 340B program

Briefly explain your response:

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

C. Facility Requirements:

Has your health center assured that any/all Federal, State and local standards/accreditation requirements of the facility where the proposed new service will be provided have been fully met (including those associated with CMS FQHC certification)?

Yes Not Applicable

Briefly explain your response:

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Add a New Service to Scope

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D. Reimbursement as a Federally Qualified Health Center (FQHC) under Medicaid and/or CHIP: The Medicaid statute and program guidance require that an FQHC's Medicaid reimbursement rate be adjusted to reflect changes in the "type, intensity, duration, and/or amount of services" provided. Therefore, a HRSA-approved change in the services covered under a health center's scope of project may necessitate a change in the health center's FQHC Medicaid reimbursement rate. In these situations, it is the responsibility of the health center to notify its State Medicaid Agency of the change(s) in services following HRSA approval and prior to billing for the new service. For further information about the process for adjusting rates based on changes in services provided, health centers should contact their Primary Care Association or State Medicaid Agency.

After HRSA approval of the change in scope but prior to billing for the service, will your health center notify the State Medicaid Agency of any changes to services covered under the HRSA scope of project that may affect your center's Medicaid reimbursement rate?

Yes Not Applicable

Briefly explain your response:

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

[Go to Previous Page](#)

[Save](#)

[Save and Continue](#)

2.4 Supporting Documents Page – Option to upload additional files not provided in Change Checklist

You can provide additional **Supporting Documents** for this CIS request in this section if desired.

Supporting Documents

Success:
Information entered on the 'Change Checklist' page was saved successfully. The section status is Complete.

CIS000 Section Status: Not Complete

[Expand Details](#)

Resources [↗](#)

Current Document

[CIS Request](#) | [Additional Resources](#) | [User Guide](#) | [Allowable 5A Updates](#) | [Allowable 5B Updates](#) | [CIS Old and New UI Crosswalk](#)

Supporting Documents (Maximum 20) [Attach File](#)

No documents attached

[Go to Previous Page](#) [Save](#) [Save and Continue](#)

Add a New Service to Scope

Printable Preview of EHB CIS Forms and Checklists

3 Section III

3.1 Review Page – Review and print other pages and attachments

The **Review** screen shall allow the user to print and view all the CIS sections. This screen also gives the user an option to print the complete CIS request.

Review

CIS000

Resources

Expand Details

Forms

Table of Contents

View	Section	Type	Options	
	CIS Information	Cover Page	HTML	View
	CIS Information	Assurances	HTML	View
	CIS Information	Change Details	HTML	View
	CIS Information	Checklist	HTML	View
	Assurances Attachments	Board Minutes ()	DOCUMENT	View
	Add Speciality Service Checklist Attachments	Sliding Fee Discount Schedule ()	DOCUMENT	View
	Add Speciality Service Checklist Attachments	Financial Impact Analysis ()	DOCUMENT	View
	Add Speciality Service Checklist Attachments	MEDICAL DIRECTOR/CMO-APPROVED PRIVILEGING LIST(S) ()	DOCUMENT	View
	Add Speciality Service Checklist Attachments	Service Delivery Method and Location A ()	DOCUMENT	View
	Add Speciality Service Checklist Attachments	Service Delivery Method and Location B ()	DOCUMENT	View
	Add Speciality Service Checklist Attachments	Proposed Specialty Service	DOCUMENT	Not Available
	All Other Attachments	Supporting Documents	DOCUMENT	Not Available

Go to Previous Page

Proceed to Submit Page

Add a New Service to Scope

Printable Preview of EHB CIS Forms and Checklists

3.2 Status Overview Page – Completion status of each step

The **Submit** page shall display the status of all the sections in the request. User will be allowed to submit the request once all the section statuses are 'COMPLETE'.

CIS - Submit

Resources

Section	Status	Options
CIS Information		
Cover Page	Complete	Update
Assurances	Complete	Update
Change Details	Complete	Update
Change Checklist	Complete	Update
Other Information		
Supporting Documents	Complete	Update

Proceed to Submit CIS

3.3 Certify Page

User shall be required to **Certify** and provide an **Electronic Signature** before the request can be submitted.

CIS Submit - Confirm

Resources

Fields with * are required

* **Acknowledgement**

I certify that the statement here in are true, COMPLETE and accurate to the best my knowledge, and accept the obligation to comply with Public Health Service terms and conditions if a change in scope is accepted as a result of this request. I am aware that any false, fictitious, or fraudulent statements or claim may subject me to criminal, civil or administrative penalties.

Cancel Submit CIS Request

3.4 Submit – Submission of final CIS request package; requires health center certification of truth and accuracy of contents.

Once submitted, the system shall display a message to the user that the request was submitted successfully along with a list of all of the health center's CIS requests.

Add a New Service to Scope Printable Preview of EHB CIS Forms and Checklists

Change In Scope Request - List

Success:
CIS Request (CIS000) has been successfully submitted.

[Create New CIS Requests](#)

Not Completed Recently Completed All

[Detailed View](#) | [Search](#) | [Saved Searches](#)

Page size: 15 Go 4 items in 1 page(s)

Started	Date Started	Tracking #	Version	Grant #	Grantee Name	Request Type	Submission Status	HRSA Review Status	Options
3 days ago	9/16/2013	CIS000	Original (0)			Add Required Service	In Progress	N/A	CIS Request
3 days ago	9/16/2013	CIS000	Original (0)			Update Required Services	In Progress	N/A	Edit
Started : Within last 30 days ago									
7 days ago	9/12/2013	CIS000	Original (0)			Delete Additional Service from Scope	In Progress	N/A	CIS Request
7 days ago	9/12/2013	CIS000	Original (0)			Add New Service Delivery Site	In Progress	N/A	Edit