

***This document provides a preview of the steps that will be required to submit a Formal CIS Request for ‘Add a New Target Population’, 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.***

## Overview of CIS Steps

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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 Target Population’ and click save and continue. The next screen shall display the pre-defined criteria for adding a new Service Site to Scope.

**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 ↗](#) )

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

Role	Name	Phone	Email	Options
* Authorizing Official (AO)		No AO Added		<a href="#">Add</a> ▼
* Point of Contact (POC)		No POC Added		<a href="#">Add</a> ▼

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

You must select 'Yes' in order to proceed.

### 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).**

Per 45 CFR Part 74.25, if this change in scope will result in significant budget revisions, a separate prior approval request for such significant re-budgeting will be required. Grantees must utilize the Prior Approval Module in EHB to submit such requests. Significant re-budgeting occurs when, under a grant with a Federal share exceeding \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (which includes direct and indirect costs, whether chargeable to Federal funds or required matching or cost sharing) for that budget period or \$250,000, whichever is less.

- All budget revisions that exceed the cumulative 25% budget revision cap, require prior approval through the Prior Approval Module.
- Where prior approval is needed for re-budgeting, the prior approval request must include a revised SF-424A, line item budget and narrative justification.

[\(- View Less\)](#)

#### Add Target Population

-  This includes Health Center Program grantees funded only under sections 330(g), (h), and/or (i) of the Public Health Service (PHS) Act requesting to change their scope of project by adding a new target population beyond the population for which section 330 Federal grant funds are currently awarded.

**Note:** Health centers that currently receive funding under section 330(e) to serve the general community population do NOT need to submit a change in scope request to serve one or more special populations.

#### Before selecting this option confirm all of the following criteria:

- Your health center currently receives targeted funding/designation only under sections 330(g), (h), and/or (i) of the Public Health Service (PHS) Act (i.e. your health center is a "special populations-only health center").
- (Only Applicable for Health Center Program Grantees) Your health center is aware that a portion of its HRSA grant funds will be reallocated to support services to the new target population.
- Your health center is aware that requesting to add a new target population to scope does not relieve the health center of its obligation to continue to serve the existing target population(s) as approved in the current scope of project.

Yes  No

[Cancel](#)

[Continue](#)

## 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.

**Status Overview**

**Success:**  
A CIS Request has been successfully created for you. Note the tracking number : CIS00015716

**CIS000** Submission Status: In Progress

**Resources**

Expand Details

Section	Status	Options
<b>CIS Information</b>		
Cover Page	Not Complete	Update ▼
Assurances	Not Complete	Update ▼
Change Details	Not Complete	Update ▼
Change Checklist	Not Complete	Update ▼
<b>Other Information</b>		
Supporting Documents	Not Complete	Update ▼

## 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 the 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**

**(i)** 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)**

**(i)** 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 ↗](#) )

**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		<a href="#">+</a> Add ▼
* Point of Contact (POC)		No POC Added		<a href="#">+</a> Add ▼

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

## 2 Section II

### 2.1 Assurances Page – Overarching questions applicable to all CIS requests, including steps that must be taken prior to proceeding with the CIS request; provision of relevant key policies and documents for review; requires health center to acknowledge it has reviewed applicable policies/documents.

The next page is 'Assurances' which is shown below. This page must be completed in order to move ahead to the next screen.

#### Assurances

**Note(s):**  
 CIS Request type selected on the cover page is **Add Target Population**. 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 required fields 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.

Because of the importance of scope of project, it is expected that health centers will request prior approval through the change in scope module at least 60 days in advance of their desired implementation date for certain changes in scope requests (additions, replacements and deletions of sites; additions and deletions of services; and target population changes). There may be circumstances where submitting a change in scope request early may not be possible; however, the goal is to minimize these occurrences through careful planning.

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

**Warning:**  
 It is recommended that you save your work often (e.g., every 5-10 minutes) to avoid a loss of data due to unforeseeable technical issues or system time out.

**CIS000** Section Status: Not Complete

Grant Number: [REDACTED]	BHCNIS ID: [REDACTED]	Project Period: 1/1/2013 - 12/31/2013
Withdrawal Requested: N/A	Created By: [REDACTED] PM	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](#)

**Assurances Checklist**

1. Consultation with the Project Officer (PO) was completed prior to submitting the change in scope request.

Yes  No

PO Contacted on Date (mm/dd/yyyy):  

2. Briefly discuss how the proposed change in scope:

- fits within or supports the health center's board-approved strategic plan; and
- is being undertaken on behalf of the health center (and not on behalf of another organization) to further its mission and assure access to care for current or future health center patients.

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

**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)

Attach File

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-alikes.**

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

**Acknowledgement**

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

[Go to Previous Page](#)

[Save](#)

[Save and Continue](#)

**2.2 Change Details Page**

The system shall navigate to the **Change Details** page. On this page, you will be able to add the newly proposed **Target Population** and confirm the selection in the next page.

**Add Target Population - Change Details**

**Note(s):**  
 CIS Request type selected on the cover page is **Add Target Population**. 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.

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

CIS000 Section Status: Not Complete

Expand Details [Sources](#)

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

Fields with \* are required

**Target Population**

Target Population - Currently being Served	Homeless individuals served under HCH Program of section 330(h)
* Target Population - Proposed to be Added	<input type="radio"/> Migratory and seasonal agricultural farm workers served under MHC Program of section 330(g)
	<input type="radio"/> General medically underserved population served under CH Program of section 330(e)
	<input type="radio"/> Residents of public housing served under PHPC Program of section 330(i)
	<input type="radio"/> Homeless individuals served under HCH Program of section 330(h)

Cancel 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 Target Population'** is shown below.

**Checklist - Update**



**Note(s):**

CIS Request type selected on the cover page is **Add Target Population**. 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 required fields 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.



**Warning:**

It is recommended that you save your work often (e.g., every 5-10 minutes) to avoid a loss of data due to unforeseeable technical issues or system time out.

CIS000

Section Status: Not Complete

Resources

**CHECKLIST FOR ADDING A TARGET POPULATION (CHKLST016)**

**1. When do you plan to start serving the new target population noted below?**

Migratory and seasonal agricultural workers (Section 330(g))

mm/dd/yyyy

**2. BACKGROUND AND JUSTIFICATION FOR TARGET POPULATION ADDITION**

Provide brief background/justification for why your health center is proposing add this new target population to your scope of project by addressing ALL of the following questions.

2a. Clearly address why and how the addition of the new target population will address unmet need and further the mission of the health center. In responding, address any or all of the following points as applicable:

- Is there an increased demand from this new target population in general in the service area?
- Is there a decrease in demand from the existing target population(s) served?
- Are there other environmental or demographic changes, which have resulted in fluctuations, or declines in existing target populations and present a need to redirect resources to another target population?

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

Supporting Documents for Addition of New Target Population (Maximum 5)

Attach File

No documents attached

2b. Using the three most recent years of health center data, provide the number and proportion of patients from the proposed new target population that your health center has served. These data should be based on patients seen at sites within the current approved scope of project as documented on Form 5B

Year	Number of Patients from New Target Population Served Annually by Health Center	New Target Population Patients as a Percentage of Total Health Center Patients Served Annually
20		%
20		%
20		%

**3. MAINTENANCE OF ACCESS, LEVEL AND QUALITY OF CARE**

Clearly describe in narrative format, the health center's plan for maintaining access to health center services and for maintaining the health center's total level or quality of health services provided to the current target population(s). Specifically address how the health center will assure that the addition of the new target population will not inappropriately shift resources away from providing services for the current target population.

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

**4. SERVICE AREA ANALYSIS**

Describe how the health center has analyzed the service area, utilizing UDS Mapper and/or other similar resources, to assess the impact of adding the proposed target population on the viability of neighboring health centers. Attach your analysis documentation below.

**Service Area Analysis Resources**

- Service Area Overlap Policy and Process: <http://bphc.hrsa.gov/policiesregulations/policies/pin200709.html>
- UDS Mapper: <http://www.udsmapper.org>
- HRSA Data Warehouse: <http://datawarehouse.hrsa.gov>

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

Service Area Analysis (Maximum 5)

Attach File

No documents attached

Responses should be consistent with data and narrative on demand, need and projected patients provided in Question 2

4a. By adding this target population, will your health center now serve **all or part of the target population of another health center** (section 330 grantee or look-alike) and/or of another primary care **safety net provider** (rural health clinics, critical access hospitals, health departments, etc.)?

For the purposes of this question:

- Service area is defined by the service area zip codes associated with your Form 5B sites.
- Patient population is defined by your current UDS Patient Origin Data.
- Target population is defined in your most recent approved application.

Yes  No

If Yes, list these other health centers and/or safety net providers and discuss how this change in scope will complement these existing primary care resources for the target population so as to minimize the potential for unnecessary duplication and/or overlap in services, sites, or programs. Continue to 4b only if this change in scope will result in your health center serving all or part of the target population of another health center (section 330 grantee or look-alike). Otherwise, continue to Question 5.

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

If No, continue directly to Question 5.

4b. As the health center is proposing to serve **all or part of the target population of another health center**, discuss the necessity and justification of this overlap (e.g. do the health care needs of the proposed new target population exceed the capacity of the existing health center(s) site(s) in the service area?) See [PIN 2007-09: Service Area Overlap Policy and Process](#) for more information HRSA's principles for assessing individual situations of service area overlap.

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

**5. COLLABORATION**

For the purposes of this question:

Collaborative relationships are those that assist in contributing to one or both of the following goals relative to the proposed target population addition:

1. maximizing access to required and additional services within the scope of the health center project to the new target population; and/or
2. promoting continuity of care to health care services for health center patients from the new target population beyond the scope of the project.

**Collaboration Resources**

- Collaboration PAL: <http://bphc.hrsa.gov/policiesregulations/policies/pal201102.html>
- UDS Mapper: <http://www.udsmapper.org>

5a. Describe **established collaboration and new collaborative efforts under development** with existing **health centers** (section 330 grantee and Look-Alikes) that also serve the proposed new target population. In addition, list the names and addresses of these health centers and/or refer to the attached Service Area Analysis from Question 4 if listed there. *If service area collaboration has already been discussed in Service Area Analysis Question 4a, Refer back to these responses.*

If a formal affiliation (e.g. MOA, MOU, contract, etc.) and/ or letter of collaboration or support from the neighboring health center(s) is available, attach these documents below.

**Only documents that speak to the proposed change in scope request for the target population addition should be included.**

✓ If no other health centers exist within or adjacent to the service area that serve this target population state this.

✓ If documentation of collaboration or support from service area health centers that serve this target population cannot be obtained, include documentation of efforts made to obtain such documents and an explanation for why they could not be obtained.

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

Collaboration Documentation-Health Centers (Maximum 6)

Attach File

No documents attached

5b. Describe **established collaboration and new collaborative efforts under development** with **other safety net providers and programs** (e.g. Migrant Head Start, Public Housing Authority, homeless shelters, rural health clinics, critical access hospitals, health departments, etc.) that also serve the proposed new target population. In addition, list the names and addresses of these other safety net providers and/or refer to the attached Service Area Analysis from Question 4 if listed there). *If service area collaboration has already been discussed in Service Area Analysis Question 4a, refer back to these responses.*

If a formal affiliation (e.g. MOA, MOU, contract, etc.) and/or letter of collaboration or support relevant to the proposed target population addition is available, attach these documents below.

**Only documents that speak to the proposed change in scope request for the target population addition should be included.**

✓ If no other safety net providers or programs exist within or adjacent to the service area that serve this target population, state this.

✓ If documentation of collaboration or support from service area safety net providers that serve this target population cannot be obtained, include documentation of efforts made to obtain such documents and an explanation for why they could not be obtained.

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

Collaboration Documentation-Other Safety Net Providers/Programs (Maximum 6)

Attach File

No documents attached

**6a. COMPLIANCE WITH NEWLY APPLICABLE PROGRAM REQUIREMENTS**

Address how the health center can or will demonstrate compliance with any newly applicable Health Center Program Requirements resulting from the addition of the proposed target population.

Attach supporting documentation below(e.g. existing bylaws that already demonstrate compliance, draft revised bylaws, MOAs, etc.).

New Target Population 330(g): Migratory and Seasonal Agricultural Workers

Newly Applicable Program Requirement

**Board Composition** (for health center's with existing waivers of the patient majority board composition requirement): Describe how the current or any new proposed alternative mechanism(s) for gathering and utilizing patient input (e.g., separate advisory boards, patient surveys, focus groups), will incorporate input from the new target population.

Plan for Demonstrating Compliance with Program Requirement

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

Supporting Documentation - Compliance with Newly Applicable Requirements (Maximum 6)

Attach File

No documents attached

**6b. GOVERNANCE**

Consider and discuss any plans to address, the following general aspects of the Board Composition **Governance Requirements** that may be impacted by the addition of the new target population:

- Will the addition of the new target population significantly change the size and complexity of the overall health center organization and create the need to recruit additional board members to increase the board's size?
- Will the addition of the new target population impact the need to recruit additional board members with expertise in areas not currently reflected on the board?

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

**7. 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) to patients from the new target population 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

If No, briefly explain your response:

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

**8. Financial Impact Analysis**

**Download Template**

Template Name	Template Description	Action
Financial Impact Analysis	Template for Financial Impact Analysis	<a href="#">Download</a>
Instructions	Instructions for Financial Impact Analysis	<a href="#">Download</a>

Attach Financial Impact Analysis Document here.

▼ Financial Impact of Change in Scope (Maximum 6)
[Attach File](#)

No documents attached

8a. Explain how the addition of the proposed target population 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 providing services to the new target population.

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 target population 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.

8b. Is this change in scope dependent on 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 target population be supported and sustained when these funds are no longer available? Describe a clear plan for sustaining services for the new target population.

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

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

**9. PROPOSED REALLOCATION OF SECTION 330 FUNDS**

How do you propose that your current section 330 funding be reallocated to support services to the new target population? In proposing this reallocation, please provide a breakout of the current and projected number of patients served from both the current target population and the new target population.

Section 330 Funding	Current Annual (Federal) Section 330 Funding Allocation (Based on Current 12 Month Budget Period)	Proposed Annual (Federal) Section 330 Funding Reallocation (Based on Current 12 Month Budget Period)	Current Number of Patients Served in the most recent Calendar Year	Projected Number of Patients to be Served in 12 Month Period following CIS Approval
330(g) MHC	\$0	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
330(h) HCH	\$744612	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Total Section 330 Funding/Total Patients	\$744612	\$744612		

**10. STAFFING**

Provide a clear and comprehensive description of the relevant staffing arrangements made to support the proposed new target population 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 new target population will be served via contracts and/or subrecipient arrangements. In addition, describe any potential impact on the overall organization's staffing plan (reference the Financial Impact Analysis as applicable). Specifically describe any key management staff that will supervise/oversee operations related to the new target population and who they will report to within the larger health center organizational structure (e.g. CMO, COO, etc.).

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

**11. 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.

**12. CREDENTIALING AND PRIVILEGING**

How has the health center planned for the appropriate credentialing and privileging of all provider(s) that will serve the new target population in accordance with PIN 2002-22? If there will be no change in provider staffing, state this. In responding, consider the following:

- It is the responsibility of the health center to ensure that all credentialing and privileging of providers has been completed BEFORE providing services to the current or new target population as part of their Federal scope of project. This includes services provided either Directly (Form 5A: Column I) OR via a (Form 5A: 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 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 (Form 5A: Column I) OR via a (Form 5A: Column II) Formal Written Agreement.

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

**13. QUALITY IMPROVEMENT/ASSURANCE PLAN**

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

- Will the new target population be integrated into the current QI/QA plan?
- Are risk management plans in place to assure that any appropriate liability coverage areas related to providing services to the new target population will be addressed (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.

**14. SITES AND SERVICES**

Will this change in scope result in the need to add new sites, services and/or other locations to the current scope of project( Form 5A , Form 5B , Form 5C )?

- Yes, but a separate CIS request(s) will be submitted to add all new sites, services and/or other locations to scope
- No

**Additional Considerations for Adding a Target Population 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 target population to scope:

**A. Medical Malpractice Coverage:** Your health center must develop plans for medical malpractice coverage for any new providers that will serve the new target population (e.g., extension of FTCA coverage, private malpractice coverage). Respond to 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: [bphchelpine@hrsa.gov](mailto:bphchelpine@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, have you developed a plan for medical malpractice coverage?**

Yes  No  Not Applicable

Briefly explain your response:

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

**B. Facility Requirements:** Has your health center assured that all applicable Federal, State and local standards/accreditation requirements of the facility (ies) where the proposed new target population will be served 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.

[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

**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](#)

### 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 the CIS sections. This screen also gives the user an option to print the complete CIS request.

The screenshot shows the 'Review' page interface. At the top, there is a breadcrumb trail: 'Review > CIS000: [redacted] > Resources'. Below this, there are tabs for 'Expand Details' and 'Forms'. A 'Table of Contents' dropdown menu is visible on the right. The main content is a table with the following columns: View, Section, Type, and Options.

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 ( [redacted] )	DOCUMENT	View
Add Target Population Checklist Attachments	Supporting Documents for Addition of New Target Population	DOCUMENT	Not Available
Add Target Population Checklist Attachments	Service Area Analysis ( [redacted] )	DOCUMENT	View
Add Target Population Checklist Attachments	Collaboration Documentation-Health Centers	DOCUMENT	Not Available
Add Target Population Checklist Attachments	Collaboration Documentation-Other Safety Net Providers/Programs	DOCUMENT	Not Available
Add Target Population Checklist Attachments	Supporting Documentation - Compliance with Newly Applicable Requirements	DOCUMENT	Not Available
Add Target Population Checklist Attachments	Financial Impact of Change in Scope ( [redacted] )	DOCUMENT	View
All Other Attachments	Supporting Documents	DOCUMENT	Not Available

At the bottom of the table, there are two buttons: 'Go to Previous Page' on the left and 'Proceed to Submit Page' on the right.

#### 3.2 Status Overview Page – Completion status of each step

The **Submit** page shall display the statuses 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

CIS Status		
Section	Status	Options
<b>CIS Information</b>		
Cover Page	✔ Complete	Update
Assurances	✔ Complete	Update
Change Details	✔ Complete	Update
Change Checklist	✔ Complete	Update
<b>Other Information</b>		
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 the **list page** with a message to the user that the request was submitted successfully.

**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
Started : Within last 3 days									
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