

***The purpose of this document is to provide a preview of the steps that will be required to submit a Formal CIS Request for 'Convert an Existing Service Delivery Site or Service Delivery/Admin Site to an Admin-Only Site', 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 ‘Convert an Existing Service Delivery Site or Service Delivery/Admin Site to an Admin-Only Site’ and click save and continue.

#### 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

## 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 : CIS00015724

**CIS CA** Submission Status: In Progress

Grant Number: [REDACTED]      BHCMIS ID: [REDACTED]      Project Period: 12/1/2003 - 10/31/2016  
 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](#)

CIS Status		
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 General Information 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.

▶ CIS (CA) > Resources
Section Status: **Not Complete**

**Grantee Information**

Program Director	Elizabeth Hunt, Email: reitester1@hotmail.com, Phone:
Program Contact	Tanya Cepero-Chapman, Email: reitester1@hotmail.com, Phone: (301) 443-7439
Grantee Address	1333 Meridian Ave San Jose CA 95125-5212

**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

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](#)

## 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. Please note that some questions in this checklist are not applicable for this CIS request or for the Look-alike CIS Requests.

#### Assurances

**Note(s):**  
CIS Request type selected on the cover page is **Convert an Existing Service Delivery Site or Service Delivery/Admin Site to an Admin-Only Site**. 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.

**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.

Section Status: Complete

Resources

Expand Details

#### 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): 9/2/2013

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): 2999 Characters left.

z

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

## Convert an Existing Service Delivery Site or Service Delivery-Admin Site to an Admin-Only Site – Printable Preview

The Board approved the proposed change in scope on (mm/dd/yyyy): 8/27/2013 

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

Document Name	Size	Date Attached	Description	Options
5A Scope Refresh_Items for REL.xlsx	16 kB	09/20/2013		 Update Description ▼

**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 – Form that must be completed with relevant information about the CIS request

The system shall navigate to the **Change Details** page. On this page, you will be able to click on **Select From Scope** to proceed to add the proposed **Site** for conversion.

**Form 5B: Proposed Site - Change Details**

**Note(s):**  
CIS Request type selected on the cover page is **Convert an Existing Service Delivery Site or Service Delivery/Admin Site to an Admin-Only Site**. 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.

**Section Status: Not Complete**

**Resources**

[Select From Scope](#)

**Proposed Sites**  
No site information has been added to the application.

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



# Convert an Existing Service Delivery Site or Service Delivery-Admin Site to an Admin-Only Site – Printable Preview

**Form-5B : Edit**

**Note(s):**  
It is recommended that you save your work often (e.g., every 5 minutes) to avoid a loss of data due to unforeseeable technical issues.

**Warning:**  
If you change the Site Operator selection, certain questions on the Checklist will be reset and any previously provided information will be lost.

Fields with \* are required for all site types.

**Status: Not Started**

**Site Information**

* Site Name	<input type="text" value="Change Site Name"/>	* Physical Site Address	<input type="text" value="Change Location"/>
* Site Type	Administrative/Service Delivery Site	* Site Phone Number	( ) - - Ext.
Web URL	<input type="text"/>		

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

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

[Add Subrecipient/Contractor](#)

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			

Service Area Zip Code (Include only those from which the majority of the patient population will come)

* Service Area Zip Codes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<a href="#">Save Zip Code(s)</a>
Saved Service Area Zip Code(s)	

[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 'Delete an Existing Service Delivery Site from Scope' is shown below. Some questions may not be applicable to your specific CIS Request due to your proposed "Site Operated By" selection. Also, please note that some questions in this checklist may not be applicable for the Look-alike CIS Requests.



# Convert an Existing Service Delivery Site or Service Delivery-Admin Site to an Admin-Only Site – Printable Preview

If the service site to be deleted was added to scope through a HRSA-funded application (e.g. New Access Point or Capital Grant), the health center **MUST** state this and must specifically address if and how the patient and visit projections included in the approved application for the site, will be maintained.

In addition, respond to ALL of the questions below (3a. – 3f.), which must align with and support this narrative.

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

3a. Describe if and how deletion of the site will impact access to any health center services (Required or Additional) in the current approved scope of project (as reflected on the health center's Form 5A).

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

3b. What is the number of patients that will be affected by the deletion of the service site? What proportion of the overall patient population (i.e. across all sites in scope) does this represent?

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

3c. Average travel time for patients to service location(s) discussed in Question 3.

Currently:  hrs  mins  
(Format:99)

Following Deletion:  hrs  mins  
(Format:99)

3d. Average miles traveled by patients to service location(s) discussed in Question 3.

Currently:  miles  
(Format: 9 or 9.99)

Following Deletion:  miles  
(Format: 9 or 9.99)

3e. Will enhanced and/or increased transportation services be available to assure access to all health center services for patients served by the site proposed for deletion?

Yes  No

Explain both Yes and No responses.

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

3f. Describe how the health center will address any other barriers to care that the deletion of the service site may present.

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

Optional: Upload any attachments relevant to the site deletion here that support the health center's assurance that the total level or quality of health services currently provided will be maintained (e.g. maps, transportation plans etc.).

▼ Maintenance of Quality & Level of Health Services Supporting Documentation (Maximum 6)

Attach File

No documents attached

**4. CONTINUITY OF CARE AND COLLABORATION**

In 4a and 4b, describe your health center's plans for ensuring continuity of care for current patients affected by the site deletion as well as plans for maintaining existing and/or establishing new collaborative relationships within the service area.

*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 patients served by the site that will be deleted:*

- (1) maximizing access to required and additional services within the scope of the health center project to the target population that is served at the site to be deleted; and/or*
- (2) promoting continuity of care to health care services for health center patients served at the site to be deleted beyond the scope of the project.*

**Collaboration Resources**

**Collaboration PAL:** <http://bphc.hrsa.gov/policiesregulations/policies/pal201102.html>

**UDS Mapper:** <http://www.udsmapper.org>

**4a. Describe outreach and communication plans for informing current health center patients and the community at large, of the site deletion including making them aware of any new or enhanced transportation or enabling services available to access services at other sites or locations.**

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

**4b. Describe plans for informing providers (e.g. section 330 grantees, Look-Alikes, rural health clinics, critical access hospitals, health departments, etc.) in or adjacent to the service area of the site that is proposed for deletion and for maintaining current or establishing new collaborative relationships with such organizations. If no other providers exist within or adjacent to the service area state this.**

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

Optional: Upload any attachments relevant to the site deletion here that support the health center's continuity of care plan and/or collaborative relationships (e.g. sample patient notification documents, local media announcements about site deletion, new MOUs, etc.).

▼ Continuity of Care Plan & Collaboration Supporting Documentation (Maximum 6)Attach File

No documents attached

**5. SITE OWNERSHIP AND OPERATION**

If the site to be deleted is operated by a contractor or subrecipient, respond to the appropriate set of questions (5a. OR 5b.) below.

*Health centers are reminded of their responsibilities to obtain any required prior approval from HRSA for aspects of the program conducted by subrecipients or contractors before a subrecipient or contractor can undertake an activity or make a budget change requiring that approval, e.g., delete a contractor or subrecipient operated site from scope, seek approval to extend the period of performance of a subaward to a subrecipient if it would extend beyond the end of the grant's project period.*

**IF SITE TO BE DELETED IS OPERATED BY A CONTRACTOR**

**5a. If the site is owned and/or operated by a third party on behalf of the health center through a written contractual agreement between the health center and the third party (i.e. the health center is purchasing a specific set of goods and services from the third party-such as the operation of a site) respond to all of the following questions:**

Have (or will, based on site deletion date) all applicable records and documents of activities performed by the contractor on behalf of the health center in the operation of the site, been transferred to the health center PRIOR to the site's removal/closure? *This should include at minimum:*

- *Health center patient records*
- *Billing records for the services provided to health center patients at the site*

Yes  No

**Has the health center followed their own board-approved procurement policies and procedures for terminating contractual agreements with third parties, including assuring access to all applicable financial, program and property management systems and records, as well as receiving (or ensuring provisions to receive) any final and complete financial and programmatic reports?**

Yes  No

Optional: Attach any supporting documentation here.

▼ Site Ownership and Operation Supporting Documentation A (Maximum 6)Attach File

No documents attached

# Convert an Existing Service Delivery Site or Service Delivery-Admin Site to an Admin-Only Site – Printable Preview

## IF SITE TO BE DELETED IS OPERATED BY SUBRECIPIENT

5b. If the site is owned and/or operated by subrecipient on behalf of the health center through a written subrecipient agreement between the health center and the subrecipient organization to perform a substantive portion of the grant-supported program or project, respond to all of the following questions.

A subrecipient is an organization that "(ii)(I) is receiving funding from such a grant under a contract with the recipient of such a grant, and (II) meets the requirements to receive a grant under section 330 of such Act . . ." (1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act).

- Subrecipients must be compliant with all of the requirements of section 330 to be eligible to receive FQHC reimbursement from both Medicare and Medicaid.
- The subrecipient arrangement must be documented through a formal written agreement (Section 330(a)(1) of the PHS Act)

The health center (grantee of record) named on the NoA is the entity legally accountable to HRSA for performance of the project or program, the appropriate expenditure of funds by all parties including subrecipients, and other requirements placed on the health center (grantee of record), regardless of the involvement of others in conducting the project or program.

Has (or will, based on site deletion date) the subrecipient responded to all applicable final programmatic, administrative, financial, and reporting requirements of the grant, including those necessary to ensure compliance with all applicable Federal regulations and policies to the Grantee of Record?

Yes  No

Has (or will, based on site deletion date) the health center Grantee of Record reviewed all final documents related to providing funding to the subrecipient, including dollar ceiling, method and schedule of payment, type of supporting documentation required, and procedures for review and approval of expenditures of grant funds?

Yes  No

Optional: Attach any supporting documentation here.

### ▼ Site Ownership and Operation Supporting Documentation B (Maximum 6)

Attach File

No documents attached

## 6. 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 Analysis (Maximum 6)

Attach File

No documents attached

Explain how adequate revenue will continue to be generated to cover existing expenses across the overall scope of project incurred by the health center. If the overall scope and total budget of the health center will be reduced as a result of the site deletion, specify this. The Financial Impact Analysis must at a minimum show a break-even scenario or the potential for generating additional revenue.

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

## 7. 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.

## 8. SERVICES

Will this site deletion result in the deletion of any services currently included within the approved scope of project as documented on your health center's Form 5A?

# Convert an Existing Service Delivery Site or Service Delivery-Admin Site to an Admin-Only Site – Printable Preview

- Yes, but a separate CIS request(s) to remove these service(s) from scope will be submitted.
- No

## Additional Considerations for Deleting a Site from 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 plan to address prior to deleting a service site from the scope of project.

### A. Medical Malpractice Coverage:

For grantees deemed under the Federal Tort Claims Act (FTCA), be aware that FTCA coverage is limited to the performance of medical, surgical, dental, or related functions within the scope of the approved Federal section 330 grant project, which includes sites, services, and other activities or locations, as defined in the covered entity's grant application and any subsequently approved change in scope requests.

Confirm that your health center is aware that if the request to delete this site is approved, FTCA coverage will no longer extend to any activities, services, providers, etc. at the deleted site as of the date of the approval to remove the site from scope.

- Yes, health center is aware that removing this site from scope will result in the loss of FTCA coverage for the deleted site.
- N/A, health center is not deemed or FTCA coverage does not apply.

For more information, 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.

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 sites added or deleted from the scope of project through the BPHC change in scope process 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 340B Database are necessary by contacting Apexus Answers at 888-340-2787, or [ApexusAnswers@340bpvp.com](mailto:ApexusAnswers@340bpvp.com).

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

- Yes
- N/A, health center does not participate in the 340B program

Briefly explain your response:

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

### C. Reimbursement as a Federally Qualified Health Center (FQHC) under Medicare, Medicaid and CHIP:

Services provided at sites that are included under a health center's HRSA-approved "scope of projects" are generally eligible for reimbursement by Medicaid, Medicare, and CHIP under the FQHC payment systems. When a health center receives HRSA approval to delete a site from its scope of project, it must cease billing for services provided at this site under these FQHC payment systems as of the date that the site was removed from scope. The health center is also responsible for informing Medicare and Medicaid that the site has been removed from scope and is no longer eligible for reimbursement under the FQHC payment systems.

Will your health center stop billing Medicare, Medicaid and CHIP under the FQHC payment system for services provided at this site effective on the date that the site was approved to be removed from your scope of project?

- Yes  N/A

Briefly explain your response:

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

Will your health center contact Medicare and Medicaid to inform them that the site is no longer within your scope of project and therefore no longer eligible for reimbursement under the FQHC reimbursement systems? For Medicare, health centers should contact the enrollment office at their Medicare Administrative Contractor; for Medicaid, health centers should contact the enrollment office at their State Medicaid Agency.

- Yes  N/A

Briefly explain your response:

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

**D. National Health Service Corps Program Participation:**  
Health centers that participate in the National Health Service Corps (NHSC) are reminded that all NHSC participants must continue to work ONLY at an approved site within the health center's scope of project. In addition, the NHSC must be kept aware of all changes in site addresses and NHSC participant site assignments.

*NHSC sites and participants may contact the NHSC through the Customer Service Portal (<https://programportal.hrsa.gov/extranet/landing.seam>) or through the Customer Care Center by calling 1-800-221-9393.*

In deleting this site from your scope of project, has your health center assessed the impact on any NHSC participants that might currently be working at the site and advised them that they will need to seek a site reassignment with the NHSC prior to beginning work at another site in scope?

Yes

N/A, health center does not have any NHSC participants at this site.

Briefly explain your response:  
Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Go to Previous PageSave 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**

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 PageSave 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 all the sections in this request. This screen also gives the user an option to print the complete CIS request.

The screenshot shows the 'Review' screen for a request. At the top, there is a breadcrumb trail for 'CIS000' and a 'Resources' link. 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 ( )	DOCUMENT	View
	Delete Site Checklist Attachments	Maintenance of Quality & Level of Health Services Supporting Documentation	DOCUMENT	Not Available
	Delete Site Checklist Attachments	Continuity of Care Plan & Collaboration Supporting Documentation	DOCUMENT	Not Available
	Delete Site Checklist Attachments	Site Ownership and Operation Supporting Documentation A	DOCUMENT	Not Available
	Delete Site Checklist Attachments	Site Ownership and Operation Supporting Documentation B ( )	DOCUMENT	View
	Delete Site Checklist Attachments	Financial Impact Analysis ( )	DOCUMENT	View
	All Other Attachments	Supporting Documents	DOCUMENT	Not Available

At the bottom of the screen, there are two buttons: 'Go to Previous Page' and 'Proceed to Submit Page'.

### 3.2 Status – 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'.

The screenshot shows the 'CIS - Submit' screen. It features a breadcrumb trail for 'CIS - Submit' and a 'Resources' link. Below this, there is a 'CIS Status' section with a table showing the completion status of various sections.

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

At the bottom right of the screen, there is a button labeled 'Proceed to Submit CIS'.

### 3.3 Certify

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** and 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