
Delete an Existing Service from Scope – Printable Preview

This document provides a preview of the steps that will be required to submit a Formal CIS Request for ‘Delete an Existing Service from 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.

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 '**Delete an Existing Service from Scope**' and click save and continue. The next screen shall display the available sub-categories for deleting an existing Service from Scope as shown below.

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

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](#))

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

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You must select one option 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.

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

Delete an Existing Service from Scope

 This includes any of the following:

- Removing an Additional Service, including a Specialty Service from Form 5A entirely (i.e. service presently recorded on Form 5A Columns I, II and/or III will be removed from scope all together)
- Changing the service delivery method for a Required, Additional and/or Specialty Service presently recorded on Form 5A in Column I and/or II to ONLY being offered via a Formal Written Referral Arrangement (i.e. service will be recorded ONLY in Form 5A, Column III, health center stops paying/billing for service).

Required Services must be Provided via atleast One Service Delivery Method (Form 5A, Columns I, II and/or III).

Required Services

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

Additional Services

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

Delete Additional Service, Including Specialty Service from Scope (Service presently recorded on Form 5A Column I, II and/or III will be removed from scope entirely)

[Cancel](#)

[Create New CIS](#)

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: /Original: Submission Status: In Progress

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 CA Section Status: Not Complete

Resources

Expand Details

Grantee Information

Program Director
Program Contact
Grantee Address

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](#))

[X] Change Service Delivery Method for Required Service (Service presently recorded on Form 5 - Part A Column I and/or II will be recorded ONLY on Column III, i.e., health center stops paying/billing for service)

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		<input type="button" value="Add"/>
* Point of Contact (POC)		No POC Added		<input type="button" value="Add"/>

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 to your CIS request or for the Look-alike CIS Requests.

Assurances

Note(s):
CIS Request type selected on the cover page is **Change Service Delivery Method for Required Service (Service presently recorded on Form 5 - Part A Column I and/or II will be recorded ONLY on Column III, i.e., health center stops 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 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 CA Section Status: Not 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):

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.

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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)

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/pai200911verification.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	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.

Go to Previous Page

Save

Save and Continue

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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. Click on **Select Service from List** to pick a service for deletion from the next screen.

Form 5A: Additional Services - Change Details

Note(s):
CIS Request type selected on the cover page is **Change Service Delivery Method for Additional Service, including Specialty Service (Service presently recorded on Form 5 - Part A Column I and/or II will be recorded ONLY on Column III, i.e., health center stops 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.

CIS000 Section Status: Not Complete

Grant Number: [REDACTED] BHCNIS ID: [REDACTED] Project Period: [REDACTED]
Withdrawal Requested: N/A Created By: [REDACTED] 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](#)

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](#)

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Form 5A: Additional/Specialty Services - Change Details

Note(s):

CIS Request type selected on the cover page is Change Service Delivery Method for Additional Service, including Specialty Service (Service presently recorded on Form 5 - Part A Column I and/or II will be recorded ONLY on Column III, i.e., health center stops 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.

CISO

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 Additional/Specialty Services - To be Updated

Service Type	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)	
Additional Services				
Additional Dental Services	X			Select Service
Behavioral Health Services				
Mental Health Services	X		X	Select Service
Substance Abuse Services	X		X	Select Service
Optometry	X			Select Service
Environmental Health Services	X			Select Service
Occupational Therapy			X	Select Service
Physical Therapy			X	Select Service
Nutrition	X		X	Select Service
Additional Enabling/Supportive Services			X	Select Service
Specialty Services				
Podiatry			X	Select Service

Cancel

Depending on your chosen **cover page** sub-option, you will either update the selected service as shown in the next two screens (Change Details, Update Additional Services) below or delete the service as shown in the third screen (Change Details) below.

Delete an Existing Service from Scope – Printable Preview

Form 5A: Additional Services - Change Details

Note(s):
 CIS Request type selected on the cover page is **Change Service Delivery Method for Additional Service, including Specialty Service (Service presently recorded on Form 5 - Part A Column I and/or II will be recorded ONLY on Column III, i.e., health center stops 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.

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

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)	
Additional Dental Services	X			X			Update

Go to Previous Page Save Save and Continue

Update Additional Services

Note(s):
 CIS Request type selected on the cover page is **Change Service Delivery Method for Additional Service, including Specialty Service (Service presently recorded on Form 5 - Part A Column I and/or II will be recorded ONLY on Column III, i.e., health center stops 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.

Warning:
 If you make any change to Service Mode of Provision in this section from your original selection, the corresponding questions on the Change checklist will be reset and any previously provided information will be lost.

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

Service Type	Service Delivery Methods		
	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)
Additional Dental Services	X		

Service Type	Service Delivery Methods		
	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)
Additional Dental Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cancel Save and Continue

Delete an Existing Service from Scope – Printable Preview

Form 5A: Additional Services - Change Details

Note(s):

CIS Request type selected on the cover page is Delete Additional Service, Including Specialty Service from Scope (Service presently recorded on Form 5 - Part A Column I, II and/or III will be removed from scope entirely). 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: Not 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			Status	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)		
Additional Dental Services	X			Not Changed	Delete Service

[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 from Scope' is shown below. Please note that some questions in this checklist are not applicable to the CIS request or for the Look-alike CIS Requests.

Delete an Existing Service from Scope – Printable Preview

Checklist - Update

Note(s):

CIS Request type selected on the cover page is **Change Service Delivery Method for Additional Service, including Specialty Service (Service presently recorded on Form 5 - Part A Column I and/or II will be recorded ONLY on Column III, i.e., health center stops 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 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.

Success:

Information entered on the 'Change Details' 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

Expand Details

Resources

CHECKLIST FOR DELETING A SERVICE (CHKLST002)

In this CIS request, you have marked the following service for deletion:

Dental Services - Restorative

Date Service Proposed for Deletion was Added to Scope:

05/22/2008

1. BACKGROUND AND JUSTIFICATION FOR SERVICE DELETION

Provide brief background/justification for why your health center is proposing to remove this service from your scope of project (e.g. major decrease in demand for podiatry services based on shifting target population health needs, financial recovery plan, improve capacity by providing service via formal referral vs. directly etc.).

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

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

2a. PROPOSED DATE OF SERVICE DELETION

When will you stop providing the service? (mm/dd/yyyy) :

2b. OUTREACH AND COMMUNICATION PLAN

Describe outreach and communication plans for informing current health center patients and the community at large that this service will no longer be provided by your health center. Address all of the applicable bullets below in your response.

- If the service will be removed from scope entirely (i.e. the health center will not provide a formal referral for the service), discuss any plans for making patients aware of other community providers or organization that offer the service.
- If the service will be removed from scope but provided via a formal written referral arrangement, discuss plans for making patients aware that the service is still available via referral.
- Discuss any new or enhanced transportation or enabling services available to access this service at referral or other community provider sites or locations.

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

Optional: Upload any attachments relevant to the service deletion here that support the health center's communication and outreach plans (e.g. sample patient notification documents, local media announcements about service deletion, etc.).

▼ Outreach and Communication Supporting Documentation (Maximum 6)

Attach File

No documents attached

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3. ONLY APPLICABLE FOR ADDITIONAL SERVICES THAT WILL BE REMOVED FROM SCOPE ENTIRELY MAINTENANCE OF LEVEL AND QUALITY OF HEALTH SERVICES

Clearly describe in a brief narrative format, the health center's plan for assuring that the deletion of this service will in no way result in the diminution of the health center's total level or quality of health services currently provided to the patient/target population of the health center. Address ALL of the following:

- What is the number of patients that will be affected by the deletion of the service and/or how will this impact overall health center (medical, dental, etc.) visit numbers? What proportion of annual patient visits does this represent?
- Describe if and how deletion of this service will impact access to and/or level of demand for any other Required or Additional health center services in the current approved (as reflected on the health center's Form 5A) scope of project (e.g. if the health center is proposing to stop providing restorative dental, if and how will this impact the demand for preventive dental services?).
- Describe how the health center will address any other barriers to care that the deletion of the service may present.
- Describe your health center's policies and procedures for ensuring continuity of care for current patients that may seek this service through other community providers that the health center may not have a formal referral relationship with (e.g. if patients will receive podiatry services through the local VA, will the health center provider make efforts to obtain follow up results of these visits within the patient's primary care record?).

Approximately 3 pages (Max 5000 Characters): 5000 Characters left.

Optional: Upload any attachments relevant to the service deletion 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. FORMAL WRITTEN REFERRAL ARRANGEMENT(S)

If the service to be deleted will now be provided **ONLY** via a Formal Written Referral Arrangement(s) (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 will **NO LONGER** be 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 –respond to all of the following.

4a. Is the referred service:

Documented via an MOU, MOA, or other formal agreement(s) 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?

Yes No

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

List Page Number(s):

Available regardless of ability to pay by assuring that the referral provider(s) offers a sliding fee discount program (sliding fee discount schedule, including any nominal fees and related implementing policies and procedures) for the referred service to patients with incomes at or below 200 percent of the Federal Poverty Guidelines?

Yes No

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

List Page Number(s):

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

▼ Referral Arrangement (Maximum 6)

Attach File

No documents attached

Delete an Existing Service from Scope – Printable Preview

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

4b. Describe enhanced and/or increased transportation or other relevant enabling services that will be available to assist patients in accessing this referred health center service, and how the health center will address any other possible access barriers at the referral provider's site/location?

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

5. 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

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 service deletion (including any reductions in staffing), specify this. The Financial Impact Analysis must at minimum show a break-even scenario or the potential for generating additional revenue.

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

6. 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.

7. SITES

Will this service deletion result in the deletion of any sites currently included within the approved scope of project as documented on your health center's Form 5B ? SITES

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

Additional Considerations for Deleting a Service 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 planned to address prior to deleting a service 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 service is approved, FTCA coverage will no longer extend to any activities, providers, etc. associated with the deleted service as of the date of the approval to remove the service from scope.

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

Delete an Existing Service from Scope – Printable Preview

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: 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.

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 340B 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 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:

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. 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, 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 N/A

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.

Delete an Existing Service from Scope – Printable Preview

Supporting Documents

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

CIS000 CA 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

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 CA

Resources

Expand Details

Forms

Table of Contents Go

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 Service Checklist Attachments	Outreach and Communication Supporting Documentation	DOCUMENT	Not Available
	Delete Service Checklist Attachments	Maintenance of Quality & Level of Health Services Supporting Documentation	DOCUMENT	Not Available
	Delete Service Checklist Attachments	Referral Arrangement	DOCUMENT	Not Available
	Delete Service Checklist Attachments	Financial Impact Analysis ()	DOCUMENT	View
	All Other Attachments	Supporting Documents	DOCUMENT	Not Available

Go to Previous Page Proceed to Submit Page

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'.

Delete an Existing Service from Scope – Printable Preview

 **CIS - Submit**

▶ [Home](#) / [Dashboard](#) / [System](#) / [Health](#) / [Quality of Health](#) / [Health Quality](#) / [Risk](#) / [Tools](#)

▶ **Resources** 

CIS Status

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](#)

Delete an Existing Service from Scope – Printable Preview

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** 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
▶ 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
▶ 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