

# Delete an Existing Service Delivery Site from Scope

## Printable Preview of EHB CIS Forms and Checklists

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*This document provides a preview of the steps that will be required to submit a Formal CIS Request for 'Delete an Existing Service Delivery Site 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.*

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### 1 Section I

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



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

# Delete an Existing Service Delivery Site from Scope

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You may select any of the available responses 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). ([+ View More](#))

#### Delete an Existing Service Delivery Site from Scope

This includes any of the following:

- Removing an existing Permanent, Seasonal, Mobile Van and/or ALL Intermittent sites from the scope of project entirely.
- Closing an existing site that may be replaced by a New site that will be added to scope at a later date (i.e. the replacement site will be added more than 120 Days after the existing site will be deleted)
- Closing an existing site that may be replaced by a New site regardless of timeline, that will service DIFFERENT zip codes than those associated with the existing site on Form 5B.
- Converting an existing Service Delivery Site or Service Delivery/Admin Site on Form 5B to an Admin-Only Site



Decreasing the number or changing location of Intermittent Sites for health center's that already have intermitted sites listed as a category of sites on their Form 5B is NOT considered to be a Site Deletion. If the health center will be closing ALL Intermittent Sites permanently, this is considered to be a Site Deletion.

Before selecting this option confirm that the site proposed for deletion meets one of the appropriate options below regarding Federal Interest:



Federal Interest in real property is created when Federal funds are provided to acquire, construct, or improve property. Such activities are conditioned by Federal statutory and administrative requirements to ensure that the ongoing public policy objective is met. When proposing to delete or replace a physical site in which Federal interest exists (i.e., real property renovated or constructed with Federal funds), the health center must consult with their HRSA Grants Management Specialist and take the necessary steps to address the appropriate disposition requirements. For more information on Federal Interest visit: <http://bphc.hrsa.gov/policiesregulations/capital/nfifilingguide.pdf> Moveable equipment and supplies must continue to be tracked per 45 CFR Part 74.34 and 74.35, and 92.32 and 92.33, as applicable. Completion of these assurance questions in no way waives or conveys approval of disposition requirements.

- Our health center has researched its records and Federal interest does NOT exist in the site that will be deleted.
- Our health center has researched its records and Federal interest DOES exist in the site that will be deleted; however, the health center is taking or has taken the necessary steps to work with their Grants Management Specialist to address the appropriate disposition requirements per 45 CFR 74.32 or 92.31, as applicable.

Cancel

Create New CIS

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

After proceeding the 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 : CIS00015735

Home > My Account > My Profile > My Health Center > My Health Center Settings > My Health Center

Submission Status: In Progress

**Grant Number:** [REDACTED]

**Withdrawal Requested:** N/A

**BHCMIS ID:** [REDACTED]

**Created By:** [REDACTED]  
6:04:41 PM

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

**Submitted By:** N/A

**Resources** 

Current Document

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

CIS Status		
Section	Status	Options
<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 ▼

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## 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.

**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](#) [↗](#) )

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

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

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## Printable Preview of EHB CIS Forms and Checklists

### 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 may not be applicable for this CIS request or for the Look-alike CIS Requests.

#### Assurances

**Note(s):**  
CIS Request type selected on the cover page is **Delete an Existing Service Delivery Site from Scope**. 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.

Section Status: Not Complete

**Resources**

#### 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/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](#)



# Delete an Existing Service Delivery Site from Scope

## Printable Preview of EHB CIS Forms and Checklists

### Select Site from Scope

#### Note(s):

CIS Request type selected on the cover page is **Delete an Existing Service Delivery Site from Scope**. 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.

Section Status: Not Complete

#### Resources

Expand Details

#### Existing Sites from Scope

Site ID	Site Name	Site Location Address	Service Site Type	Site Location Type	Options
00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	Service Delivery Site	Permanent	Select Site Location ▼
00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	Service Delivery Site	Permanent	Select Site Location ▼
00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	Service Delivery Site	Permanent	Select Site Location ▼
00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	Service Delivery Site	Permanent	Select Site Location ▼
00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	Service Delivery Site	Permanent	Select Site Location ▼
00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	Administrative	Permanent	Select Site Location ▼
00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	00000000-0000-0000-0000-000000000000	Service Delivery Site	Permanent	Select Site Location ▼

Cancel

Once you select the Service Site for deletion, click on **Mark as Terminate**. You can Confirm your action on the next screen.

# Delete an Existing Service Delivery Site from Scope

## Printable Preview of EHB CIS Forms and Checklists

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

**Note(s):**  
CIS Request type selected on the cover page is **Delete an Existing Service Delivery Site from Scope**. 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.

Section Status: Not Complete

Expand Details

Resources

Proposed Sites						
Site ID	Site Name	Site Location Address	Service Site Type	Your Proposed Action Status	Site Status	Options
10000	10000 / Health Center 10	10000 / Health Center 10	Service Delivery Site	Picked From Scope	Not Started	Mark as Terminate

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.

# Delete an Existing Service Delivery Site from Scope

## Printable Preview of EHB CIS Forms and Checklists

### Checklist - Update



#### Note(s):

CIS Request type selected on the cover page is **Delete an Existing Service Delivery Site from Scope**. 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.



#### 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.

▶ [Home](#) / [My Health Center](#) / [Health Center of Choice](#) / [New Health Center](#) / [New Health Center](#)

Section Status: Not Complete

▶ [Resources](#) 

#### CHECKLIST FOR DELETING A SERVICE SITE (CHKLST004)

Site Name	Health Center of Choice - New Health Center
Site Address	1000 10th Street, Suite 100, New York, NY 10001
Date Site Proposed for Deletion was Added to Scope:	7/25/2012
Site Added/Used as Part of ARRA or ACA Grant?	false

#### 1. BACKGROUND AND JUSTIFICATION FOR DELETION

Provide brief background/justification for why your health center is proposing to remove this service site from your scope of project (e.g. major decrease in patient population, financial recovery plan, etc.). In providing background, specify whether the site will actually be closed or whether the site will remain open but the health center will no longer include it in its scope of project.

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

#### 2. PROPOSED DATE OF SITE DELETION

When do you plan to close/leave and/or stop providing services at the site?

(mm/dd/yyyy):  

#### 3. 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 site 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 current site. In discussing this plan, provide the following information for each of the locations where patients will receive services following the deletion of the site:

- Site/Provider Name
- Site/Provider Address
- Provider Type (e.g. existing site of your health center, site of another health center, other safety net provider - specify, any other provider type - specify, etc.).
- Availability of a sliding fee discount programs and/or other programs at such locations that assure no health center patient will be denied health care services due to an individual's inability to pay for such services.

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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:  
(Format:99)  hrs  mins

Following Deletion:  
(Format:99)  hrs  mins

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

Currently:  
(Format: 9 or 9.99)  miles

Following Deletion:  
(Format: 9 or 9.99)  miles

**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

# Delete an Existing Service Delivery Site from Scope

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### 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

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### 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 "(i)(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	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 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?

# Delete an Existing Service Delivery Site from Scope

## Printable Preview of EHB CIS Forms and Checklists

- 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.



# Delete an Existing Service Delivery Site from Scope Printable Preview of EHB CIS Forms and Checklists

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 CIS request. It features a breadcrumb trail, a 'Resources' link, and a 'Table of Contents' dropdown menu. The main content is a table with the following data:

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

Buttons at the bottom include '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, a 'Resources' link, and a 'CIS Status' table. The table shows the following data:

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

A 'Proceed to Submit CIS' button is located at the bottom right.

# Delete an Existing Service Delivery Site from Scope Printable Preview of EHB CIS Forms and Checklists

## 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
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