



OMB No.: 0915-0285. Expiration Date: 1/30/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Supplemental Information Form	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
Telehealth		
Are you proposing to use telehealth to increase access to integrated SUD and/or mental health services?	Select One Option	
Yes , my health center will use telehealth to expand services	<input type="checkbox"/>	
No , my health center will not use telehealth to expand services	<input type="checkbox"/>	
Minor Alterations/Renovations		
Are you proposing to use one-time funding in year 1 for minor alteration/renovation (A/R) that will support increased access to integrated SUD and/or mental health services?	Select One Option	
If yes, HRSA will request additional information about your minor A/R plans separately after SUD-MH awards are announced. SUD-MH funds requested for minor A/R may not be obligated until required information is submitted and HRSA approves your A/R plans (6 to 9 months post award).		
Yes , my health center's SUD-MH proposal includes minor A/R costs, and I acknowledge that the A/R activities may not begin until HRSA approves our A/R plans	<input type="checkbox"/>	
No , my health center's SUD-MH proposal does not include minor A/R costs	<input type="checkbox"/>	
Scope of Services		
Review your current approved Form 5A: Services Provided . Will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes to SUD and mental health services are on your Form 5A?	Select One Option	
Access the technical assistance materials on the Scope of Project resource website for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary (click on the "Services" header in the Resources section to access the Form 5A information).		
If yes, you must separately submit a Scope Adjustment or Change in Scope request to HRSA (e.g., to move mental health services from formal referral (Column III) to direct provision (Column I), to add SUD services for the first time). You may not modify your approved Form 5A through this application.		



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Note the following when completing this form: <ul style="list-style-type: none"> You do not need to submit a Scope Adjustment or Change in Scope request if SUD-MH funding will expand services that you are already providing in the same modes of provision (i.e., Form 5A Column I, Column II). SUD-MH funded services must be listed in Column I and/or II on Form 5A, either currently or after you submit and are approved for a Scope Adjustment or Change in Scope. 		
Yes , I reviewed my Form 5A and determined that my health center's proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A		<input type="checkbox"/>
No , I reviewed my Form 5A and determined that my health center's proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A		<input type="checkbox"/>
If yes, describe the proposed changes and a timeline for requesting necessary modifications to your Form 5A below (Up to 1,000 characters counting spaces)		