

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

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 Admin-Only Site to a Service Delivery/Admin Site or Service Delivery 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.

Overview of CIS Steps

1	Section I	2
1.1	CIS Evaluation Page – Ensures health center has chosen the correct CIS request type and meets general criteria for request type.....	2
1.2	CIS Request Created Page – Confirms creation of request and provides health center with CIS Tracking Number.....	3
1.3	CIS General Information Cover Page – Health Center designates Authorized Official and Single Point of Contact.....	4
2	Section II	6
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.	6
2.2	Change Details Page – Form that must be completed with relevant information about the CIS request	8
2.3	Change Checklist Page – Questions specific to the type of CIS request, including uploading of required and optional supporting documents	11
2.4	Supporting Documents Page – Option to upload additional files not provided in Change Checklist	22
3	Section III	23
3.1	Review Page – Review and print other pages and attachments	23
3.2	Status – Completion status of each step	23
3.3	Certify.....	24
3.4	Submit – Submission of final CIS request package; requires health center certification of truth and accuracy of contents	25

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 Admin-Only Site to a Service Delivery/Admin Site or Service Delivery Site**’ 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

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

You must select 'Yes' in order to proceed.

Change in Scope - Evaluate

Navigation

Note(s):
Reminder to Health Center Program Grantees Regarding Other Significant Changes that Require Prior Approval (Not Applicable to Look-Alikes). (+ View More)

Convert an Existing Admin-Only Site to a Service Delivery/Admin Site or Service Delivery Site

i This includes either:

- Converting an existing Admin-Only Site to an Admin/Service Delivery Site
- Converting an existing Admin-Only Site to a Service Delivery Site.

**Before selecting this option confirm that the proposed site meets all of the following criteria:
Once converted, the existing Admin-Only site will meet the definition of a Service Site per PIN 2008-01. Service sites are defined as a location (e.g. permanent, seasonal, mobile van, etc.) where all of the following conditions are met:**

1. health center encounters are generated by documenting in the patients' records face-to-face contacts between patients and providers;
2. providers exercise independent judgment in the provision of services to the patient;
3. services are provided directly by or on behalf of the health center, whose governing board retains control and authority over the provision of the services at the location; and
4. services are provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month). However, there is no minimum number of hours per week that services must be available at an individual site.

Does or will the proposed site meet this criteria?

Yes No

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.

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

Status Overview

Success:
A CIS Request has been successfully created for you. Note the tracking number : CIS000

CIS000 Submission Status: In Progress

Grant Number: [REDACTED] BHCMS ID: [REDACTED] Project Period: 12/1/2003 - 10/31/2016
Withdrawal Requested: N/A Created By: [REDACTED] Submitted By: N/A

Resources

Collapse Details **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

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).

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

General Information - Cover Page

Note(s):
It is recommended that you complete the Change Details section before you proceed to work on the Checklist section. The modifications made/proposed in the Change Details section will have an impact on the list of questionnaires in the Checklist section.

CIS000 Section Status: Not Complete

Resources

Grantee Information

Program Director: [Redacted]

Program Contact: [Redacted]

Grantee Address: [Redacted]

Monitored CIS Options

These type of updates do not generate a Notice of Award (NoA) or Notice of Look-Alike Designation (NLD) but do require HRSA's approval before the change is posted to scope. Select this option if you want to do any of the following types of updates noted below.

5A Attributes

Update required services ([View Allowable Updates](#))

Update additional services ([View Allowable Updates](#))

5B Attributes

Addition of Admin Only Site

Deletion of Admin Only Site

Update PO monitored attributes ([View List of Attributes](#))

5C Attributes

Updates to Other Attributes

Formal CIS Options (Requires Prior Approval)

The following types of changes are considered significant and, therefore, require prior approval from HRSA. Select this option if you want to request one of the below listed types of significant changes to the scope of project.

Add a New Service to Scope ([View Next Step](#) | [View Allowable Updates](#) | [Printable Preview](#))

Delete an Existing Service from Scope ([View Next Step](#) | [View Allowable Updates](#) | [Printable Preview](#))

Add a New Service Delivery Site to Scope ([View Next Step](#) | [Printable Preview](#))

Delete an Existing Service Delivery Site from Scope ([View Next Step](#) | [Printable Preview](#))

Convert an Existing Service Delivery Site or Service Delivery/Admin Site to an Admin-Only Site ([Printable Preview](#))

Convert an Existing Admin-Only Site to a Service Delivery/Admin Site or Service Delivery Site ([View Next Step](#) | [Printable Preview](#))

Replace an Existing Service Delivery Site with a NEW Service Delivery Site NOT currently in Scope ([View Next Step](#) | [Printable Preview](#))

Add a New Target Population ([View Next Step](#) | [Printable Preview](#))

Summary

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

Fields with * are required

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 may not be applicable to 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 Admin-Only Site to a Service Delivery/Admin Site or Service Delivery 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.

▶ CIS000 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.

3. The proposed change in scope can be accomplished without additional section 330 Health Center Program Grant funds.

Yes No

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

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](#)

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

Form-SB : 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.

Site Information Status: Not Started

* Site Name * Physical Site Address

* Site Type * Site Phone Number () - - Ext.

Web URL

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

* Location Type * Site Setting

Date Site was Added to Scope Site Operational Date

* FQHC Site Medicare Billing Number Status FQHC Site Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.) e.g. 12345 OR 123456

FQHC Site National Provider Identification (NPI) Number (Optional field.) e.g. 1234567890 Total Hours of Operation (when Patients will be Served per Week)

Months of Operation

Saved Months of Operation

Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type) Number of Intermittent Sites (Required only for 'Intermittent' Site Type)

* 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

Saved Service Area Zip Code(s)

2.3 Change Checklist Page – Questions specific to the type of CIS request, including uploading of required and optional supporting documents

The checklist for **'Add a New Service Site to Scope'** is shown for this request type. Depending on your selection of "Site Operated By" attribute, some questions may not be applicable to your specific CIS Request. Also, please note that some questions in this checklist may not be applicable for the Look-alike CIS Requests.

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

Checklist - Update

Note(s):

CIS Request type selected on the cover page is **Add a New Service Delivery Site to 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.

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

CHECKLIST FOR ADDING A SERVICE SITE (CHKLST003)

Unless otherwise noted, responses are required for all questions when requesting to add a Required OR Additional (Including Specialty) Service.

Site Name	
Site Address	
When do you plan to start providing services at the site?	

1. NEED

Clearly address why and how the addition of the proposed site will address unmet need and further the mission of the health center by maintaining or increasing access and maintaining or improving quality of care for the target population.

1a. How was the need for the proposed site identified (check all applicable reasons.)?

- UDS Trend Data (e.g. Patient Origin Data) and/or a needs assessment indicated a high need for a site at this location (e.g. health center is exceeding patient capacity at existing sites, health center is seeing significant number of patients from the proposed area).
UDS Data Year (20) Needs assessment completed on (mm/dd/yyyy):
- The site is located in a Medically Underserved Area (MUA).
Health center verified MUA Designation is current in [HRSA Database](#) on (mm/dd/yyyy):
- The site will serve a Medically Underserved Population (MUP).
Health center verified MUP Designation is current in [HRSA Database](#) on (mm/dd/yyyy):
- An existing health center site (section 330 grantee or FQHC Look-Alike) in the proposed area is closing and/or another safety net provider(s) is no longer offering services to our target population in this area.
- One or more of my current sites is under renovation and we need to add a temporary site to scope where we will provide services until the current site(s) under renovation are ready. Once the health center re-opens the existing site in scope that is currently under renovation, if they will no longer be utilizing the temporary site added through this change in scope, they will need to submit a change in scope to REMOVE the temporary site from scope via a Site Deletion request.
- The site will replace a site I have already removed from scope and/or plan to remove from scope in the future, and these two actions (closure of original site and opening of new site to replace the original site) will NOT be accomplished within 120 days or less.
- Other (Describe in the space provided below):

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

1b. Using the most recent UDS data and/or other data specific to your target population and/or service area, describe the:

- specific access barriers (e.g. Ratio of Population to One FTE Primary Care Physician, Distance (miles) OR Travel Time (minutes) to Nearest Primary Care Provider Accepting New Medicaid and/or Uninsured Patients: private practitioner, health center, etc.) and
- specific risk factors (e.g., occupational, environmental, behavioral, social/cultural, or housing status) of the patient population to be served at the proposed site that supports the need for and/or benefit of the proposed site.

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

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

1c. Provide evidence that the proposed site will appropriately serve the current patient and/or target population by providing the following information about the population that will utilize the new site.

Number of patients projected to be served annually

This is the anticipated number of patients that will utilize the proposed site in the coming calendar year.

Number :
(Format: 99)

Data Source Used for Projection:

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

Percentage of projected patients at or below 200% of Federal Poverty Guidelines

This is the anticipated % of patients with incomes at or below 200% of the Federal Poverty Guidelines that will utilize the proposed site in the coming calendar year.

Percentage:
(Format: 9 or 9.99)

Data Source Used for Projection:

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

Percentage of projected uninsured patients

This is the anticipated % of uninsured patients that will utilize the proposed site in the coming calendar year.

Percentage:
(Format: 9 or 9.99)

Data Source Used for Projection:

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

1d. Provide a brief narrative description on how the projections in 1c. were derived.

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

2. SERVICE AREA ANALYSIS

Describe how the health center has analyzed the service area, utilizing UDS Mapper and/or other similar resources, where the proposed site will be located. Attach analysis documentation *Responses should be consistent with data and narrative on unmet need and projected patients provided in Question 1.*

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

Service Area Analysis (Maximum 6)

Attach File

No documents attached

Service Area Analysis Resources

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

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

2a. Select the appropriate statement. The proposed site is being added to:

For the purposes of this question:

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

- provide increased access and/or capacity for the existing patient/target population within the existing service area.
- provide increased access in whole or in part to a new patient/target population and/or a new service area that is not currently served by your health center.

Provide comments related to selection

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

2b. Will the proposed site serve all or part of the service area of another health center (section 330 grantee or Look-Alike) and/or of another primary care safety net provider (rural health clinics, critical access hospitals, health departments, etc.)?

Yes No N/A

If Yes, list these other health centers and/or safety net providers and discuss how the proposed site will complement these existing primary care resources so as to minimize the potential for unnecessary duplication and/or overlap in services, sites, or programs. *Continue to 2c only if the site will serve all or part of the service area of another health center (section 330 grantee or Look-Alike). Otherwise, continue to Question 3.*
If No, continue directly to [Question 3](#).

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

2c. As the proposed site will serve all or part of the service area of another health center, discuss if and how one or more of the following apply to your proposal (See [PIN 2007-09: Service Area Overlap Policy and Process](#) for more information on HRSA's principles for assessing individual situations of service area overlap):

- The proposed site will serve a newly identified sub-group of underserved people within a community already served by another health center (s) site(s) (e.g., homeless people, populations with limited English proficiency within the service area), where the health care needs of the relevant medically underserved population group within the new service area are not being met by another health center's site(s).
- The proposed site will serve an area where unmet need exceeds the capacity of the existing health center's site(s) in the new service area.

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

Once completed, continue to [Question 3](#).

3. SERVICE AREA COLLABORATION

For the purposes of this question:

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

1. Maximizing access to required and additional services within the scope of the health center project to the target population that will be served at the proposed site; and/or
2. Promoting continuity of care to health care services for health center patients served at the proposed site beyond the scope of the project.

Collaboration Resources

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

3a. Describe established collaboration and new collaborative efforts under development with existing health centers (section 330 grantee and Look-Alikes) within or adjacent to the service area of the proposed site. In addition, list the names and addresses of these health centers and/or refer to the attached Service Area Analysis from Question 2 if listed there. *If service area collaboration has already been discussed in Service Area Analysis Question 2b, refer back to these responses.*

If a formal affiliation (e.g. MOA, MOU, contract, etc.) and/or letter of collaboration or support from the neighboring health center(s) is available, attach these documents below. *Only documents that speak to the proposed change in scope request for the site addition should be included.*

- ✓ If no other health centers exist within or adjacent to the service area state this.
- ✓ If documentation of collaboration or support from service area health centers cannot be obtained, include documentation of efforts made to obtain such documents and an explanation for why they could not be obtained.

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

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

▼ Collaboration Documentation (Maximum 6)

Attach File

No documents attached

3b. Describe established collaboration and new collaborative efforts under development with other safety net providers (e.g., rural health clinics, critical access hospitals, health departments, etc.) within or adjacent to the service area of the proposed site. In addition, list the names and addresses of these other safety net providers and/or refer to the attached Service Area Analysis from Question 2 if listed there. *If service area collaboration has already been discussed in Service Area Analysis Question 2b, refer back to these responses.*

If a formal affiliation (e.g. MOA, MOU, contract, etc.) and/or letter of collaboration or support relevant to the proposed site addition is available, attach these documents below. Only documents that speak to the proposed change in scope request for the site addition should be included.

✓ If no other safety net providers exist within or adjacent to the service area state this.

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

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

▼ Collaboration Documentation (Maximum 6)

Attach File

No documents attached

4. GOVERNANCE

Discuss whether the addition of the proposed site will have any impact on the health center's ability to maintain compliance with the Health Center Program Board Composition Governance Requirements.

Consider and discuss any plans to address the following applicable aspects of the Board Composition Requirement that may be impacted by a site addition:

- Will the addition of the new site significantly change the overall demographics of the patients served by the health center as a whole (i.e. across all sites) in terms of race, ethnicity and sex and thus potentially impact the representativeness of the composition of the health center's current patient majority governing board (unless waived for Health Center Program grantees funded and look-alikes designated only under sections 330(g), (h), and/or (i) of the Public Health Service (PHS) Act) ?
- Will the addition of the new site significantly change the size and complexity of the overall health center organization and potentially create the need to recruit additional patient and/or non-patient board members (i.e. increase the board's size)?
- Will the addition of the new site impact the need to recruit additional non-patient board members with expertise in areas not currently reflected on the board?

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

5. SITE OWNERSHIP AND OPERATION

For sites that will be operated through a contractual or subrecipient arrangement (i.e. not directly by the health center):

Will services at the contracted or subrecipient operated site be provided on behalf of the health center to health center patients?

Yes No

Will the health center's governing board retain control and authority over the provision of the services to health center patients at the contracted or subrecipient operated site?

Yes No

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

Briefly justify why the health center has chosen to operate the site through such third party arrangements.
Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

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., 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).

5a. FOR SITES OPERATED BY CONTRACT: If the proposed 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), does the contract state, address or include:

The activities to be performed by the contractor in the operation of the site, specifically including:

- How the services provided at the site will be documented in the health center patient record?
- How the health center will bill and/or pay for the services provided to health center patients at the site?

Yes No

List Page #(s):

The time schedule for such activities (e.g. hours of site operation)?

Yes No

List Page #(s):

The policies and requirements that apply to the contractor, including those required by 45 CFR 74.48 or 92.36(i) and other terms and conditions of the grant? *These may be incorporated by reference where feasible – See the HHS Grants Policy Statement for more information on public policy requirements applicable to contractors at: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf> pages II-2 to II-6*

Yes No

List Page #(s):

The maximum amount of money for which the health center may become liable to the third party under the agreement?

Yes No

List Page #(s):

Provisions consistent with the health center's board approved procurement policies and procedures in accordance with 45CFR Part 74.41-48?

Yes No

List Page #(s):

Assurances that no provisions will affect the health center's overall responsibility for the direction of the site and services to be provided there and accountability to the Federal government by reserving sufficient rights and control to the health center to enable it to fulfill its responsibilities?

Yes No

List Page #(s):

Requirements that the contractor maintain appropriate financial, program and property management systems and records and provides the health center, HHS and the U.S. Comptroller General with access to such records, including the submission of financial and programmatic reports to the health center if applicable and comply with any other applicable Federal procurement standards set forth in 45CFR Part 74 (including conflict of interest standards)?

Yes No

List Page #(s):

Provision that such agreement is subject to termination (with administrative, contractual and legal remedies) in the event of breach by the contractor?

Yes No

List Page #(s):

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

Note: Attach the contract for the site (draft agreements are acceptable) here.

▼ Contract for the site (Maximum 6)

Attach File

No documents attached

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

5b. FOR SITES OPERATED BY SUBRECIPIENTS: If the proposed 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 the health center’s key management staff confirmed that the subrecipient meets all applicable section 330 requirements and does the health center’s key management staff and its governing board have a plan in place to monitor the subrecipient’s compliance over time?

Yes No

Does the board-approved subrecipient agreement state, address or include the following elements necessary for meeting the programmatic, administrative, financial, and reporting requirements of the grant, including those necessary to ensure compliance with all applicable Federal regulations and policies:

Identification of the PI/PD and individuals responsible for the programmatic activity at the subrecipient organization along with their roles and responsibilities?

Yes No

List Page #(s):

Procedures for directing and monitoring the programmatic effort?

Yes No

List Page #(s):

Procedures to be followed in 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

List Page #(s):

If different from those of the recipient, a determination of policies to be followed in such areas as travel reimbursement and salaries and fringe benefits (the policies of the subrecipient may be used as long as they meet HHS requirements)?

Yes No

List Page #(s):

Incorporation of applicable public policy requirements and provisions indicating the intent of the subrecipient to comply, including submission of applicable assurances and certifications? *See the HHS Grants Policy Statement for more information on public policy requirements applicable to subrecipients at: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf> pages II-2 to II-6*

Yes No

List Page #(s):

Attach the subrecipient agreement documentation (draft documents are acceptable) here.

▼ Subrecipient Agreement (Maximum 6)

Attach File

No documents attached

Subrecipients are eligible to receive FQHC reimbursement as well as many of the other benefits and privileges of the Health Center Program grantees and Look-Alikes such as 340B Drug Pricing, FTCA coverage (section 330 grantees only). However, the health center AND subrecipient organization are reminded that such benefits are not automatically conferred and may require additional steps and updates (e.g. updating the FTCA deeming folder to ensure that the subrecipient is deemed via the grantee of record’s FTCA coverage).

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6. SERVICES

Are all the services that will be offered at the proposed site already included within the approved scope of project as documented on your health center's [Form 5A](#)

- Yes
 No, but a separate CIS Request will be submitted to add all new services to scope.

7. LIMITED SERVICE SITES

Is this a limited service site that will not offer comprehensive primary care or will not be open to the entire health center patient population (e.g. sites that offer only oral or behavioral health services, sites that are only open to school-aged children, etc.):

How will patients seen at this proposed site be assured access to the full scope of existing required and additional services the health center provides? Please explain

- Yes No

If Yes, explain and address all of the following points as applicable.

- If the site is limited to a certain segment of the health center's patient population (e.g. school-aged children), how will individuals who present for services at this site be referred to another appropriate health center site for services?
- If the site offers only limited services (e.g. dental-only), how will individuals seen at this site access the full scope of existing required and additional services the health center provides?

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

8. SLIDING FEE DISCOUNT PROGRAM

Will the health center offer its current sliding fee discount program (sliding fee discount schedule, including any nominal fees and related implementing policies and procedures) at the proposed site to patients with incomes at or below 200 percent of the Federal Poverty Guidelines, and ensure that no patients will be denied access to the service due to inability to pay?

- Yes No

If No, briefly explain your response:

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

9. 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

9a. Explain how the addition of the proposed site to scope will be accomplished and sustained without additional section 330 Health Center Program funds. Specifically (referencing the attached Financial Impact Analysis, as necessary) describe how adequate revenue will be generated to cover all expenses as well as an appropriate share of overhead costs incurred by the health center in administering the new site.

The Financial Impact Analysis must at a minimum show a break-even scenario or the potential for generating additional revenue.

Additional revenue (program income) obtained through the addition of a new site must be invested in activities that further the objectives of the approved health center project, consistent with and not specifically prohibited by statute or regulations.

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

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9b. Is this change in scope dependent on any special grant, foundation or other funding that is time-limited, e.g., will only be available for 1 or 2 years?

Yes No

If Yes, how will the new site be supported and sustained when these funds are no longer available? Describe a clear plan for sustaining the site.

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

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

10. STAFFING

Provide a clear and comprehensive description of the relevant staffing arrangements made to support the proposed new site and to ensure staffing is/will be sufficient to meet any projected patient/visit increases. The discussion of "staffing" should include non-health center employees if the site will be operated via contract or subrecipient arrangement. In addition, describe any potential impact on the overall organization's staffing plan (reference the Financial Impact Analysis as applicable). Specifically describe any key management staff that will supervise/oversee site operations and who they will report to within the larger health center organizational structure (e.g. CMO, COO, etc.).

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

11. HEALTH CENTER STATUS

Discuss any major changes in the health center's staffing, financial position, governance, and/or other operational areas, as well as any unresolved areas of non-compliance with Program Requirements (e.g. active Progressive Action conditions) in the past 12 months that might impact the health center's ability to implement the proposed change in scope.

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

12. CREDENTIALING AND PRIVILEGING

How has the health center planned for the appropriate credentialing and privileging of all provider(s) that will staff the proposed site in accordance with PIN 2002-22?

In responding, consider the following:

- It is the responsibility of the health center to ensure that all credentialing and privileging of providers has been completed **BEFORE** providing services at the new site as part of their Federal scope of project. This includes services provided either Directly (Form 5A: Column I) OR via a (Form 5A: Column II) Formal Written Agreement (e.g. contract). For services provided via a Formal Written Referral Arrangement (Column III), the referral provider should be able to assure to the health center that all their providers are appropriately credentialed and privileged individually.
- The health center's current board-approved policy must cover the required verification of credentials and establishment of privileges to perform any new activities and procedures expected of providers by the health center or be updated to do so (for services provided at the new site either Directly (Form 5A: Column I) OR via a (Form 5A: Column II) Formal Written Agreement.

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

13. QUALITY IMPROVEMENT/ASSURANCE PLAN

How will the proposed new site be integrated into and assessed via the health center's quality improvement/assurance and risk management plans?

In responding, address the following:

- Will it be integrated into the current QI/QA plan?
- Are board-approved peer and chart review policies in place by which all provider(s) at the proposed site will be assessed?
- Are risk management plans in place to assure the new site has appropriate liability coverage (e.g. non-medical/dental professional liability coverage, general liability coverage, automobile and collision coverage, fire coverage, theft coverage, etc.).

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

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Additional Considerations for Adding a Site to Scope

While the following areas are not specific factors or criteria that will impact the CIS approval process, these are key elements that health centers should have considered or actively planned to address prior to adding a new site to scope.

A. Medical Malpractice Coverage: Your health center must develop plans for any providers that will provide services on behalf of the health center at the new site (e.g., extension of FTCA coverage, private malpractice coverage). Respond the following as applicable:

For grantees deemed under the FTCA, have you reviewed the FTCA Health Center Policy Manual or if appropriate, consulted with BPHC to assure the applicability of FTCA coverage?

The FTCA Health Center Policy Manual is available at:

<http://www.bphc.hrsa.gov/policiesregulations/policies/pin201101.html> For specific questions, contact the BPHC HelpLine at: 1-877-974-BPHC (2742) or Email: bphchelpine@hrsa.gov. Available Monday to Friday (excluding Federal holidays), from 8:30 AM – 5:30 PM (ET), with extra hours available during high volume periods.

Yes Not Applicable, health center is not deemed or FTCA coverage does not apply.

If you selected "Not Applicable" respond to the question below.

For health centers not deemed under the FTCA or if FTCA coverage is not applicable to the site, have you developed a plan for medical malpractice coverage?

Yes No

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 Not Applicable, health center does not participate in the 340B program

Briefly explain your response:

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

C. Facility Requirements: Has your health center assured that any/all Federal, State and local standards/accreditation requirements of the facility where the new site will be established have been fully met (including those associated with CMS FQHC certification)?

Yes Not Applicable

Briefly explain your response:

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

D. Reimbursement as a Federally Qualified Health Center (FQHC) under Medicare, Medicaid and CHIP: Health centers are required to submit a separate Medicare enrollment application for each "permanent unit" at which they provide services. This includes units considered both "permanent sites" and "seasonal sites" under their HRSA scope of project, but not mobile vans. Health centers are also required to bill each service to Medicare using the unique Medicare Billing Number assigned to the site at which it was provided. Specifically, health centers must inform Medicare of the new site that has been added to scope by submitting a new Medicare Enrollment Application, Form 855A, to their Medicare Administrative Contractor. Form 855A is available at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms855a.pdf>. For further information on the Medicare enrollment application process, review Program Assistance Letter 2011-04: Process for Becoming Eligible for Medicare Reimbursement under the FQHC Benefit available at: <http://www.bphc.hrsa.gov/policiesregulations/policies/pal201104.html>.

In addition, many state Medicaid programs also require all permanent and seasonal sites to enroll individually and bill using a site-specific billing number. For further information about the requirements in a state, health centers should contact their Primary Care Association or State Medicaid Agency.

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Will your health center submit a separate Medicare enrollment application for the new site to the appropriate Medicare Administrative Contractor as soon as possible after HRSA's approval of the Change in Scope, and bill for services provided at this new site using that site's unique Medicare Billing Number?

Yes Not Applicable

Briefly explain your response:

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

Will your health center determine if a separate Medicaid enrollment application is required for your new site, and if so, submit it as soon as possible?

Yes Not Applicable

Briefly explain your response:

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

E. National Health Service Corps Program Participation: Health centers that participate in the National Health Service Corps (NHSC) are reminded that all NHSC providers must continue to work ONLY at an approved site within the health center's scope of project. Note that there may be some sites within a health center's scope of project that are not NHSC-eligible (see the *Eligibility Requirements and Qualification Factors* section of the NHSC Site Reference Guide at <http://nhsc.hrsa.gov/downloads/sitereference.pdf> for information on eligible and non-eligible NHSC sites).

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 adding this site to your scope, has your health center assessed the impact on any NHSC participants that will be asked to work at this site and advised them that they will need to seek a site reassignment with the NHSC prior to beginning work at this new site?

Yes Not Applicable, health center does not plan to place any NHSC participants at this site.

Briefly explain your response:

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

[Go to Previous Page](#)

[Save](#)

[Save and Continue](#)

2.4 Supporting Documents Page – Option to upload additional files not provided in Change Checklist

You can provide additional Supporting Documents for this CIS request in this section if desired.

Supporting Documents

Section Status: Not Complete

▼ Resources 

Current Document

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

▼ Supporting Documents (Maximum 20) [Attach File](#)

No documents attached

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

3 Section III

3.1 Review Page – Review and print other pages and attachments



Review

Expand Details

Resources

Print All 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
Add Site Checklist Attachments	Service Area Analysis ()	DOCUMENT	View
Add Site Checklist Attachments	Collaboration Documentation	DOCUMENT	Not Available
Add Site Checklist Attachments	Collaboration Documentation	DOCUMENT	Not Available
Add Site Checklist Attachments	Contract for the site	DOCUMENT	Not Available
Add Site Checklist Attachments	Subrecipient Agreement	DOCUMENT	Not Available
Add Site 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 – Completion status of each step



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CIS - Submit

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](#)

3.3 Certify

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](#)

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

3.4 Submit – Submission of final CIS request package; requires health center certification of truth and accuracy of contents.



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