DELETE A SERVICE FROM SCOPE

1. OVERVIEW:

Applicable for Deletion of Additional Services

Provide a brief background/justification for why the health center is proposing to delete the service from its scope of project (e.g., major decrease in demand for service based on shifting target population health needs, improve capacity by providing service via formal referral vs. directly).

Applicable for Moving Required Service(s) to Column III (Formal Written Referral Arrangement) only

Provide brief background/justification for why the health center is proposing to provide this service only through a Formal Written Referral Arrangement(s) (Form 5A, Column III) where the actual service is provided and paid/billed for by another entity (e.g., major decrease in demand for service based on shifting target population health needs, improve capacity by providing service via formal referral vs. directly).

Proposed Date of Service Deletion: [_____]

Note: Please review Program Assistance Letter 2014-10: Updated Process for Change in Scope Submission, Review and Approval Timelines and Policy Information Notice 2008-01: Defining Scope of Project and Policy for Requesting Changes. In cases where a health center is not able to determine the exact date by which a CIS will be fully accomplished, BPHC will allow up to 120 days following the date of the CIS approval Notice of Award (NoA) or look-alike Notice of Look-Alike Designation (NLD) for the health center to implement the change (e.g., stop providing the service). Review Program Assistance Letter 2009-11: New Scope Verification Process for more information.

2. MAINTENANCE OF LEVEL AND QUALITY OF HEALTH SERVICES: Describe how the health center intends to maintain, to the extent possible, the level and quality of health services currently provided to the patient population by discussing:

a. The impact of deleting the services on the total number and percent of patients across service types (medical, dental, etc.);
b. How deletion of the service may impact access to and/or level of demand for health center services in the current approved scope of project (Required and Additional Services as reflected on the health center's Form 5A) (e.g., if the health center is proposing to stop providing additional dental services, if and how will this impact the demand for preventive dental services);
c. The average travel time and distance for patients to closest other location(s) to receive the service if this service is deleted from scope;
d. Any new or enhanced transportation or enabling services to support access to the service at referral or other provider sites or locations;
e. How the health center will address any other barriers to care that the deletion of the service may present;
f. How data will be obtained from referral provider(s) for UDS reporting purposes

3. OUTREACH AND COMMUNICATION:

a. Describe how the health center will communicate with current health center patients and the community at large (e.g., other Health Center Program grantees and Look-alikes, rural health clinics, critical access hospitals, health departments, etc.), to raise awareness that the service will no longer be provided by the health center.
b. If the service will be removed from scope entirely (i.e., the health center will not provide a formal referral for the service), discuss how
    i. The health center will make patients aware of other community providers or organizations that offer the service; and
    ii. The health center's policies and procedures ensure continuity of care for current patients that may seek this service through other community providers.

c. If the service will be removed from scope but provided via a formal written referral arrangement, discuss how the health center will make patients aware that the service available via referral.

d. Attach any documents relevant to the service deletion that demonstrate the health center's outreach and communications (e.g. sample patient notification documents, local media announcements about site deletion, new MOUs, etc.).

[Attachment]

4. REFERRAL ARRANGEMENT DETAILS: The proposed service will be provided via a **Formal Written Referral Arrangement** (where the actual service is provided and paid/billed for by another entity (the referral provider) and thus the service itself is NOT included in the health center's scope of project (Note: The establishment of the actual referral arrangement and any follow-up care provided by the health center subsequent to the referral are included in scope). Therefore, describe:

a. How the referral arrangement is documented (i.e., via an MOU, MOA, or other formal agreement);
b. How the referral arrangement addresses the manner by which the referral will be made and managed; and
c. How the referral arrangement addresses the tracking and referral of patients back to the health center for appropriate follow-up care.

5. FUNDED SERVICE: Was the service to be deleted added to scope through a HRSA-funded application (e.g., New Access Point, Service Expansion)? If yes, address how the health center plans to achieve/maintain the patient projections included in the original application for the service.

Note: Health centers are expected to comply with terms and conditions of all awards, including serving the number of patients that have been served in the service area plus those the health center has committed to serve through recently-awarded HRSA funding.

[__] Yes (If yes, please provide comments in box below) **[__] No**