

This document provides a preview of the steps that will be required to submit a Formal CIS Request for ‘Replace and Existing Service Delivery Site with a New Service Delivery Site NOT currently in Scope’, including the list of questions asked in each step. This document will help health centers prepare ahead of time for the information and documentation that will be required while completing this request.

Overview of CIS Steps

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1 Section I

1.1 CIS Evaluation Page – Ensures health center has chosen the correct CIS request type and meets general criteria for request type

Select Formal CIS request type ‘**Replace an Existing Service Delivery Site with a NEW Service Delivery Site NOT currently in Scope**’ and click save and continue. The next screen shall display the pre-defined criteria for Replacing an Existing Service Site in Scope.

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

You must select 'Yes' 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)

Replace an Existing Service Delivery Site with a NEW Service Delivery Site NOT currently in Scope

-  This includes replacing or relocating an existing Service Delivery Site on Form 5B (Only Applicable for Permanent and Seasonal Sites-NOT Applicable for existing Mobile Van or Intermittent Sites) by Deleting the Existing Site AND Adding a New Site of comparable capacity all within 120 Days (i.e. within 120 Days of the Replacement CIS Approval).
-  Requests for relocation must not result in the diminution of the health center's total level or quality of health services currently provided to the target population. See pg 19 of PIN 2008-01 "Relocate" at <http://www.bphc.hrsa.gov/policiesregulations/policies/pin200801change.html>  for more information.

Before selecting this option confirm that the proposed site meets all of the following criteria:

1. The health center will be moving all clinical and non-clinical services from an existing site in scope to a new replacement site.
2. The health center will BOTH close (or convert to admin-only) the existing site in scope AND open the new replacement site within 120 Days of approval of this change in scope.
3. The new replacement site will continue to serve all of the same zip codes as the existing site (as displayed on this site's current Form 5B entry)
4. The new replacement site will have comparable service delivery capacity as the existing site (e.g. same services will be offered, ability to serve the same number of patients/visits, number of exam rooms, square footage, etc.).
5. The new replacement site has a separate and distinct physical address from any other service site already included in the approved scope of project as documented on your health center's Form 5B. A separate and distinct address would include a separate building on the same campus, separate suite number in the same building, etc.
6. The addition of the new replacement site is PERMANENT i.e. the health center will no longer utilize the existing site as part of the section 330 supported scope of project or will close the existing site entirely.
 -  If the health center plans to temporarily close an existing site in scope due to renovation, construction, emergencies (e.g. flooding), etc. but intends to continue to keep the site in scope once the temporary closure is complete-this is not considered to be a relocation. Rather, the health center should keep the temporarily closed site in scope and should request to ADD any site(s) it will be utilizing during the closure to scope that are not already included in the scope of project (see "Add New Site to Scope" option).
7. The health center has researched its records and Federal interest does NOT exist in the site that will be replaced OR The health center has researched its records and Federal interest DOES exist in the site that will be replaced; 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.
 -  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.

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 completing the **CIS Evaluate** page, the system navigates to the next screen where the CIS request is created as shown below.

Status Overview

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

▼ CIS Submission Status: In Progress
CA

Grant Number: XXXXXXXXXX **BHCMIS ID:** XXXXXXXXXX **Project Period:** 12/1/2003 - 10/31/2016

Withdrawal Requested: N/A **Created By:** XXXXXXXXXX **Submitted By:** N/A
PM

▼ Resources 

Current Document

[CIS Request](#) | [Additional Resources](#) | [User Guide](#)

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 Cover Page – Health Center designates Authorized Official and Single Point of Contact

The next screen is the **Cover Page** where the user can change the selected request type if needed as well as provide details for Authorized Official (AO) and Single Point of Contact (SPOC).

General Information - Cover Page

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

CIS000 Section Status: Not Complete

Resources

Expand Details

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 are not applicable for the Look-alike CIS Requests.

Assurances

Note(s):

CIS Request type selected on the cover page is **Replace an Existing Service Delivery Site with a New Service Delivery Site NOT currently in 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.

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 - [Project Name] - [Health Center] - [State] - [County] - [City] - [Zip] - [Phone] - [Fax] - [Email]

Section Status: Not Complete

▶ Resources 

Expand Details

Assurances Checklist

1. Consultation with the Project Officer (PO) was completed prior to submitting the change in scope request.

Yes No

PO Contacted on Date (mm/dd/yyyy): 

2. Briefly discuss how the proposed change in scope:

- fits within or supports the health center's board-approved strategic plan; and
- is being undertaken on behalf of the health center (and not on behalf of another organization) to further its mission and assure access to care for current or future health center patients.

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

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	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](#)

2.2 Change Details Page – Form that must be completed with relevant information about the CIS request

After completing the **Assurances** section, the system navigates to the **Change Details** page. Click on the **Select From Existing Sites** button to select the site to be replaced from the next screen. You have the option to **Delete Site** or **Convert to Admin** as shown on the third screen below (Change Details page).

To **Convert to Admin**, update the details of the site on the **Form 5B: Edit** page.

Form 5B: Proposed Site - Change Details

Note(s):

CIS Request type selected on the cover page is **Replace an Existing Service Delivery Site with a New Service Delivery Site NOT currently in 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.

Success:

Information entered on the 'Assurances' page was saved successfully. The section status is Complete.

▶ **CIS000** 11/14/2019 10:00 AM Section Status: Not Complete

Section Status: Not Complete

▶ **Resources** 

 **Select From Existing Sites**

Site to be Replaced ("From" Site)

No site information has been added to the application.

 **Add New Site**

 **Select From Existing Sites**

Site to be Replaced ("To" Site)

No sites Added

Cancel

Save

Save and Continue

Select Site from Scope

Note(s):

CIS Request type selected on the cover page is **Replace an Existing Service Delivery Site with a New Service Delivery Site NOT currently in 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.

▶ **CIS000** 11/18/2019 10:00 AM - 11/18/2019 11:00 AM - 11/18/2019 11:00 AM

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
000001	000001 - Health Center of...	000001 - Health Center of...	Service Delivery Site	Permanent	Select Site Location ▼
000002	000002 - Health Center of...	000002 - Health Center of...	Service Delivery Site	Permanent	Select Site Location ▼
000003	000003 - Health Center of...	000003 - Health Center of...	Service Delivery Site	Permanent	Select Site Location ▼
000004	000004 - Health Center of...	000004 - Health Center of...	Service Delivery Site	Permanent	Select Site Location ▼
000005	000005 - Health Center of...	000005 - Health Center of...	Service Delivery Site	Permanent	Select Site Location ▼
000006	000006 - Health Center of...	000006 - Health Center of...	Service Delivery Site	Permanent	Select Site Location ▼
000007	000007 - Health Center of...	000007 - Health Center of...	Administrative	Permanent	Select Site Location ▼
000008	000008 - Health Center of...	000008 - Health Center of...	Service Delivery Site	Permanent	Select Site Location ▼

Cancel

Form 5B: Proposed Site - Change Details

Note(s):

CIS Request type selected on the cover page is **Replace an Existing Service Delivery Site with a New Service Delivery Site NOT currently in 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.

► CISD San Jose Integrated Public Health Center of Santa Clara Valley
1001-1002-100

Section Status: Not Complete

► **Resources** [↗](#)

Site to be Replaced ("From" Site)

Site ID	Site Name	Site Location Address	Service Site Type	Your Proposed Action Status	Site Status	Options
BPS-H80-011933	Indian Health Center of Santa Clara Valley - Family Medicine Center	455 O'Connor Drive Suite 200, San Jose, CA 95128-1632	Service Delivery Site	Picked From Scope	Not Started	Convert to Admin

[+ Add New Site](#)

[+ Select From Existing Sites](#)

Site to be Replaced ("To" Site)

No sites Added

[Cancel](#)

Action

- Convert to Admin
- Delete Site
- Remove from Application

View

- [Site Details](#)

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

Form-5B : 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

<p>* Site Name <input type="text" value="Change Site Name"/></p>	<p>* Physical Site Address <input type="text" value="Change Location"/></p>
<p>* Site Type <input type="text" value="Select Site Type"/></p>	<p>* Site Phone Number (<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/></p>
<p>Web URL <input type="text"/></p>	

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

<p>* Location Type <input type="text" value="Select Location Type"/></p>	<p>* Site Setting <input type="text" value="Select Site Setting"/></p>
<p>Date Site was Added to Scope N/A</p>	<p>Site Operational Date <input type="text"/></p>
<p>* FQHC Site Medicare Billing Number Status <input type="text" value="Select Medicare Billing Number Status"/></p>	<p>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 <input type="text"/></p>
<p>FQHC Site National Provider Identification (NPI) Number (Optional field.) e.g. 1234567890 <input type="text"/></p>	<p>Total Hours of Operation (when Patients will be Served per Week) <input type="text"/></p>
<p>Months of Operation <input type="text"/></p>	<p>Number of Intermittent Sites (Required only for 'Intermittent' Site Type) <input type="text"/></p>
<p>Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type) <input type="text"/></p>	<p>Number of Intermittent Sites (Required only for 'Intermittent' Site Type) <input type="text"/></p>
<p>* Site Operated by <input type="text" value="Select Site Operated By"/></p>	

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)

<p>* Service Area Zip Codes</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> </table> <p style="text-align: center;"><input type="button" value="Save Zip Code(s)"/></p>						
<p>Saved Service Area Zip Code(s)</p>							

Page 11

Click on the **Add New Site or Select From Existing Sites** button to select the “To” site that will be the replacing site.

If you choose to **Select from Existing Sites** then select a site by clicking the **Select Site Location** link from the following screen, choose **Convert to Service** on the next screen and update **Form 5B: Edit** page with the new **Service Site Type**.

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



Note(s):

CIS Request type selected on the cover page is **Replace an Existing Service Delivery Site with a New Service Delivery Site NOT currently in 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.



Success:

Site deleted successfully.

▶ **CIS000:** [2148789694](#) / [Action](#) / [Health Services](#) / [of](#) / [Health](#) / [State](#) / [Nevada](#)
View Details

Section Status: Not Complete

▶ **Resources**

Site to be Replaced ("From" Site)

Site ID	Site Name	Site Location Address	Service Site Type	Your Proposed Action Status	Site Status	Options
10000	10000	10000	Administrative	Convert To Admin Only (Delete)	Complete	Convert to Admin ▼

[Add New Site](#) [Select From Existing Sites](#)

Site to be Replaced ("To" Site)

No sites Added

[Cancel](#)

[Save](#)

[Save and Continue](#)

Form 5B: Proposed Site - Change Details



Note(s):

CIS Request type selected on the cover page is **Replace an Existing Service Delivery Site with a New Service Delivery Site NOT currently in 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.

► **CIS000** 12/18/2019 10:00 AM 12/18/2019 10:00 AM 12/18/2019 10:00 AM

Section Status: Not Complete

► **Resources**

Site to be Replaced ("From" Site)

Site ID	Site Name	Site Location Address	Service Site Type	Your Proposed Action Status	Site Status	Options
12/18/2019	12/18/2019	12/18/2019	Administrative	Convert To Admin Only (Delete)	Complete	Convert to Admin ▼

Site to be Replaced ("To" Site)

Site ID	Site Name	Site Location Address	Service Site Type	Your Proposed Action Status	Site Status	Options
12/18/2019	12/18/2019	12/18/2019	Administrative	Picked From Scope	Not Started	Convert to Service ▼

Cancel

Action

- Convert to Service
- Remove from Application

View

- Site Details

If you choose **Add New Site** for the "To" site, you may **Select Site Location** from the list of pre-registered sites or **Register Performance Site** as shown below. Then fill out or update **Form 5B: Edit** page.

List of Pre-registered Performance Sites at HRSA Level



Note(s):

CIS Request type selected on the cover page is **Replace an Existing Service Delivery Site with a New Service Delivery Site NOT currently in 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.

CIS000 [Faded text]

Section Status: Not Complete

Resources



The following sites are pre-registered at HRSA level within your organization. Note that not all of the sites below are in your approved Scope of Project. Some of the sites may be disabled for selection due to one of the following reasons:

- If the site is already included in the current application.
- If the site is already in applicant's H80 scope.
- If the site is a Mobile site and applicant is trying to propose an "Admin-only" site.
- If the site is a confidential site and the applicant is trying to propose a non-confidential/non-domestic violence site.
- If the site is a non-confidential site and the applicant is trying to propose a confidential/ domestic violence site.

For more information about the allowable actions on this page, refer to these [Instructions](#).

[Register Performance Site](#)

List of Pre-registered Performance Sites

Site Name	Performance Site Type	Performance Site Address	Performance Site Address Category	Options
[Faded]	[Faded]	[Faded]	Accurate	Select Site Location
[Faded]	[Faded]	[Faded]	Accurate	Select Site Location
[Faded]	[Faded]	[Faded]	Accurate	Select Site Location
[Faded]	[Faded]	[Faded]	Accurate	Select Site Location
[Faded]	[Faded]	[Faded]	Accurate	Select Site Location
[Faded]	[Faded]	[Faded]	Accurate	Select Site Location
[Faded]	[Faded]	[Faded]	Accurate	Select Site Location
[Faded]	[Faded]	[Faded]	Accurate	Select Site Location
[Faded]	[Faded]	[Faded]	Accurate	Select Site Location
[Faded]	[Faded]	[Faded]	Accurate	Select Site Location

Cancel

Form-5B : 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	<input type="text"/> Change Site Name	* Physical Site Address	<input type="text"/> Change Location
* Site Type	<input type="text" value="Select Site Type"/>	* Site Phone Number	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
Web URL	<input type="text"/>		
The following fields are required for "Service Delivery" and "Administrative/Service Delivery" site types, other than where exceptions are noted:			
* Location Type	<input type="text" value="Select Location Type"/>	* Site Setting	<input type="text" value="Select Site Setting"/>
Date Site was Added to Scope	N/A	Site Operational Date	<input type="text"/>
* FQHC Site Medicare Billing Number Status	<input type="text" value="Select Medicare Billing Number Status"/>	FQHC Site Medicare Billing Number <small>(Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.) e.g. 12345 OR 123456</small>	<input type="text"/>
FQHC Site National Provider Identification (NPI) Number <small>(Optional field.) e.g. 1234567890</small>	<input type="text"/>		Total Hours of Operation <small>(when Patients will be Served per Week)</small>
Months of Operation	<input type="text"/>		<input type="text"/>
Saved Months of Operation	<input type="text"/>		
Number of Contract Service Delivery Locations <small>(Required only for 'Migrant Voucher Screening' Site Type)</small>	<input type="text"/>		Number of Intermittent Sites <small>(Required only for 'Intermittent' Site Type)</small>
* Site Operated by	<input type="text" value="Select 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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Saved Service Area Zip Code(s)	<input type="text"/>

[Save Zip Code\(s\)](#)

[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 ‘**Replacing a Site**’ 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 are not applicable to Look Alikes.

Checklist - Update

Note(s):
 CIS Request type selected on the cover page is **Replace an Existing Service Delivery Site with a New Service Delivery Site NOT currently in 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.

▶ CIS000 Section Status: Not Complete

▶ Resources [↗](#)

Expand Details

When do you plan to start providing services at the replacement site?

CHECKLIST FOR REPLACING A SERVICE SITE (CHKLST005)

Site to be Replaced	<input type="text"/>
Replacement Site	<input type="text"/>

1. BACKGROUND AND JUSTIFICATION FOR REPLACEMENT
 Provide brief background/justification for why your health center is proposing to replace the current site with this new site.

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

2. MAINTENANCE OF SITE CAPACITY AND SERVICE LEVEL
 Clearly describe how the replacement site is comparable to the current site and 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, by responding to ALL of the following questions(2a.-2d.)
The following information comparing the key characteristics of the current site (site to be closed/deleted from scope) to those of the replacement site, should be based on projections through the first year of the replacement site's operations. All data must be specific to only the current and replacement sites. Do NOT provide data at the organizational level (i.e. across all health center sites).

2a. Number of patients served

Current Service Site:	<input type="text"/>
(Format: 9)	
Replacement Site:	<input type="text"/>
(Format: 9)	

2b. Types of services offered (e.g. general primary care, OB/GYN, etc.)

Current Service Site:	<input type="text"/>
Replacement Site:	<input type="text"/>

2c. Comparison of Comparable Service Space : Square footage/Number of exam rooms

Current Service Site:	<input type="text"/>
Replacement Site:	<input type="text"/>

2d. Total expenses

Current Service Site:	<input type="text"/>
(Format: 9 or 9.99)	
Replacement Site:	<input type="text"/>
(Format: 9 or 9.99)	

3. MAINTENANCE OF ACCESS AND QUALITY OF CARE

Demonstrate that the site replacement will continue to address the needs of the patient and/or target population served by the current site by maintaining access and quality of care for this current patient/target population.

3a. Based on UDS patient origin data, will the majority of patients seen at the current site have to travel further to access care at the replacement site?

Yes No

IF NO, MOVE TO [QUESTION 3b](#).

IF YES RESPOND TO THE FOLLOWING TWO QUESTIONS

What is the additional distance patients will have to travel to the site, on average?

Distance:	<input type="text"/>	Miles
Travel Time:	<input type="text"/>	hrs. <input type="text"/> mins.

Will transportation services be available?

Yes No

Explain both Yes and No responses

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

3b. Describe how any other potential new access barriers that may result from the site replacement will be addressed.

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

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 replacement as well as plans for maintaining existing and/or establishing new collaborative relationships as appropriate 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 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 replacement site; and/or*
- (2) promoting continuity of care to health care services for health center patients served at the proposed replacement 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>

4a. Describe outreach and communication plans for informing current health center patients of the site replacement, including making them aware of any new or enhanced transportation or enabling services available to access the replacement site.

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

4b. Describe plans for informing existing health centers (section 330 grantee and Look-Alikes) and other safety net providers (rural health clinics, critical access hospitals, health departments, etc.) in or adjacent to the service area of the proposed replacement site and for maintaining current or establishing new collaborative relationships with such organizations. If no other health centers and/or safety net 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 replacement 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 replacement, new MOUs, etc.).

CONTINUITY OF CARE AND COLLABORATION SUPPORTING DOCUMENTATION (Maximum 6) Attach File

No documents attached

5. SLIDING FEE DISCOUNT PROGRAM

Will the health center continue implement its current sliding fee discount program (sliding fee discount schedule, including any nominal fees and related implementing policies and procedures) at the proposed replacement 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, explain.

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

6. STAFFING

Discuss any potential impact resulting from the site replacement, on the overall organization's staffing plan(reference the Financial Impact Analysis as applicable) and specifically discuss any CHANGES in key management staff that will supervise/oversee site operations at the replacement site and who they will report to within the larger health center organizational structure (e.g. CMO, COO, etc.).The discussion of "staffing" should include non-health center employees if the site will be operated via contract or subrecipient arrangement.

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

7. SITE OWNERSHIP AND OPERATION

For replacement 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

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).

If the replacement site will be operated by a contractor or subrecipient, respond to the appropriate set of questions (7a. OR 7b.) 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., 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).

ONLY APPLICABLE FOR REPLACEMENT SITES OPERATED BY A CONTRACTOR

7a. 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):

Replace an Existing Service Delivery Site – Printable Preview

Assurances that no provisions that 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 conferrence of the benefits and/or privileges of Health Center Program grantees or FQHC Look-Alikes such as 340B Drug Pricing or reimbursement, on the other party.

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

▼ Contract for Replacement Site (Maximum 6)

Attach File

No documents attached

ONLY APPLICABLE FOR REPLACEMENT SITES OPERATED BY SUBRECIPIENTS

7b. 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 “(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 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 PII/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 11-2 to 11-6*

Yes No

List Page #(s):

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

▼ Subrecipient Agreement for Replacement Site (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 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).

8. 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

8a. Explain how the replacement of the proposed site 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 any additional expenses as well as an appropriate share of any additional overhead costs incurred by the health center in replacing the current 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.

8b. 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 replacement 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.

9. 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.

10. CREDENTIALING AND PRIVILEGING

How has the health center planned for the appropriate credentialing and privileging of all provider(s) that will staff the replacement site in accordance with PIN 2002-22? If there will be no change in provider staffing, state this.

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 replacement 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 replacement 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.

11. QUALITY IMPROVEMENT/ASSURANCE PLAN

How will the replacement 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.

Additional Considerations for Replacing a Site in 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 replacing a current site in scope with a new site.

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 replacement site (e.g., extension of FTCA coverage, private malpractice coverage). Respond to 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 for the replacement site?

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

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@340bvp.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 proposed replacement 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:

Services provided at sites that are included under a health center’s HRSA-approved “scope of project” are generally eligible for reimbursement by Medicaid, Medicare, and CHIP under the FQHC payment systems. When a health center receives HRSA approval to remove 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 the current site that will be replaced effective on the date that the site was approved to be removed from your scope of project?

Yes Not Applicable

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 current 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 Not Applicable

Briefly explain your response:

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

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 any change of address for a permanent or seasonal site within 90 days of the change. This is done by submitting an updated Medicare Enrollment Application, Form 855A, for the replacement site that has been added to scope, 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.

Will your health center submit an updated Medicare enrollment application for the replacement 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 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 replacement 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) and that the NHSC must be kept aware of all changes in site addresses. 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 replacing this site and changing your scope of project, has your health center assessed the impact on any NHSC participants that are working at the current site or will be asked to work at this the replacement site and advised them that they will need to contact the NHSC and seek a site reassignment prior to beginning work at this new site?

Yes Not Applicable, health center does not have any NHSC Participants at the current site and/or will not place any NHSC Participants at the replacement 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

The **Review** screen shall allow the user to print and view the CIS sections. This screen also gives the user an option to print the complete CIS request.

Review

CIS000
CA

Resources

Expand Details

Forms

Table of Contents Go

View	Section	Type	Options
CIS Information	Cover Page	HTML	View
CIS Information	Assurances	HTML	View
CIS Information	Change Details	HTML	View
CIS Information	Checklist	HTML	View
Assurances Attachments	Board Minutes ()	DOCUMENT	View
Replace Site Checklist Attachments	CONTINUITY OF CARE AND COLLABORATION SUPPORTING DOCUMENTATION ()	DOCUMENT	View
Replace Site Checklist Attachments	Contract for Replacement Site	DOCUMENT	Not Available
Replace Site Checklist Attachments	Subrecipient Agreement for Replacement Site	DOCUMENT	Not Available
Replace 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

The **Submit** page shall display the status of all the sections in the request. The user will be allowed to submit the request once all the section statuses are 'COMPLETE'.

 **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

The user shall be required to **Certify** and provide an **Electronic Signature** before the request can be submitted.

CIS Submit - Confirm

▶ [Home](#) ▶ [My Profile](#) ▶ [My Requests](#) ▶ [My Settings](#) ▶ [Help](#)

▶ [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** with 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