

ADD A SERVICE TO SCOPE



1. **OVERVIEW:** Provide a brief description of:

- The proposed service to be added (reference the [Form 5A Service Descriptors](#));
- The level of services requested. Include a summary of typical services, consults and procedures to be provided and/or attach a copy of the providers' privileging list.
- Staff that would be involved in providing the service (providers, contractors, and/or support staff)

[Attachment]

Proposed Date of Service Addition: [Date]

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., begin providing a new service). Review [Program Assistance Letter 2009-11: New Scope Verification Process](#) for more information.

2. **NEED & UTILIZATION:** Discuss why and how the addition of the proposed service will meet the health needs of the population served by the health center.

- a. How was the need for the proposed service identified? (check all that apply)
- UDS trend data and/or a needs assessment indicate a high need for the service.
 - Community-based data such as survey, focus group, request from community group, etc., indicate a high need for the service.
 - An existing provider is closing a site and/or is no longer offering the service to the patient population.
 - Other – describe:

b. Provide evidence that the proposed service will meet the health needs of the population served by the health center. Provide data only for the new service.

Total number of patients projected to be served annually:

- New patients _____
- Existing patients _____
- Of the total projected patients, anticipated % of patients with incomes at or below 200% of the Federal Poverty Guidelines: _____ %

Briefly explain how these projections were derived:

c. Using the most recent UDS data and/or other data specific for the patient population and/or service area, describe any demographic characteristics (e.g., age range, gender(s), race/ethnicity) and associated risk factors (e.g., occupational, environmental, behavioral, social/cultural, housing status) that demonstrate the need for and/or benefit of the proposed service.

d. **If specialty selected on 5A - Specialty Service and Support of Primary Care:** Discuss how the proposed specialty service will:

- Support the provision of the health center's required primary care services; and
- Function as a logical extension of these required primary care services.

Note: Not all specialist care is appropriate for inclusion within the federal Health Center Program scope of project (e.g., inpatient/hospital-based services such as critical care and chemotherapy infusion).

e. **ACCESS FOR CURRENT PATIENTS:** Demonstrate how the health center will ensure all current patients will have access to the proposed new service. Check all that apply.

- This service is being provided at all existing site(s)
- Provider(s) will travel between sites
- Patient transportation will be provided between sites
- Patient transportation will be provided to a non-health center site
- Other – please describe:

f. **ACCESS FOR NEW PATIENTS:** Describe how the health center will ensure any new patients accessing this new service will have access to the health center’s existing in scope services (including coordination with primary care providers of new patients, if applicable).

3. SERVICE DELIVERY METHOD AND LOCATION: (not required if health center is proposing to provide the service directly via Column I)

For Services Provided via Formal Written Contract/Agreement With the Health Center (Form 5A, Column II):

For a proposed service provided via a **Formal Written Agreement** (where the health center is accountable for paying/billing for the direct care provided via the agreement – generally under a contract), describe:

- The activities to be performed by the contractor/provider in the provision of the service;
- How the services provided under the agreement will be documented in the health center patient record; and
- How the health center will bill and/or pay for these services provided to health center patients.

For Services Provided via Formal Written Referral Arrangement With the Health Center (Form 5A, Column III):

For a proposed service provided via a **Formal Written Referral Arrangement** (where the referral is within the scope of project but 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), describe:

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