U.S. Department of Health and Human Services

HRSA

Health Resources and Services Administration

PROGRAM ASSISTANCE LETTER

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DOCUMENT TITLE: Documenting Scope of Project in Updated Forms 5A and 5B

TO: Health Center Program Grantees and Look-Alikes
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I.   Purpose

This Program Assistance Letter (PAL) describes updates made by the Health Resources and Services Administration (HRSA) to the forms used to document a health center's federally approved scope of project: Form 5A: Services Provided and Form 5B: Service Sites. The updated forms and accompanying resource materials described in this PAL are designed to support existing policy, respond to requests for clarification, facilitate accurate documentation of each health center's scope of project, and ensure ongoing consistency and understanding regarding scope of project for services and sites across the Health Center Program.

II.   Applicability

This PAL applies to all health centers funded under the Health Center Program authorized in section 330 of the PHS Act (42 U.S.C. § 254b), as amended and to those organizations designated as look-alikes under the authority of section 1861(aa)(4) and section 1905(l)(2)(B) of the Social Security Act, collectively referred to in this document as "health centers."

III.   Background

A health center's scope of project includes the approved service sites, services, providers, service area(s) and target population which are supported (wholly or in part) under the total budget approved for the health center. In addition, scope of project serves as the basis for Medicare and Medicaid Federally Qualified Health Center (FQHC) reimbursements, Federal Tort Claims Act coverage, 340B Drug Pricing eligibility, and other essential benefits associated with

the Health Center Program.[1] Therefore, proper documentation and maintenance of an accurate scope of project is critical in the oversight and management of programs funded or designated under section 330 of the PHS Act.

This PAL focuses on updates made to the forms utilized for documenting services and sites in a health center's approved scope of project and does not address other components of scope. General information about scope of project and the process for submitting requests for changes in scope may be found in *Policy Information Notice (PIN) 2008-01: Defining Scope of Project and Policy for Requesting Changes* and related resources on the Bureau of Primary Health Care (BPHC) website.[2]

IV.   Streamlined Forms for Documenting In-Scope Services and Sites

Health centers use Forms 5A and 5B in the HRSA Electronic Handbooks (EHB) to document services and sites in their scope of project, and to document any relevant updates or changes to their scope of project on an ongoing basis. As such, these forms serve as the foundation for establishing and maintaining the integrity of each health center's approved scope of project over time.

HRSA revised Forms 5A and 5B to facilitate more accurate, simplified data entry for health centers, including streamlining and enhancing the forms with interactive descriptors for each data field.

Documenting Services in Form 5A: Services Provided

Form 5A documents the services included in a health center's approved scope of project. HRSA enhanced this form and added accompanying resource documents as described below.

- **List of services.** Where appropriate, on Form 5A, HRSA updated terminology, added new fields, renamed services, and consolidated service subcategories, combining them into a single service.[3]

- **Service delivery method descriptors.** In a resource document, HRSA describes the service delivery methods in greater detail in order to guide health centers in determining which service delivery column(s) should be marked for each service on Form 5A. These descriptors assist in the accurate recording of a health center's scope of project, consistent with PIN 2008-01, and include critical factors, such as who provides

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[1] While identification within a scope of project is required for participation in these programs, it is not a guarantee that these benefits will be realized. Each of these programs has a specific application process and a comprehensive set of requirements, of which scope of project is only one.
[2] http://bphc.hrsa.gov/about/requirements/scope/index.html
[3] A brief mapping document describing the services that were consolidated, added, or renamed during this process is provided in the Appendix.

the service, where the service is delivered and other requirements for consideration when recording the service delivery method.

- **Service descriptors.**[4] In a resource document, HRSA describes all Required Services included in the Health Center Program's authorizing statute and program regulations, as well as a small menu of Additional Services.[5] These service descriptors provide the general elements of each service listed on Form 5A to assist in the accurate recording of a health center's scope of project. Where appropriate, these descriptors:
  - o Provide a "floor" for the minimum elements to be included in a particular service (for Required Services only).
  - o Detail other elements which "may" be included to reflect a more expansive or intense level of a service. In these instances, a separate change in scope (CIS) request is not needed.
  - o Identify a "ceiling" threshold for service elements not included in a service line item and thus would require a separate CIS request.

Documenting Site Information in Form 5B: Service Sites

Form 5B documents the sites included in a health center's approved scope of project. HRSA restructured this form to eliminate redundant and/or unnecessary fields[6] and developed accompanying instructions to assist in the accurate recording of a health center's scope of project. In addition, HRSA added the following two fields to the form:

- The new required "FQHC Site Medicare Billing Number Status" field aligns with site-specific Medicare enrollment and billing requirements as described in *PAL 2011-04: Process for Becoming Eligible for Medicare Reimbursement under the FQHC Benefit*.

- The new optional "FQHC Site National Provider Identification (NPI) Number" field aligns with the Medicare requirement for health centers to have this standard unique identifier for billing purposes.

The new Form 5B instructions describe the information to be entered into each field and clarify how changes/updates may be made to each field on the form, including which 5B changes necessitate a submission to HRSA and the corresponding level of review.

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[4] The descriptors are broadly written to acknowledge that there are a variety of staff and provider types that can deliver any one service. All provider types must be properly licensed, credentialed and privileged to perform any service, activity and/or procedure on behalf of the health center.

[5] Health centers may propose to add Additional Services beyond those listed in the menu of commonly provided services.

[6] The following fields have been removed because they are duplicative of information already captured in Form 5B or other HRSA systems: Administration Phone Number, Service Area Census Tracts, Service Area Population Type, Operational Schedule, Calendar Schedule. The following fields have been removed because HRSA determined the information is not pertinent to scope of project: Date Site was Opened, Medicaid Billing Number, Medicaid Pharmacy Billing Number, Site Fax Number, Site Mailing Address.

V.   Transition to Updated Forms 5A and 5B (Scope Alignment Validation Process)

In order to ensure all health centers are using these updated forms to record an accurate scope of project, HRSA will initiate a scope alignment validation (SAV) process for all health centers. As the first step, HRSA will migrate existing data from the previous Forms 5A and 5B to the updated forms, consistent with the information and resources provided in this PAL. Once this migration is complete, HRSA will provide health centers a one-time SAV opportunity in EHB to validate the data that has been migrated to the new forms and to certify to the accuracy of the current services and sites in scope, consistent with the descriptors and associated form instructions. Additional guidance regarding the SAV deliverable and timeline will be released prior to commencing this validation opportunity.

The data in Forms 5A and 5B at the conclusion of the process will be HRSA's official record of each health center's approved scope of project for services and sites. HRSA will no longer use the old Forms 5A and 5B and all future scope-related information will be recorded in accordance with the updated forms and accompanying information and resources outlined in this PAL. Historical data previously captured in these forms will be retained and remain accessible in EHB.

VI.   Technical Assistance Resources and Contact Information

As mentioned previously, HRSA developed a number of resources to assist health centers in accurately and consistently documenting the services and sites on the updated Forms 5A and 5B. All of these resources outlined below are available on the BPHC website.[7]

Resources for Form 5A: Services Provided
- Form 5A preview[8]
- Service delivery method descriptors
- Service descriptors

Resources for Form 5B: Service Sites
- Form 5B preview[9]
- Instructions for completing Form 5B

For general questions about the information and resources outlined in this PAL, please contact bphcpolicy@hrsa.gov. Please continue to contact your BPHC Project Officer with questions regarding your health center's scope of project, including CIS submissions and progressive action conditions related to scope of project.

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[7] http://bphc.hrsa.gov/about/requirements/scope/index.html
[8] The form preview is a static view of the form. The actual form in EHB is dynamic and provides a number of descriptors and other resources within the form itself.
[9] Ibid.

Appendix: Explanation of Changes to Form 5A: Services

OLD Form 5A Service	UPDATED Form 5A Service[10]	Explanation Based on Form 5A Service Descriptors[11]
REQUIRED SERVICES		
General Primary Medical Care	No change	Descriptor clarifies inclusion and consolidation of multiple previous Form 5A services
Diagnostic Laboratory	No change	
Diagnostic X-Ray	Diagnostic Radiology	Renamed
Screenings	No change	Consolidates previous Screening subcategories
• Cancer		Included in Screenings
• Communicable Diseases		Included in Screenings
• Cholesterol		Included in Screenings
• Blood lead test for elevated blood lead level		Included in Screenings
• Pediatric vision, hearing and dental		Included in Well Child Services
Emergency Medical Services	Coverage for Emergencies During and After Hours	Renamed
Voluntary Family Planning	No change	
Immunizations	No change	
Well Child Services	No change	
Gynecological Care	No change	
Obstetrical Care	Obstetrical Care (Header)	Renamed and includes three subcategories as listed
Prenatal and Perinatal Services	• Prenatal Care	Renamed as Subcategory
	• Intrapartum Care (Labor & Delivery)	Renamed as Subcategory
	• Postpartum Care	New Subcategory
Preventive Dental	No change	
Referral to Behavioral Health		Included in General Primary Medical Care
Referral to Substance Abuse		Included in General Primary Medical Care
Referral to Specialty Services		Included in General Primary Medical Care
Pharmacy	Pharmaceutical Services	Renamed
Substance Abuse services (required for HCH programs):	HCH Required Substance Abuse Services	Renamed and consolidates previous Substance Abuse subcategories
• Detoxification		Included in HCH Required Substance Abuse Services

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[10] A preview of Form 5A is available on the BPHC website: http://bphc.hrsa.gov/about/requirements/scope/index.html

[11] Refer to *Service Descriptors for Form 5A: Services* for the full explanation of descriptors, available on the BPHC website: http://bphc.hrsa.gov/about/requirements/scope/index.html

Appendix: Explanation of Changes to Form 5A: Services

OLD Form 5A Service	UPDATED Form 5A Service[10]	Explanation Based on Form 5A Service Descriptors[11]
• Outpatient Treatment		Included in HCH Required Substance Abuse Services
• Residential Treatment		Included in HCH Required Substance Abuse Services
• Rehabilitation • (non hospital settings)		Included in HCH Required Substance Abuse Services
• Harm/Risk Reduction (e.g. educational materials, nicotine gum/patches)		Included in HCH Required Substance Abuse Services
Case Management	No change	Consolidates previous Case Management subcategories
• Counseling/Assessment		Included in Case Management
• Referral		Included in Case Management
• Follow-Up/Discharge Planning		Included in Case Management
• Eligibility Assistance	Eligibility Assistance	Renamed as a distinct service
Health Education	No change	
Outreach	No change	
Transportation	No change	
Translation	No change	
ADDITIONAL SERVICES		
Urgent Medical Care		Included in General Primary Care and/or other service(s)[12]
Dental Services		Header not needed (see service descriptor explanations below)
• Restorative	Additional Dental Services	Renamed
• Emergency		Included in General Primary Medical Care and/or other service(s)[13]
Behavioral Health Services	Behavioral Health Services (Header)	Renamed and includes two subcategories (Mental Health Services and Substance Abuse Services)
• Treatment/Counseling	• Mental Health Services	Renamed
• Developmental Screening		Included in Well Child Services Descriptor
• 24-Hour Crisis		Included in Mental Health Services Descriptor
Substance Abuse Services	No change	Same Descriptor as HCH Required Substance Abuse Services but is an Additional Service for all other health centers not receiving Health Care for the Homeless (section 330(h)) designation/funds
Comprehensive Eye Exams and Vision Services	Optometry	Renamed

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[12] Although Urgent Medical Care may be provided at a unique site on Form 5B, the services are included in one or more service lines on Form 5A (typically, General Primary Medical Care).

[13] Dental services provided on an emergency basis and related to any acute conditions are included in one or more service lines on Form 5A (e.g., General Primary Medical Care, Coverage for Emergencies During and After Hours, and/or Additional Dental Services).

Appendix: Explanation of Changes to Form 5A: Services

OLD Form 5A Service	UPDATED Form 5A Service[10]	Explanation Based on Form 5A Service Descriptors[11]
Recuperative Care	Recuperative Care Program Services	Renamed
Environmental Health Services	No change	
Occupational-Related Health Services		Header not needed (subcategories included in other services)
• Screening for Infectious Diseases		Included in Screenings
• Injury Prevention Programs		Included in Health Education Descriptor
Nutrition (not WIC)	Nutrition	Renamed[14]
Occupational Therapy	No change	
Physical Therapy	No change	
	Speech-Language Pathology/Therapy	New category
	Complementary and Alternative Medicine	New category (e.g., includes Chiropractic Care, Acupuncture)
TB Therapy		Included in General Primary Medical Care
Hepatitis C - Therapy/Treatment		Included in General Primary Medical Care
Podiatry		Identified as a specialty service
Rehabilitation (Non-Hospital Settings)		Removed[15]
	Additional Enabling/Supportive Services	New category (Descriptor clarifies what is included)
WIC		Included in Nutrition
Child Care		Included in Additional Enabling/Supportive Services
Housing Assistance		Included in Additional Enabling/Supportive Services
Employment and Education Counseling		Included in Additional Enabling/Supportive Services
Food Bank/Meals		Included in Additional Enabling/Supportive Services
Other (Please specify)	No change	

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[14] Renamed and clarified to include WIC which was previously a separate service line item.
[15] Removed Rehabilitation (Non-Hospital Settings) since Occupational Therapy and Physical Therapy are identified separately.