

|   |                          |                              |
|---|--------------------------|------------------------------|
| <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b><br><b>Health Resources and Services Administration</b><br><br><b>HEALTH CENTER PROGRAM:</b><br><b>SUPPLEMENTAL INFORMATION FORM</b>  | <b>FOR HRSA USE ONLY</b> |                              |
|   | Grant Number             | Application Tracking Number  |
| <b>Evidence-Based Strategies</b>  |                          |                              |
| Identify the evidence-based integration strategy(ies) that Expanded Services funding will help you implement and/or advance. Select all that apply. If you select "other evidence-based strategy," you must complete the "Other Evidence-Based Strategy(ies)" section below.  |                          | <b>Select All That Apply</b> |
| <a href="#">Medication-Assisted Treatment</a>   |                          | <input type="checkbox"/>     |
| <a href="#">Collaborative Care Model</a>  |                          | <input type="checkbox"/>     |
| <a href="#">Patient-Centered Medical Home</a>   |                          | <input type="checkbox"/>     |
| <a href="#">Medicaid Health Homes</a>   |                          | <input type="checkbox"/>     |
| <a href="#">Four Quadrant Model</a>   |                          | <input type="checkbox"/>     |
| <a href="#">Assertive Community Treatment (ACT)</a>   |                          | <input type="checkbox"/>     |
| <a href="#">Integration of Mental Health, Substance Use, and Primary Care Services</a>  |                          | <input type="checkbox"/>     |
| <a href="#">Improving Mood-Promoting Access to Collaborative Treatment (IMPACT)</a>   |                          | <input type="checkbox"/>     |
| <a href="#">Screening, Brief Interventions, Referral to Treatment (SBIRT)</a>   |                          | <input type="checkbox"/>     |
| Other evidence-based strategy(ies)  |                          | <input type="checkbox"/>     |
| <b>Other Evidence-Based Strategy(ies)</b>   |                          |                              |
| If you selected "other evidence-based strategy(ies)" above, provide the strategy name and a publicly available URL demonstrating evidence that each other strategy identified is effective for its intended purpose. If your strategy includes multiple components, provide the name of the broader, overall strategy. If you plan to implement/advance more than three "other" strategies, include their information in an attachment. |                          |                              |
| Strategy name:  |                          |                              |
| Reference:  |                          |                              |
| Strategy name:  |                          |                              |
| Reference:  |                          |                              |
| Strategy name:  |                          |                              |
| Reference:  |                          |                              |
| <b>Minor Alterations/Renovations</b>  |                          |                              |
| Are you proposing to use funding for minor alteration/renovation (A/R) that will support the expanded services?<br>If yes, HRSA will request additional information about your minor A/R plans separately after Expanded Services awards are announced. Expanded Services funds requested for minor A/R may not be obligated until required information is  |                          | <b>Select One Option</b>     |

|  |                          |
|--|--------------------------|
| submitted and HRSA approves your A/R plans (6 to 9 months post award).   |                          |
| <b>Yes</b> , my health center’s Expanded Services proposal includes minor A/R costs, and I acknowledge that the A/R activities may not begin until HRSA approves our A/R plans | <input type="checkbox"/> |
| <b>No</b> , my health center’s Expanded Services proposal does not include minor A/R costs   | <input type="checkbox"/> |

**Scope of Services**

Review your current approved [Form 5A: Services Provided](#). Will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes to Expanded Services are on your Form 5A?

Access the technical assistance materials on the [Scope of Project resource website](#) for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary (click on the “Services” header in the Resources section to access the Form 5A information).

If yes, you must separately submit a Scope Adjustment or Change in Scope request to HRSA. You may not modify your approved Form 5A through this application.

**Select One Option**

|   |                          |
|---|--------------------------|
| <b>Yes</b> , I reviewed my Form 5A and determined that my health center’s proposed activities will require a Scope Adjustment or Change in Scope request to modify Form 5A    | <input type="checkbox"/> |
| <b>No</b> , I reviewed my Form 5A and determined that my health center’s proposed activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A | <input type="checkbox"/> |

**If yes, describe the proposed changes and a timeline for requesting necessary modifications to your Form 5A below** (Up to 1,000 characters counting spaces)

**Staffing Impact**

You must propose to increase at least 0.5 personnel FTE within 8 months of award. These personnel increases must be reported on progress reports and reflected in your 2020 annual Uniform Data System (UDS) report. Refer to the [2018 Uniform Data System Manual](#) for staffing position definitions.

| Staffing Positions by Major Service Category | New                                       |  |
|--|---|--|
|  | <u>Direct Hire Staff</u><br>FTEs Proposed | <u>New Contractor</u><br>FTEs Proposed |
| Psychiatrists                                |   |  |

|   |  |  |
|---|--|--|
| Licensed Clinical Psychologists   |  |  |
| Licensed Clinical Social Workers  |  |  |
| Other Licensed Mental Health Providers<br>(e.g., psychiatric social workers,<br>psychiatric nurse practitioners, family<br>therapists)        |  |  |
| Please Specify: <i>[open text box]</i>  |  |  |
| Other Mental Health Staff<br>(e.g., “certified” individuals who provide<br>counseling, treatment, or support to<br>mental health providers)   |  |  |
| Please Specify: <i>[open text box]</i>  |  |  |
| Substance Use Disorder Providers  |  |  |
| Family Physicians   |  |  |
| General Practitioners   |  |  |
| Internist   |  |  |
| Obstetrician/Gynecologist   |  |  |
| Pediatricians   |  |  |
| Other Specialty Physicians and Sub-<br>Specialists<br>(e.g., Emergency Medicine, Addiction<br>Medicine, Pain Medicine, Infectious<br>Disease) |  |  |
| Please Specify: <i>[open text box]</i>  |  |  |
| Nurse Practitioners   |  |  |
| Physician Assistants  |  |  |
| Certified Nurse Midwives  |  |  |
| Nurses  |  |  |
| Other Medical Personnel (e.g., Medical<br>Assistants, Nurse Aides)  |  |  |
| Laboratory Personnel  |  |  |
| Pharmacy Personnel  |  |  |
| Case Managers   |  |  |
| Patient/Community Education Specialists   |  |  |
| Outreach Workers  |  |  |
| Transportation Staff  |  |  |
| Eligibility Assistance Workers  |  |  |
| Interpretation Staff  |  |  |
| Community Health Workers  |  |  |
| Other Enabling Services Staff<br>(e.g., staff who support outreach, care<br>coordination, transportation)                                     |  |  |

|  |   |                                  |
|--|---|----------------------------------|
| Please Specify: <i>[open text box]</i>   |   |                                  |
| Other Professional Health Services Staff<br>(e.g., physical therapists, occupational therapists, acupuncturists) |   |                                  |
| Please Specify: <i>[open text box]</i>   |   |                                  |
| <b>Subtotal</b>  | <b>[Total calculated by EHB]</b>        | <b>[Total calculated by EHB]</b> |
| <b>Total FTEs</b>  | <b>[year 1 total calculated by EHB]</b> |                                  |

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).