

Checklist for Form 5A Scope Adjustment

1. **Provide a brief narrative explaining the rationale for and impact of the proposed change.**

Specifically address the following points based on the type of scope adjustment requested:

(Character limit at 1,000 – one paragraph)

2. **Changes to Service Delivery Methods-Health Center Pays (Moving or Adding a Service in or between Columns I and/or II):** Explain why your health center is changing or adding a new service delivery method for this service. Provide information on the circumstance that enabled the health center to begin direct provision and/or contracting of the service for which the health center pays and bills.

(Character limit at 1,000 – one paragraph)

3. **Moving a Required Service from Column III to Column I and/or II:**

Explain why your health center is changing the service delivery method for this service.

- o For Column I, please provide information on the circumstance that enabled the health center to begin direct provision of the service for which the health center pays and bills.
- o For Column II, provide information on the circumstance that enabled the health center to begin offering the service through another entity via a formal written contract/agreement where the health center is accountable for paying and/or billing for the direct care provided via this agreement.

(Character limit at 1,000 – one paragraph)

4. Adding a Required Service to Scope (Any Column):

Explain why your health center was unable to meet the initial deadline for verifying the provision of all required services and ensure that all appropriate service delivery methods (Columns I, II and/or III) have been selected.

(Character limit at 1,000 – one paragraph)

5. Adding a Service to Column III where the Service will Remain in Columns I and/or II:

Explain why your health center is adding a new service delivery method for this service. Provide information on the circumstance that enabled the health center to begin offering the service through another entity via a formal written referral arrangement.

(Character limit at 1,000 – one paragraph)

6. Deleting an Additional or Specialty Service Currently Recorded in Column III only:

Explain why your health center is deleting this referred service from scope (e.g., data related to decrease in demand for the service, inability to maintain a formal written referral arrangement with the referral provider) and describe how patients will be impacted.

(Character limit at 1,000 – one paragraph)

7. **Removing a Service Delivery Method for a Service that will Remain in Columns I and/or II:** Explain why your health center will no longer utilize this service delivery method (e.g., data related to decrease in demand for the service) and describe how patients will be impacted.

(Character limit at 1,000 – one paragraph)

8. **Provide the date this change will take effect.**

Please note that once approved by BPHC, this change(s) will be reflected in your approved scope of project in EHB and must be implemented within 120 days of this approval.

[31-Oct-16]

Resource Links:

Scope of Project Webpage: <http://www.bphc.hrsa.gov/programrequirements/scope.html>

Form 5A Service Descriptors:

<http://www.bphc.hrsa.gov/archive/about/requirements/scope/form5aservicedescriptors.pdf>

Form 5A Column Descriptors:

<http://www.bphc.hrsa.gov/archive/about/requirements/scope/form5acolumndescriptors.pdf>

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) are patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients and adjust fees based on income and family size. 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/202X. 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 0.5 hours 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.