



Form 5B Scope Accuracy Self-Assessment Worksheet

Purpose

This worksheet helps health centers assess the accuracy of their scope of project. It specifically prompts health centers to review the accuracy of the service delivery sites recorded on Form 5B: Service Sites (Form 5B). It also helps health centers determine whether one or more Formal Change in Scope (CIS) requests, Scope Adjustment requests, Self-Updates, Prior Approval requests (type "Other"), or BPHC Contact Form tickets need to be completed to correct Form 5B. There are two sections in this worksheet:


- Section 1; *Form 5B Accuracy Worksheet*; and
- Section 2: *Formal Change in Scope (CIS) or Scope Adjustment Assessment Table*.

Health Center Worksheet Instructions

- Locate your Form 5B and, if applicable, all documentation related to subrecipient and contractor-operated sites. Include Form 8: Health Center Agreements from your most recent Service Area Competition (SAC) or Renewal of Designation (RD) application.
- Take the following steps to locate your Form 5B:
 - Log into the HRSA Electronic Handbooks (EHBs)
 - Select on the "Grants" Tab
 - Find the H80 awardee or look-alike number and, on the right side, select "Grant Folder"
 - On the left side, under "Approved Scope," select "Sites"
- As you complete the worksheet, have appropriate administrative health center staff and clinical staff join the review of sites currently listed on Form 5B.
- Complete all steps (and questions) in Section 1: *Form 5B Accuracy Worksheet*.

- Following the completion of Section 1: *Form 5B Accuracy Worksheet*, use Section 2: *Formal Change in Scope (CIS) or Scope Adjustments Assessment Table* to determine how to make changes to Form 5B fields for sites identified as inaccurate in Section 1. In this table, you can list the sites that need updating and take other notes.
- Submit any needed Formal Change in Scope requests, Scope Adjustment requests, Prior Approval requests (type “Other”), or Self-Updates through the EHBs.
- Please submit questions using the [BPHC Contact Form](#).

Additional Resources

- [Instructions for Form 5B: Service Sites](#)
 - [Health Center Program Compliance Manual](#)
 - [BPHC Scope of Project Webpage](#)
 - [Health Center Program Site Visit Protocol](#)
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Section 1: Form 5B Accuracy Worksheet

Step 1: Confirming all sites meet HRSA's definition of a health center service site.

Answer all questions below and note any site corrections or site additions in the text boxes.

Each Form 5B service site must meet all the service site definition criteria. HRSA defines service sites as locations where all the following criteria are met:

- Health center visits are generated by documenting in the patients' records face-to-face contacts between patients and providers.
- Providers exercise independent judgment in the provision of services to the patient.
- Services are provided directly by or on behalf of the health center, whose governing board retains control and authority over the provision of the services at the location.
- Services are provided on a regularly-scheduled basis (for example, daily, weekly, first Thursday of every month). However, there is no minimum number of hours per week that services must be available at an individual site.

- **Are there any sites on your Form 5B that do not meet the above site definition?**

NOTE: This includes sites operated directly by you, by a subrecipient, or by a contractor.

- **If Yes, submit a Formal Change in Scope (CIS) request through the EHBs to delete the site from Form 5B.**

List sites that need to be **deleted**:

- **Are there any locations that meet the above site definition and are not currently listed on your Form 5B?**

NOTE: This includes locations operated directly by you, by a subrecipient, or by a contractor.

- **If Yes, submit a Formal CIS request through the EHBs to add the site to your Form 5B.**

List sites that need to be **added**:

Step 2: Confirming active sites on Form 5B.

Answer all questions below and note any site corrections or site additions in the text boxes.

- **Are any sites on your Form 5B no longer open and operational?**

NOTE: This includes any temporary sites that were added due to emergencies.

- **If Yes AND they are temporary sites added due to an emergency, use the [BPHC Contact Form](#) to request that each site be deleted from your Form 5B.** There is no need to submit a Formal CIS request through the EHBs.

List all temporary sites that need to be **deleted**:

- **If Yes AND they are NOT temporary sites added due to an emergency, submit a Formal CIS request through the EHBs to delete each site from Form 5B.**

List sites that need to be **deleted**:

Step 3: Confirming who operates your sites.

If you have sites that are operated by another organization (either a subrecipient or a contractor) on the health center's behalf, answer all questions below and note any site corrections or site additions in the text boxes.

SUBRECIPIENT DEFINITION: Per 45 CFR 75.2, a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency. Characteristics which would lend support to the classification of the non-Federal entity as a subrecipient include when the non-Federal entity:

- Determines who is eligible to receive what Federal assistance;
- Has its performance measured in relation to whether objectives of a Federal program were met;
- Has responsibility for programmatic decision making;
- Is responsible for adherence to applicable Federal program requirements specified in the Federal award;
- In accordance with its agreement, uses the Federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the pass-through entity. (45 CFR 75.2)

CONTRACT DEFINITION: A contract is used for the purpose of obtaining goods and services needed to carry out the project or program under a Federal award. It does not include a legal instrument, even if the health center considers it a contract, when the substance of the transaction meets the definition of a Federal award or subaward. Characteristics of a contract are when the contractor:

- Provides the goods and services within normal business operations;
- Provides similar goods or services to many different purchasers;
- Normally operates in a competitive environment;
- Provides goods or services that are ancillary to the operation of the Federal program; and,
- Is not subject to compliance requirements of the Federal program as a result of the relationship (although similar requirements may apply for other reasons, including as a result of contractual provisions). (45 CFR 75.2 and 45 CFR 75.351)

- **Based on the definitions above, does the “Site Operated By” field on Form 5B have the correct selection check-marked (health center, contractor, or subrecipient) for each Form 5B site?**
 - **If No, submit a Prior Approval request (type “Other”) through the EHBs Prior Approval module to correct the “Site Operated By” field for each affected site.**

List sites that need the “Site Operated By” field corrected:

- **If Yes AND all of your sites are operated directly by your organization, continue to Step 4.**
- **If Yes AND you have one or more sites operated by a subrecipient or contractor, is the “Subrecipient or Contractor Information” field up-to-date for each site?**
 - ❖ **If Yes, continue to Step 4.**
 - ❖ **If No, submit a Scope Adjustment request through the EHBs to correct the information for each affected site.**

List sites that need the “Subrecipient or Contractor Information” updated:

Step 4: Confirming physical site address information.

Answer all relevant questions below and note any site corrections or site additions in the text boxes.

- **Is the physical site address for each site on Form 5B accurate AND complete?**

Consider the following questions for each site when making your assessment:

1. **Is each site address correct on Form 5B?**

NOTE:

- Check the listed addresses against documents such as a utility bill, lease, or property tax statement.
- Make sure there are no typos in the site addresses as they appear on your Form 5B.

○ **If Yes, continue to Question 2.**

○ **If No, use “Section 2: *Formal Change in Scope (CIS) or Scope Adjustment Assessment Table*” to determine how to correct the physical site address AND continue to Question 2.**

List sites that need address corrections:

2. **Do any of your sites share a street address or a building with other occupants?**

○ **If Yes, continue to Question 3.**

○ **If No, use “Section 2: *Formal Change in Scope (CIS) or Scope Adjustment Assessment Table*” to determine if any further actions are needed.**

3. **If the site has a number or letter for a suite, floor, or building or other unique identifier (for example, 123 Main St., Suite A), does the Form 5B physical address include this information?**

NOTE: In cases where the suites, floors, or buildings have separate entry points for patients to enter the site, record each entry point as its own separate site on Form 5B.

○ **If Yes, use “Section 2: *Formal Change in Scope (CIS) or Scope Adjustment Assessment Table*” to determine if any further actions are needed.**

- **If No, use “Section 2: *Formal Change in Scope (CIS) or Scope Adjustment Assessment Table*” to determine how to correct the physical site address and if any other further actions are needed.**

List sites that need address corrections:

Section 2: Formal Change in Scope (CIS) or Scope Adjustment Assessment Table

- Use the following table to decide whether a change to Form 5B site information requires a **Formal Change in Scope (CIS) request, Scope Adjustment request, Self-Update, Prior Approval request (type “Other”), or BPHC Contact Form ticket.**
- Form 5B fields that can **ONLY** be changed through a Self-Update are **NOT** included in this table. You may make changes to those fields without HRSA approval by doing a Self-Update in the EHBs.
- See [Instructions for Form 5B: Service Sites](#) for a comprehensive list of Form 5B fields, including the fields that can be self-updated.
- Submit any needed Formal CIS requests, Scope Adjustment requests, Prior Approval requests (type “Other”), or Self-Updates through the EHBs.
- If you are unsure about what action to take, submit your questions using the [BPHC Contact Form](#).

| Form 5B Section | Ensure this Information is Accurate | Update Method Scope Adjustment, Formal Change in Scope, Self-Update, Prior Approval (type "Other"), or BPHC Contact Form | Sites that Need Updating | Notes |
|------------------------------|---|--|--------------------------|-------|
| Physical Site Address | Street Address City, State, ZIP (or urbanization code if Puerto Rico) | <p>Formal Change in Scope request</p> <p>However, you must use the BPHC Contact Form instead of submitting a Formal Change in Scope if you are making changes for any of the following reasons:</p> <ul style="list-style-type: none"> • The physical location of the site has not changed, but the physical address of the site has changed (for example, due to 911 reassignment or US Postal Service changes). • There was a mistake when listing the address (for example, transposed numbers). • The physical address where you park your mobile unit has changed. | | |

| Form 5B Section | Ensure this Information is Accurate | Update Method | Sites that Need Updating | Notes |
|----------------------|---|--|--------------------------|-------|
| Site Type | <p>Multiple Choice Options:</p> <ul style="list-style-type: none"> • Service Delivery Site • Administrative/Service Delivery Site • Administrative Site | <p>You may change between “Service Delivery Site” type and “Service Delivery/Administrative Site” type without HRSA approval through a Self-Update in the EHBs.</p> <p>You cannot change an “Administrative Site” type to another site type without HRSA approval. You must change the site type by submitting both a Scope Adjustment request to delete the existing administrative site and submitting a Formal Change in Scope request to add the site with the new site type.</p> | | |
| Location Type | <p><i>Multiple Choice Options:</i></p> <ul style="list-style-type: none"> • Permanent • Seasonal • Mobile • Migrant Voucher Screening • Intermittent | <p>You may submit a Scope Adjustment request to change a site from Permanent to Seasonal or vice versa.</p> <p>For changes between any other “Location Type,” you must submit both a Formal Change in Scope request to delete the existing site and submit a Formal Change in Scope request to add the site with the new location type.</p> | | |

| Form 5B Section | Ensure this Information is Accurate | Update Method Scope Adjustment, Formal Change in Scope, Self-Update, Prior Approval (type "Other"), or BPHC Contact Form | Sites that Need Updating | Notes |
|--|--|---|--------------------------|-------|
| Total Hours of Operation (per week) | | Scope Adjustment request | | |
| Service Area ZIP Codes | One or more 5-digit ZIP codes | Scope Adjustment request | | |
| Site Operated by | Multiple Choice Options: <ul style="list-style-type: none"> • Health Center/Applicant • Subrecipient • Contractor | You cannot change the "Site Operated by" field through a Formal Change in Scope request, Scope Adjustment request, or Self-Update. You must submit the change, along with appropriate documentation, as a Prior Approval request (type "Other") in the EHBs Prior Approval module. | | |

| Form 5B Section | Ensure this Information is Accurate | Update Method Scope Adjustment, Formal Change in Scope, Self-Update, Prior Approval (type "Other"), or BPHC Contact Form | Sites that Need Updating | Notes |
|---|--|---|--------------------------|-------|
| Subrecipient or Contractor Information | Organization Name, Address and Employee Identification Number (EIN) Required if you selected Contractor or Subrecipient in the previous field. | Scope Adjustment request | | |