

Health Center Self-Assessment Worksheet for Form 5A: Services Provided

February 3, 2020

Purpose: This worksheet is a self-assessment tool for health centers to evaluate the accuracy of their HRSA scope of project, specifically the accuracy of Form 5A: Services Provided (Form 5A). This tool also may be used by health centers to facilitate conversations with their HRSA Health Center Program project officers.

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Worksheet Instructions

- Locate your Form 5A and all contracts and agreements related to services provided by a contracted or referral provider. Take the following steps to locate your Form 5A:
 - Log into the Electronic Handbooks (EHB)
 - Click 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”, click “Services”
- For each service, check the appropriate box(es) to identify how that service is currently provided.
- In the third and fourth column(s), list the entities with which you have contracts and/or agreements associated with the service.
- Review the contracts and agreements for the services provided in Form 5A: Columns II and III.
 - Check to see if the contract or agreement is current. If any are not current (e.g., expired, not executed with dated signatures), take the necessary steps to update the contract(s) or agreement(s) **or** note that an update is needed in the “[Form 5A Changes Needed](#)” table on the last page of the worksheet.
 - If a single document describes both a contractual (Column II) relationship and a formal referral relationship (Column III) for a service, distinguish each respective portion within that document.
- When reviewing the contracts and agreements, use the check boxes in the “Supporting Provisions” section to indicate that all relevant documents address the required provisions.
- Non-clinical enabling services (such as transportation, translation, and outreach) also need to be recorded in the appropriate columns on Form 5A. Contracts or referral agreements for non-clinical enabling services do not need to include certain provisions (such as documenting the service in the patient record and tracking and referring patients back to the health center for “follow-up” care) because these are only applicable to clinical services. The rows associated with these services were modified to reflect this guidance.
- Use the “Discrepancies/Notes” section to record action items or questions.
- At the end of this document, use the “[Form 5A Changes Needed](#)” table to check the applicable boxes for each service that needs to be updated.
- Consult with your project officer on the “[Form 5A Changes Needed](#)” table, then submit Change in Scope (CIS) requests as needed.

Resources

- [Service Descriptors for Form 5A: Services Provided](#)
- [Form 5A Service Delivery Methods](#)
- [Health Center Program Compliance Manual](#)
- [BPHC Scope of Project Webpage](#)

REQUIRED SERVICES

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
GENERAL PRIMARY MEDICAL CARE	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
DIAGNOSTIC LABORATORY	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
DIAGNOSTIC RADIOLOGY	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
SCREENINGS	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
COVERAGE FOR EMERGENCIES DURING AND AFTER HOURS	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
VOLUNTARY FAMILY PLANNING	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
IMMUNIZATIONS	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
WELL CHILD SERVICES	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
GYNECOLOGICAL CARE	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
PRENATAL CARE	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
INTRAPARTUM CARE (LABOR & DELIVERY)	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
POSTPARTUM CARE	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
				<u>Column II</u>	<u>Column III</u>	
PREVENTIVE DENTAL	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Amount the health center will pay for the service(s)	Health center does not pay third party for care	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)	Documentation of the service in the patient's health center record	Manner by which referrals are made and managed	
		Contract(s) with:	Agreement(s) with:		Process for tracking and referring patients back to the health center	

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
				<u>Column II</u>	<u>Column III</u>	
PHARMACEUTICAL SERVICES	<p>W2 Employees(s)</p> <p>Volunteer(s)</p> <p><i>Health center dispenses its own pharmaceuticals, to patients who have been prescribed medication, via its own employees and volunteers (e.g., health center has an on-site pharmacy, or dispenses 'sample' or 'starter' medication, or maintains a Pharmacy Assistance Program (PAP) dispensary on site).</i></p>	<p>Individual(s) <i>Including 1099 contractors</i></p> <p>Group Practice(s) Subrecipient(s)</p> <p><i>Includes contracts with another entity to dispense 340B pharmaceuticals for health center patients.</i></p> <p>Contract(s) with:</p>	<p>Individual(s)</p> <p>Group Practice(s)</p> <p><i>Includes referring patients to other entities that dispense low- or no-cost pharmaceuticals.</i></p> <p>Agreement(s) with:</p>	<p>Amount the health center will pay for the service(s)</p> <p>Documentation of the service in the patient's health center record</p>	<p>Health center does not pay third party for care</p> <p>Manner by which referrals are made and managed</p> <p>Process for tracking and referring patients back to the health center</p>	

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
HCH REQUIRED SUBSTANCE USE DISORDER SERVICES (HCH AWARDEES ONLY)	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
CASE MANAGEMENT	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
ELIGIBILITY ASSISTANCE	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s)	<u>Column III</u> Health center does not pay third party for care	
	Volunteer(s)	Another Organization / entity Subrecipient(s) Contract(s) with:	Another Organization / Entity Agreement(s) with:		Manner by which referrals are made and managed	
HEALTH EDUCATION	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s)	<u>Column III</u> Health center does not pay third party for care	
	Volunteer(s)	Another Organization / Entity Subrecipient(s) Contract(s) with:	Another Organization / Entity Agreement(s) with:	Documentation of the service in the patient's health center record	Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
OUTREACH	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
		Contract(s) with:	Agreement(s) with:			
TRANSPORTATION	Health center vehicle	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s)	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed	
	Health center provides bus token/voucher	Subrecipient(s)	Another Organization / Entity			
	Health center arranges/pays for taxi	Health center pays for transportation through an account with another organization/entity (such as Uber Health, County Senior van)	<i>Health center coordinates with or connects patients to community transportation programs but does not pay for the service</i>			
	<i>Health center directly provides or pays for transportation services</i>	Contract(s) with:	Agreement(s) with:			

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
TRANSLATION	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Column II	Column III	
	Volunteer(s)	Another Organization / Entity Subrecipient(s)	Another Organization / Entity	Amount the health center will pay for the service(s)	Health center does not pay third party for care Manner by which referrals are made and managed	
		Contract(s) with:	Agreement(s) with:			

ADDITIONAL SERVICES

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
				<u>Column II</u>	<u>Column III</u>	
ADDITIONAL DENTAL SERVICES	W2 Employees(s) Volunteer(s)	Individual(s) <i>Including 1099 contractors</i> Group Practice(s) Subrecipient(s) Contract(s) with:	Individual(s) Group Practice(s) Agreement(s) with:	Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
MENTAL HEALTH SERVICES	W2 Employees(s) Volunteer(s)	Individual(s) <i>Including 1099 contractors</i> Group Practice(s) Subrecipient(s) Contract(s) with:	Individual(s) Group Practice(s) Agreement(s) with:	Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
SUBSTANCE USE DISORDER SERVICES	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
OPTOMETRY	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
RECUPERATIVE CARE PROGRAM SERVICES	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
ENVIRONMENTAL HEALTH SERVICES	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
OCCUPATIONAL THERAPY	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
PHYSICAL THERAPY	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
SPEECH-LANGUAGE PATHOLOGY/THERAPY	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
NUTRITION	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
COMPLEMENTARY AND ALTERNATIVE MEDICINE	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			
ADDITIONAL ENABLING / SUPPORTIVE SERVICES	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	<u>Column II</u> Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	<u>Column III</u> Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)			

SPECIALTY SERVICES

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
	<p>W2 Employees(s)</p> <p>Volunteer(s)</p>	<p>Individual(s) <i>Including 1099 contractors</i></p> <p>Group Practice(s) Subrecipient(s)</p> <p>Contract(s) with:</p>	<p>Individual(s)</p> <p>Group Practice(s)</p> <p>Agreement(s) with:</p>	<p>Column II</p> <p>Amount the health center will pay for the service(s)</p> <p>Documentation of the service in the patient's health center record</p>	<p>Column III</p> <p>Health center does not pay third party for care</p> <p>Manner by which referrals are made and managed</p> <p>Process for tracking and referring patients back to the health center</p>	
	<p>W2 Employees(s)</p> <p>Volunteer(s)</p>	<p>Individual(s) <i>Including 1099 contractors</i></p> <p>Group Practice(s) Subrecipient(s)</p> <p>Contract(s) with:</p>	<p>Individual(s)</p> <p>Group Practice(s)</p> <p>Agreement(s) with:</p>	<p>Column II</p> <p>Amount the health center will pay for the service(s)</p> <p>Documentation of the service in the patient's health center record</p>	<p>Column III</p> <p>Health center does not pay third party for care</p> <p>Manner by which referrals are made and managed</p> <p>Process for tracking and referring patients back to the health center</p>	

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	Supporting Provisions		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	All Contracts, Agreements or Referral Arrangements Address:		
				Column II	Column III	
	W2 Employees(s) Volunteer(s)	Individual(s) <i>Including 1099 contractors</i> Group Practice(s) Subrecipient(s) Contract(s) with:	Individual(s) Group Practice(s) Agreement(s) with:	Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	
	W2 Employees(s) Volunteer(s)	Individual(s) <i>Including 1099 contractors</i> Group Practice(s) Subrecipient(s) Contract(s) with:	Individual(s) Group Practice(s) Agreement(s) with:	Amount the health center will pay for the service(s) Documentation of the service in the patient's health center record	Health center does not pay third party for care Manner by which referrals are made and managed Process for tracking and referring patients back to the health center	

Form 5A CHANGES NEEDED

For each service needing a correction through a CIS request, mark whether it should be added or removed in the appropriate columns. More information on scope of project and CIS requests may be found on the [Scope of Project web page](#).

CHANGES NEEDED			
Service Type	Service Delivery Method		
	Column I. Direct Provider (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Agreement (Health Center DOES NOT Pay)
General Primary Medical Care	Add Remove	Add Remove	Add Remove
Diagnostic Laboratory	Add Remove	Add Remove	Add Remove
Diagnostic Radiology	Add Remove	Add Remove	Add Remove
Screenings	Add Remove	Add Remove	Add Remove
Coverage for Emergencies During and After Hours	Add Remove	Add Remove	Add Remove
Voluntary Family Planning	Add Remove	Add Remove	Add Remove
Immunizations	Add Remove	Add Remove	Add Remove
Well Child Services	Add Remove	Add Remove	Add Remove
Gynecological Care	Add Remove	Add Remove	Add Remove
Prenatal Care	Add Remove	Add Remove	Add Remove
Intrapartum Care (Labor & Delivery)	Add Remove	Add Remove	Add Remove
Postpartum Care	Add Remove	Add Remove	Add Remove
Preventive Dental	Add Remove	Add Remove	Add Remove
Pharmaceutical Services	Add Remove	Add Remove	Add Remove
HCH Required Substance Use Disorder Services	Add Remove	Add Remove	Add Remove
Case Management	Add Remove	Add Remove	Add Remove

CHANGES NEEDED

Service Type	Service Delivery Method		
	Column I. Direct Provider (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Agreement (Health Center DOES NOT Pay)
Eligibility Assistance	Add Remove	Add Remove	Add Remove
Health Education	Add Remove	Add Remove	Add Remove
Outreach	Add Remove	Add Remove	Add Remove
Transportation	Add Remove	Add Remove	Add Remove
Translation	Add Remove	Add Remove	Add Remove
Additional Dental	Add Remove	Add Remove	Add Remove
Mental Health Services	Add Remove	Add Remove	Add Remove
Substance Use Disorder Services	Add Remove	Add Remove	Add Remove
Optometry	Add Remove	Add Remove	Add Remove
Recuperative Care Program Services	Add Remove	Add Remove	Add Remove
Environmental Health Services	Add Remove	Add Remove	Add Remove
Occupational Therapy	Add Remove	Add Remove	Add Remove
Physical Therapy	Add Remove	Add Remove	Add Remove
Speech-Language Pathology/Therapy	Add Remove	Add Remove	Add Remove
Nutrition	Add Remove	Add Remove	Add Remove
Complementary and Alternative Medicine	Add Remove	Add Remove	Add Remove
Additional Enabling/ Supportive Services	Add Remove	Add Remove	Add Remove
	Add Remove	Add Remove	Add Remove

CHANGES NEEDED

Service Type	Service Delivery Method		
	Column I. Direct Provider (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Agreement (Health Center DOES NOT Pay)
	Add Remove	Add Remove	Add Remove
	Add Remove	Add Remove	Add Remove
	Add Remove	Add Remove	Add Remove