

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

August 10, 2023

Purpose: This worksheet is a self-assessment tool for health centers to use to evaluate the accuracy of their HRSA scope of project, specifically the accuracy of Form 5A: Services Provided (Form 5A).

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Worksheet Instructions

- Locate your Form 5A, all contracts agreements and referral arrangements related to services provided by a contracted or referral provider. To find your Form 5A:
 - Log into the Electronic Handbooks (EHBs)
 - Select the “Grants” Tab
 - Find the H80 awardee or look-alike number on the right side and select “Grant Folder”
 - Under “Approved Scope” on the left side, select “Services”
- For each service, check the appropriate box in each service category (Column I, II, and III) according to how you *currently* provide that service.
- Review the content of each contract agreement and referral arrangement listed in your Form 5A: Columns II and III.
- In Columns II and III, list the entities that you have contract agreements or referral arrangements with. Specifically:
 - List the entities with which you have contract agreements in Column II.
 - List the entities with which you have referral arrangements in Column III.
 - If a single document describes both a contractual (Column II) relationship and a formal referral relationship (Column III) for a service, list the contract agreement or referral arrangement in both columns.
 - If you provide multiple services through a contract agreement (Column II) or referral arrangement (Column III) with one entity, list that entity for each service category in the appropriate column.
 - If any contract agreement or referral arrangement is out of date (for example, if it is expired, not executed with dated signatures):
 - Update the contract agreement or referral arrangement; **or**
 - If you are no longer providing the service through a contract agreement or referral arrangements, select the “remove” box in the appropriate column in the “[Form 5A Changes Needed](#)” table on the last page of this worksheet, and submit a change in scope (CIS) to remove the service from scope.
- Use the check boxes in the “All Contracts, Agreements, or Referral Arrangements Address:” columns when reviewing the content of your contract agreements and referral arrangements to indicate whether they contain required language.

Note: *Contract agreements or referral arrangements for non-clinical services do not need to include certain requirements, 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 requirements are only applicable to clinical services. Therefore, the rows for non-clinical services in this worksheet do not include boxes for required language. Non-clinical services include transportation, translation, and outreach.*
- Use the “Discrepancies/Notes” section to record action items or questions.

Form 5A Changes Needed

- Use the “[Form 5A Changes Needed](#)” section of this worksheet to note any services that need to be corrected or updated.
- Submit CIS requests for scope-related changes.
- If you would like to engage more on this topic, submit questions to the [BPHC Contact Form](#).

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.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
GENERAL PRIMARY MEDICAL CARE	W2 Employee(s)	Individual(s) <i>including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s) Contract Agreement(s) with:	Group Practice(s) Referral Arrangement(s) with:	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	

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

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

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

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
COVERAGE FOR EMERGENCIES DURING AND AFTER HOURS	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s) <i>Include contracts with answering services if the answering service staff exercise professional medical judgment in assessing a health center patient's need for emergency medical care. Do not include contracts if the answering services only transfers calls to a provider.</i> Contract Agreement(s) with:	Group Practice(s) Referral Arrangement(s) with:	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
VOLUNTARY FAMILY PLANNING	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s) Contract Agreement(s) with:	Group Practice(s) Referral Arrangement(s) with:	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	

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

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

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

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

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

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

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

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

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.			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>	
HCH REQUIRED SUBSTANCE USE DISORDER SERVICES (HCH AWARDEES ONLY)	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	
		Contract Agreement(s) with:	Referral Arrangement(s) with:			

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

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
ELIGIBILITY ASSISTANCE	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Another Organization / Entity Subrecipient(s) Contract Agreement(s) with:	Another Organization / Entity Referral Arrangement(s) with:		How referrals are made and managed	

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
HEALTH EDUCATION	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Another Organization / Entity Subrecipient(s) Contract Agreement(s) with:	Another Organization / Entity Referral Arrangement(s) with:	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
OUTREACH	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s) Contracts Agreement(s) with:	Group Practice(s) Referral Arrangement(s) with:	How the service is documented in the patient's health center record	How referrals are made and managed	

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
TRANSPORTATION	Health center vehicle or drivers	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients How referrals are made and managed	
	Health center pays for transportation services. For example, bus tokens, transportation vouchers, taxis services <i>Health center directly provides or pays for transportation services</i>	Subrecipient(s) Health center pays for transportation through an account with another organization. For example, Uber Health, County Senior van	Another Organization / Entity <i>Health center coordinates with or connects patients to community transportation programs, but does not pay for the service</i>			
		Contract Agreement(s) with:	Referral Arrangement(s) with:			

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

ADDITIONAL SERVICES

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

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

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

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

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
RECUPERATIVE CARE PROGRAM SERVICES	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s) Contract Agreement(s) with:	Group Practice(s) Referral Arrangement(s) with:	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
ENVIRONMENTAL HEALTH SERVICES	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s) Contract Agreement(s) with:	Group Practice(s) Referral Arrangement(s) with:	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	

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

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	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
PHYSICAL THERAPY	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s) Contract Agreement(s) with:	Group Practice(s) Referral Arrangement(s) with:	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	

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	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
SPEECH-LANGUAGE PATHOLOGY/THERAPY	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s) Contract Agreement(s) with:	Group Practice(s) Referral Arrangement(s) with:	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	

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	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
NUTRITION	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s) Contract Agreement(s) with:	Group Practice(s) Referral Arrangement(s) with:	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
COMPLEMENTARY AND ALTERNATIVE MEDICINE	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s) Contract Agreement(s) with:	Group Practice(s) Referral Arrangement(s) with:	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
ADDITIONAL ENABLING / SUPPORTIVE SERVICES	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s)	Group Practice(s)	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	

SPECIALTY SERVICES

If your health center has specialty services on Form 5A, enter the name of the service in the “Type of Service” column

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	<u>Column II</u>	<u>Column III</u>	
	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s) Contract Agreement(s) with:	Group Practice(s) Referral Arrangement(s) with:	How the service is documented in the patient’s health center record	How referrals are made and managed Process for tracking and referring health center patients back to the health center	

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

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

Type of Service	Form 5A Column I.	Form 5A Column II.	Form 5A Column III.	All Contracts, Agreements or Referral Arrangements Address:		Discrepancies/Notes
	Direct Provider(s)	Contract Agreement(s)	Referral Arrangement(s)	Column II	Column III	
	W2 Employees(s)	Individual(s) <i>Including 1099 contractors</i>	Individual(s)	Payment by the health center for the service provided to health center patients	The health center does not pay the third party for the service provided to health center patients	
	Volunteer(s)	Group Practice(s) Subrecipient(s) Contract Agreement(s) with:	Group Practice(s) Referral Arrangement(s) with:	How the service is documented in the patient's health center record	How referrals are made and managed Process for tracking and referring health center 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 and submit related CIS requests. More information on scope of project and CIS requests may be found on the [Scope of Project webpage](#).

Form 5A 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

Form 5A 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

Form 5A 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