When do I need to submit a change of scope form?

1. Open a new service site
2. Close an existing service site
3. First enter or withdraw from the Title X program

What do I need to do?

1. Fully complete the [Title X Family Planning Change in Scope Worksheet](https://opa.hhs.gov/sites/default/files/2020-07/change-in-scope-worksheet.docx)
2. Write a formal letter explaining the following: (See page 2 for a sample)
   1. Paragraph 1: Briefly describe the change, reasons affecting the change, effective date, and any budgetary implications of the proposed change.
   2. Paragraph 2: Client notification process/plan.
   3. Paragraph 3: Alternate Title X service sites that patients can be referred to.
   4. Paragraph 4: Any continuing efforts or relocated personnel.
3. Send both to your **program consultant and Sandra Grieshop at** [Sandra.Grieshiop@odh.ohio.gov](mailto:Sandra.Grieshiop@odh.ohio.gov)

When does OPA want the change of scope forms and formal letter?

1. OPA would like the documentation 90 days before a clinic opening or closure.

DATE **SAMPLE**

Re: Grant #FPHPA006567

Scott Moore, Grants Management Officer

Dept of Health and Human Services

Office of Grants Management, OASH

1101 Wootton Pkwy, Suite 550

Rockville, MD 20852

Dear Mr. Moore:

I am writing to request a change in Scope of Project for the OHIO DEPARTMENT OF HEALTH (ODH) Title X Family Planning Services Project.

ODH Sub-recipient, “ABC” Services is closing one service site. It was located in Town, Ohio. The clinic site had limited hours of operation (Tuesdays 1:00p, 4:40p, and 4:30pm – 7:00pm the second Tuesday of every month). Over the years the site has experienced a decrease in the number of clients served. Loss of staff at the clinic paired with financial issues for ABC Services has resulted in the determination to close the sites. The remaining grant funds allocated to this site will be distributed to the QRS site which had seen an increase in clients and an improvement in achieving their performance goals. The closure will be effective month day, year.

Clients have been notified of the closure via mail. A sign has been also posted at the clinics indicating closure and providing contact information for the past 30 days. Information has also been posted on the ABC website. Client medical records are available upon request.

Clients from the “name” clinic can be referred to the following Title X sites: “DEF” clinic in city/town, state and “RST” clinic in city/town, state. Clients from the "name” clinic can be referred to the following Title X sites: city/town, state and city/town, state.

“ABC Services” will continue to provide community education and outreach efforts to the (geographic/state) area. The Community Educator who was housed in the city/town, state clinic will be relocated and continue to provide programming in the area.

Please contact me if you have questions or need additional information.

Thank you for your assistance.

Sincerely,

246 North High Street 614 I 466-3543

Columbus, Ohio 43215 U.S.A. www.odh.ohio.gov

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