



# National Health Service Corps Site Reference Guide

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United States Department of Health and Human Services  
Health Resources and Services Administration  
Bureau of Health Workforce  
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Rockville, Maryland 20857

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## **PURPOSE**

The purpose of the National Health Service Corps Site Reference Guide is to provide clarity on site eligibility requirements, qualification factors, compliance, roles, and responsibilities associated with being a National Health Service Corps-approved site. This guide supplements the information contained in the online National Health Service Corps Site Application.

The Health Resources and Services Administration expects sites to thoroughly review this document prior to completing a Site Application or Recertification, and to allow ample time for collection of required documents and application submission prior to the application cycle closing. The Health Resources and Services Administration will update the National Health Service Corps Site Reference Guide periodically with updated web links, changes to the governing National Health Service Corps statute and regulations, and revised National Health Service Corps policies and procedures.

The requirements outlined in this document apply to sites that submit a National Health Service Corps site application in Calendar Year 2023 and all approved National Health Service Corps sites, including those required to recertify in Calendar Year 2023. Additional information and program changes applicable to National Health Service Corps sites, both current and those eligible to participate, are available on the [National Health Service Corps website](#) and in the [online application](#).

## **PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT**

The purpose of this information collection is to obtain information for National Health Service Corps site applicants. Health care facilities must submit a National Health Service Corps Site Application or Site Recertification Application to determine the eligibility of sites to participate in the National Health Service Corps as an approved service site. 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 Office of Management and Budget control number. The Office of Management and Budget control number for this information collection is 0915-0127 and it is valid until 3/31/2023. This information collection is required to obtain or retain a benefit (Section 333 [254f] (a)(1) of the Public Health Service Act). 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 the Health Resources and Services Administration Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland 20857.

## **PROGRAM OVERVIEW**

### **INTRODUCTION**

The National Health Service Corps is a federal government program administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce and created to address a growing primary care workforce shortage. Since 1972, the National Health Service Corps has been building healthy communities, ensuring access to health care, preventing disease and illness, and caring for the most vulnerable populations who may otherwise go without care. National Health Service Corps programs provide scholarships and student loan repayment to health care professionals in exchange for a service commitment to practice in designated [Health Professional Shortage Areas](#). Eligible sites providing comprehensive primary care must become National Health Service Corps-approved BEFORE recruiting National Health Service Corps participants or supporting National Health Service Corps loan repayment applications from their existing clinicians.

[The Health Resources and Services Administration, Bureau of Health Workforce, Division of Regional Operations](#) is responsible for reviewing and evaluating National Health Service Corps site applications and recertifications to determine if sites meet program requirements, and renders the final approval or disapproval decision. The Division of Regional Operations reviews site applications and recertifications in collaboration with [state and territorial Primary Care Offices](#), and provides technical assistance on program requirements to organizations interested in seeking National Health Service Corps site approval.

### **BENEFITS OF BEING AN NATIONAL HEALTH SERVICE CORPS -APPROVED SITE**

National Health Service Corps-approved sites can utilize National Health Service Corps scholarship and loan repayment programs to recruit and retain clinicians in eligible primary health care, dental, and behavioral health disciplines. Additionally, many sites and communities have benefitted from National Health Service Corps clinicians that have remained well beyond their original service obligation. National Health Service Corps-approved sites, depending on eligibility, may be able to access several different programs, including the following:

- [National Health Service Corps Scholarship Program](#)
- [National Health Service Corps Students to Service Loan Repayment Program](#)
- [National Health Service Corps Loan Repayment Program](#)
- [National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program](#)
- [National Health Service Corps Rural Community Loan Repayment Program](#)

All National Health Service Corps-approved sites receive the benefits of online, interactive access to the [Health Workforce Connector](#), an online platform that allows you to:

- Create, manage, and advertise new job vacancies and training positions
- Search candidate profiles where you can learn about the qualification factors, experience, and other relevant information that highlight a candidate's competencies

- View a comprehensive list of job seekers and students who have expressed interest in a position you advertised on the Health Workforce Connector

**ELIGIBILITY REQUIREMENTS AND QUALIFICATION FACTORS**

**ELIGIBLE SITE TYPES FOR NATIONAL HEALTH SERVICE CORPS APPROVAL**

The following types of sites may be eligible to become a National Health Service Corps-approved site (see the [“Glossary”](#) section for complete descriptions of site types).

<b>Auto-Approved Sites</b>	<b>Other Eligible Sites</b>
Site types listed below must submit a site application for new sites. They are not required to apply during the Site Application Cycles, or to recertify every three (3) years. New sites may apply at any point during the year*	Site types listed below must submit a site application during the New Site Application cycles and recertify every three (3) years.
<ol style="list-style-type: none"> <li>1) Federally Qualified Health Centers</li> <li>2) Federally Qualified Health Center Look-Alikes</li> <li>3) Indian Health Service Facilities, Tribally Operated 638 Health Programs, Dual-Funded (Tribal Health Clinic and Federally Qualified Health Center 330 Funded), Urban Indian Health Programs and Indian Health Hospitals</li> <li>4) Federal Prisons</li> <li>5) Immigration and Customs Enforcement Health Service Corps Facilities</li> </ol>	<ol style="list-style-type: none"> <li>1) State Prisons</li> <li>2) Centers for Medicare and Medicaid Services Certified Rural Health Clinics</li> <li>3) Critical Access Hospitals</li> <li>4) Community Mental Health Centers</li> <li>5) State or Local Health Departments</li> <li>6) Community Outpatient Facilities</li> <li>7) Private Practices</li> <li>8) School-Based Clinics <i>(that are not affiliated with a Federally Qualified Health Center or Look-Alike)</i></li> <li>9) Mobile Units <i>(that are not affiliated with a Federally Qualified Health Center or Look-Alike)</i></li> <li>10) Free Clinics</li> <li>11) Substance Use Disorder Treatment Facilities</li> </ol>

*\* National Health Service Corps auto-approval is not guaranteed, and comprehensive primary care sites seeking auto-approval must submit a site application to determine eligibility and participate in the National Health Service Corps as an approved service site.*

## **INELIGIBLE SITE TYPES FOR NATIONAL HEALTH SERVICE CORPS APPROVAL**

The following site types are not eligible to become National Health Service Corps-approved sites, even if they are located in, or serve, a Health Professional Shortage Area.

<b>Ineligible Site Types</b>
1) Inpatient hospitals (except Centers for Medicare and Medicaid Services-certified Critical Access Hospitals and some Indian Health Services hospitals)
2) Clinics that limit care to veterans and active duty military personnel (e.g., Veterans Health Administration medical centers, hospitals and clinics, and military treatment facilities)
3) Other types of inpatient facilities and inpatient rehabilitation programs
4) Residential facilities
5) Local/county/city/private correctional facilities
6) Home-based health care settings of patients or clinicians
7) Specialty Clinics and/or service specific sites limited by gender identity, organ system, illness, categorical population or service (e.g., clinics that only provide Sexually Transmitted Diseases/Human Immunodeficiency Virus/Tuberculosis services)

## **TELEHEALTH, HOME HEALTH, AND ALTERNATIVE SETTINGS**

The National Health Service Corps recognizes telehealth services as patient care when both the originating site (location of the patient) and the distant site (location of the National Health Service Corps participant) are located in a Health Professional Shortage Area and are National Health Service Corps-approved. Telehealth may be conducted to or from an [approved alternative setting](#) as directed by the participant's National Health Service Corps-approved site.

The National Health Service Corps does not recognize the homes of patients or providers as National Health Service Corps-approved sites. As such, home visits may only be conducted at the direction of the National Health Service Corps-approved site and in the [alternative setting](#) allotment for patient care. National Health Service Corps participants must comply with all applicable telemedicine policies stipulated in their National Health Service Corps contracts. For more information, refer to the appropriate National Health Service Corps Application and Program Guidance.

## **PROGRAM REQUIREMENTS, REQUIRED DOCUMENTS, AND EXEMPTIONS**

The below sections outline the program requirements for National Health Service Corps-approved sites, including required documents and exceptions by site type. Depending on site type, the required documents must be submitted at the point of New Site Application, site recertification, site visit, or upon request to determine site eligibility.

## **HEALTH PROFESSIONAL SHORTAGE AREAS**

The Health Resources and Services Administration designates medical, dental, and mental Health Professional Shortage Areas to indicate shortages of primary care health professionals in geographic areas (e.g., county), population groups (e.g., low-income), and facilities (e.g., correctional facilities). The National Health Service Corps uses these scores to determine priorities for the assignment of clinicians.

National Health Service Corps-approved sites must:

- Be located in and treat patients from a federally designated Health Professional Shortage Area.
- Have a designated Health Professional Shortage Area for the specific category in which a National Health Service Corps clinician would serve.
  - For example, a National Health Service Corps-approved site would need to have a primary care shortage designation to recruit an internal medicine physician, a mental health shortage designation to recruit a psychiatrist, a dental shortage designation to recruit a dentist.
  - Sites providing Substance Use Disorder services may use either a primary care or mental health shortage designation for the purpose of the National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program and the National Health Service Corps Rural Community Loan Repayment Program, even if they do not provide primary medical care.

Contact your [state/territorial Primary Care Office](#) when applying for, or inquiring about, a Health Professional Shortage Area designation. For more information about shortage areas, including scoring, visit the [Health Resources and Services Administration Shortage Designation webpage](#).

#### **Required Documents and Exceptions**

There are no required documents to demonstrate that your site is located in a Health Professional Shortage Area, as this is determined by existing data located in the Bureau of Health Workforce Shortage Designation and Management System.

#### *Centers for Medicaid and Medicare Services-Certified Rural Health Clinics*

Centers for Medicaid and Medicare Services-Certified Rural Health Clinics are not required to be in geographic or population Health Professional Shortage Areas to apply for site approval. For your clinic to receive an auto-designation:

- You should submit an application, and under the section “Confirm Site Details,” include your Certification Number, so we can apply the facility shortage-area designation score. Please use [the Centers for Medicare and Medicaid Services directory](#) to verify your Certification Number. Ensure the address you enter in the site application matches the address connected to the Certification Number provided by the Centers for Medicaid and Medicare Services.
- If we approve your application, we calculate your auto-designation score and notify your site and the state/territorial Primary Care Office.
- If the National Health Service Corps approves your Site Application, but your site is not in a geographic or population Health Professional Shortage Area, the site will remain inactive until we calculate the auto-designation score. After the shortage designation scores are confirmed, the site will convert to an active site and will be able to participate in the applicable National Health Service Corps programs.

### *Correctional or Detention Facilities*

An eligible correctional facility can only use facility Health Professional Shortage Areas designated for that site. Correctional facilities do not serve patients of the general population, so they cannot use geographic or population designations for National Health Service Corps site approval. You must apply for your correctional facility designation before applying for the National Health Service Corps and should contact your [state/territorial Primary Care Office](#).

### *Indian Health Service Facilities, Tribally Operated 638 Health Programs, Urban Indian Health Programs, and Indian Health Service Hospitals*

Your Indian Health Service Facilities, Tribally Operated 638 Health Programs, Urban Indian Health Programs, or Indian Health Service Hospital site must have an “Area, Service Unit, Facility Code” number to receive auto-Health Professional Shortage Areas. However, Indian Health Service may assign “Area, Service Unit, Facility Code” numbers to a variety of administrative offices and to facilities that do not meet the requirements for National Health Service Corps eligibility. For example, Indian Health Service Facilities, Tribally Operated 638 Health Programs, Urban Indian Health Programs, or Indian Health Service Hospital that are Substance Use Disorder-only sites do not qualify for auto-designation. However, they can apply to the National Health Service Corps using geographic, population, and/or other facility Health Professional Shortage Areas.

- You must include your “Area, Service Unit, Facility Code” number, under the application section “Confirm Site Details,” so we can attach its facility scores. Please use the Indian Health Service [directory](#) to verify your “Area, Service Unit, Facility Code” number.
- You must apply for your auto-Health Professional Shortage Area designation before applying to the National Health Service Corps and should contact the [Bureau Of Health Workforce Division of Policy and Shortage Designation](#).

### *Mobile Units (that are not part of a Federally Qualified Health Center/Health Center)*

The National Health Service Corps recognizes Mobile Units/Clinics as medical vehicles (e.g., mobile health vans) that travel to underserved rural and urban communities, providing a majority (>50%) of primary care services to individuals located in a Health Professional Shortage Area.

### **SLIDING FEE DISCOUNT PROGRAM**

Your site must use a Sliding Fee Discount Program to ensure patients have access to all primary care services regardless of their ability to pay. Eligibility for your Sliding Fee Discount Program must be:

- *Based solely on family size and income; and*
- *At a minimum, applicable to all individuals and families with annual incomes at or below 200 % of the most current [Federal Poverty Guidelines](#).*

The implementation of a Sliding Fee Discount Program is intended to minimize financial barriers to care for patients at or below 200 percent of the current Federal Poverty Guidelines. Therefore, the required fees and the process of assessing patient eligibility and collecting payments must not create barriers to care.



The components of your Sliding Fee Discount Program for National Health Service Corps-approved sites must include a Sliding Fee Discount Program policy, a patient application, a sliding fee schedule, and posted signage. **Your site should have a Sliding Fee Discount Program in place for at least six consecutive months before applying** to become a National Health Service Corps-approved site and continuously thereafter.

National Health Service Corps-approved sites must apply the Sliding Fee Discount Program for eligible patients with third-party insurance coverage unless the third-party insurance contract prohibits the application of the Sliding Fee Discount Program. These patients may also be eligible for the Sliding Fee Discount Program based on income and family size. For example, the Medicare law requires clinicians to charge Medicare beneficiaries the same as they charge other patients. Medicare will accept Sliding Fee Discount Program discounts as long as the Sliding Fee Discount Program discount policy is uniformly applied to all patients.

### [Sliding Fee Discount Program Policy](#)

All aspects of your Sliding Fee Discount Program should be based on written policies, applied uniformly to all patients (including both uninsured and underinsured), and supported by operating procedures. At a minimum, your policy should address the following areas:

1. Patient eligibility, including:
  - a. Frequency of patient eligibility re-evaluation
  - b. Income definition
  - c. Family size definition
2. Documentation and verification requirements to determine patient eligibility.
3. How your site advertises the Sliding Fee Discount Program to the patient population to increase access to care.
4. An explanation of the nominal charge, including the site's policies on how it establishes and collects nominal charges (e.g., what constitutes "refusal to pay").
5. Description of its collection policies for outstanding debt (if applicable to Sliding Fee Discount Program patients).

### [Sliding Fee Discount Program Patient Application](#)

Your Sliding Fee Discount Program application should be limited to family size and income questions.

Additional questions that should not be included in the Sliding Fee Discount Program application include those related to a patient's social security number, citizenship status, housing status or marital status. Sites also must not use credit checks, payment history, **Medicaid denial letters, asset tests, or "net worth" (combining assets and income)** tests when determining eligibility for individuals and families with annual incomes at or below 200 % of the most current Federal Poverty Guidelines.

### [Sliding Fee Schedule](#)

Your site must use a schedule of fees or payments for services consistent with locally prevailing rates or charges, and that is designed to cover your site's reasonable cost of operation. Once your site has established its fee schedule, it must develop a corresponding Sliding Fee Schedule to

ensure that uniform and reasonable fees and discounts are applied to all eligible patients. You must base your Sliding Fee Schedule on income and family size, and at a minimum, you should revise it annually to reflect updates to the Federal Poverty Guidelines. The Sliding Fee Schedule should cover all primary care services for the site type.

Specifically, your site's Sliding Fee Schedule must:

- Provide a **full discount (no charge)** for individuals and families with annual incomes at or below 100 percent of the most current Federal Poverty Guidelines, with allowance for a nominal charge only, consistent with your site's Sliding Fee Discount Program policy. The nominal charge must be less than the fee paid by a patient in the first "sliding fee discount pay class" beginning above 100 percent of the Federal Poverty Guidelines;
- Provide services at a nominal charge, which can be in the form of a sliding fee, or schedule of discount, to individuals and families with incomes above 100 percent and at or below 200 percent of the Federal Poverty Guidelines;
- Use nominal charges at a financial level that does not reflect the service's true value and does not create a barrier to care for patients. The nominal charge must not be a threshold for receiving care and, thus, must not be a minimum fee or co-payment.

You have discretion regarding how you structure your Sliding Fee Schedule, including the number of discount pay classes and the types of discounts (percentage of fee or fixed/flat fee for each discount pay class). However, when developing your Sliding Fee Schedule, you should consider the unique characteristics of your Health Professional Shortage Area populations (e.g., low-income or homeless) to ensure it does not present a barrier to care.

Your site must make every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third-party. Your site must accept assignments for Medicare beneficiaries and enter into an appropriate agreement with the applicable state agency for Medicaid and Children's Health Insurance Program beneficiaries, but your site **cannot require Medicare, Medicaid, or Children's Health Insurance Program application or proof of denial before allowing a patient to apply and be eligible for the Sliding Fee Discount Program.**

#### **Posted Signage**

Your site must prominently display a statement in common areas and its official website (if one exists) and social media platforms (if applicable) that explicitly states that:

- (i) No one will be denied access to services due to inability to pay, and
- (ii) There is a discounted/sliding fee schedule available based on family size and income.

When applicable, you should translate this statement into the appropriate language/dialect.

## **Required Documents and Exceptions**

To demonstrate that your site is using a Sliding Fee Discount Program, you must provide the following for National Health Service Corps site approval:

- Copy of your site's Sliding Fee Discount Program policy;
- Copy of your site's Sliding Fee Discount Program patient application;
- Copy of your site's Sliding Fee Schedule;
- Two photos and a screenshot of your site's posted signage;
  - The first photo should show the common area, and the sign prominently displayed to ensure it is visible to patients;
  - The second photo should be a close-up of the posted signage showing the legible text;
  - A document with the screenshot and link to the published online statement from your site's official website (if one exists) and social media platforms (if applicable).

Free clinics are exempt from providing the above documentation for this program requirement, but must provide the following at the point of application, recertification, site visit, or upon request:

- Documentation that no one is charged or billed for services, and individuals are not denied service because of inability to pay.

Federally Qualified Health Centers and Federally Qualified Health Centers Look-Alikes are not required to submit the above required documentation at the point of application, but must provide it during a site visit or upon request.

Indian Health Service Facilities, Tribally Operated 638 Health Programs, Urban Indian Health Programs, Indian Health Service Hospitals, federal prisons, Immigration and Customs Enforcement Health Service Corps sites, and state prisons are exempt from providing the above required documentation for this program requirement at the point of application, but must provide the following during site visits or upon request:

- Documentation that no one is charged or billed for services, and individuals are not denied service because of inability to pay. If a small fee is charged for service, please provide the fee policy to ensure it does not create a barrier to access care.

Critical Access Hospitals must utilize the National Health Service Corps-approved Sliding Fee Discount Program, at a minimum, for low-income patients in both the emergency room and the affiliated outpatient clinic. The Sliding Fee Discount Program requirements do not extend to the Critical Access Hospital inpatient fee structure (i.e., the Critical Access Hospital in-house discounted fee schedule or charity care program for other settings) or for requirements necessary to meet Medicare certification requirements. Critical Access Hospitals must submit all the Sliding Fee Discount Program required documents at the point of application, recertification, site visit, or upon request.

## **NON-DISCRIMINATION**

Your site must not discriminate in the provision of services based on an individual's:

- Inability to pay;
- Medicare, Medicaid, or Children Health Insurance Program coverage; or
- Race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

### **Required Documents and Exceptions**

To demonstrate that your site is not discriminating in the provision of services, you must provide the following for site approval:

- Copy of your site's policies on nondiscrimination. Refer to [Appendix G](#) for a sample document.

Indian Health Service Facilities, Tribally Operated 638 Health Programs, Urban Indian Health Programs, and Indian Health Service Hospitals are exempt from providing documentation for this program requirement.

Federally Qualified Health Centers and Federally Qualified Health Centers Look-Alikes, federal prisons, Immigration and Customs Enforcement Health Service Corps sites, and state prisons are not required to submit the above required documentation at the point of application, but must provide it during a site visit or upon request.

### **CLINICIAN RECRUITMENT AND RETENTION PLAN**

Your site must maintain a clinician recruitment and retention plan and keep a current copy of the plan on-site for review. Your site's plan should clearly state the policies and processes that your site will use to recruit and maintain clinical staffing levels needed to serve the community appropriately and should include specific strategies to promote clinician resiliency and reduce burnout.

*As mandated by the National Health Service Corps statute, Section 333 of the Public Health Service Act, 42 U.S.C. 254f, National Health Service Corps sites must make appropriate and efficient use of assigned National Health Service Corps clinicians. A National Health Service Corps determination that the National Health Service Corps site has not made appropriate and efficient use of National Health Service Corps clinicians may be grounds for National Health Service Corps site disapproval and/or deactivation.*

A solo Private Practice's Clinician Recruitment and Retention Plan must include the following:

- Recruitment and retention strategies for any potential expansion to meet community needs,
- Strategies aimed at promoting clinician resiliency and reducing burnout regarding their own well-being, and
- Contingencies should the provider no longer be able to serve patients.

### **Required Documents and Exceptions**

To demonstrate that your site maintains a clinician recruitment and retention plan, sites must provide the following for site approval:

- Copy of your site’s clinician recruitment and retention plan. Refer to [Appendix H](#) for a sample document.

The following sites are not required to submit the above required documentation at the point of application, but must provide it during a site visit or upon request:

- Federally Qualified Health Centers
- Federally Qualified Health Centers Look-Alikes
- Indian Health Service Facilities, Tribally Operated 638 Health Programs, Urban Indian Health Programs, and Indian Health Service Hospitals
- Federal prisons
- Immigration and Customs Enforcement Health Service Corps sites,
- State prisons

### **COMPREHENSIVE PRIMARY CARE**

Your site must provide comprehensive primary care (medical, dental, and/or mental/behavioral), which correspond to its designated Health Professional Shortage Area type. The National Health Service Corps defines comprehensive primary care as a continuum of care not focused or limited to gender identity, organ system, a particular illness, or categorical population (e.g., developmentally disabled or those with cancer). Your site must also function as part of a system of care that either offers or ensures access to ancillary, inpatient, and specialty referrals.

With the exception of Substance Use Disorder treatment facilities, if your site does not offer all primary care services, it must provide an appropriate set of primary care services necessary for the community or populations you serve. For example, a site serving a senior population must provide geriatric primary care services.

### **Required Documents and Exceptions**

To demonstrate that your site is providing culturally competent comprehensive care, you must upload proof of referral arrangements for ancillary, inpatient, and specialty care that are not available on-site. Acceptable documents include signed Memorandums of Understanding, signed Memorandums of Agreement or signed contracts with ancillary, inpatient, and specialty facilities. If formal referral arrangements do not exist, the site must provide a dated and signed description of how it ensures patient access to ancillary, inpatient, and specialty care.

The following sites are not required to submit the above required documentation at the point of application, but must provide it during a site visit or upon request:

- Federally Qualified Health Centers
- Federally Qualified Health Centers Look-Alikes

- Indian Health Service Facilities, Tribally Operated 638 Health Programs, Urban Indian Health Programs, and Indian Health Service Hospitals
- Federal prisons
- Immigration and Customs Enforcement Health Service Corps sites,
- State prisons

### **COMPREHENSIVE PRIMARY BEHAVIORAL HEALTH SERVICES**

Facilities offering comprehensive primary behavioral health services must be located in and serve their mental health designated Health Professional Shortage Area.

Your behavioral health service site should:

- Provide core comprehensive behavioral health services *on-site*, which include:
  - Screening and assessment
  - Treatment plan
  - Care coordination
- Offer non-core comprehensive behavioral health services either on-site, in-network, or off-site, through referral, affiliation, or contract, which include:
  - Diagnosis
  - Therapeutic services
  - Crisis/emergency services
  - Consultative services
  - Case management

### **Required Documents and Exceptions**

To demonstrate that your site provides comprehensive behavioral health services, you must provide the following for site approval:

- National Health Service Corps Comprehensive Behavioral Health Services Checklist ([Appendix E](#)), and
- Documentation demonstrating the provision of core and non-core comprehensive behavioral health services. Acceptable documentation varies depending on where the service is provided and includes the below items.

Your site must provide at least one of the following for services provided on-site (Core and Non-Core):	Your site must provide at least one of the following for each service provided off-site or out-of-network (Non-Core):
<ul style="list-style-type: none"> <li>• Operating certificate issued by the state, territory, county, etc.</li> <li>• Site brochure listing the behavioral health services</li> <li>• Site policy that outlines the behavioral health services</li> <li>• Document that includes the website link and screenshot of available behavioral health services</li> <li>• Other documentation that outlines behavioral health services provided on-site</li> </ul>	<ul style="list-style-type: none"> <li>• Affiliation agreements</li> <li>• Memorandums of understanding/agreement</li> <li>• Contracts</li> <li>• Letters of referral</li> <li>• Letters of support/commitment</li> <li>• Referral and follow-up policy and procedures</li> </ul>

Primary care sites that do not provide behavioral health services are exempt from this program requirement. In addition, the following sites are exempt from providing documentation for this program requirement:

- Federally Qualified Health Centers
- Federally Qualified Health Centers Look-Alikes
- Indian Health Service Facilities, Tribally Operated 638 Health Programs, Urban Indian Health Programs, and Indian Health Service Hospitals
- Federal prisons
- Immigration and Customs Enforcement Health Service Corps sites
- State prisons
- Substance Abuse and Mental Health Services Administration-Certified Opioid Treatment Programs

**SUBSTANCE USE DISORDER SERVICES AND OPT-IN PROCESS**

Your site must first be approved for Substance Use Disorder services for your clinicians to apply to the National Health Service Corps substance use disorder-specific loan repayment programs, including the National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program and the [National Health Service Corps Rural Community Loan Repayment Program](#).

**Required Documents and Exceptions**

To demonstrate your site provides substance use disorder services on-site, you must provide the following during the New Site Application cycle, Site Recertification cycle, site visit, or upon request:

- Documentation demonstrating the provision of on-site substance use disorder services. Acceptable documentation, depending on the service type, includes:
  - **Substance Use or Addiction Counseling/Psychotherapy Services** – Submit one of the following:

- Substance use disorder operating certificate issued by the state, territory, county, etc.
- Site brochure listing the on-site substance use disorder services
- Site policy that outlines on-site substance use disorder services
- Document that includes the website link and screenshot of available on-site substance use disorder services
- Other documentation that outlines on-site substance use disorder services provided on-site
- **Medications for Opioid Use Disorder Services** – Submit an attestation letter from the site Chief Executive Officer or Medical Director stating:
  - That the site offers medications for opioid use disorder on-site,
  - The days and hours when the site offers medications for opioid use disorder services, and
  - The size of the medications for opioid use disorder patient panel for the most recent 6-month period for which data is available.
 For an attestation letter template, please see [Appendix F](#): Medications for Opioid Use Disorder Attestation Letter Template.

If your site is a Primary Care Medical facility, you should also submit the National Health Service Corps Comprehensive Behavioral Health Services Checklist ([Appendix E](#)) and supporting documentation.

Primary care medical sites that do not provide Substance Use Disorder services are exempt from this program requirement.

The following sites are not required to submit the above required documentation at the point of application, but must provide it during a site visit or upon request:

- Federally Qualified Health Centers
- Federally Qualified Health Centers Look-Alikes
- Indian Health Service Facilities, Tribally Operated 638 Health Programs, Urban Indian Health Programs, and Indian Health Service Hospitals
- Federal prisons
- Immigration and Customs Enforcement Health Service Corps sites,
- State prisons
- Substance Abuse and Mental Health Services Administration-Certified Opioid Treatment Programs

### **Substance Use Disorder Opt-in Process for Approved National Health Service Corps Sites**

If your site is already approved for the National Health Service Corps but later adds substance use disorder services to its program scope, you can submit documentation at any time to opt-in for substance use disorder eligibility by sending a portal inquiry and uploading the required documentation.



- In the [Bureau of Health Workforce Customer Service Portal](#), select “ask a question,” enter the category “Substance Use Disorder (SUD) Documentation,” and use the description “Opt-in SUD Expansion.” Within the inquiry, enter substance use disorder services provided on-site, and upload all required substance use disorder documentation.

Approved Site	Upload the following documentation to the inquiry
Primary Care Medical Sites	1) Comprehensive Primary Behavioral Health Service checklist and required documentation; and 2) Substance Use Disorder Documentation
Behavioral Health Sites	Substance Use Disorder Documentation

**Rural Designation**

Only clinicians working at a rural National Health Service Corps-approved site that provides substance use disorder services are eligible to apply for the [National Health Service Corps Rural Community Loan Repayment Program](#). Rural National Health Service Corps-approved sites are in a Rural-Urban Commuting Area (RUCA) Census Tract designated by the Health Resources and Services Administration. To determine if your site is considered “rural” for purposes of the National Health Service Corps Rural Community Loan Repayment Program, use the [Rural Health Grants Eligibility Analyzer](#).

**DATA REPORTING**

You must include site-specific data in the “Services and Staffing” and “Payments and Insurance” sections of the National Health Service Corps site application. We evaluate this data to determine your site’s adherence to sound fiscal management policies and ability to support the clinical practice of potential National Health Service Corps clinicians.

**Required Documents and Exceptions**

You must provide the following for site approval:

- Completed National Health Service Corps Site Data Tables with up-to-date data for the preceding six (6) months (one per physical address).
- During application cycles, you will directly enter this data in the portal in two different sections of the electronic application: “Services and Staffing” and “Payments and Insurance.”
- In addition, the National Health Service Corps Site Data Tables are available in [Appendix D](#) to submit during site visits or upon request, and to utilize as a template to input the data into the appropriate sections of the Site Application.

The following sites are not required to submit the above required documentation at the point of application, but may be required to provide it during a site visit or upon request:

- Indian Health Service Facilities, Tribally Operated 638 Health Programs, Urban Indian Health Programs, and Indian Health Service Hospitals
- Federal prisons

- Immigration and Customs Enforcement Health Service Corps sites,
- State prisons

Federally Qualified Health Centers, and Federally Qualified Health Centers Look-Alikes are exempt from providing documentation for this program requirement at the point of application, but we may require the following during a site visit or upon request:

- A copy of the latest standard Health Resources and Services Administration/Bureau of Primary Health Care Uniform Data System (UDS) report.

**SUMMARY OF EXEMPTIONS BY SITE TYPE**

The table below lists the various required documents for National Health Service Corps site approval, by site type, and shows when each document may be required.

<b>National Health Service Corps Site Types and Document Exemptions/Requirements</b>							
<b>Required Documents and Submission Time</b>	•Immigration and Customs Enforcement  •Federal Prison	•Federally Qualified Health Center  •Look-Alike	•Indian Health Service Facilities •Tribally Operated 638 Health Programs •Dual-Funded Facilities •Urban Indian Health Programs, and •Indian Health Hospitals	Free Clinic	State Prison	Substance Abuse and Mental Health Services Administration Opioid Treatment Program	All other site types**
<b>SFDP documents</b>							
Application/Recertification	<b>EXEMPT</b>	<b>EXEMPT</b>	<b>EXEMPT</b>	Other*	<b>EXEMPT</b>	Required	Required
Site Visits or Upon Request	Other*	Required	Other*	Other*	Other*	Required	Required
<b>Non-Discrimination Policy</b>							
Application/Recertification	<b>EXEMPT</b>	<b>EXEMPT</b>	<b>EXEMPT</b>	Required	<b>EXEMPT</b>	Required	Required
Site Visits or Upon Request	Required	Required	<b>EXEMPT</b>	Required	Required	Required	Required
<b>Clinician Recruitment and Retention Plan</b>							
Application/Recertification	<b>EXEMPT</b>	<b>EXEMPT</b>	<b>EXEMPT</b>	Required	<b>EXEMPT</b>	Required	Required
Site Visits or Upon Request	Required	Required	Required	Required	Required	Required	Required
<b>Proof of Access to Comprehensive Care</b>							
Application/Recertification	<b>EXEMPT</b>	<b>EXEMPT</b>	<b>EXEMPT</b>	Required	<b>EXEMPT</b>	Required	Required
Site Visits or Upon Request	Required	Required	Required	Required	Required	Required	Required
<b>Behavioral Health Services Checklist and Supporting Documentation</b>							
Application/Recertification	<b>EXEMPT</b>	<b>EXEMPT</b>	<b>EXEMPT</b>	Required	<b>EXEMPT</b>	<b>EXEMPT</b>	Required
Site Visits or Upon Request	<b>EXEMPT</b>	<b>EXEMPT</b>	<b>EXEMPT</b>	Required	<b>EXEMPT</b>	<b>EXEMPT</b>	Required
<b>SUD/MOUD Documentation</b>							
Application/Recertification	<b>EXEMPT</b>	<b>EXEMPT</b>	<b>EXEMPT</b>	Required	Required	<b>EXEMPT</b>	Required
Site Visits or Upon Request	Required	Required	Required	Required	Required	Required	Required
<b>Data Reporting</b>							
Application/Recertification	<b>EXEMPT</b>	<b>EXEMPT</b>	<b>EXEMPT</b>	Required	<b>EXEMPT</b>	Required	Required
Site Visits or Upon Request	Required	UDS Report	Required	Required	Required	Required	Required

\*Other: These sites need to provide documentation that no one is charged or billed for services, and individuals are not denied service because of inability to pay.

\*\*All Other Site Types: Community Mental Health Centers, Critical Access Hospitals, State or Local Health Departments, Community Outpatient Facilities, Private Practices, School-Based Clinics, Mobile Units, Office-based Opioid Treatment Facilities, and Non-Opioid Outpatient Substance Use Disorder Treatment Facilities.

## **NEW SITE APPLICATION AND RECERTIFICATION PROCESS**

### **NEW SITE APPLICATION CYCLE**

The National Health Service Corps New Site Application Cycle is open for sites that have never been approved for the National Health Service Corps and sites that were previously approved but are now “inactive” or “terminated”, as indicated on the Bureau of Health Workforce [Customer Service Portal](#) Site Dashboard.

The National Health Service Corps generally opens one New Site Application Cycle annually which remains open for approximately six to eight weeks. [Subscribe](#) to be notified when the next New Site Application Cycle opens. Cycle dates and submission deadlines are subject to change. Check the [National Health Service Corps website](#) for updates.

### **SITE RECERTIFICATION CYCLE AND EXPIRATION**

The Recertification Cycle applies only to sites that display “active” under Program on the Bureau of Health Workforce [Customer Service Portal](#) Site Dashboard and have an expiration date. Auto-approved sites do not have to recertify and do not have an expiration date.

For sites that are not auto-approved, their National Health Service Corps site approval is valid for three (3) years as long as the site remains compliant with all program requirements. Sites with an approval expiration date *on or before December 31, 2023*, are required to submit a Recertification Application during the 2023 Site Recertification Application Cycle. As the site Point of Contact, you will receive a reminder under the “Messages” tab in your Bureau of Health Workforce [Customer Service Portal](#) account, to recertify a site prior to the expiration date. You should monitor the expiration dates for each approved site to ensure they do not expire and become inactive.

The National Health Service Corps generally opens one Recertification Cycle annually, which remains open for approximately six to eight weeks. Cycle dates and submission deadlines are subject to change. Check the [National Health Service Corps website](#) for updates.

### **SITE APPROVAL PROCESS**

The approval of a New National Health Service Corps Site or Recertification Application is based on the ability of a site to demonstrate it meets the eligibility criteria set forth in the National Health Service Corps Site Reference Guide and the National Health Service Corps Site Agreement, and as determined by the Health Resources and Services Administration. As the Point of Contact who will be submitting an application, you are responsible for ensuring that the information reported is true and accurate, and that your answers on the application are confirmed and supported by the required documents. An application that is submitted without all required and

legible documents or is missing data/information will be deemed incomplete and may be disapproved. An application may not be altered after submission.

### **APPLICATION REVIEW, EVALUATION, AND FINAL DECISION**

Once you submit an application, within 21 days, the [state/territorial Primary Care Office](#) will review it to determine if your site is eligible for the National Health Service Corps and meets all requirements. They will enter comments and recommendations to approve/disapprove your application. Next, we will review and evaluate it, along with the state/territorial Primary Care Office's comments and recommendations, and will render a final decision. We may contact your site to schedule a pre-approval site visit to confirm all Site Application or Recertification responses prior to rendering a final decision on the application.

The approval of a network's main/administrative site does not indicate or guarantee the approval of affiliated satellite sites. The application review process can take longer than six to eight weeks to complete due to application volume, and the quality of submitted documents. The final decision on a New Site Application or a Recertification Application is communicated to the Site Point of Contact through the [Customer Service Portal](#).

### **APPLICATION PROCESS**

Before you begin the process of submitting a New Site Application or a Recertification Application, we encourage you to contact your [state/territorial Primary Care Office](#) or Division of Regional Operations [state/territorial Leads](#) for assistance with your questions, *prior* to submitting an application. We offer several tools and resources to guide you through the application process and answer your questions:

- [State/territorial Primary Care Offices](#)
- [Division of Regional Operations state/territorial Leads](#)
- [Bureau of Health Workforce Program Portal](#)
- [Site Point of Contact User Guide](#)
- Comprehensive Behavioral Health Services Checklist ([Appendix E](#))
- National Health Service Corps Site Data Tables ([Appendix D](#))
- [Health Professional Shortage Area \(HPSA\) Find](#)
- [Bureau Of Health Workforce Customer Care Center](#) (1-800-221-9393) - TTY (877-897-9910)

Once you determine that your site meets all National Health Service Corps eligibility criteria and requirements, begin to:

- 1. Gather the required documents:**

Review the "Program Requirements, Required Documents, and Exceptions" section of this guide to confirm your knowledge of the documents required *for your specific site type*. You may upload documents to your Bureau of Health Workforce [Customer Service Portal](#) account at any time BEFORE you submit the application or prior to the closing of the application cycle period.

- 2. Collect the required data:** Download the National Health Service Corps Data Tables form to collect the data early in the application process. You must enter the data directly in the application (in the "Services and Staff" and "Payments and Insurance"

sections) unless you experience a technical issue, in which case, you may upload the form to the application.

3. **Select a [Site Point of Contact](#):** The Point of Contact must have the ability to answer questions about site policies and operating procedures.
4. **Create a [Bureau of Health Workforce Customer Service Portal](#) account:** Follow the instructions provided in the [Site Point of Contact User Guide](#) to create an account. Next, assign yourself the role of “Administrator,” at minimum, which permits you to submit an application. *(Skip this step if you already have a portal account and you are an Administrator.)*

### **Submitting the National Health Service Corps New Site Application and Recertification Application**

The following guidance, along with instructions provided in the Site Point of Contact User Guide, will assist you with completing and submitting your site application(s).

Complete all sections of the application and upload all required documents *before* you submit it. Once you submit your application(s), you can no longer add information or upload documents.

- 1) Log into the [Bureau of Health Workforce Customer Service Portal](#).
- 2) If you will be submitting a New Site Application, select “Create a New Site” from the left margin of your “Home” page.
- 3) To submit a New Site Application for a *newly created site*, go to the “Site Dashboard” and click “Start a NHSC Application” to begin.
- 4) To submit a Recertification Application for an existing site, go to the Site Dashboard, and under “My Sites,” click on the name of the site that is in “Active” Program Status and has a recertification alert. Next, click “Start a NHSC Recert.”

### **Organizations with Multiple Sites, Co-located Sites, or Multiple Services**

Organizations seeking site approval for multiple sites must submit separate, individual applications for the main/administrative site and each of its eligible affiliated satellite sites. In addition, each satellite site must use a unique name to differentiate it from other sites of the same organization (e.g., “ABC Organization – Clinic XYZ”).

Co-located sites (e.g., a hospital and affiliated outpatient clinic) should each have a unique identifier in the address, such as a suite/room/office number. However, a site that provides more than one service type (e.g., primary care, behavioral health, and dental) within the same clinic should only submit one application.

### **Critical Access and Indian Health Service Hospitals**

National Health Service Corps participants serving at a Critical Access Hospital or Indian Health Service hospital must provide weekly patient care at an affiliated outpatient clinic. Therefore, you must apply for site approval in conjunction with an affiliated outpatient clinic by submitting separate site applications during the same application cycle or by demonstrating an affiliation with a National Health Service Corps-approved outpatient clinic. You must enter the affiliated outpatient clinic name and address in the “Check Eligibility” application section. If your qualifying hospital is affiliated with an outpatient National Health Service Corps-approved site, enter the

outpatient clinic's name exactly as shown on the [Bureau Of Health Workforce Customer Service Portal](#).

### **The National Health Service Corps Online Site Application**

Each section below follows the order of the online application and provides an overview of the content of each section. Only sections of the application that apply to your site type will appear in the course of the application. Detailed instructions for completing the application are provided in the Site Point of Contact User Guide:

***Auto-Approved Sites - New Site Application*** (See pg. 36 of the [Site Point of Contact User Guide](#))

***All other Site-Types – New Site Application and Recertification Application*** (See pg. 50 of the [Site Point of Contact User Guide](#))

- 1. Check Eligibility** - The site eligibility pre-screening section serves to collect information about your site to determine if it is eligible for National Health Service Corps site approval. If your site is ineligible, you will not be able to proceed with the application.
- 2. Confirm Site Details** - Confirm general information such as the site name, location, mailing and email addresses, and other contact information. *Centers for Medicare and Medicaid Services Certified Rural Health Clinics must insert the Certification Number where indicated.*
- 3. Check for Existing Sites** - Sites that appear to be similar or duplicates of the site for which you are applying and have an existing site record will appear in this section. If your site appears on the list, do not create a duplicate site; instead, use the previously established site record. If needed, contact your Division of Regional Operations [state/territorial lead](#) to be added as a Point of Contact for an old record.
- 4. Services and Staffing** - Indicate all applicable comprehensive primary care medical, mental/behavioral, and dental health services provided at your site. Include Substance Use Disorder services, if applicable. Enter full-time employee equivalents for all indicated services. Preview the data elements in this section by viewing the National Health Service Corps Site Data Tables form ([Appendix D](#)).
- 5. Behavioral Health** If you indicate that your site provides behavioral/mental health and/or Substance Use Disorder services on-site, you must complete the "Comprehensive Behavioral Health Services Elements" sections of the application and submit the required documents. State Prisons are exempt from this requirement. Preview the questions in this section, as needed, by viewing the Comprehensive Behavioral Health Services Checklist ([Appendix E](#)). Do not upload the form unless you experience technical issues while entering your responses in the application.
- 6. Payments and Insurance** - Enter the requested data totals for patient visits, insurance payments, and charges, including data applicable to your Sliding Fee Schedule. Have on hand the site's Identification numbers for Medicaid, Medicare (Centers for Medicare and Medicaid Services Certification Number), and the state Children's Health Insurance Program. If needed, you can preview the data elements in this section by viewing the National Health Service Corps Site Data Tables ([Appendix D](#)). Upload all required documentation or you will not be able to submit the application.

7. **Telehealth** – Respond to questions about the use of telehealth services.
8. **Identify POCs** – Review the lists of current and proposed Points of Contact to verify the accuracy of the information. There must be two active Points of Contact for each site. If needed, add Points of Contact.
9. **Review HPSAs** - Use the Health Professional Shortage Area tool, [HPSAFind](#), to verify your site’s shortage designations. Next, review the shortage designations associated with your site, as shown in the application. If you do not see a shortage designation displayed in the application, you may recommend additional shortage designations. Contact your [state/territorial Primary Care Office](#) if you have questions about your shortage designations.
10. **Upload Documents** - Upload all remaining, [required documents for your site-type](#).
11. **Review and Submit** - Review the National Health Service Corps Site Agreement, confirm your site’s compliance with National Health Service Corps requirements, electronically sign the application, and submit the New Site Application or Recertification Application by clicking on the “Submit” tab.

## **SITE POINT OF CONTACT ROLES & RESPONSIBILITIES**

### **RESPONSIBILITIES OF NATIONAL HEALTH SERVICE CORPS-APPROVED SITE POINTS OF CONTACT**

All National Health Service Corps-approved sites must have at least two (2) active Points of Contact at all times, except for *solo* private practices. The assigned Points of Contact must cover the following roles: Administrator, Personnel Verifier, and Recruiter. One Point of Contact can have multiple roles, and sites may have more than two Points of Contact. Except for solo private practices, *National Health Service Corps participants are highly discouraged from being a Point of Contact*, as it may present a conflict of interest.

All Points of Contact must activate and maintain a [Bureau of Health Workforce Customer Service Portal](#) account. The account creation is a two-step process that includes confirming the email address associated with each account.

- 1) **Administrator.** Administrators must own, oversee, or manage a significant portion of their organization. As a site administrator, you should have the ability to answer questions about organization policies and operating procedures. Specifically, you must have express authority to act on behalf of the organization. You will also be required to complete the National Health Service Corps site application and electronically sign the [National Health Service Corps Site Agreement](#). As the administrator, you must:
  - a. Manage the appointed site Points of Contact. You are required to identify at least one (1) additional site [Point of Contact](#) other than yourself and ensure that all three roles are covered. To add a new Point of Contact, have them create and activate a Bureau of Health Workforce Customer Service Portal account. Next, log into your [Bureau of Health Workforce Customer Service Portal](#) account and click on the site’s name. Under “Self-Service,” click on “Manage Points of Contact” and then “Add Another Site Point of Contact (POC).”



- b. Update your roles as needed by clicking “Update My Program Portal Profile” under the “Need Assistance?” section at the bottom of the home screen.
- c. Ensure that your site meets all applicable National Health Service Corps site requirements before and during participation as a National Health Service Corps site. You should not delegate these activities to a National Health Service Corps clinician or a consultant.
- d. Support and appropriately use National Health Service Corps participants as specified below.
- e. Timely respond to requests for and actively participate in site visits from the [Division of Regional Operations](#).
- f. Submit a National Health Service Corps Site Recertification Application every three (3) years, except for auto-approved sites.
- g. Contact the National Health Service Corps through the [Bureau of Health Workforce Customer Service Portal](#) if there are any changes to the site, including the site location, ownership, or to the employment of a National Health Service Corps clinician. To notify the National Health Service Corps, log in to your [Bureau of Health Workforce Customer Service Portal](#), click the name of the site under “Need Assistance,” and then click “Ask a Question.”

If there are National Health Service Corps participants assigned to your site, we expect you to support them in fulfilling their service obligation. National Health Service Corps participants are responsible for meeting all program requirements as a result of receiving their National Health Service Corps scholarship or loan repayment award contract. The [National Health Service Corps Scholarship Program](#), the [National Health Service Corps Students to Service Loan Repayment Program](#), the [National Health Service Corps Loan Repayment Program](#), the [National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program](#), and the [National Health Service Corps Rural Community Loan Repayment Program](#) Application and Program Guidance, respectively, provide the details of the participant commitment. National Health Service Corps participants enter into a contractual agreement with the National Health Service Corps; thus, it is required that National Health Service Corps-approved sites not impede National Health Service Corps participants from fulfilling their service obligation. As the designated National Health Service Corps Site Administrator, you must:

- a. Ensure National Health Service Corps participants work at National Health Service Corps-approved sites with an appropriately designated Health Professional Shortage Area.
- b. Ensure each National Health Service Corps site is approved before permitting a National Health Service Corps participant’s assignment to that site.
- c. Ensure each National Health Service Corps participant understands the minimum shortage designation requirement associated with their specific service obligation.
- d. Ensure National Health Service Corps participants follow the National Health Service Corps minimum hourly and weekly clinical service requirements.



- e. Not reduce the salary of National Health Service Corps clinicians because they receive or have received benefits under the National Health Service Corps Loan Repayment or Scholarship programs.
- f. Allow National Health Service Corps participants to participate in National Health Service Corps Continuing Education, webinars, and conferences.
- g. Provide National Health Service Corps participants appropriate supervision, orientation, training, and mentorship regarding the site's processes and procedures, client population, and primary care practice.
- h. If applicable, facilitate a National Health Service Corps participant site transfer request by ensuring that the Personnel Verifier completes an online Employment Verification Form (EVF) through the [Bureau of Health Workforce Customer Service Portal](#). *Before leaving a site, National Health Service Corps participants submit a transfer request via the BHW Customer Service Portal to change their current site to another approved site.* To ensure that National Health Service Corps-approved sites can continue to meet the needs of patients, we strongly encourage participants to discuss their plans with the approved site first. As part of the transfer process, the participant's current approved service site may submit an email that includes:
  - i. Any clinical competency issues related to the National Health Service Corps participant while employed at the approved site;
  - ii. Any disciplinary action related to the National Health Service Corps participant while employed at the approved site; and
  - iii. Confirmation of the National Health Service Corps participant's last employment date at the approved site.

\*\*\*Upon approval of the transfer request, the Personnel Verifier is responsible for reviewing the National Health Service Corps Employment Verification Forms (EVF) and confirming the participant reported leave for the period of time that the participant has been employed at the approved site.
- i. Make available a participant's personnel documents, communications, and practice-related documents as needed so that the National Health Service Corps can monitor a National Health Service Corps participant's compliance with National Health Service Corps service requirements. Such records should be made available to the National Health Service Corps both during a National Health Service Corps participant's service obligation and after their obligation has ended.

2) **Personnel Verifiers.** Personnel Verifiers verify the employment and service of National Health Service Corps participants. As a Personnel Verifier, you will:

- 1) Complete Employment Verification Forms (EVF) through the [Bureau Of Health Workforce Customer Service Portal](#) at the time of hire. Additional information on completing the Employment Verification Form is available in the Site Point of Contact User Guide.
- 2) Report participant's time away from the site (e.g., vacation, holidays, continuing professional education, illness, or any other reason) on the online In-Service Verification form (ISV) every six months. National Health Service Corps participants are allowed to spend at most seven (7) weeks a year (35 full-time or 35 half-time

workdays, depending on their National Health Service Corps service commitment) away from clinical practice.

- 3) **Recruiters.** Recruiters hire or recruit new employees for the organization. Recruiters will have their contact information listed on the site's profile on the [Health Workforce Connector](#). As a Recruiter, you will:
  - 1) Post all National Health Service Corps-eligible clinical vacancies on the [Health Workforce Connector](#). To post a vacancy, log into the [Bureau of Health Workforce Customer Service Portal](#), click on the site's name, and then under "Self Service," click "Manage Current Job Openings." Under "Relevant Links", consider adding LinkedIn, your public website career page, etc.
  - 2) Complete and periodically update the online site profile using the [Bureau of Health Workforce Customer Service Portal](#). The site profile is a recruiting tool, providing prospective clinicians with a site-specific overview while they search for jobs at qualifying sites.

### **Notifying the National Health Service Corps of Changes to a Participant's Employment or to Site Information**

All National Health Service Corps-approved sites are expected to maintain current, active status as a comprehensive primary care medical, dental, or behavioral health service delivery site by continually meeting the National Health Service Corps requirements outlined in this guide and the National Health Service Corps Site Agreement ([Appendix A](#)).

As a site Point of Contact, you are required to notify the program if there are any changes to the National Health Service Corps participant's employment status before or immediately following the termination, resignation, or change in work hours of a participant. In addition, you will be required to verify the participant's last employment date seeing patients.

Participants who work at a clinic that is not listed in the participant's profile on the [Bureau of Health Workforce Customer Service Portal](#) must immediately notify the National Health Service Corps through the Bureau Of Health Workforce Customer Service Portal. Time spent at unapproved clinics will not count towards the participant's service commitment.

As indicated in the "[Application and Recertification Process](#)" section, Site Administrators must contact the National Health Service Corps through the [Bureau of Health Workforce Customer Service Portal](#) for any changes to the site's location, services, or ownership. The [Division of Regional Operations](#) can provide technical assistance for your specific scenario.

*If an established site changes ownership:*

The site must submit a new application to verify that it meets the National Health Service Corps program requirements. In addition, if a site changes its name, you may be required to provide documentation of the name change. You are encouraged to contact the Division of Regional Operations for additional assistance.

*If there is a change in site information:*

Generally, a New Site Application is not necessary when a site moves locations. However, the Division of Regional Operations must update the address and verify the site is located in and services a Health Professional Shortage Area. If the site adds or changes the scope of services, you should report such changes in the [Bureau of Health Workforce Customer Service Portal](#). The Division of Regional Operations will verify and update site records as necessary.

If a site moves to a new location and the Division of Regional Operations determines the previous shortage designation no longer applies, the site's approval status may be affected. Therefore, you should be aware that a change in designation status or score due to the site's new location could mean that National Health Service Corps participants currently serving at the site will not be eligible for a [National Health Service Corps Loan Repayment Program Continuation Contract](#) award.

### **Inactivating or Terminating a National Health Service Corps-approved Site**

Inactivation of a National Health Service Corps-approved site can occur under the following situations:

- 1) When a site no longer meets the site eligibility requirements;
- 2) When a site elects not to continue as a National Health Service Corps-approved site; and
- 3) When a site misses the recertification deadline.

If a National Health Service Corps-approved site no longer meets established eligibility requirements, the site administrator will be given formal notice of the reasons for inactivation and an opportunity to address the eligibility concerns, if applicable. Inactivated sites may reapply during an open [New Site Application cycle](#).

If your site is no longer operational, the National Health Service Corps status will be changed to terminated. You should report such changes through the [Bureau of Health Workforce Customer Service Portal](#) so that the [Division of Regional Operations](#) can make changes to the site record. If the terminated site reopens under new ownership, the new organization will be required to apply as a new site during an open New Site Application cycle.

Participants assigned to an inactivated or terminated site will be referred to Health Resources and Services Administration's Division of Participant Support and Compliance to determine the impact on their National Health Service Corps service contract. Participants may be required to transfer to another National Health Service Corps-approved site, and if so, they must request a transfer through the [Bureau of Health Workforce Customer Service Portal](#). The site change must be approved and processed by the National Health Service Corps before the participant begins work at the new site. If a participant begins employment at a site before obtaining National Health Service Corps approval, they may not receive service credit for time served at the new site before National Health Service Corps approval. If the National Health Service Corps disapproves the transfer and the participant refuses assignment to another National Health Service Corps-approved service site, the participant may be placed in default.

## **National Health Service Corps Participants' Clinical Service Requirements for Full-time and Half-time Service**

To maintain a successful partnership, National Health Service Corps participants and Points of Contact should possess a firm understanding of the National Health Service Corps clinical service requirements of each assigned National Health Service Corps clinician. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in Critical Access Hospitals and Indian Health Service Hospitals, refer to the [National Health Service Corps Loan Repayment Program](#) and [Scholarship Program](#) websites and review the respective [National Health Service Corps Loan Repayment Program](#), [Substance Use Disorder Workforce Loan Repayment Program](#), [Rural Community Loan Repayment Program](#), [Student to Service Loan Repayment Program](#) and/or [Scholarship Program](#) Application and Program Guidance.

National Health Service Corps participants exercising the Private Practice Option (PPO) are not eligible for half-time service. Clinical time spent “on call” will not be counted towards the service commitment, except to the extent the provider is directly treating patients during that period.

### **Hospital Considerations**

National Health Service Corps participants serving at a Centers for Medicaid and Medicare Services-approved Critical Access Hospital or Indian Health Service hospital must abide by the associated outpatient clinical hours identified in their respective National Health Service Corps contract.

- The National Health Service Corps excludes the following disciplines from working at Critical Access Hospitals or Indian Health Service hospitals:
  - Dental providers, and
  - Behavioral health providers:
    - Health Service Psychologists
    - Licensed Clinical Social Workers
    - Licensed Professional Counselors
    - Marriage and Family Therapists
    - Substance Use Disorder Counselors

### **School-Based Clinic Considerations**

National Health Service Corps participants working at school-based clinics that are not open for at least 45 weeks per year can work at additional National Health Service Corps-approved site(s) to meet the National Health Service Corps' clinical practice requirements. The additional National Health Service Corps-approved site(s) must satisfy the participant's program shortage designation requirements. If National Health Service Corps participants do not have an alternate National Health Service Corps-approved site to fulfill their clinical practice requirement, we will extend their service obligation to account for the time when the school is closed.

## **RECRUITING AND RETAINING A NATIONAL HEALTH SERVICE CORPS CLINICIAN**

### **CLINICIAN RECRUITMENT AND RETENTION PLAN**

Recruiting and retaining clinicians is critical for your site's financial sustainability and ensuring that patients from underserved communities have access to needed care. Therefore, your recruitment and retention plan should contain strategies to promote clinician resiliency and reduce burnout so your site can maintain optimal patient care, improve patient satisfaction, and prevent unnecessary expenses related to repeated recruitment. If you need technical assistance, please contact your [Division of Regional Operations](#) state/territorial Lead or refer to [Appendix H](#) for a sample Clinician Recruitment and Retention Plan.

### **NATIONAL PRACTITIONER DATA BANK (NPDB)**

As part of its mission to improve health care quality, protect the public, and reduce health care fraud and abuse in the United States, Health Resources and Services Administration maintains the [National Practitioner Data Bank](#).

In accordance with the National Health Service Corps Site Agreement item #4, **the National Health Service Corps requires that all National Health Service Corps-approved sites use, at a minimum, a clinician credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank of those clinicians for whom the National Practitioner Data Bank maintains data.** This is especially important during the employment verification of a new National Health Service Corps participant or applicant.

The National Practitioner Data Bank is a flagging system that serves to alert a National Health Service Corps-approved site about medical malpractice payments and certain adverse actions regarding a participant. When the National Health Service Corps-approved site receives a report from the National Practitioner Data Bank, it is prudent that you use this alert to complete a more comprehensive review of the qualifications and background of the clinician. The National Health Service Corps strongly encourages National Health Service Corps-approved sites to utilize the National Practitioner Data Bank information in combination with other sources in making determinations on employment, affiliation, clinical privileges, certification, licensure, or other decisions.

### **HIRING A NATIONAL HEALTH SERVICE CORPS PARTICIPANT**

Once your site is approved, you can hire a National Health Service Corps participant. If a participant begins employment at your site before it is National Health Service Corps approved, the time served will NOT count toward the participant's service obligation. For the National Health Service Corps clinician to receive service credit, the site must be an approved National Health Service Corps site, and the clinician must receive approval to start the service obligation at the site.

It is important to remember that National Health Service Corps site approval does not automatically guarantee your staff member's eligibility for an award. Your National Health Service Corps site approval is separate and independent from the participant's National Health Service Corps award eligibility requirements, selection factors, and funding preferences.

To hire a clinician from the National Health Service Corps Scholarship Program or Students to Service Loan Repayment Program, your site must meet the published Health Professional Shortage Area score threshold for the applicable **program, discipline, and placement year**. The National Health Service Corps will publish the minimum designation score required to recruit a participant each year. Refer to the National Health Service Corps website for [Scholar](#) and [Students to Service](#) updates regarding this information.

#### **HIRING LIMITATIONS OF NATIONAL HEALTH SERVICE CORPS SCHOLARS OR NATIONAL HEALTH SERVICE CORPS STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM PARTICIPANTS**

The National Health Service Corps Scholarship Program allows one (1) scholar **per discipline** to serve at a given National Health Service Corps-approved site within a yearly placement cycle. The National Health Service Corps Students to Service Loan Repayment Program allows one (1) participant to serve at a given National Health Service Corps-approved site within a yearly placement cycle. There are no limitations to the number of National Health Service Corps Loan Repayment Program participants at your National Health Service Corps-approved site. National Health Service Corps scholars do not count against the number of allowed National Health Service Corps Students to Service Loan Repayment Program participants at your site. Likewise, National Health Service Corps Students to Service Loan Repayment Program participants do not count against the number of National Health Service Corps scholars allowed at your site. For more information and to request an exception to this policy, visit the [National Health Service Corps Sites webpage](#) and submit the [Additional Clinician Request Form](#).

#### **JOB OFFER**

If you offer a position to a National Health Service Corps Scholar or National Health Service Corps Students to Service Loan Repayment Program participant, your job offer letter must:

- 1) Be an official letter on organization letterhead;
- 2) Include written confirmation of full-time or half-time employment;
- 3) List the discipline, specialty, and number of hours the participant will work per week;
- 4) Include the name and full address of the National Health Service Corps site(s) where the participant will be working (if multiple sites, include information for each site and the number of hours the participant will work per week);
- 5) Include the anticipated employment start date;
- 6) State whether your site will pay for the clinician's malpractice insurance and tail coverage for the duration of employment; and
- 7) Include your site representative's contact information, title, and signature.

#### **HEALTH WORKFORCE CONNECTOR**

Once your site is approved for the National Health Service Corps, you can post job vacancies on the [Health Workforce Connector](#) to recruit National Health Service Corps clinicians. The Health Workforce Connector is a quick and easy way to advertise job vacancies at National Health Service Corps-approved sites. This online platform allows sites to reach thousands of clinicians seeking employment in underserved communities. You may update your [site profile](#) on the [Health Workforce Connector](#) through the [Bureau of Health Workforce Customer Service Portal](#). For more

information on creating and managing the site profile, refer to the [Site Point of Contact User Guide](#). Additionally, review the Health Workforce Connector [Instructions](#).

## **SITE VISITS AND TECHNICAL ASSISTANCE**

### **NATIONAL HEALTH SERVICE CORPS SITE VISIT**

We conduct site visits in collaboration with the [state/territorial Primary Care Office](#) to provide you with technical assistance; meet with National Health Service Corps participants; promote other Bureau of Health Workforce and Health Resources and Services Administration programs; and ensure National Health Service Corps program integrity. A [Division of Regional Operations](#) staff member will discuss and evaluate your site documents during the visit to understand how you implement your policies, learn more about your site, and review the National Health Service Corps Site Agreement ([Appendix A](#)) and the [National Health Service Corps Site Reference Guide](#) with you. For more information to prepare for a site visit, refer to the [National Health Service Corps Sites webpage](#).

### **EXPECTATIONS DURING A SITE VISIT**

Along with an evaluation of the site's understanding and implementation of the National Health Service Corps site and participant requirements, the site visit also provides the following:

- A setting where we can provide site-specific technical assistance on program requirements;
- An opportunity to share National Health Service Corps recruitment and retention resources; and
- A venue where we can meet with program participants to assess any technical assistance needs and receive feedback about the National Health Service Corps program.

Before the site visit, we will request the list of required supporting documents as noted in the [exemption table](#). We reserve the right to request access to (or copies of) additional documents during the site visit. These materials may also be reviewed by Division of Regional Operations staff in advance of the actual site visit. More information to prepare for a site visit can be found on the [National Health Service Corps Sites webpage](#).

### **FREQUENCY OF NATIONAL HEALTH SERVICE CORPS SITE VISITS**

We may conduct a pre-decisional site visit as determined necessary to ensure compliance with National Health Service Corps program requirements. Existing approved sites should anticipate periodic site visits while participating in the National Health Service Corps program to confirm adherence to all site requirements. We will reach out to you to schedule your site for either a virtual or on-site site visit anytime while your site is an active National Health Service Corps site.

### **ADDRESSING NATIONAL HEALTH SERVICE CORPS SITE ELIGIBILITY CONCERNS**

Site eligibility concerns can arise at the time of the New Site Application, Recertification, or during a site visit. In addition, site eligibility concerns can be raised, at any point during the site's approval period, from National Health Service Corps participants, state/territorial Primary Care Offices, other Bureau of Health Workforce Divisions, Health Resources and Services Administration Bureaus and Offices, or other external stakeholders. There are two separate



processes to address site eligibility concerns, depending on whether the site is an applicant site or an existing site. The term “applicant site” includes both new and recertifying sites.

- ***Process for Addressing National Health Service Corps Site Eligibility for New and Recertifying Applicant Sites during Application Cycles.***

The [Division of Regional Operations](#) renders the final decision for National Health Service Corps site approval and may disapprove your application if: 1) your site does not meet the National Health Service Corps site eligibility requirements outlined in the most current National Health Service Corps Site Reference Guide and National Health Service Corps Site Agreement, or 2) your Site Application is incomplete or contains illegible or non-compliant documents. You will receive an email notification from the [Bureau Of Health Workforce Customer Service Portal](#) of the final decision. A copy will also be sent to the [state/territorial Primary Care Office](#). If disapproved, you are encouraged to discuss your site application with your [Division of Regional Operations staff](#) and may request technical assistance to reapply during the next open application cycle.

- ***Process for Addressing Site Eligibility in Existing National Health Service Corps-Approved Sites.***

If the Division of Regional Operations determines that an **existing** National Health Service Corps-approved site does not meet the National Health Service Corps site eligibility requirements outlined in the National Health Service Corps Site Reference Guide and National Health Service Corps Site Agreement, *outside of application cycles*, the following steps will take place:

1. The Division of Regional Operations will contact you via email to identify the specific violation of the National Health Service Corps Site Reference Guide or National Health Service Corps Site Agreement, the requested remedy to that violation, and a thirty (30) calendar day timeframe for submitting sufficient documentation demonstrating that you addressed and fulfilled the requested remedy.
2. A “flag” may be placed in your site record to alert the Bureau of Health Workforce staff that there is an eligibility concern. The “flag” may be considered by the Bureau of Health Workforce staff in relation to placing additional National Health Service Corps participants at the existing site.
3. The Division of Regional Operations will provide all necessary technical assistance to the existing site to assist with the remedy. The technical assistance may include a site visit or phone audit by the Division of Regional Operations.
4. If your site fails to provide an acceptable response to the Division of Regional Operations within thirty (30) calendar days, your site will be inactivated. The reviewing Division of Regional Operations staff member will email you the decision letter and send a copy to the state/territorial Primary Care Office. Your site status will be updated to “inactive.” A site inquiry will be sent to the Division of Participant Support and Compliance to notify them of the site inactivation in the event there are National Health Service Corps participants present at the site.  
*(NOTE: On rare occasions, and as deemed necessary by the Division of Regional Operations, your site may be granted a thirty (30) day extension if you*



*demonstrated due diligence in trying to meet National Health Service Corps site eligibility requirements.)*

5. If your site provides an acceptable response to the Division of Regional Operations within the initial or final thirty (30) calendar days, your site will remain active in the Bureau of Health Workforce Management Information System Solution and the “flag” will be removed from the site record.

#### **ADDRESSING SITE CONCERNS UNRELATED TO THE NATIONAL HEALTH SERVICE CORPS**

Occasionally, the Health Resources and Services Administration Bureau of Health Workforce will receive concerns about National Health Service Corps-approved sites that are outside of its program authority and the terms of the National Health Service Corps Site Agreement (e.g., contractual disputes with site, allegations of Medicaid fraud, workplace discrimination). In these situations, the Health Resources and Services Administration Bureau of Health Workforce may refer complainants to the appropriate program authority (e.g., the site’s Board of Directors, the Department of Health and Human Services’ Office of Inspector General, the Health Resources and Services Administration Office of Civil Rights, Diversity, and Inclusion) to address the concerns.

## **GLOSSARY**

For an expanded list of terminologies, refer to the [Bureau Of Health Workforce Health Workforce Glossary](#).

**Additional Comprehensive Behavioral Health Service Elements** (i.e., Non-Core Elements) – National Health Service Corps-approved Comprehensive Primary Behavioral Health/Mental Health Service sites must demonstrate patient access to Diagnosis, Therapeutic Services, Short/long-term hospitalization, Crisis/Emergency Services, Consultative Services, and Case Management. Non-core element services may be provided on-site, off-site, through referral, affiliation, or contract.

**Approved Alternative Setting** – Alternative settings include any setting in a Health Professional Shortage Area at which the clinician is directed to provide care by the National Health Service Corps-approved site (e.g., hospitals, nursing homes, and shelters). The alternative sites must provide services that are appropriate for the discipline and specialty of the clinician and the services provided. Services at alternative sites must be an extension of the comprehensive primary care provided at the National Health Service Corps-approved site.

**Automatically Approved National Health Service Corps Site** – Eligible auto-approved National Health Service Corps sites are those sites that may be recognized by the National Health Service Corps as meeting all National Health Service Corps site requirements, and have reviewed and signed the National Health Service Corps Site Agreement, while remaining in compliance with their respective program requirements. The following may be eligible auto-approved National Health Service Corps sites: 1) Federally Qualified Health Centers, 2) Federally Qualified Health Center Look-Alikes, 3) Indian Health Service Facilities, 4) Tribally Operated 638 Health Programs, 5) Urban Indian Health Programs, 6) Federal prisons, and 7) Immigration and Customs Enforcement Health Service Corps sites.

**Bureau of Health Workforce**– The bureau within the Health Resources and Services Administration that administers the National Health Service Corps and Nurse Corps scholarship and loan repayment programs, the Faculty Loan Repayment Program, Native Hawaiian Health Scholarship Program, and grants for State Loan Repayment Programs.

**Centers for Medicare & Medicaid Services** – An operating agency of the Department of Health and Human Services. Visit the [Centers for Medicare & Medicaid Services website](#) for more information.

**[Centers for Medicare & Medicaid Services Certified Rural Health Clinic](#)**– A facility certified by the Centers for Medicare & Medicaid Services under section 1861(aa)(2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. Rural Health Clinics are located in a non-urbanized area with an insufficient number of health care practitioners and provide outpatient primary care services, routine diagnostic, and clinical laboratory services. Rural Health Clinics have a nurse practitioner, a physician assistant, or a certified nurse-midwife available to furnish patient care services not less than 50 percent of the time the clinic operates. View the [Rural Health Clinic fact sheet](#) for more information. To search for a Rural Health Clinic, visit the [Survey & Certification's Quality, Certification and Oversight Reports \(QCOR\) site](#).

**Clinical-Related Administrative, Management or Other Activities** – May include charting, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure, and other non-treatment related activities pertaining to the participant’s approved National Health Service Corps practice. Any time spent in a management role is also considered an administrative activity. The duties of a medical director are considered primarily administrative, and National Health Service Corps participants serving in such a capacity should keep in mind that they cannot count more than 4 hours per week of administrative and/or management time if serving full-time (2 hours if serving half-time) toward the total required 40 hours per week (or 20 hours per week in the case of half-time service).

**Community-Based Settings** – Facilities open to the public that may or may not be located in a Health Professional Shortage Area, but expand the accessibility of health services by fostering a health-promoting environment and may provide comprehensive primary behavioral health care services. These facilities may function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. National Health Service Corps service completed in community-based settings are only applicable to behavioral health providers as directed by the National Health Service Corps-approved site, and must be an extension of the National Health Service Corps-approved site services to other geographic locations.

**Community Mental Health Center**– An entity that meets applicable licensing or certification requirements for Community Mental Health Centers in the state in which it is located. Effective March 1, 2001, in the case of an entity operating in a state that by law precludes the entity from providing the screening services, the entity may provide for such service by contract with an approved organization or entity (as determined by the Secretary) that, among other things, meets applicable licensure or certification requirements for Community Mental Health Centers in the state in which it is located. A Community Mental Health Center may receive Medicare reimbursement for partial hospitalization services only if it demonstrates that it provides such services.

**Comprehensive Community-Based Primary Behavioral Health Setting or Facility** – A site that provides comprehensive primary behavioral health care services as defined by National Health Service Corps. The site must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The site must offer or ensure access to ancillary, inpatient, and specialty referrals.

**Comprehensive Primary Behavioral Health Services** – Services that include, but are not limited to: screening and assessment; diagnosis; treatment plans; therapeutic services (including access to psychiatric medication prescribing and management, chronic disease management, and substance use disorder treatment); crisis care (including 24-hour crisis call access); case management; consultative services; and care coordination. Sites providing such services must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The site must also offer or ensure access to ancillary, inpatient, and specialty referrals. Refer to [National Health Service Corps Comprehensive Behavioral Health Services Checklist](#) for detailed definitions.

**Comprehensive Primary Care** – A continuum of care not focused or limited to gender identity, organ system, a particular illness, or categorical population (e.g., developmentally disabled or those with cancer).

**Core Comprehensive Primary Behavioral Health Services** – National Health Service Corps sites must provide the following services on-site and not through affiliation agreements: screening and assessment, treatment plans, and care coordination.

**Correctional Facility** – The National Health Service Corps recognizes state and federal prisons. State prisons are clinical sites administered by the state. Federal prisons are designated institutions and/or facilities from the United States Department of Justice, Federal Bureau of Prisons. Federal prisons may be eligible as auto-approved if these facilities continue to provide comprehensive primary medical, dental, and behavioral health care services, and meet the National Health Service Corps requirements. Visit the [Federal Bureau of Prisons website](#) for more information. **Clinical sites within city, county and local correctional facilities are not eligible as an National Health Service Corps-approved site.**

**Critical Access Hospital**—The National Health Service Corps recognizes the entire Critical Access Hospital as a service delivery site (to include the Emergency Room, swing bed unit, and skilled nursing facility). The Critical Access Hospital must provide comprehensive primary care and related inpatient services. Critical Access Hospitals must apply for site approval in conjunction with an affiliated, outpatient clinic by either submitting separate site applications during the same application cycle, or by demonstrating an affiliation with an outpatient clinic that has previously submitted a site application and has been approved. The Critical Access Hospital must also demonstrate an affiliation (either through direct ownership or affiliation agreements) with an outpatient, primary care clinic. National Health Service Corps clinical practice requirements vary for National Health Service Corps clinicians working at Critical Access Hospitals. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in Critical Access Hospitals, refer to the [National Health Service Corps website](#) and review the respective [National Health Service Corps Loan Repayment Program](#), [Students to Service Loan Repayment Program](#) and/or [Scholarship Program](#) Application and Program Guidance. Learn more about [Critical Access Hospitals](#).

**Disapproved Site** – A site that fails to meet the National Health Service Corps statutory and programmatic eligibility requirements and does not receive approval by the National Health Service Corps.

**Division of Policy and Shortage Designation** – One of several divisions within Bureau of Health Workforce; serves as the focal point for the development of Bureau of Health Workforce programs and policies by leading and coordinating the analysis, development, and drafting of policies impacting Bureau of Health Workforce programs, recommending and approving shortage designation requests, overseeing cooperative agreements to [state/territorial Primary Care Offices](#), and supporting other Bureau of Health Workforce activities. Learn more information about [shortage designation](#).

**Division of Regional Operations** – One of several divisions within Bureau of Health Workforce; consists of 10 regional Health Resources and Services Administration offices that are primarily responsible for promoting Bureau of Health Workforce programs, conducting National Health Service Corps site visits, approving National Health Service Corps Site Applications, providing National Health Service Corps scholar support, and supporting other Bureau of Health Workforce activities. Contact a [Division of Regional Operations representative](#).

**Federal Poverty Guidelines** – The [Federal Poverty Guidelines](#) are issued each year in the *Federal Register* by the Department of Health and Human Services. The Guidelines are a simplification of the poverty thresholds for use for administrative purposes — for instance, determining financial eligibility for certain federal programs.

**Federally Qualified Health Centers**– A Medicare/Medicaid designation administered by the Centers for Medicare and Medicaid Services. Eligible organizations include organizations receiving grants under Section 330 of the Public Health Service Act, look-alikes, and certain tribal organizations. (See Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act). For more information, visit the [Bureau of Primary Health Care website](#).

**Formal Affiliation Agreement** – Written agreement that sets forth the terms and conditions under which two organizations agree to furnish integrated services to better meet patient and client needs. All affiliated entities for primary behavioral health care should accept applicable public insurance and offer National Health Service Corps-approved discounts to those with low incomes and agree to see all patients regardless of their ability to pay.

**Free Clinic** – A medical facility offering community health care on a free or very low-cost basis. Care is generally provided in these clinics to persons who have lower or limited income and no health insurance, including persons who are not eligible for Medicaid or Medicare. Almost all free clinics provide care for acute, non-emergent conditions. Many also provide a full range of primary care services (including preventive care) and care for chronic conditions.

**Health Professional Shortage Area** – A Health Professional Shortage Area is a geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of the Department of Health and Human Services to have a shortage of primary medical care, dental, or mental health professionals based on criteria defined in regulation. Information considered when designating a primary care Health Professional Shortage Area includes health provider to population ratios, rates of poverty, and access to available primary health services. Health Professional Shortage Areas are designated by the Shortage Designation Branch, within Health Resources and Services Administration’s Bureau of Health Workforce, pursuant to Section 332 of the Public Health Service Act (42 United States Code 254e), and implementing regulations (42 Code of Federal Regulations Part 5).

**Health Resources and Services Administration** – An operating agency of the United States Department of Health and Human Services.

**Health Workforce Connector** – The [Health Workforce Connector](#) is a searchable database of open job opportunities and information on National Health Service Corps sites.

**Immigration and Customs Enforcement Health Service Corps sites** – Clinical sites administered by the U.S. Immigration, Customs, and Enforcement Agency with the Department of Homeland Security. [Immigration and Customs Enforcement Health Service Corps](#) sites may be eligible as auto-approved if these sites provide comprehensive primary medical, dental and behavioral and mental health care services, and meet the National Health Service Corps requirements.

**Indian Health Service Facilities, Tribally Operated 638 Programs, and Urban Indian Health Clinic** – A health care facility (whether operated directly by the IHS or by a tribe or tribal organization contracting with the IHS pursuant to the Indian Self-Determination and Education Assistance Act, codified at 25 United States Code 450 et seq.; or by an urban Indian organization receiving funds under Subchapter IV of the Indian Health Care Improvement Act, codified at 25 United States Code 1651 et seq.), which provides clinical treatment services to eligible American Indians and Alaska Natives on an outpatient basis. Visit the [Indian Health Service website](#) to learn more.

**Indian Health Service Hospitals** – A collective term that includes hospitals that are both Indian Health Service-owned and Indian Health Service -operated, or Indian Health Service -owned and tribally operated (i.e., a federal facility operated by a tribe or tribal organization contracting with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act), which provide both inpatient and outpatient clinical treatment services to eligible American Indians and Alaska Natives. This term does not include hospitals that are both tribally owned and tribally operated. The National Health Service Corps recognizes the entire Indian Health Service Hospital as a service delivery site (to include the Emergency Room, swing bed unit, and skilled nursing facility). IHS hospitals must provide comprehensive primary care and related inpatient services. IHS hospitals must apply for site approval in conjunction with an affiliated, outpatient clinic by either submitting separate site applications during the same application cycle, or by demonstrating an affiliation with an outpatient clinic that has previously submitted a site application and has been approved. Indian Health Service Hospitals must also demonstrate an affiliation (either through direct ownership or affiliation agreements) with an outpatient, primary care clinic. National Health Service Corps clinical practice requirements vary for National Health Service Corps clinicians working at Indian Health Service hospitals. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in IHS hospitals, refer to the [National Health Service Corps website](#) and review the respective [National Health Service Corps Loan Repayment Program](#), [Students to Service Loan Repayment Program](#) and/or [Scholarship Program](#) Application and Program Guidance.

**Medications for Opioid Use Disorder** – An approach to opioid use treatment that combines the use of FDA-approved drugs with counseling and behavioral therapies for people diagnosed with opioid use disorder. Historically, pharmacological treatment for opioid use disorder was referred to as “Medications for Addiction Treatment.” However, the term “Medications for Opioid Use Disorder” has been determined to be more appropriate. Therefore, Bureau of Health Workforce trainings, resources and website will adopt the term Medication for Opioid Use Disorder moving forward.

**Mobile Units/Clinics** – The National Health Service Corps recognizes Mobile Units/Clinics as medical vehicles (e.g., mobile health vans) that travel to underserved rural and urban communities, providing a majority (>50%) of primary care services to individuals located in a Health Professional Shortage Area.

**National Health Service Corps** – “The Emergency Health Personnel Act of 1970,” Public Law 91-623, established the National Health Service Corps on December 31, 1970. The [National Health Service Corps](#), within the Department of Health and Human Services, was created to eliminate health professional shortages through the assignment of trained health professionals to provide primary health services in Health Professional Shortage Areas. The National Health Service Corps seeks to improve the health of underserved Americans by bringing together communities in need with qualified primary health care professionals.

**National Health Service Corps-Approved Site** – Each health care site must submit a National Health Service Corps Site Application to become an [National Health Service Corps-approved site](#). In order for a site to be eligible for National Health Service Corps approval, it must meet all applicable eligibility requirements as set forth in the National Health Service Corps Site Agreement and National Health Service Corps Site Reference Guide. If the site application is approved, the site becomes a National Health Service Corps-approved site. All National Health Service Corps-approved sites must continuously meet National Health Service Corps requirements.

**National Health Service Corps Loan Repayment Program** – Under the [National Health Service Corps Loan Repayment Program](#), participants provide full-time or half-time primary health services in HPSAs in exchange for funds for the repayment of their qualifying educational loans. The National Health Service Corps Loan Repayment Program selects fully trained and licensed primary health care professionals dedicated to meeting the health care needs of medically underserved Health Professional Shortage Area communities.

**National Health Service Corps Loan Repayment Program Continuation Contract** – An optional one-year extension of a National Health Service Corps Loan Repayment Program contract. The award level is dependent on the service status (i.e., half- or full-time clinical practice) and the particular year of additional support. National Health Service Corps Loan Repayment Program participants must meet all program eligibility criteria in effect at the time they are being considered for a continuation contract, which includes providing documentation that all previously received National Health Service Corps Loan Repayment Program payments were applied to reduce their qualifying educational loans. A continuation contract will not take effect until the current contract is completed and the continuation contract has been countersigned by the Secretary of the Department of Health and Human Services or their designee. A National Health Service Corps Loan Repayment Program participant cannot be guaranteed a continuation contract and is contingent upon the availability of funding.

**National Health Service Corps Rural Community Loan Repayment Program** – The [National Health Service Corps Rural Community Loan Repayment Program](#) recruits and retains medical, nursing, and behavioral/mental health clinicians with specific training and credentials to provide evidence-



based Substance Use Disorder treatment in communities designated as “rural” by the Health Resources and Services Administration and in Health Professional Shortage Areas.

**National Health Service Corps Scholarship Program** – The [National Health Service Corps Scholarship Program](#) is a competitive federal program that awards scholarships to students pursuing primary care health professions training. In return for each school year or partial school year of National Health Service Corps scholarship support received, students agree to provide full-time primary care services for one (1) year in a National Health Service Corps-approved service site located in or serving a Health Professional Shortage Area. For each school year or partial school year of scholarship support received, there is a minimum 2-year service commitment with a maximum 4-year commitment.

**National Health Service Corps Site Data Tables** – A site reporting tool - [Site Data Tables](#) (Appendix D) used by the National Health Service Corps to collect the required information from sites at time of application, recertification, and National Health Service Corps site visits upon request.

**National Health Service Corps Students to Service Loan Repayment Program** – The [National Health Service Corps Students to Service Loan Repayment Program](#) is a competitive federal program that provides loan repayment awards to medical and dental students in their final year of school. In exchange for loan repayment, these individuals agree to provide primary health care services for a 3-year service commitment at National Health Service Corps-approved treatment facilities located in or serving Health Professional Shortage Areas.

**National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program** – The [National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program](#) recruits and retains medical, nursing, and behavioral/mental health clinicians with specific training and credentials to provide evidence-based Substance Use Disorder treatment and counseling in eligible communities of need designated as Health Professional Shortage Areas. Participants receive loan repayment to reduce their educational financial debt in exchange for a service obligation to work at National Health Service Corps-approved Substance Use Disorder treatment facilities.

**National Practitioner Data Bank** – The [National Practitioner Data Bank](#) is a confidential information clearinghouse created by Congress with the primary goals of improving health care quality, protecting the public, and reducing health care fraud and abuse in the United States. This health workforce tool provides eligible health care entities information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers.

**Non-Opioid Outpatient Substance Use Disorder Treatment Facility** – Sites other than [Opioid Treatment Programs](#) and Office-based Opioid Treatment practices that provide outpatient Substance Use Disorder treatment services to patients with Substance Use Disorder needs.

**Office-based Opioid Treatment Facility** – Clinical practice, other than Substance Abuse and Mental Health Services Administration certified Opioid Treatment Programs, that provides office-based Medications for Opioid Use Disorder services to patients with opioid use disorder.



**Opioid Treatment Program** – Sites that provide Medications for Opioid Use Disorder and are [certified by the Substance Abuse and Mental Health Services Administration](#), in accordance with 42 Code of Federal Regulations Part 8. Opioid Treatment Programs must also be accredited by an independent, Substance Abuse and Mental Health Services Administration-approved accrediting body to dispense opioid treatment medications, licensed by the state in which they operate, and must register with the Drug Enforcement Agency through a local Drug Enforcement Agency office.

**Patient Care for Behavioral Health Providers** – Time spent providing one or more of the comprehensive behavioral health services as defined under “**Comprehensive Primary Behavioral Health Services.**”

**Primary Care** – The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

**Primary Health Services** – Health services including family medicine, internal medicine, pediatrics, geriatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other health professionals, and for purposes of the National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program and the National Health Service Corps Rural Community Loan Repayment Program, includes clinical substance use disorder treatment services.

**Public Health Department Clinic** – Primary or mental health clinics operated by a state, county, or local health department.

**Rural** – A geographical area located in a non-metropolitan county, or an area located in a metropolitan county designated by [the Federal Office of Rural Health Policy](#) as being considered rural. *Note:* To determine whether a geographical area is considered rural as determined by the Federal Office of Rural Health Policy, use the [Rural Health Grants Eligibility Analyzer](#).

**School-Based Clinics** – A part of a system of care located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; organized through school, community, and health provider relationships. This facility provides - through health professionals - primary health services to school aged children and adolescents in accordance with federal, state, and local law, including laws relating to licensure and certification. In addition, this site satisfies such other requirements as a state may establish for the operation of such a clinic. School-Based Clinics are not affiliated with Federally Qualified Health Centers/Look-Alikes. Therefore, they are non-auto-approved sites. However, School-Based Health Centers or School Based Programs are part of the scope of work of approved Federally Qualified Health Centers/Look-Alikes.

**Site Point of Contact** – A Point of Contact is a person who serves as the coordinator or focal point of information concerning Bureau of Health Workforce programs and activities. A single organization may have multiple Points of Contact depending on the programs the organization is

involved in and the role of the identified Points of Contact. Specifically, the Bureau of Health Workforce is interested in Points of Contact who are:

- 1) Administrators – own oversee, or manage a significant portion of their organization and have the ability to answer questions about organization policies and operating procedures;
- 2) Personnel Verifiers – manage and can confirm employment status, work schedules, and absences of employees within their organization;
- 3) Recruiters – recruit new employees for the organization.

**Sliding Fee Scale or Discounted Fee Schedule** – A Sliding Fee Scale or discounted fee schedule is a set of discounts that are applied to a practice’s schedule of charges for services, based upon a written policy that is non-discriminatory.

**Solo or Group Private Practice** – A clinical practice that is made up of either one or many providers in which the providers have ownership or an invested interest in the practice. Private practices can be arranged to provide primary medical, dental and/or mental health services and can be organized as entities on the following basis: fee-for-service; capitation; a combination of the two; family practice group; primary care group; or multi-specialty group.

**State or Territory Primary Care Offices** – [State and territory based Primary Care Offices](#) provide assistance to communities seeking Health Professional Shortage Areas designations and recruitment assistance as National Health Service Corps-approved sites. Primary Care Offices work collaboratively with Primary Care Associations and the National Health Service Corps Program to increase access to primary and preventive health care and improve the health status of underserved and vulnerable populations.

**Substance Use Disorder** – Involves the overuse of, or dependence on, one or more substances leading to a clinically significant impairment whose effects are detrimental to the individual’s physical and mental health, or the welfare of others.

**Substance Use Disorder Treatment** – Refers to Substance Use Disorder-related care that is delivered based on a standardized assessment of Substance Use Disorder treatment needs.

**Substance Use Disorder Treatment Facility** – A collective term used to refer to [Opioid Treatment Programs](#), Office-Based Opioid Treatment facilities, and non-opioid outpatient Substance Use Disorder treatment facilities. National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program applicants must work at a Substance Use Disorder Treatment Facility.

**Telemedicine/Telehealth** – The practice of medicine in accordance with applicable federal and state laws by a practitioner who is at a location remote from the patient; and is communicating with the patient, or health care professional who is treating the patient, using a telecommunications system referred to in regulation.

National Health Service Corps participants must comply with all applicable telemedicine policies of their site, as well as all-applicable federal and state rules and policies regarding telemedicine services.

National Health Service Corps participants who are performing telehealth are encouraged to utilize Health Resources and Services Administration's [Telehealth Resource Centers](#). These centers provide free telehealth technical assistance and training for providers using telehealth.

Subject to the restrictions below, the National Health Service Corps will consider telehealth as patient care when both the **originating site** (location of the patient) and the **distant site** (location of the National Health Service Corps participant) are located in a Health Professional Shortage Area and are National Health Service Corps approved. All National Health Service Corps participants who are providing telehealth services are subject to the restrictions below:

- a. The participant must be practicing in accordance with applicable licensure and professional standards.
- b. National Health Service Corps participants must be available, at the discretion of the National Health Service Corps-approved site, to provide in-person care at the direction of each telehealth site on the Loan Repayment Program application, regardless of whether such sites are distant or originating.
- c. Telehealth may be conducted to or from an approved alternative setting as directed by the participant's National Health Service Corps-approved site. All service completed in an approved alternative setting is restricted to the program guidelines. For more information, please see the definition for approved alternative setting in the appropriate National Health Service Corps Application and Program Guidance.
- d. Self-employed clinicians are not eligible to earn National Health Service Corps service credit for telehealth services.
- e. Telehealth services must be furnished using an interactive telecommunications system, defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient at the originating site and the National Health Service Corps participant at the distant site. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

**Tribal Health Program** – An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service through, or provided for in, a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et. seq.).

**Uninsured** – Individuals with no private health insurance, Medicare, Medicaid, state Children's Health Insurance Program, state-sponsored, other government, or military health insurance coverage.

**Underinsured** – Individuals with public or private insurance policies that do not cover all necessary medical services, resulting in out-of-pocket expenses that exceed their ability to pay.

## **APPENDIX A: SITE AGREEMENT**



**National Health Service Corps**

### **SITE AGREEMENT**

**National Health Service Corps (NHSC) approved sites must meet all requirements stated below at the time of application and must continue to meet the requirements in order to maintain status as a National Health Service Corps-approved site.**

1. Is an eligible site type for National Health Service Corps approval, and is located in and treats patients from a federally designated [Health Professional Shortage Area \(HPSA\)](#).
2. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. *[May or may not be applicable to Indian Health Service, Tribal or Urban Indian Health Clinics (ITUs), free clinics, or correctional facilities].*
  - a. Uses a schedule of fees or payments for services consistent with locally prevailing rates or charges and designed to cover the site's reasonable costs of operation. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
  - b. Uses a [discounted/sliding fee schedule](#) to ensure that no one who is unable to pay will be denied access to services, and the discount must be applicable to all individuals and families with annual incomes at or below 200 percent of the most current Federal Poverty Guidelines (FPG). The sliding fee schedule must also provide a full discount for individuals and families with annual incomes at or below 100 percent of the Federal Poverty Guidelines, with allowance for a nominal charge only, consistent with site's policy; Must adjust fees (partial sliding fee discount), reflecting nominal charges, based solely on family size and income and no other factors for individuals and families with

incomes above 100 percent and at or below 200 percent of the Federal Poverty Guidelines. *(May or may not be applicable to Indian Health Service, Tribal or Urban Indian Health Clinics, free clinics, or correctional facilities.)*

- c. Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party. *(May or may not be applicable to Indian Health Service, Tribal or Urban Indian Health Clinics, free clinics, or correctional facilities.)*
  - d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable state agency for Medicaid and CHIP beneficiaries. *(May or may not be applicable to Indian Health Service, Tribal or Urban Indian Health Clinics, free clinics, or correctional facilities.)*
  - e. Prominently displays a statement in common areas and on site's official website and social media platforms (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay; and (ii) there is a discounted/sliding fee schedule available based on family size and income. When applicable, this statement should be translated into the appropriate language/dialect. *(May or may not be applicable to free clinics, or correctional facilities.)*
3. Provides culturally competent, comprehensive primary care services (medical, dental, and/or behavioral), which correspond to the designated Health Professional Shortage Area type. For a detailed description of culturally and linguistically appropriate services in health, visit the [Office of Minority Health](#) website.
  4. Uses a credentialing process that, at a minimum, includes reference review, licensure verification, and a query of the [National Practitioner Data Bank \(NPDB\)](#) of those clinicians for whom the National Practitioner Data Bank maintains data.
  5. Functions as part of a system of care that either offers or ensures access to ancillary, inpatient, and specialty referrals.
  6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
  7. Maintains a clinician recruitment and retention plan, keeps a current copy of the plan on-site for review, and adopts recruitment policies to maintain appropriate clinical staffing levels needed to serve the community.
  8. Does not reduce the salary of National Health Service Corps clinicians because they receive or have received benefits under the National Health Service Corps Loan Repayment or Scholarship programs.
  9. Allows National Health Service Corps clinicians to maintain a primary care clinical practice (full-time or half-time) as indicated in their contract with National Health Service Corps and described in part below. **The site administrator must review and know the clinician's specific National Health Service Corps service requirements.** Time spent on

call will not count toward a clinician's National Health Service Corps work hours. Participants do not receive service credit hours worked over the required hours per week, and excess hours cannot be applied to any other work week. Clinicians must apply for a suspension of their service obligation if their absences per year are greater than those allowed by National Health Service Corps. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in Critical Access Hospitals and Indian Health Service Hospitals, refer to the [National Health Service Corps website](#) and review the respective National Health Service Corps Loan Repayment Programs (Loan Repayment Program, Substance Use Disorder Workforce Loan Repayment Program, Rural Community Loan Repayment Program), Students to Service Loan Repayment Program and/or Scholarship Program Application and Program Guidance.

10. Communicates to the National Health Service Corps any change in site or clinician employment status for full-time and half-time, including moving a National Health Service Corps clinician to a satellite site for any or all of their hour work week, termination, etc.
11. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend National Health Service Corps-sponsored meetings, webinars, and other continuing education programs.
12. Maintains and makes available for review by National Health Service Corps representatives all personnel and practice records associated with a National Health Service Corps clinician including documentation that contains such information that the Department may need to determine if the individual and/or site has complied with National Health Service Corps requirements.
13. Completes and submits [National Health Service Corps Site Data Tables](#) (requires up-to-date data for the preceding six months) to National Health Service Corps at the time of the site application, recertification, and National Health Service Corps site visits. The following eligible Auto-Approved National Health Service Corps Sites ARE NOT required to submit the National Health Service Corps Site Data Tables: 1) Federally Qualified Health Centers, and 2) Federally Qualified Health Center Look-Alikes. The standard Health Resources and Services Administration/Bureau of Primary Health Care Uniform Data System (UDS) report will be reviewed in place of the data tables. The following eligible National Health Service Corps sites must provide National Health Service Corps Site Data Tables upon request if Health Resources And Services Administration needs them to determine National Health Service Corps site eligibility: 1) Indian Health Service Facilities, Tribally Operated 638 Health Programs, Dual-Funded (Tribal Health Clinic and Federally Qualified Health Center 330 Funded), Urban Indian Health Programs and Indian Health Hospitals, 2) Federal Prisons, 3) State Prisons, and 4) Immigration and Customs Enforcement Health Service Corps sites. All other eligible National Health Service Corps site types must submit National Health Service Corps Site Data Tables at the time of site application, recertification, and National Health Service Corps Site Visit.

14. Complies with requests for a site visit from National Health Service Corps or the state Primary Care Office with adherence to all National Health Service Corps requirements.

By signing below, you hereby affirm your compliance with the National Health Service Corps Site Agreement, and that the information submitted is true and accurate. You further understand that this information is subject to verification by the National Health Service Corps.

Name of Site (Print): \_\_\_\_\_

Site Official's Name (Print): \_\_\_\_\_

Site Official's Name (Signature): \_\_\_\_\_

Site Official's Title: \_\_\_\_\_

Date: \_\_\_\_\_

## **APPENDIX B: SAMPLE NATIONAL HEALTH SERVICE CORPS PUBLIC NOTICE** **SIGNAGE**

National Health Service Corps-approved service sites are required to inform patients of the Sliding Fee Discount Program. The following example illustrates language to be posted prominently online and at the physical site. The National Health Service Corps encourages sites to establish multiple methods of informing patients. Sites can obtain more information by accessing the [Current Member Sites page](#) on the National Health Service Corps website.

### **Public Notice Signage Example**

#### **NOTICE TO PATIENTS:**

**This practice serves all patients regardless of ability to pay.**

**Discounts for essential services are offered based on family size and income.**

**For more information, ask at the front desk or visit our website.**

**Thank you.**

#### **AVISO PARA PACIENTES:**

Esta práctica atiende a todos los pacientes independientemente de su capacidad de pago.

Se ofrecen descuentos para servicios esenciales según el tamaño de la familia y los ingresos.

Para más información, pregunte en la recepción o visite nuestro sitio web.



## APPENDIX C

### Sample Sliding Fee Discount Program Policy, Application, And Schedule

#### SAMPLE SLIDING FEE DISCOUNT PROGRAM POLICY

##### **ABC HEALTH CARE CLINIC BUSINESS OFFICE POLICIES**

**SUBJECT:** Sliding Fee Discount Program

**EFFECTIVE DATE:** March 1, 2023

**POLICY:** To make available free or discounted services to those in need.

**PURPOSE:** All patients seeking health care services at ABC HEALTH CARE are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

ABC HEALTH CARE CLINIC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. ABC HEALTH CARE CLINIC will base program eligibility on a person's ability to pay and will not discriminate on the basis of an individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The [Federal Poverty Guidelines](#) are used in creating and annually updating the sliding fee schedule to determine eligibility.

##### **PROCEDURE:**

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: ABC HEALTH CARE will notify patients of the Sliding Fee Discount Program by:
  - Payment Policy Brochure will be available to all patients at the time of service.
  - Notification of the Sliding Fee Discount Program will be offered to each patient upon admission.
  - Sliding Fee Discount Program application will be included with collection notices sent out by ABC HEALTH CARE.
  - An explanation of our Sliding Fee Discount Program and our application form are available on ABC HEALTH CARE's website.
  - ABC HEALTH CARE places notification of Sliding Fee Discount Program in the clinic waiting area.
2. Request for discount: Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk and the Business Office.

3. Administration: The Sliding Fee Discount Program procedure will be administered through the Business Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided health care services.
4. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, persons are confirming their income to ABC HEALTH CARE as disclosed on the application form.
5. Eligibility: Discounts will be based on income and family size only.
  - a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. ABC HEALTH CARE will also accept non-related household members when calculating family size.
  - b. Income includes: gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
6. Income verification: Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.
7. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount for health care services. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest [Federal Poverty Line Guidelines](#).
8. Nominal Fee: Patients with incomes above 100% of poverty, but at or below 200% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care, and thus is not a minimum fee or co-payment.

9. **Waiving of Charges:** In certain situations, patients may not be able to pay the nominal or discount fee. Waiving of charges must be approved by ABC HEALTH CARE's designated official. Any waiving of charges should be documented in the patient's file along with an explanation.
10. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, ABC HEALTH CARE will work with the patient and/or responsible party to establish payment arrangements. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
11. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, ABC HEALTH CARE can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.
12. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Business Office Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care.
  - a. Applicants that have been approved for the Sliding Fee Discount Program will be logged in ABC HEALTH CARE's practice management system, noting names of applicants, dates of coverage and percentage of coverage.
  - b. The Business Office Manager will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.
13. **Policy and procedure review:** The Sliding Fee Schedule will be updated based on the current Federal Poverty Guidelines. ABC HEALTH CARE will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
14. **Budget:** During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

**ATTACHMENTS:**

- **2023 Sliding Fee Schedule**
- **Patient Application for the Sliding Fee Discount Program**

APPROVAL

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REVISED

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REVIEWED BY

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**SAMPLE SLIDING FEE DISCOUNT PROGRAM PATIENT APPLICATION**

**ABC HEALTH CARE CLINIC**

**Sliding Fee Discount Information**

It is the policy of ABC Health Care Clinic to provide essential services regardless of the patient’s ability to pay. ABC offers discounts based on family size and annual income.

Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount.

The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

NAME				
STREET	CITY	STATE	ZIP	PHONE

**Please list all household members, including those under age 18.**

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

Source	Self	Other	Total
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
<b>TOTAL INCOME</b>			

I certify that the family size and income information shown above is correct.

Name (Print)		
Signature		Date

**OFFICE USE ONLY**

Patient Name: \_\_\_\_\_

Approved Discount: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Verification Checklist	Yes	No
Identification/Address: Driver's license, utility bill, employment identification, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

*Self-declaration of income may also be used.*

## APPENDIX C: SAMPLE SLIDING FEE SCHEDULE

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
1	\$14,580	\$16,038	\$17,496	\$18,954	\$20,412	\$21,870	\$23,328	\$24,786	\$26,244	\$27,702	\$29,160	>\$29,160
2	\$19,720	\$21,692	\$23,664	\$25,636	\$27,608	\$29,580	\$31,552	\$33,524	\$35,496	\$37,468	\$39,440	>\$39,440
3	\$24,860	\$27,346	\$29,832	\$32,318	\$34,804	\$37,290	\$39,776	\$42,262	\$44,748	\$47,234	\$49,720	>\$49,720
4	\$30,000	\$33,000	\$36,000	\$39,000	\$42,000	\$45,000	\$48,000	\$51,000	\$54,000	\$57,000	\$60,000	>\$60,000
5	\$35,140	\$38,654	\$42,168	\$45,682	\$49,196	\$52,710	\$56,224	\$59,738	\$63,252	\$66,766	\$70,280	>\$70,280
6	\$40,280	\$44,308	\$48,336	\$52,364	\$56,392	\$60,420	\$64,448	\$68,476	\$72,504	\$76,532	\$80,560	>\$80,560
7	\$45,420	\$49,962	\$54,504	\$59,046	\$63,588	\$68,130	\$72,672	\$77,214	\$81,756	\$86,298	\$90,840	>\$90,840
8	\$50,560	\$55,616	\$60,672	\$65,728	\$70,784	\$75,840	\$80,896	\$85,952	\$91,008	\$96,064	\$101,120	>\$101,120
For each additional person, add	\$5,140	\$5,654	\$6,168	\$6,682	\$7,196	\$7,710	\$8,224	\$8,738	\$9,252	\$9,766	\$10,280	>\$10,280

\*Based on the 2023 [Federal Poverty Guidelines](#) for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

## APPENDIX D: NATIONAL HEALTH SERVICE CORPS SITE DATA TABLES

Site Name \_\_\_\_\_

Site Address \_\_\_\_\_

Date Prepared \_\_\_\_\_

Prepared By \_\_\_\_\_

6-Month Reporting Period (from mm/yy to mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Patients: \_\_\_\_\_

Total Patient Visits: \_\_\_\_\_

**TABLE 1: PATIENTS AND VISITS BY PRIMARY INSURANCE TYPE**

**Complete data for “Number of Patients” AND “Number of Patient Visits”**

Primary Insurance	Number of Patients	Percentage (Patients)	Number of Patient Visits	Percentage (Visits)
1) Medicare		0%		0%
2) Medicaid		0%		0%
3) Other Public/Private Funds		0%		0%
4) Private Insurance		0%		0%
5) Sliding Fee Schedule (SFS)		0%		0%
6) Self-Pay (No Insurance and not on SFS)		0%		0%
<b>7) Total</b>		<b>100%</b>		<b>100%</b>



**TABLE 2: PATIENT SERVICE CHARGES, COLLECTIONS, AND ADJUSTMENTS**

Payment Source	Full Charges (a)	Amount Collected (b)	Adjustments (c)
1) Medicare			
2) Medicaid			
3) Other Public/Private Funds			
4) Private Insurance			
5) Sliding Fee			
6) Self-Pay (Other than Sliding Fee)			
<b>7) Total (lines 1-6)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**TABLE 3: PATIENT APPLICATIONS FOR SLIDING FEE SCHEDULE (SFS)**

Patient Applications for the Sliding Fee Schedule	Number of Applications
1) SFS Applications Approved	
2) SFS Applications Not Approved	
<b>3) Total SFS Applications Received</b>	

**TABLE 4: SERVICE SITE STAFFING**

Personnel by Major Service Categories	FTEs
<b>MEDICAL SERVICES</b>	
1) Family Practitioners	
2) General Practitioners	
3) Internists	
4) Obstetrician/Gynecologists	
5) Pediatricians	
6) Psychiatrists	
7) Other Physician Specialists	
<b>8) Total Physicians (lines 1-7)</b>	<b>0</b>
9) Nurse Practitioners/Physician Assistants	
10) Certified Nurse Midwives	
11) Nurses	
12) Other Medical Support Personnel	
<b>13) Total Medical Services (lines 8-12)</b>	<b>0</b>

<b>ANCILLARY SERVICES</b>	
14) Laboratory Services Personnel	
15) X-Ray Services Personnel	
16) Pharmacy Personnel	
<b>17) Total Ancillary Services (lines 14-16)</b>	<b>0</b>
<b>DENTAL SERVICES</b>	
18) Dentists	
19) Dental Hygienists	
20) Dental Assistants, Aides, Technicians, and Support Personnel	
<b>21) Total Dental Services (lines 18-20)</b>	<b>0</b>
<b>BEHAVIORAL HEALTH SERVICES</b>	
22) Behavioral Health Specialists	
23) Behavioral Health Support Personnel	
<b>24) Total Behavioral Health Services (lines 22-23)</b>	<b>0</b>
<b>25) TOTAL (lines 13, 17, 21, and 24)</b>	<b>0</b>

**NOTES**

## GENERAL INSTRUCTIONS

### Reporting Period

The reporting period should include up-to-date data for the preceding six months. Please indicate the start and end dates of the six months for which the site is reporting. The total number of patients and the total number of patient visits should be based upon actual data.

### Scope of Activity Reported

The [National Health Service Corps Site Data Tables](#) are site specific (one per physical address). Activity at other sites owned or operated by the applicant site is to be excluded.

All related activity of all providers at the site is to be reported, including activity of all National Health Service Corps and non-National Health Service Corps providers at the site. Related activity includes all comprehensive primary care—whether medical, dental or behavioral and mental health—and ancillary service provided on-site.

These services are an integral part of the comprehensive primary care delivery system:

- Under direction and control of the applicant site; and
- Provided by the site's providers to the applicant site's patients.

The services are provided at the approved site location or by the site's providers to the applicant site's patients at approved off-site locations, such as the patient's home, nursing home, emergency room or hospital.

Sites may elect to include or exclude all or some portion of referred care services paid by the applicant site which are rendered to the site's patients at off-site locations. This election may be based upon the ability or ease of reporting this information on a site specific basis. The same scope of off-site referred care should be used to complete the visit, patient, charge, and cost tables.

### Who Submits Site Data Tables

The [National Health Service Corps Site Data Tables](#) are to be filed by those parties which enter into an agreement with the Secretary of the Department of Health and Human Services to participate as a National Health Service Corps member site and which are not currently receiving grant support from the Health Resources and Services Administration's Bureau of Primary Health Care. The National Health Service Corps Site Data Tables are to be completed prior to a National Health Service Corps Site Visit. Only one report per site is to be filed.

The following eligible Auto-Approved National Health Service Corps Sites ARE NOT required to submit the National Health Service Corps Site Data Tables: Federally Qualified Health Centers (FQHCs) and Federally Qualified Health Center Look-Alikes. The standard Health Resources and Services Administration/Bureau of Primary Health Care Uniform Data System (UDS) report will be reviewed in place of the site data tables.

The following eligible National Health Service Corps sites must provide [National Health Service Corps Site Data Tables](#) upon request if the Health Resources and Services Administration needs to determine National Health Service Corps site eligibility: 1) Indian Health Service Facilities,

Tribally Operated 638 Health Programs, Dual-Funded (Tribal Health Clinic and Federally Qualified Health Center 330 Funded), Urban Indian Health Programs and Indian Health Hospitals, 2) Federal Prisons, 3) State Prisons, and 4) Immigration and Customs Enforcement Health Service Corps site. All other eligible National Health Service Corps site types must submit National Health Service Corps Site Data Tables at time of site application, recertification, and National Health Service Corps Site Visit.

## DETAILED TABLE INSTRUCTIONS

### Table 1: Patients and Visits by Primary Insurance Type

This table reflects the number of patients and patient visits by primary insurance type and/or payer source for the reporting period. A patient may have coverage under more than one insurance plan, different coverage for different services and this coverage may change over the course of a year. When medical services are provided, report the patient's **primary health insurance covering primary medical care**, if any, **as of the last visit during the reporting period**. If medical services are not provided, report the patient's primary insurance, if any, for the services offered. Report the patient's primary health insurance even though it may not have covered the services rendered during the patient's last visit.

**Primary insurance** is defined as the insurance plan or program that the site would **bill first** for services rendered.

*Example:* Report Medicare as the primary insurance if a patient has both Medicare and Medicaid because Medicare is billed before Medicaid. Report the employer plan as the primary insurance if a patient has both an employer plan and Medicare because the employer plan is billed first.

**(Line 1) Medicare:** patients whose primary insurance is a plan for Medicare beneficiaries including Rural Health Clinic (RHC), managed care, Federally Qualified Health Center (FQHC), and other reimbursement arrangements administered by Medicare or by a fiscal intermediary.

**(Line 2) Medicaid:** patients whose primary insurance is a plan for Medicaid beneficiaries including Rural Health Clinics, managed care, Federally Qualified Health Center, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, Child Health Insurance Program (CHIP) and other reimbursement arrangements administered either directly by the state agency or by a fiscal intermediary

**(Line 3) Other Public/Private Funds:** patients with no insurance but who have categorical or other grant funds applied to their accounts for services rendered. This also includes state or local indigent care or charity care programs that are earmarked to subsidize services rendered to uninsured patients, such as the Massachusetts Free Care Pool, New Jersey Uncompensated Care Program, New York Public Goods Pool Funding, New Mexico Tobacco Program, or Colorado Indigent Care Program.

**(Line 4) Private Insurance:** patients whose primary insurance is a private insurance plan, managed care plan, or a contractual arrangement. This includes plans such as Blue Cross

and Blue Shield, commercial insurance, managed care plans, self-insured employer plans, group contracts with unions and employers, and service contracts with employers and others. Patients with health benefit plans purchased for government employees, retirees and dependents, such as TRICARE, the Federal Employees Insurance Program, state employee health insurance benefit programs, teacher health insurance, as well as workers' compensation, and similar plans are to be classified as private insurance patients.

**(Line 5) Sliding Fee Schedule (SFS):** patients participating in the site's sliding fee discount program who do not have other coverage. National Health Service Corps sites are expected to make services available through the use of a sliding fee discount schedule or other documented means of eliminating financial barriers for those at or below 200 percent of the Federal Poverty Guidelines (FPG). All Sliding Fee Discount Programs must include the following elements:

- Applicable to all individuals and families with annual incomes at or below 200 percent of the most current Federal Poverty Guidelines;
- Provide a full discount for individuals and families with annual incomes at or below 100 percent of the Federal Poverty Guidelines, with allowance for a nominal charge only, consistent with site's policy; and
- Adjust fees (partial sliding fee discount) based on family size and income for individuals and families with incomes above 100 percent and at or below 200 percent of the Federal Poverty Guidelines.

View the most current [Federal Poverty Guidelines](#). The data reported here should be based upon the number of patients making use of the sliding fee discount policy as their primary source of coverage.

**(Line 6) Self-Pay (no insurance and not on Sliding Fee Schedule):** patients without any health insurance and not participating in the site's sliding fee discount program are to be classified as self-pay.

**(Line 7) Total:** the sum of lines 1-6.

## **Table 2: Patient Service Charges, Collections, and Adjustments**

This table shows the patient service charges, receipts, and sliding fee discounts by payment source for all related activity of all providers at the site to which the National Health Service Corps provider is assigned. See the General Instructions for a definition of the scope of activity to be reported. Report in whole dollars.

Charges and collections are to be reported in **six pay classes:** Medicare, Medicaid, Other Public/Private Funds, Private Insurance, Sliding Fee Schedule, and Self-Pay. Charges and receipts are to be identified with the payer, which is the responsible party. For instance, Medicare receipts are attributable to Medicare even though the receipts were made by an intermediary such as Blue Shield. Similarly, charges and receipts for which a

Medicare beneficiary is personally responsible, such as deductibles and copayments, are self-pay rather than Medicare charges and receipts.

**(Column a) Full Charges:** the gross charges as established by the site for the services rendered during the reporting period. Charges are reported at their full value for all services prior to any adjustments. Fee-for-service charges are uniformly reported at the full charge rate from the site's fee schedule. Sites with capitation contracts or who are reimbursed on a cost based flat fee, such as a Rural Health Clinic rate or Federally Qualified Health Center rate, are to report the normal full charge from the site's fee schedule rather than the negotiated visit capitation or contract rate.

Charges are to reflect the amount for which the payer is responsible. ***Deductibles, copayments, and uncovered services for which the patient is personally responsible should be reclassified and reported as self-pay.*** Similarly, any charges not payable by a third-party payer that are due from the patient or another third party should be deducted from the payer's charges and added to the account of the secondary payer. The reclassification of charges to secondary and subsequent payers may be estimated based upon a sample.

Sites may elect to include or exclude all or some portion of paid referred care services rendered to the site's patients at off-site locations. This election may be based upon the ability or ease of reporting this information on a site-specific basis. The same scope of off-site referred care should be used to complete the visit, patient, charge, and cost tables.

**(Column b) Amount Collected:** the actual cash received during the period for services rendered, regardless of the date of service. This includes Rural Health Clinic and Federally Qualified Health Center settlement receipts, case management fee receipts, incentive receipts from managed care plans, and other similar receipts.

Amounts collected are the amounts collected from the payer. If there is more than one payer involved in a given visit, the charges due from the primary payer and the amount collected from the primary payer are reported on the primary payer line. The charges due from the secondary payer are reported on the secondary payer line along with any amounts collected from the secondary payer. The reclassification of charges and collections to secondary and subsequent payers may be estimated based upon a sample of accounts.

**(Column c) Adjustments:** the difference between the full charges and the amount actually received or expected. The only adjustments to be reported here are self-pay adjustments.

**(Line 1) Medicare (Title XVIII):** charges and receipts related to services provided to Medicare beneficiaries that are payable by insurance plans operated under Title 18 of the Social Security Act, including Federally Qualified Health Center, Rural Health Clinic, or any other reimbursement arrangement including capitated managed care administered by Medicare or its fiscal intermediaries.

**(Line 2) Medicaid (Title XIX):** charges and receipts related to services provided to Medicaid beneficiaries and payable by insurance plans operated under Title 19 of the Social Security Act, including Federally Qualified Health Center, Rural Health Clinic, case management, fee-for-service managed care, Early and Periodic Screening, Diagnostic and Treatment Program, Children’s Health Insurance Program and any other reimbursement arrangement, including capitated managed care, administered either directly by the state agency or by its fiscal intermediaries.

**(Line 3) Other Public/Private Funds:** charges and receipts related to services provided to patients and payable by categorical or other grant funds. This also includes state or local indigent care or charity care programs that are earmarked to subsidize services rendered to uninsured patients, such as the Massachusetts Free Care Pool, New Jersey Uncompensated Care Program, New York Public Goods Pool Funding, New Mexico Tobacco Program, or Colorado Indigent Care Program.

**(Line 4) Private Insurance:** charges and receipts related to services provided to patients and payable by insurance plans other than those reported above, such as a private insurance plan, managed care plan, or a contractual arrangement. This includes plans such as Blue Cross and Blue Shield, commercial insurance, managed care plans, self-insured employer plans, group contracts with unions and employers, and service contracts with employers, schools, health departments, and others. Health benefit plans offered to government employees, retirees and dependents, such as TRICARE, the Federal Employees Insurance Program, state employee health insurance benefit programs, teacher health insurance, as well as workers’ compensation, and similar plans are to be classified as private insurance.

**(Line 5) Sliding Fee Schedule and Sliding Fee Schedule Adjustments:** charges and receipts related to services provided to patients participating in the site’s sliding fee discount program who do not have other coverage. National Health Service Corps sites are expected to make services available through the use of a sliding fee discount schedule or other documented means of eliminating financial barriers for those at or below 200 percent of the federal poverty income guidelines.

**Sliding Fee Schedule Adjustments:** the value of charge discounts granted to patients prior to service and based upon financial hardship. It does not include professional courtesy, staff, service incentive, or similar discounts. Also, it does not include bad debt adjustments related to patients who were initially charged full fee but unable to pay because of financial hardship or other reasons. If a hardship fund is used to pay for the referred lab, x-ray, pharmacy or other care for sliding fee patients, report the charge value of those services in column (a) and an offsetting sliding fee adjustment in column (c). Sliding fee discounts reflect the site’s compliance with its assurance to the National Health Service Corps that there are no financial barriers to care for those at or below 200 percent of the current federal poverty income guideline.

**(Line 6) Self-Pay and Self-Pay Adjustments:** charges and receipts related to services provided to patients without any principal health insurance or to patients with



insurance but only that portion for which the patient is personally liable such as deductible, copayments, and uncovered charges. Charges not paid by a third party payer and due from the patient should be deducted from the full charges of the third party payer and added to the full charges for the self-pay patients. This also includes charges not payable by categorical or other grant funds.

**Self-Pay Adjustments:** the value of all self-pay adjustments only. This includes bad debt to self-pay patients who were initially charged a full, discounted, or partial fee but who subsequently were either unwilling or unable to pay the amounts charged. It does not include bad debt related to other pay sources, which may be caused by a failure to file timely claims, payer bankruptcy or similar reasons.

**(Line 7) Total:** the sum of lines 1–6.

### **Table 3: Patient Applications for the Sliding Fee Schedule**

This table provides information on the number of unique sliding fee schedule applications submitted by patients/clients during the reporting period.

**(Line 1) Sliding Fee Schedule Applications Approved:** the number of patient applications for the sliding fee schedule received during the reporting period that were approved for discounted service.

**(Line 2) Sliding Fee Schedule Applications Not Approved:** the number of patient applications for the sliding fee schedule received during the reporting period that were not approved for discounted services for any reason (e.g., incomplete application, patient did not meet poverty guideline requirements, application not processed).

**(Line 3) Total Sliding Fee Schedule Applications Received:** the total number of patient applications for the sliding fee schedule received during the reporting period. This should be equal to the sum of lines 1-2.

### **Table 4: Service Site Staffing**

This table profiles the personnel by major service category. The number of staff is reported in full-time equivalents (FTEs).

**Staff:** salaried full-time or part-time employees of the applicant site who work on behalf of the site and non-salaried individuals paid by the applicant site who work **for the site on a regular schedule that is controlled by the site** under any of the following compensation arrangements: contract, National Health Service Corps assignment, retainer, capitation, block time, fee-for-service, and **donated time**. Provider staff work at the National Health Service Corps-approved site. Support staff may work for the site at other locations. Regularly scheduled means a pre-assigned number of work hours devoted to the site's activities.

Full-time equivalents are reported for staff and are not reported for non-staff individuals. Some examples of staff and non-staff personnel are noted below:

- National Health Service Corps providers are considered staff.

- Providers working on-site under contract on a scheduled basis are considered staff.
- Referral providers who are paid by the applicant site are considered non-staff when working independently at unapproved off-site locations such as the referral provider's office.
- Contracted support staff working under a contract which replaces personnel the site would otherwise have hired, who work directly for the site, who may work either on or off-site, and **who work for the site on a regularly scheduled basis** are considered "staff" whose time or full-time equivalents value is to be reported. This might include personnel employed by a practice management company, a management services organization, billing service company, or similar contractor. If individuals under these arrangements work on an irregular, unscheduled or indirect basis, they are considered non-staff and their full-time equivalents are not counted.
- Professionals working for the site under legal, audit, actuarial, management consulting, and similar contracts for services provided on a one-time, sporadic, or unscheduled basis are considered non-staff.
- Consulting pathologists, radiologists, and other consulting providers who provide services on an unscheduled or sporadic basis are considered non-staff.

**Full-Time Equivalents (FTEs):** full-time equivalents for **all staff**. Full time equivalents are computed on an individual basis by dividing the total number of hours in the reporting period for which a person was compensated by the total number of hours in the year considered by the site to be full-time. The total number of hours for which an individual was compensated includes the number of hours a person was present for work and paid for their time, as well as paid leave time including vacation, sick leave, continuing education trips, etc. An annual hours pay base of 2,080 (40 hours/week x 52 weeks/year) is typical but the base may vary by organization and by class of employee. Employees who work less than the annual hour's base are normally considered part time. An individual staff member is not to be reported as more than 1.00 full time equivalents regardless of any overtime hours worked or compensation paid. Round full-time equivalents to the second decimal place.

Salaried provider staff full-time equivalents are to be calculated based upon the number of paid hours, not the number of scheduled hours. A provider who schedules 36 hours per week to see patients but who is paid for a 40-hour week is considered full time or 1.00 full-time equivalent.

Contract provider and support staff full-time equivalents are to be calculated by dividing the hours the staff worked by the hours a full-time employee of that type would be expected to work. The time worked in the numerator is to be taken from contracts, invoices, schedules, or similar sources. The denominator or base of hours considered full-time for these arrangements should not include leave time unless leave is directly charged, or the time salaried clinicians of that type are ordinarily not scheduled to see patients. For example, if full time salaried providers are expected to schedule 36 hours

of patient care per week, a contract provider who was paid for 16 hours of scheduled patient care per week would be considered half time or 0.50 full-time equivalent. The annual scheduled hour's base considered full-time for contract providers is likely to vary by clinical specialty.

Time for personnel performing more than one function should be allocated as appropriate among the major personnel service categories. For example, the time of a physician who is also a medical director should be allocated between medical care services and administration. Time for nurses who also provide case management services should be allocated between medical care and case management.

**Personnel by Major Service Category:** full-time equivalents are classified into four service categories. The categories are: medical care services; ancillary services, dental services; and mental health and behavioral health services.

**(Lines 1 through 7) Physicians: (M.D. or D.O.):** separate full-time equivalents totals for family practitioners, general practitioners, internists, obstetrician/gynecologists, pediatricians, psychiatrists, and all other specialists. Use board certification to classify physicians by specialty. Classify physicians with more than one board certification in the specialty representing the service the physician provides most, or allocate based upon time spent.

**(Line 8) Total Physicians:** full-time equivalent total for medical services, lines 1-6.

**(Line 9) Nurse Practitioners and Physician Assistants:** full-time equivalent total for nurse practitioner and physician assistant staff performing medical services. Nurse practitioners include psychiatric nurse practitioners.

**(Line 10) Certified Nurse Midwives:** full-time equivalent total for nurse midwives performing medical service.

**(Line 11) Nurses:** full-time equivalent total for nurses that are involved in provision of medical services, including registered nurses, licensed practical nurses, home health and visiting nurses, clinical nurse specialists, and public health nurses. If an individual's time is divided between medical and nonmedical services, allocate the full-time equivalents to reflect this division of time. For example, nurses who provide case management or education/counseling services in addition to medical care should be allocated between medical services and other services.

**(Line 12) Other Medical Support Personnel:** full-time equivalent total for medical assistants, nurse aides, and all other personnel providing services together with or in direct support of services provided by a physician, nurse practitioner, physician assistant, certified nurse midwife, or nurse. **Full-time equivalents for registration, reception, appointments, transcription, patient records, and other support personnel are not reported.**

**(Line 13) Total Medical Services:** full-time equivalents total for medical services, lines 8-12.

**(Line 14) Laboratory Services Personnel:** full-time equivalents total for pathologists, medical technologists, laboratory technicians and assistants, and phlebotomists. This **refers exclusively to medical personnel not dental personnel.** Dental personnel performing laboratory services are reported on lines 18-20. Lab visits are not reported.

**(Line 15) X-ray Services Personnel:** full-time equivalents total for radiologists, X-ray technologists, X-ray technicians and ultrasound technicians. **Only report medical personnel not dental personnel.** Dental personnel performing x-ray services are reported on lines 18-20. X-ray visits are not reported.

**(Line 16) Pharmacy Personnel:** full-time equivalents total for pharmacists and pharmacist assistants.

**(Line 17) Total Ancillary Services:** full-time equivalents total for ancillary services, lines 14 through 16.

**(Line 18) Dentists:** full-time equivalents total for general practitioners and specialists including oral surgeons, periodontists, and pedodontists.

**(Line 19) Dental Hygienists:** full-time equivalents total for dental hygienists.

**(Line 20) Dental Assistants, Aides, Technicians & Support Personnel:** full-time equivalents total for other dental personnel including dental assistants, aides, and technicians.

**(Line 21) Total Dental Services:** full-time equivalents total for dental services, lines 18-20.

**(Line 22) Mental Health and Behavioral Health Specialists:** full-time equivalents total for licensed individuals providing counseling or treatment services related to mental health or behavioral health, including clinical psychologists, clinical social workers, psychiatric social workers, psychiatric nurses, mental health nurses, and family therapists. **Report psychiatrists on line 6 under physicians. Report psychiatric nurse practitioners on line 9 under nurse practitioners.**

**(Line 23) Mental Health and Behavioral Health Support Personnel:** full-time equivalent total for assistants, aides, and all other personnel providing services in conjunction with or in direct support of services provided by mental health and behavioral health specialists.

**(Line 24) Total Mental Health and Behavioral Health Services:** full-time equivalent total for mental health and behavioral health services, lines 22 and 23.

**(Line 25) Total:** full-time equivalent grand total, lines 13, 17, 21, and 24.

## APPENDIX E: NATIONAL HEALTH SERVICE CORPS COMPREHENSIVE BEHAVIORAL HEALTH SERVICES CHECKLIST

**\*\*Only National Health Service Corps Site Administrators are permitted to submit certification documents\*\***

Site Name \_\_\_\_\_

Address \_\_\_\_\_

### Section I. Core Comprehensive Behavioral Health Service Elements

National Health Service Corps-approved Comprehensive Primary Behavioral Health Service sites must upload documentation demonstrating that Core Comprehensive Behavioral Health Services are provided on-site. Core service elements *must* be provided on-site; these services cannot be offered in-network, through referral, affiliation, or contract.

Service	Check the box and upload supporting documentation for each Core service provided on-site
<b>1. Screening and Assessment:</b> <i>Screening</i> is the practice of determining the presence of risk factors, early behaviors, and biomarkers which enables early identification of behavioral health disorders (e.g., warning signs for suicide, substance abuse, depression) and early access to care. <i>Assessment</i> is a structured clinical examination that analyzes patient bio-psych-social information to evaluate a behavioral health complaint.	<input type="checkbox"/>
<b>2. Treatment Plan:</b> A formalized, written document that details a patient's current clinical symptoms, diagnosis, and outlines the therapeutic strategies and goals that will assist the patient in reducing clinical symptoms and overcoming his or her behavioral health issues. The plan also identifies, where indicated, clinical care needs and treatment(s) to be provided by affiliated health and behavioral health care providers and settings.	<input type="checkbox"/>
<b>3. Care Coordination:</b> <i>Care Coordination</i> is the practice of navigating and integrating the efforts primary care, specialty health care and social service providers to support a patient's health, wellness, and independence.	<input type="checkbox"/>

### Section II. Additional Comprehensive Behavioral Health Service Elements (Non-Core Elements)

National Health Service Corps-approved Comprehensive Primary Behavioral/Mental Health Service sites must upload documentation demonstrating patient access to non-core service elements, which may be provided on-site, in-network, through referral, affiliation, or contract. Acceptable documentation includes: affiliation agreements; memorandums of understanding/agreement; contracts; letters of referral; letters of support/commitment; or referral and follow-up policy.

Service	Select On-site or Off-site and upload supporting documentation	
	Provided On-site	Provided Off-site
<p><b>1. Diagnosis:</b> The practice of determining a patient’s emotional, socio-emotional, behavioral, or mental symptoms as a diagnosable disorder in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM; most current edition) and International Classification of Disease (ICD; most current edition).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>2. Therapeutic Services (including, but not limited to, psychiatric medication prescribing and management, chronic disease management, and Substance Use Disorder Treatment):</b> Broad range of evidence-based or promising behavioral health practice(s) with the primary goal of reducing or ameliorating behavioral health symptoms, improve functioning, and restore/maintain a patient’s health (e.g., individual, family, and group psychotherapy/ counseling; psychopharmacology; and short/long-term hospitalization).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. Psychiatric Medication Prescribing and Management</p> <p>b. Substance Use Disorder Treatment</p> <p>c. Short/long-term hospitalization</p> <p>d. Other (Please list)</p> <p>e. Other (Please list)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><b>3. Crisis/Emergency Services (including, but not limited to, 24-hour crisis call access):</b> The method(s) used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems. In some instances, a crisis may constitute an imminent threat or danger to self, to others, or grave disability. (Note: generic hotline, hospital emergency room referral, or 911 is not sufficient).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>4. Consultative Services:</b> The practice of collaborating with health care and other social service providers (e.g., education, child welfare, and housing) to identify the biological, psychological, medical, and social causes of behavioral health distress, to determine treatment approach(s), and to improve patient functioning.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>5. Case Management:</b> The practice of assisting and supporting patients in developing their skills to gain access to needed health care, housing, employment, social, educational, and other services essential to meeting basic human needs and consistent with their health care treatment, symptom management, recovery, and independent functioning.</p>	<input type="checkbox"/>	<input type="checkbox"/>

**Section III. Off-Site Behavioral Health Service Details**

Under this section, the National Health Service Corps-approved site must provide basic information for each entity that supports access to non-core behavioral health services.

<b>Provider</b>		<b>Provider</b>	
<b>Address</b>		<b>Address</b>	
<b>Services Offered</b>		<b>Services Offered</b>	

<b>Provider</b>		<b>Provider</b>	
<b>Address</b>		<b>Address</b>	
<b>Services Offered</b>		<b>Services Offered</b>	

**Section IV. Certification of Compliance with Behavioral Health Clinical Practice Requirements**

Certify that the behavioral health site adheres to the clinical practice requirements for behavioral health providers under the National Health Service Corps and supports National Health Service Corps participants in meeting their obligation related to the clinical practice requirements.

	Provided On-site	Not Provided On-site
<p><b>Full-time:</b> The site offers employment opportunities that adhere to the National Health Service Corps definition of full-time clinical practice. Refer to the <a href="#">National Health Service Corps Scholarship Program</a> or <a href="#">National Health Service Corps Loan Repayment Program</a> webpage for a detailed definition of Full-Time Clinical Practice.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Half-time:</b> The site offers employment opportunities that adhere to the National Health Service Corps definition of half-time clinical practice. Refer to the <a href="#">National Health Service Corps Scholarship Program</a> or <a href="#">National Health Service Corps Loan Repayment Program</a> webpage for a detailed definition of Half-Time Clinical Practice.</p>	<input type="checkbox"/>	<input type="checkbox"/>

**Section V. Site Certification:**

By signing below, you (the National Health Service Corps Site Administrator) are affirming the truthfulness and accuracy of the information in this document.

I, \_\_\_\_\_, hereby certify that the information provided above, and all supporting information, is true and accurate. I understand that this information is subject to verification by the National Health Service Corps.

-----

Signature

Date

**OFFICIAL NATIONAL HEALTH SERVICE CORPS USE ONLY**

Recommended By: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certified	Not Certified
<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS**



**APPENDIX F: MEDICATIONS FOR OPIOID USE DISORDER ATTESTATION LETTER**  
**TEMPLATE**

ORGANIZATION LETTERHEAD

DATE:  
FROM:

RE: Attestation to provision of Medications for Opioid Use Disorder  
TO: National Health Service Corps

[INSERT BRIEF OVERVIEW OF SITE (AND ORGANIZATION IF APPLICABLE) AND SERVICES PROVIDED AND PATIENT POPULATION].

This letter is to certify that [SITE NAME] located at [SITE ADDRESS] provides Medications for Opioid Use Disorder (MOUD) in an outpatient clinical setting. Medications For Opioid Use Disorder services are available to patients [INSERT DAYS AND HOURS OF OPERATION FOR MEDICATIONS FOR OPIOID USE DISORDER]. At this clinical service site, the Medications For Opioid Use Disorder patient panel for the six-month period beginning [START DATE] and ending [END DATE] included [# OF PATIENTS RECEIVING MEDICATIONS FOR OPIOID USE DISORDER].

[INK OR E-SIGNATURE OF CEO AND/OR MEDICAL DIRECTOR]

[PRINTED SIGNATOR NAME]  
[POSITION/TITLE]  
[ORGANIZATION]

## **APPENDIX G: SAMPLE PATIENT NON-DISCRIMINATION POLICY**

**Site ABC** will not discriminate in the provision of health care services to an individual:

1. Because the individual is unable to pay for the health care services;
2. Because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or
3. Based upon the individual's race, color, sex, age, national origin, disability, religion, gender identity or sexual orientation.

## **APPENDIX H: SAMPLE CLINICAL RECRUITMENT AND RETENTION PLAN**

### **Recruitment Policy**

**Site ABC** will recruit clinical staff needed to appropriately serve the community.

### **Recruitment Processes**

1. *Enter your top 1 recruitment process/strategy*
2. *Enter your top 2 recruitment process/strategy*
3. *Enter your top 3 recruitment process/strategy*
4. *Enter your top 4 recruitment process/strategy*

### **Retention Policy**

**Site ABC** will maintain clinical staffing levels needed to appropriately serve the community.

### **Retention Processes**

1. *Enter your top 1 retention process/strategy*
2. *Enter your top 2 retention process/strategy*
3. *Enter your top 3 retention process/strategy*
4. *Enter your top 4 retention process/strategy*

### **Strategies aimed at promoting clinician resiliency and reducing burnout**

- *Enter your top 1 process/strategy aimed at promoting clinician resiliency and reducing burnout*
- *Enter your top 2 process/strategy aimed at promoting clinician resiliency and reducing burnout*
- *Enter your top 3 process/strategy aimed at promoting clinician resiliency and reducing burnout*