



National Health Service Corps Service Site Reference Guide

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Clinician Recruitment and Service
Division of National Health Service Corps
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For questions, please call 1-800-221-9393 (TTY: 1-877-897-9910), or email CallCenter@hrsa.gov, Monday through Friday (except Federal holidays) 9:00 am to 5:30 pm EST. Frequently Asked Questions are available online at <http://answers.hrsa.gov/>.

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Purpose

The purpose of the National Health Service Corps (NHSC) Service Site Reference Guide is to provide clarity on site eligibility requirements, qualification factors, compliance, roles and responsibilities, as well as a number of other key elements on becoming an NHSC-approved service site. The NHSC Service Site Reference Guide serves as an additional resource to supplement the information contained in the Site Application and the Site Application Instructions.

The Site Application, Site Application Instructions and additional materials are available online via the NHSC website (<http://www.nhsc.hrsa.gov/communities/apply.htm>).

Program Overview

INTRODUCTION

What is the National Health Service Corps (NHSC)?

The NHSC is a network of more than 8,000 primary health care professionals that provide medical, dental, and mental and behavioral health services in communities, known as Health Professional Shortage Areas (HPSAs) across the country that have limited access to health care. In exchange for their service, the NHSC provides clinicians with financial support in the form of loan repayment and scholarships. Corps members fulfill their service requirement by working at NHSC-approved service sites. To date, the NHSC has over 10,000 member service sites.

Eligible disciplines include physicians, nurse practitioners, certified nurse-midwives, physician assistants, dentists, dental hygienists, and behavioral and mental health providers.

The NHSC is administered by the Bureau of Clinician Recruitment and Service (BCRS) in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).

What is an NHSC-approved service site?

NHSC-approved service sites are health care facilities that provide outpatient, ambulatory, primary health care services to populations residing in HPSAs. Related inpatient services may be provided by NHSC-approved Critical Access Hospitals (CAHs). Each service site that would like to use the NHSC to recruit and retain health professionals must submit a Site Application and be approved as an NHSC service site.

What are the benefits of becoming an NHSC-approved service site?

There are several benefits of being an approved NHSC service site. These include:

- 1) **Recruitment & Retention Assistance.** By joining the NHSC, service sites are able to recruit dedicated clinicians (through the NHSC Loan Repayment and/or Scholarship Programs) to provide health care services to their communities.
 - a. NHSC-approved service sites are able to recruit clinicians through the NHSC National Recruitment Site List (also referred to as the NHSC Job Opportunities List), which is a comprehensive list of NHSC-qualifying job openings across the nation and a resource for NHSC applicants and members.
 - b. NHSC providers are eligible to apply for additional financial support in return for additional service, supporting the retention of NHSC members at NHSC-approved service sites.
- 2) **Networking Opportunities.** NHSC-approved service sites are provided opportunities to network with other NHSC-approved service sites. In addition, NHSC-approved service sites are able to develop and foster partnerships with academic institutions and other community organizations.
- 3) **Technical Assistance.** NHSC-approved service sites have direct access to State Primary Care Offices (PCOs), which are state-based offices that provide assistance to communities in order to increase access to primary and preventive health care services. The PCOs provide technical

assistance to NHSC service site applicants submitting Site Applications, as well as to NHSC-approved service sites to address primary care needs.

ELIGIBILITY REQUIREMENTS & QUALIFICATION FACTORS

Is my site eligible to become an NHSC-approved service site?

The following types of sites are eligible to become NHSC-approved service sites (see “Definitions” for complete description of site types):

- 1) Federally Qualified Health Centers (FQHCs);
 - a. Community Health Center (CHC)
 - b. Migrant Health Center
 - c. Homeless Program
 - d. Public Housing Program
- 2) FQHC Look-Alikes;
- 3) Rural Health Clinics (RHCs);
- 4) Hospital-Affiliated Primary Care Outpatient Clinics;
- 5) Indian Health Service, Tribal or Urban Indian Health Clinic (ITU);
 - a. Federal Indian Health Service (IHS)
 - b. Tribal Health Clinic
 - c. Urban Indian Health Clinic
 - d. Dual-Funded (Tribal Health Clinic and FQHC 330 Funded)
- 6) Correctional Facilities;
 - a. Federal Bureau of Prisons (BOP)
 - b. State Correctional Facility
- 7) Private Practices (Solo or Group);
- 8) Other Health Facilities.
 - a. Critical Access Hospital (CAH)
 - b. Community Outpatient Facility
 - c. Community Mental Health Facility
 - d. State and County Health Department of Health Clinic
 - e. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC)
 - f. Free Clinic
 - g. Mobile Unit
 - h. School-based Program

The following are not eligible to be NHSC-approved service sites:

- 1) county/local prisons;
- 2) inpatient hospitals (including Veteran’s Administration Hospitals); and
- 3) other inpatient facilities.

NHSC-approved service sites can include both main and secondary clinics. A “main” site is the primary clinical practice site for an organization. Typically, the administrative and executive offices are located at this practice location, as well as patient medical records (copies or original). Additionally, more health care services (i.e. outpatient surgical procedures, x-rays, laboratory testing,

and pharmacy services) may be offered at this location. Because main sites have a wider array of services, they often receive referrals from the satellite sites.

A “secondary” site, also known as a “satellite” clinic, is an extension of the main clinic. These clinical practice locations are usually located in communities apart from the main clinic to offer health services in other parts of the city, county, or town. These sites often have less patient volume than the main practice site and are staffed accordingly. Additionally, this practice location may refer patients to the main practice, where a greater variety of services are available.

IMPORTANT NOTE: If an organization has multiple service sites located in HPSAs and would like all sites to be NHSC-approved service sites, each location must submit a separate Site Application and be approved individually.

Is my site qualified to be an NHSC-approved service site?

To be qualified to participate as an NHSC-approved service site, sites must:

- 1) Be located in a “Designated” HPSA;
- 2) Provide outpatient, ambulatory, primary medical, mental and behavioral, and/or dental services;
- 3) Ensure access to ancillary, inpatient, and specialty referrals;
- 4) Provide services on a free or reduced fee schedule basis to individuals at or below 200% of the federal poverty level and post signage advertising this statement (in waiting room and online if applicable);
- 5) Accept patients covered by Medicare, Medicaid, and the Children's Health Insurance Program (CHIP);
- 6) Agree not to discriminate in the provision of services to individuals based on their inability to pay, race, color, sex, national origin, disability, religion, or sexual orientation. The site must prominently post signage, provided to sites by the NHSC, advertising the previous statement (in waiting room and online if applicable) and the statement should be translated into the appropriate language and/or dialect for the service area;
- 7) Use a clinician credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) (<http://www.npdb-hipdb.hrsa.gov>);
- 8) Agree not to reduce a clinician’s salary due to NHSC support;
- 9) Provide a supportive environment for NHSC clinicians, facilitating mentorship, professional development and training opportunities for clinicians;
- 10) Have general community support for the assignment of Corps members; and
- 11) Provide sound fiscal management.

What is a Health Professional Shortage Area (HPSA) and how can a site receive HPSA designation?

In order to be an NHSC-approved service site, a site must be located in a HPSA. HPSAs are designated by HRSA’s Office of Shortage Designation (OSD) as having shortages of primary medical care, dental or mental health providers and may be a geographic area (i.e. county), a population group (i.e. low-income), a public or private nonprofit medical facility or other public facility.

In order to be designated as a HPSA, communities or facilities must apply to the HRSA Office of Shortage Designation and provide data indicating that a shortage exists in the area or for the population or facility. These applications are submitted through the State Primary Care Offices (PCO), so an area or site interested in a HPSA designation should contact their PCO directly. FQHCs, FQHC Look-Alikes, and IHS sites are automatically designated as being a facility HPSA, and some RHCs that meet additional criteria may be automatically designated as a facility HPSA.

Applicants to be an NHSC-approved service site should contact their State PCO to determine whether they currently possess a geographic, population or facility HPSA for primary, dental and/or mental health. State PCO contacts can be found at <http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html>. Applicants may also search for this information using the following links:
 By Site Address: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>
 By State and County: <http://hpsafind.hrsa.gov>

To apply for a HPSA designation, please visit <http://bhpr.hrsa.gov/shortage/hpsas/apply.html>.

There are three HPSA categories – primary, dental, and mental. In order to recruit an NHSC clinician, NHSC-approved service sites must have a “Designated” HPSA for the specific category under which an NHSC clinician would serve. For example, to recruit for an internal medicine physician, an NHSC-approved service site must have a designated “Primary Care” HPSA. To recruit a psychiatrist, the site must be in a designated “Mental Health” HPSA.

In addition to being designated as a HPSA, a community, population, or facility is rated on the degree of shortage that exists based on the same factors used in the designation process. HPSA scores range from 1 to 25 for primary care and mental health, and 1 to 26 for dental health. Since the NHSC statute requires that clinicians be placed in HPSAs of greatest need, this rating system is used in determining priorities for the assignment of NHSC clinicians. The numerical score provided for a HPSA reflects the degree of need (i.e. the higher the score, the greater the need). The following table illustrates the types of HPSAs and factors that may influence their scoring.

Determining Factors of HPSA Score	Primary Care HPSA	Dental Health HPSA	Mental Health HPSA
Population to Provider Ratio	✓	✓	✓
% Below Poverty	✓	✓	✓
Travel Time/Distance to Nearest Source of Care	✓	✓	✓
Infant Mortality Rate/Low Birth Weight Rate	✓		
Access to Fluoridated Water		✓	

Youth and/or Elderly Dependency			✓
Substance and/or Alcohol Abuse Prevalence			✓

What are the requirements to provide free or discounted services to low-income patients?

NHSC-approved service sites are required to provide services for free or on a sliding fee scale or discounted fee schedule for low-income individuals. A sliding fee scale or discounted fee schedule is a set of discounts that is applied to a site’s schedule of charges for services, based upon a written policy that is non-discriminatory.

Specifically, for individuals with annual incomes at or below 100 percent of the HHS Poverty Guidelines (see table below), NHSC-approved service sites should provide services at no charge or at a nominal charge. For individuals between 100 and 200 percent of the HHS Poverty Guidelines, NHSC-approved service sites should provide a schedule of discounts, which should reflect a nominal charge (see table below). To the extent that a patient who otherwise meets the above criteria has insurance coverage from a third party (either public or private), an NHSC-approved service site can charge for services to the extent that payment will be made by the third party.

The NHSC-approved service site must prominently post signage, provided to sites by the NHSC, advertising the following statement (in waiting room and online if applicable): “[Site Name] does not discriminate in the provision of services to individuals based on their inability to pay, race, color, sex, national origin, disability, religion, or sexual orientation.” The statement should be translated into the appropriate language and/or dialect for the service area.

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%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	\$10,890	\$11,979	\$13,068	\$14,157	\$15,246	\$16,335	\$17,424	\$18,513	\$19,602	\$20,691	\$21,780	\$21,781
2	\$14,710	\$16,181	\$17,652	\$19,123	\$20,594	\$22,065	\$23,536	\$25,007	\$26,478	\$27,949	\$29,420	\$29,421
3	\$18,530	\$20,383	\$22,236	\$24,089	\$25,942	\$27,795	\$29,648	\$31,501	\$33,354	\$35,207	\$37,060	\$37,061
4	\$22,350	\$24,585	\$26,820	\$29,055	\$31,290	\$33,525	\$35,760	\$37,995	\$40,230	\$42,465	\$44,700	\$44,701
5	\$26,170	\$28,787	\$31,404	\$34,021	\$36,638	\$39,255	\$41,872	\$44,489	\$47,106	\$49,723	\$52,340	\$52,341
6	\$29,990	\$32,989	\$35,988	\$38,987	\$41,986	\$44,985	\$47,984	\$50,983	\$53,982	\$56,981	\$59,980	\$59,981
7	\$33,810	\$37,191	\$40,572	\$43,953	\$47,334	\$50,715	\$54,096	\$57,477	\$60,858	\$64,239	\$67,620	\$67,621
8	\$37,630	\$41,393	\$45,156	\$48,919	\$52,682	\$56,445	\$60,208	\$63,971	\$67,734	\$71,497	\$75,260	\$75,261
For each additional person, add	\$3,820	\$4,202	\$4,584	\$4,966	\$5,348	\$5,730	\$6,112	\$6,494	\$6,876	\$7,258	\$7,640	\$7,640

NOTE: Based on the 2011 HHS Poverty Guidelines. For updated Guidelines, please visit <http://aspe.hhs.gov/poverty/11poverty.shtml>.

Additional Sliding Fee Scale examples are available at: <http://nhsc.hrsa.gov/communities/discountedfee.pdf>

EXCEPTION: To the extent that a site does not charge or bill for any services (i.e. is a free clinic or is an ITCU that does not have a billing department), a site may not need a sliding fee scale. However, the site needs to provide the NHSC with documentation that no one is charged or billed for services and must post the requisite signage stating that no one is denied care.

NHSC Non-Discrimination Notice

NHSC-approved service sites must prominently display a statement/poster, provided to sites by the NHSC, in common areas (and on the service site’s website, if applicable) that explicitly states that no one will be denied access to services due to inability to pay or method of payment. In addition, the signage must clearly communicate that the site accepts Medicare, Medicaid and CHIP.

TRIBAL HEALTH PROGRAM EXCEPTION: At the request of a tribal health program (see “Definitions”), the services of a National Health Service Corps member may be limited to tribal members or other individuals who are eligible for services from that Indian Health Program. However, tribal health programs must respond to emergency medical needs as appropriate.

Recruitment and Retention Plan

The NHSC strongly suggests that all sites develop and maintain a plan to guide the recruitment and retention of clinicians to help ensure a viable NHSC-approved service site. A recruitment and retention plan clearly states the policies and processes that a service site will utilize to recruit and maintain clinical staffing levels needed to appropriately serve the community. Sites should keep a current copy of the plan onsite for review during NHSC site visits and should periodically update the plan to address any factors that may have impacted the management of a service site.

APPLICATION & RECERTIFICATION PROCESS

What should sites know before they apply?

Before a site applies to be an NHSC-approved site, the following steps should be taken:

- 1) Determine if the site is located in a geographic HPSA, serving a population HPSA, or qualifies as a facility HPSA;
- 2) Contact the State PCO (see “Resources for Sites”);
- 3) Review the NHSC Site Application Instructions and Site Agreement; and
- 4) Complete and submit the Site Application.

The State PCO is a useful resource in preparing to apply for a HPSA designation and/or to apply to become an NHSC-approved service site. Getting to know your State PCO will help with understanding the eligibility requirements (including HPSA designation), improve the quality of the application and connect you with other resources in your State.

Remember that a Site Application must be completed for each separate location that wishes to participate as an NHSC-approved site. Each main and secondary (satellite) clinic must complete a separate Site Application.

A new application should be submitted when:

- 1) A “new” site is interested in becoming an NHSC-approved service site;
- 2) An established sited changes its ownership;
- 3) A site changes its physical location (i.e. has a new physical location address);
- 4) A site changes HPSA classification (primary care, dental, and mental health); and/or
- 5) A site changes type (FQHC, FQHC Look-Alike, School-based, etc.).

Data Universal Numbering System (DUNS) number changes: Sites must notify the NHSC Site Branch in writing if there is a change in their DUNS number and explain why the DUNS number has changed. Notifications should be emailed to BCRSNHSCSitesBranch@hrsa.gov or faxed to (301) 443-9009. The Sites Branch will determine whether a new site application is required.

How do sites apply?

Interested service sites can submit their application online via the NHSC website (<http://www.nhsc.hrsa.gov/communities/apply.htm>). Please read the Site Application Instructions carefully before completing the NHSC Site Application. Each site administrator or designee will be held responsible for ensuring that all information reported on this application is true and accurate. If any application information is found to be fraudulent, the application will be deemed ineligible, and the applicant’s organization will not be permitted to participate in the NHSC for a period not to exceed one year. Missing information will delay the processing of your application.

Does the site approval period expire?

Yes. Once a site is NHSC-approved, its approval is valid for three (3) years, as long as the service site remains in a HPSA and continues to meet all NHSC eligibility requirements and qualification factors.

Any site that wants to recertify must submit a Recertification Site Application, including the supporting documents required for recertification. The NHSC will contact sites regarding the recertification process.

NOTE: Federal service sites will be required to recertify, and should contact the NHSC Sites Branch at 1-800-221-9393 or BCRSNHSCSitesBranch@hrsa.gov for more information. IHS/Tribal sites do not expire, and will be exempt from the recertification process.

Site Profile

In addition to the formal Site Application, it is recommended that service site applicants complete and submit the Site Profile Form which provides general information about the site and the surrounding area. This information serves as a useful recruiting tool, providing clinicians with a site-specific overview, while they search for placement at an NHSC site.

What should sites expect after submitting the NHSC Site Application?

After a site representative submits their application, the State PCO will review and evaluate the application and will provide the NHSC with a recommendation regarding the approval of the Site Application. The NHSC, however, will make the final decision. The process generally takes 6 – 8 weeks to complete.

Additionally, the BCRS Division of Regional Operations (DRO) will work closely with the State PCO and may coordinate a pre-approval site visit (see “Site Monitoring and Technical Assistance” section of this Reference Guide) to evaluate and confirm all NHSC application information and responses prior to approving the Site Application. If a site visit is required, the review process may take up to 8 – 10 weeks.

How does NHSC determine which sites can be approved?

Approval of an NHSC service site is determined based on a site’s ability to meet the eligibility criteria set forth in the Site Agreement of the NHSC Site Application, and further evaluation by the State PCO and the NHSC. Sites will receive a notice from the NHSC confirming their approval status. If a site has been approved, the site will be sent information regarding how to post job vacancies (see “Recruiting a Clinician”). The site information will also be added to the NHSC-Approved Sites List.

SITE ROLES & RESPONSIBILITIES

What are the requirements for NHSC-approved service sites?

NHSC-approved service sites must continually meet the eligibility requirements and qualification factors that are established for the NHSC (see “Eligibility Requirements and Qualification Factors”). In addition to these requirements, NHSC-approved service sites must assist NHSC clinicians in meeting their service obligation.

How can NHSC service sites assist providers in successfully fulfilling their service obligation?

NHSC clinicians enter into a contractual agreement with the NHSC, thus it is important that NHSC-approved service sites must afford providers the opportunity to fulfill this agreement. NHSC expects sites to do the following to support NHSC members in fulfilling their service obligation:

- 1) Allow NHSC providers to attend an NHSC Awardee Conference.
- 2) Ensure clinicians work only at NHSC-approved service sites; each site must be approved prior to the beginning of a clinician’s assignment at that site.
- 3) Make certain clinicians follow the NHSC minimum hourly and weekly service requirements, however, the employment contract between the NHSC-approved service site and clinician may stipulate additional work hours.
- 4) Report leave on the NHSC Six-Month Service Verification form. Clinicians are allowed approximately 35 absences per service year with the NHSC; NHSC-approved service sites must verify and report to the NHSC any leave (e.g. annual, sick, holidays, continuing medical education) taken by NHSC clinicians.
- 5) Submit required documents to facilitate a transfer request if applicable. Prior to leaving a service site, clinicians must submit a transfer request via the Customer Service Portal to change his or her current site to another service site. To ensure that NHSC-approved service

sites can continue to meet the needs of patients, the NHSC strongly encourages NHSC clinicians to discuss their plans with the site first.

- a. An NHSC clinician's current service site must submit the following documents to the Division of Program Operations (DPO):
 - i. A letter indicating:
 - 1) any clinical competency issues related to the NHSC clinician's while employed at the site;
 - 2) any disciplinary action related to the NHSC clinician while employed at the site; and
 - 3) the NHSC clinician's last employment date at the site.
 - ii. Upon approval of the request, the site is responsible for verifying, signing and submitting the relevant portion of the clinician's six month verification form.

An NHSC clinician's current service site must send in required documents to the:

Division of Program Operations
5600 Fishers Lane
Rockville, Maryland 20857
Room 8A-19
1-800-221-9393; Fax: (301) 451-5384

- 6) Make available for review an NHSC clinician's personnel documents, communications and/or practice related documents as needed. The NHSC continues to monitor an NHSC clinician's compliance with NHSC service requirements and eligibility to work.
- 7) Provide appropriate supervision to NHSC clinicians, as well as needed orientation, training and mentorship regarding the site's processes and procedures, client population and primary care practice. Most often these site assignments are new work and living environments and experiences for NHSC clinicians.
- 8) Routinely check the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) (<http://www.npdb-hipdb.hrsa.gov>) to assure the quality of health care practitioners that are hired.

What are the clinician requirements for full-time and half-time service?

In order to maintain a successful partnership, NHSC clinicians and NHSC-approved service sites should possess a firm understanding of the NHSC clinical service requirements.

Full-time: Clinicians must work a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year. The 40 hours per week should be compressed into no less than 4 days per week, with no more than 12 hours of work performed in any 24-hour period.

Half-time: Clinicians must work a minimum of 20 hours per week in a clinical practice (not to exceed 39 hours per week) for a minimum of 45 weeks per service year. The 20 hours per week should be compressed into no less than 2 days per week, with no more than 12 hours of work performed in any 24-hour period.

For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for clinicians working in CAHs, please refer to the FY 2012 NHSC Loan Repayment Program (LRP) Guidance.

How do sites notify the NHSC regarding changes to site information?

If there are changes to the main and/or secondary (satellite) site(s), NHSC-approved service sites must notify the NHSC Sites Branch in writing on the site's official letterhead, and fax the notification to (301) 443-9009. Changes may include, but are not limited to, the following:

- 1) Site name;
- 2) Site address;
- 3) Executive management;
- 4) HPSA designation; and/or
- 5) Services provided are expanded or decreased.

SITE MONITORING AND TECHNICAL ASSISTANCE

What is site monitoring?

The DRO and the NHSC Sites Branch are responsible for monitoring NHSC-approved service sites. Monitoring of NHSC-approved service sites is important in order to assure the delivery of culturally appropriate, primary health care services to underserved communities in HPSAs, through the recruitment and retention of committed NHSC clinicians. The key to building successful and NHSC-compliant sites is to provide good customer service; prompt, timely and courteous response to every site's concerns; as well as targeted technical assistance.

The purpose of site monitoring is to establish oversight processes and activities to identify at-risk sites, provide opportunities to address technical assistance (TA) needs that will promote sustainability, and increase NHSC program compliance. DRO and the Sites Branch will aid in the retention of NHSC-approved service sites by monitoring and increasing their compliance with NHSC site requirements and offering technical assistance for resolving site concerns. Additionally, site monitoring serves to support NHSC clinicians by improving the sites' understanding and compliance with NHSC clinician service requirements. Site monitoring helps to strengthen the relationships between NHSC program personnel, NHSC clinicians, and sites to address specific site needs.

All NHSC-approved service sites should expect periodic site visits while participating in the NHSC program to ensure adherence to all NHSC requirements. All Solo or Group Private Practice applicants must be site visited before the application review is completed. The pre-approval site visit process is similar to the process for all NHSC-approved service sites.

How are regional site visits conducted?

The DRO and the Sites Branch perform site visits to NHSC-approved service sites and NHSC site applicants. Routine site visits are scheduled during an NHSC service site's 3-year NHSC approval period in order to ensure compliance with site requirements and to provide any necessary TA. Site visits are coordinated with the State PCO, and may include their representative in the visiting team.

What should sites expect during a site visit?

NHSC service sites are evaluated according to their understanding and implementation of NHSC site and clinician service requirements as written in the NHSC New Site Application. During a visit, NHSC staff will also provide needed TA to answer a site's questions and ensure compliance with NHSC requirements in order to remain an NHSC-approved site.

The site visit is initiated by DRO staff in collaboration with the site and State PCO. Once a date is agreed upon, DRO staff may request documentation prior to the site visit (e.g., their Uniform Data System (UDS) Report or NHSC Annual Site Survey, policies on non-discrimination, Medicare/Medicaid acceptance, sliding fee scale information, recruitment/retention plan if available, and policies and procedures for personnel and practice management). These materials are reviewed in advance of the actual site visit. DRO staff also review individual provider data through BCRS Management Information System Solution (BMISS) and are prepared to verify or document any inaccuracies in the database if necessary regarding NHSC clinicians at the site.

During the site visit, DRO staff will meet separately with the site administrator and then NHSC clinicians (either individually or in a group if number is large). The discussion with the site administrator is focused on how the site is meeting NHSC expectations and requirements. Using a standard site visit tool, questions will be asked regarding the provision of cultural competent services, credentialing policies, types of referral systems in place, involvement in the community, recruitment and retention planning, salary and benefit packages, personnel and practice management policies, and NHSC data reporting requirements. Emphasis will be placed on assuring the site is financially sound and offering appropriate support to the NHSC clinicians at the site. This visit also provides the opportunity for the site to ask questions of the NHSC program and for DRO staff and State PCOs to offer technical assistance.

Interviews with the NHSC clinicians are conducted with a dual focus of: assuring clinicians are meeting NHSC requirements, and; making certain they are integrating into the community and experiencing a rewarding practice setting. A priority for these visits is the actual face-to-face interaction between the NHSC representative and the NHSC clinician.

How do NHSC-approved sites stay in compliance?

The following steps are critical in order for sites to stay in compliance. Sites should:

- 1) Continue to offer culturally-appropriate, primary health care services to all patients in the HPSA, regardless of the patient's ability to pay;
- 2) Agree not to discriminate in the provision of care for patients due to their socioeconomic status, race, ethnic origin, gender, religious beliefs and practices, or sexual orientation;
- 3) Offer a sliding fee scale;
- 4) Contact NHSC if there are any changes in the HPSA, the site changes location, or if there are NHSC clinician concerns such as changes in employment or disciplinary concerns;
- 5) Make appropriate patient referrals;
- 6) Provide an opportunity for NHSC clinicians to complete their requisite service commitment as stated in their respective NHSC service contracts;

- 7) Agree not to reduce an NHSC clinician salary due to NHSC support;
- 8) Conduct appropriate clinician background review;
- 9) Adhere to sound fiscal management policies; and
- 10) Submit an NHSC Site Survey (formerly known as the UDS Report) annually.

What is the NHSC Site Survey?

The Annual Site Survey (formerly known as the NHSC UDS Report) is a data collection system designed to measure the services provided to underserved and vulnerable populations by NHSC sites. The report provides both the NHSC and NHSC-approved service sites with information regarding the services provided, number of users, staffing, production, finances, and managed care enrollment at the various sites.

RECRUITING AN NHSC CLINICIAN

When can my site hire an NHSC clinician?

All NHSC-approved service sites must apply and be an NHSC-approved service site before they can post vacancies through the NHSC National Recruitment Site List (also referred to as the Job Opportunities List) or hire an NHSC clinician. NHSC service sites and clinicians should both be aware that if the clinician begins his/her employment at an unapproved service site, the time served will NOT count toward the clinician's service obligation. Creditable service time may begin only after an eligible service site has been approved.

What is the NHSC National Recruitment Site List and how is it used?

The NHSC National Recruitment Site List (http://nhscjobs.hrsa.gov/Search_HPOL.aspx) or Recruitment Site List (also referred to as the Job Opportunities List) is a quick and easy way to advertise current and open health care positions (known as vacancies) at approved NHSC service sites. The Recruitment Site List is a searchable database of vacant positions at NHSC-approved service sites and is updated daily. It is a sure way to reach thousands of health care professionals who are actively seeking work in underserved communities. Clinicians interested in a position located on the Recruitment Site List must contact the Recruitment Contact listed on the Recruitment Site List to apply.

How do NHSC-approved service sites post, remove or update a vacancy?

NHSC-approved service sites can post vacancies on the NHSC National Recruitment Site List. These vacancies can be filled by NHSC scholars, loan repayors, or non-NHSC clinicians. To post, remove or update a vacancy, NHSC-approved service sites should contact the Recruitment Training and Support Center at 1-877-313-1823, Monday through Friday (except Federal holidays), 8 am to 6 pm EST. Vacancies will appear on the Recruitment Site List two days after they have been entered in the data system.

Are there limitations to the number of NHSC clinicians that may serve at any one site?

Yes, the NHSC places limitations on the number of vacancies that can be posted by program (i.e. Loan Repayment versus Scholarship) and discipline.

For the placement of NHSC scholars, each qualifying NHSC-approved service site is able to hire no more than one physician, one dentist, one psychiatrist and one of the following: nurse practitioner, certified nurse midwife, physician assistant. Further, in order to be a qualifying NHSC-approved service site for an NHSC scholar, NHSC-approved service sites must meet a certain HPSA score threshold in a given year. For the 2010-2011 scholar placement cycle, sites must have a HPSA score of 17 (15 for physician assistant) or higher to list scholar vacancies. For more information, please read the current Federal Register Notice at <http://edocket.access.gpo.gov/2010/pdf/2010-15356.pdf>.

For the Loan Repayment Program (LRP), there is a separate policy on number of vacancies that NHSC-approved service sites may post and fill in a given year. For the LRP, the number of new NHSC clinician placements allowed at any one site is limited to the following:

HPSA Score	Discipline Category		
	<i>Primary Health Care</i>	<i>Primary Care Dentistry</i>	<i>Behavioral and Mental Health</i>
14-26	No more than: <ul style="list-style-type: none"> • 18 MD or DO physicians; • A combined total of 18 NPs, PAs, or CNMs. <i>Mental health clinicians in these disciplines are not included.</i>	No more than: <ul style="list-style-type: none"> • 18 Dentists; • 18 RDHs. 	No more than: <ul style="list-style-type: none"> • 18 Psychiatrists (MD or DO); • A combined total of 18 HSPs (Clinical or Counseling), LCSWs, LPCs, MFTs, or PNSs.
10-13	No more than: <ul style="list-style-type: none"> • 15 MD or DO physicians; • A combined total of 15 NPs, PAs, or CNMs. <i>Mental health clinicians in these disciplines are not included.</i>	No more than: <ul style="list-style-type: none"> • 15 Dentists; • 15 RDHs. 	No more than: <ul style="list-style-type: none"> • 15 Psychiatrists (MD or DO); • A combined total of 15 HSPs (Clinical or Counseling), LCSWs, LPCs, MFTs, or PNSs.
0-9	No more than: <ul style="list-style-type: none"> • 12 MD or DO physicians; • A combined total of 12 NPs, PAs, or CNMs. <i>Mental health clinicians in these disciplines are not included.</i>	No more than: <ul style="list-style-type: none"> • 12 Dentists; • 12 RDHs. 	No more than: <ul style="list-style-type: none"> • 12 Psychiatrists (MD or DO); • A combined total of 12 HSPs (Clinical or Counseling), LCSWs, LPCs, MFTs, or PNSs.

KEY: MD = allopathic physicians
DO = osteopathic physicians
NP = nurse practitioners
PA = physician assistants
CNM = certified nurse midwives
RDH = registered dental hygienists

HSP = health service psychologists
LCSW = licensed clinical social workers
LPC = licensed professional counselors
MFT = marriage and family therapists
PNS = psychiatric nurse specialists

For more information, please read the current Federal Register Notice at <http://edocket.access.gpo.gov/2010/pdf/2010-28083.pdf>.

NOTE: For the FY 2012-2014 Critical Access Hospital (CAH) Pilot Program, each CAH may only recruit a total of 10 NHSC clinicians, regardless of the HPSA score. Sites are strongly encouraged to review the FY 2012 NHSC Loan Repayment Program (LRP) Guidance, as clinical practice requirements vary for clinicians working at CAHs.

Additional Materials

RESOURCES FOR SITES

Division of the National Health Service Corps (DNHSC) – The DNHSC is one of several divisions within BCRS and is made up of three distinct branches – the Sites Branch, the Loan Repayment Branch, and the Scholarship Branch. DNHSC is responsible for managing NHSC-approved service sites and processing and awarding loan repayment and scholarships to individuals.

BCRS Division of Regional Operations (DRO)

The DRO is responsible for: providing approval/disapproval of site applications; conducting NHSC site visits; offering NHSC program specific assistance; supporting clinician recruitment and retention; promoting the development of networks, partnerships and collaborations; supporting NHSC clinician and scholar networking; and providing in-school NHSC scholar support.

State Primary Care Offices (PCOs) (<http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html>)

The PCOs are state-based offices that provide assistance to communities seeking HPSA designations and recruitment assistance as NHSC-approved service sites. The primary responsibilities of PCOs include the following:

- 1) Improving organizational effectiveness among stakeholders and fostering collaboration with Primary Care Associations, State Offices of Rural Health, Area Health Education Centers, and other entities to address primary care needs;
- 2) Providing technical assistance to organizations and communities wishing to expand access to primary care for underserved populations;
- 3) Assessing needs and sharing data with the public;
- 4) Conducting workforce development activities for the NHSC and the safety net and health center network;
- 5) Coordinating HPSA and Medically Underserved Areas and Populations (MUA/P) designation process within states.

NHSC-Approved Service Sites (<http://datawarehouse.hrsa.gov/nhscdetail.aspx>)

All currently approved NHSC service sites are listed here. Sites are listed by State. Under the “Quick Access Reports,” choose “NHSC Approved Sites List.” Listed sites may or may not have current job opportunities eligible for NHSC participants.

NHSC National Recruitment Site List (<http://nhscjobs.hrsa.gov>)

The NHSC National Recruitment Site List (also referred to as the Job Opportunities List) contains a searchable database of vacant positions at NHSC-approved sites.

HPSA Find

All NHSC participants and sites must serve in a health professional shortage area.

- <http://hpsafind.hrsa.gov>
- <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

Need Help?

For more information or questions regarding NHSC sites, please contact the Call Center Monday through Friday (except Federal holidays), 9:00am to 5:30pm ET.

- CallCenter@hrsa.gov
- 1-800-221-9393
- TTY – 1-877-897-9910

GLOSSARY

Bureau of Clinician Recruitment and Service (BCRS) – The bureau within HRSA that administers the National Health Service Corps.

Community Mental Health Center (CMHC) – An entity that meets applicable licensing or certification requirements for CMHCs in the State in which it is located and must provide all of the following core services: (1) outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; (2) 24 hour-a-day emergency care services; (3) day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and (4) screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission. 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 CMHCs in the State in which it is located. A CMHC may receive Medicare reimbursement for partial hospitalization services only if it demonstrates that it provides such services.

Correctional Facility – Clinics within state or federal prisons. Clinical sites within county and local prisons are not eligible. Federal prisons are clinical sites that are administered by the U.S. Department of Justice, Federal Bureau of Prisons (BOP). State prisons are clinical sites administered by the state.

Critical Access Hospital (CAH) – A non-profit facility that is (a) located in a State that has established with the Centers for Medicare and Medicaid Services (CMS) a Medicare rural hospital flexibility program; (b) designated by the State as a CAH; (c) certified by the CMS as a CAH; and (d) in compliance with all applicable CAH conditions of participation. For more information, please visit: http://www.cms.hhs.gov/Certificationandcompliance/04_CAHs.asp.

Disapproved Site – A site that fails to meet the statutory and programmatic eligibility requirements and does not receive approval by the NHSC.

Division of the National Health Service Corps (DNHSC) – The DNHSC is one of several divisions within BCRS and is made up of three distinct branches – the Sites Branch, the Loan Repayment Branch, and the Scholarship Branch. DNHSC is responsible for managing NHSC-approved service sites and processing and awarding loan repayment and scholarships to individuals.

Division of Regional Operations (DRO) – The Division of Regional Operations is one of several divisions within BCRS and consists of 10 regional HRSA offices that are primarily responsible for promoting BCRS programs, conducting NHSC site visits, approving NHSC site applications, and supporting other BCRS activities.

Federally-Qualified Health Centers (FQHC) – FQHCs include: (1) nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service (PHS) Act (i.e., health centers); (2) FQHC “Look-Alikes” which are nonprofit entities that are certified by the Secretary of HHS as meeting the requirements for receiving a grant under section 330 of the PHS Act but are not grantees; and (3) outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act.

FQHC Look-Alike – Health centers that have been identified by Health Resources and Services Administration (HRSA) and certified by the Centers for Medicare and Medicaid Services as meeting the definition of “health center” under Section 330 of the PHS Act, although they do not receive grant funding under Section 330. More information is available at <http://bphc.hrsa.gov/about/apply.htm>.

Free Clinic – A medical facility offering community healthcare 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.

Full-Time Clinician – An NHSC clinician working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year. For a more detailed explanation of the full-time clinical practice requirement, please refer to the “Service Requirements” section of the NHSC Loan Repayment Application and Program Guidance available on the NHSC website (<http://nhsc.hrsa.gov/loanrepayment/apply.htm>).

Half-Time Clinician – An NHSC clinician working a minimum of 20 hours per week in a clinical practice, not to exceed 39 hours per week, for a minimum of 45 weeks per service year. For a more detailed explanation of the half-time clinical practice requirement, please refer to the “Service Requirements” section of the NHSC Loan Repayment Application and Program Guidance available on the NHSC website (<http://nhsc.hrsa.gov/loanrepayment/apply.htm>).

Health Professional Shortage Area (HPSA) – A HPSA is a geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of HHS to have a shortage of primary health care professionals. HPSAs may be identified on the basis of agency or individual requests for designation. Information considered when designating a primary care HPSA include health provider to population ratios, rates of poverty, and access to available primary health services. These HPSAs are designated by the Office of Shortage Designation, within HRSA’s Bureau of Health Professions, pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

Health Resources and Services Administration (HRSA) – An operating agency of HHS.

Immigration Health Service Corps – Clinical sites administered by the U.S. Immigration, Customs, and Enforcement Agency with the Department of Homeland Security.

Indian Health Service, Tribal or Urban Indian Health Clinic (ITU) – A non-profit health care facility (whether operated directly by the Indian Health Service or by a tribe or tribal organization, contractor or grantee under the Indian Self-Determination Act, as described in 42 Code of Federal Regulations (CFR) Part 136, Subparts C and H, or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act) that is physically separated from a hospital, and which provides clinical treatment services on an outpatient basis to person of Indian or Alaskan Native descent as described in 42 CFR Section 136.12. For more information, please visit: <http://www.ihs.gov>.

Mobile Units – Medical vehicles (e.g. mobile health vans) that travel to underserved rural and urban communities, providing primary care services to individuals located in a HPSA. Clinicians working within a mobile unit that functions as part of a NHSC-approved site or through an alternative care setting (e.g. hospitals, nursing homes, shelters, etc.) will receive service credit for direct patient care, so long as the mobile unit is affiliated with a NHSC-approved site and provides services to only the approved HPSA area and/or members of a HPSA.

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

National Health Service Corps (NHSC) National Recruitment Site List – also referred to as the NHSC Job Opportunities List; is an online list of approved NHSC vacancies at NHSC-approved service sites. Note: approved vacancies that are filled may not appear on the Recruitment Site List.

National Health Service Corps (NHSC) Loan Repayment Program (LRP) – The NHSC LRP is authorized by Sections 338B and 331(i) of the PHS Act, as amended. Under the NHSC LRP, participants provide full-time or half-time primary health care services in HPSAs in exchange for funds for the repayment of their qualifying educational loans. The NHSC LRP selects fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of medically underserved HPSA communities.

National Health Service Corps (NHSC) Scholarship Program (SP) – The 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 scholarship support received, students agree to provide full-time primary care services for one (1) year in a NHSC-approved service site located in a HPSA. 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-Approved Service Site – A site that has requested and been granted approval as an NHSC service site. In order for a site to be eligible for NHSC approval, it must: Be located in and providing service to a federally designated HPSA; Provide primary medical care, mental

and behavioral health and/or dental services; Provide ambulatory services (no inpatient sites); Ensure access to ancillary, inpatient and specialty referrals; Charge fees for services consistent with prevailing rates in area; Discount or waive fees for individuals at or below 200% of the Federal poverty level; Accept assignment for Medicare beneficiaries; Enter into agreements with Medicaid and the Children's Health Insurance Program (CHIP), as applicable; Not discriminate in the provision of services based on an individual's inability to pay for services or the source of payment (Medicare/Medicaid/CHIP); Prominently post signage that no one will be denied access to services due to inability to pay; Agree not to reduce clinician's salary due to NHSC support; Provide sound fiscal management; and Maintain a recruitment and retention plan, as well as a credentialing process, for clinicians. If the Site Application is approved, the community site becomes an NHSC-approved service site. All NHSC-approved service sites must continuously meet the above requirements.

Primary Care Associations (PCAs) – Private, non-profit organizations that provide training and technical assistance to NHSC-approved service sites, support the development of sites in their state, and enhance the sites' operations and performance.

Primary Care Offices (PCOs) – State-based offices that provide assistance to communities seeking HPSA designations and recruitment assistance as NHSC-approved service sites. PCOs work collaboratively with PCAs, and the NHSC Program, to increase access to primary and preventive health care and improve the status of underserved and vulnerable populations.

Primary Health Care Services – Health care services such as family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry or mental health that are provided by physicians or other health professionals.

Public Health Department Clinic – Primary or mental health clinics operated by a State, County or Local health departments.

Rural Health Clinic (RHC) – A facility certified by the Centers for Medicare and Medicaid Services under section 1861(aa)(2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. RHCs are located in a non-urbanized area with an insufficient number of health care practitioners and provide routine diagnostic and clinical laboratory services. RHCs have a nurse practitioner, a physician assistant, or a certified nurse midwife available to provide health care services not less than 50 percent of the time the clinic operates.

Site Survey – The Annual Site Survey (formerly known as the NHSC Uniform Data Systems (UDS) Report) is a data collection system designed to measure the services provided to underserved and vulnerable populations by NHSC sites. The report provides both the NHSC and sites with information regarding the services provided, number of users, staffing, production, finances, and managed care enrollment at the various sites.

Sliding Fee Scale or Discounted Fee Schedule – A sliding fee scale or discount fee schedule is a set of discounts that is applied to your 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.

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 (IHS) through, or provided for in, a contract or compact with the IHS under the Indian Self-Determination and Education Assistance Act (25 USC 450 et. seq.).