



National Health Service Corps Rural Community

Loan Repayment Program

Full- & Half-Time Service Opportunities

Fiscal Year 2020

Application & Program Guidance

February 2020

Application Submission Deadline: **April 23, 2020, 7:30 p.m. ET**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Health Workforce
5600 Fishers Lane
Rockville, Maryland 20857

For questions, please call 1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except federal holidays) 8 a.m. to 8 p.m. ET.

*Authority: Section 338B of the Public Health Service Act (42 USC 254I-1), as amended
Section 331(i) of the Public Health Service Act (42 USC 254d(i)), as amended
Consolidated Appropriations Act, 2018, Title II (Public Law No. 115-141, Title II) Department of Defense
and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing
Appropriations Act, 2019.*

*Future changes in the governing statute, implementing regulations and Program
Guidance may also be applicable to National Health Service Corps Rural Community Loan Repayment
Program participants.*

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PRIVACY ACT NOTIFICATION STATEMENT

General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579), as amended, for individuals supplying information for inclusion in a system of records.

Statutory Authority

Section 338B of the Public Health Service (PHS) Act (42 United States Code Section 254l-1), as amended; Section 331(i) of the PHS Act (42 United States Code Section 254d(i)), as amended by the Consolidated Appropriations Act of 2018 (P.L. 115-141); Consolidated Appropriations Act, 2018, Title II (Public Law No. 115-141, Title II); Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245).

Purposes and Uses

The purpose of the National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP) is to recruit and retain medical, nursing, and behavioral/mental health clinicians with specific training and credentials to provide evidence-based substance use disorder (SUD) treatment in rural communities designated as Health Professional Shortage Areas (HPSAs). The information that applicants submit will be used to evaluate their eligibility, qualifications, and suitability for participating in the NHSC Rural Community LRP. In addition, information from other sources will be considered (e.g., credit bureau reports and National Practitioner Data Bank reports).

An individual's application, supporting documentation, related correspondence, data, and contract will be maintained in a system of records to be used within the U.S. Department of Health and Human Services to monitor NHSC Rural Community LRP-related activities. The information may also be disclosed outside the Department, as permitted by the Privacy Act and Freedom of Information Act (FOIA), to the Congress, the National Archives, the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037 for Scholarship and Loan Repayment Program Records.

The name of an NHSC Rural Community LRP participant, discipline, specialty, business address, business telephone number, and service obligation completion date may be provided to professional placement firms in response to requests made under the FOIA.

Effects of Nondisclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the replies to questions related to Race/Ethnicity (Section 2 of the online application for NHSC Rural Community LRP), an application may be considered incomplete and therefore may not be considered for an award under this announcement.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

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 OMB control number. The OMB control number for this information collection is 0915-0127 and it is valid until 02/29/2020. This information collection is voluntary. 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 HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Non-Discrimination Policy Statement

In accordance with applicable federal laws and U.S. Department of Health and Human Services policy, the Department does not discriminate on the basis of any non-merit factor, including race, color, national origin, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information.

PROGRAM OVERVIEW

Please read the Application and Program Guidance (Guidance) in its entirety before proceeding with an application. The Guidance explains in detail the rights and obligations of individuals selected to participate in the National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP). A complete understanding of the commitment to serve at a rural NHSC-approved Substance Use Disorder treatment facility and the financial, legal, and other consequences of failing to perform that commitment is critical to successful completion of the mandatory service obligation associated with any NHSC Rural Community LRP award.

Title II of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) and the Further Consolidated Appropriations Act, 2020 states that \$15,000,000 shall remain available for the purposes of making payments under the NHSC Loan Repayment Program under section 338B of the PHS Act to individuals participating in such program who provide primary health services in Indian Health Service facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (as those terms are defined by the Secretary), notwithstanding the assignment priorities and limitations under section 333(b) of such Act.

Important Dates

NHSC LRP applicants should be aware of the following key dates.

- Application Launch Date: February 20, 2020
- Application Submission Deadline: April 23, 2020
- Employment Start Date: July 18, 2020¹
- Scholars Service Obligation Completion Date: July 31, 2020
- Notification of Award: September 30, 2020
- Contract Termination Deadline: 60 days from the effective date of the contract

Certain applicants who apply for the FY 2020 NHSC Rural Community LRP may also be eligible for the NHSC LRP or the NHSC SUD Workforce LRP depending on their discipline and service site. FY2020 NHSC Rural Community LRP applicants may also apply for the NHSC LRP or NHSC SUD Workforce LRP; however, since an applicant can only participate in one program at a time, the NHSC will make only one award. If an applicant applied to more than one LRP and the NHSC determines that they are eligible for an award in only one LRP, the applicant will have an opportunity to accept an award in that particular LRP. If the NHSC determines that an applicant is eligible for more than one of the LRPs, the NHSC will contact the applicant to determine which program the applicant prefers. However, the NHSC cannot guarantee that the applicant will be offered an award under any NHSC program, or their preferred NHSC program.

¹ An exception applies to NHSC Scholars who will complete their service obligation by July 31, 2020.

INTRODUCTION

The NHSC Rural Community LRP is administered by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). Title II of the Consolidated Appropriations Act, 2018 (P.L. 115-141), and Title II of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) appropriated funding to the NHSC for the purpose of expanding and improving access to quality Opioid Use Disorder (OUD) and other SUD treatment in underserved areas nationwide. A portion of the NHSC's funding will be used for rural workforce expansion to combat the opioid epidemic, which has had a particularly significant impact on rural communities. For example, Senate Report 115–289, states in part, that:

“[w]hile the opioid epidemic has affected both urban and rural counties, the burden in rural areas is significantly higher. Rural communities face a number of challenges in gaining access to healthcare in general, and substance abuse treatment in particular. [The Centers for Disease Control and Prevention] has found that drug-related deaths are 45 percent higher in rural communities, and that rural states are more likely to have higher rates of overdose deaths.”

In both the Explanatory Statement regarding H.R. 1625 (which ultimately became P.L. 115-141), and in the Conference Report to Accompany H.R. 6157 (which ultimately became P.L. 115-245), Congress expressed its intention that a portion of the NHSC's appropriated funds be used for “the Rural Communities Opioid Response within the Office of Rural Health.” Consistent with this Congressional intent, and given the need of rural SUD professionals within the NHSC, the NHSC Rural Community LRP will make fiscal year (FY) 2020 loan repayment awards in coordination with the [Rural Communities Opioid Response Program \(RCORP\)](#) initiative within the Federal Office of Rural Health Policy (FORHP). RCORP is a multiyear effort to reduce the morbidity and mortality of SUD, including OUD, in rural communities at highest risk for these conditions. This effort also supports the [HHS 5-point Opioid Strategy](#) to combat the opioid crisis.

The primary purpose of this dedicated funding is to expand the scope of SUD treatment providers and facilities that are eligible for participation in the NHSC Rural Community LRP, including opioid treatment programs (OTPs), office-based opioid treatment (OBOT) facilities, and non-opioid outpatient SUD treatment facilities, which will be collectively referred to as **rural NHSC-approved SUD treatment facility** (see “[Definitions](#)” section) throughout this Guidance. Providers will be given loan repayment to reduce their educational financial debt in exchange for a service obligation to work at a rural NHSC-approved SUD treatment facility, previously approved by NHSC (See “[Definitions](#)” section for further details).

The NHSC Rural Community LRP seeks eligible Allopathic/Osteopathic Physicians, Physician Assistants, Psychiatrists, Nurse Practitioners, Certified Nurse-Midwives, Psychiatric Nurse Specialists, Health Service Psychologists, Licensed Clinical Social Workers, Marriage and Family Therapists, Licensed Professional Counselors, SUD counselors, Clinical Pharmacists, Registered Nurses and Nurse Anesthetists (see “[Eligible Disciplines and Specialties](#)” section for complete list of eligible disciplines) who provide quality evidence-based SUD treatment or associated health care services at a rural NHSC-

approved SUD treatment facility located in HPSAs identified by the Secretary of HHS (see HPSA definition in “[Definitions](#)” section).

HRSA’s NHSC and the Primary Care Training and Enhancement (PCTE) program collaborate to bolster the primary care workforce in underserved communities. In FY 2020, the NHSC will provide funding priority to applicants who have completed a fellowship through the PCTE: Training Primary Care Champions program.² PCTE Training Primary Care Champions programs train community-based primary care professionals to lead health care transformation, enhance recruitment and retention in community-based settings, and enhance academic-community partnerships to support positive community-based training experiences in underserved communities.

NOTE: If an applicant signs a NHSC Rural Community LRP contract, they will be committing to serve in the HPSA to which the Secretary of HHS assigns them. If, for any reason, a participant is unable to complete their service obligation at the location named on their NHSC Rural Community LRP contract, they will be required to transfer to another rural NHSC-approved SUD treatment facility to fulfill their service obligation.

Service Options and Award Amounts

NHSC Rural Community LRP participants have a choice of the following service options:

1. Three-year Full-Time Clinical Practice. The NHSC will pay up to \$100,000 for 3 years of full-time clinical practice to clinicians serving at a rural NHSC-approved SUD treatment facility that is located in a Mental Health or Primary Medical Care HPSA. For a more detailed definition of full-time clinical practice, see the “[Understanding the Service Obligation](#)” section.
2. Three-year Half-Time Clinical Practice. The NHSC will pay up to \$50,000 for 3 years of half-time clinical practice to clinicians serving at a rural NHSC-approved SUD treatment facility that is located in a Mental Health or Primary Medical Care HPSA. **Half-time practice is not available to those serving under the Private Practice Option (PPO).** See “[Practice Types](#)” section. For a more detailed definition of half-time clinical practice, see the “[Service Requirements](#)” section.

NOTE: If an applicant’s outstanding balance of qualifying educational loans is less than the stated award amount, the NHSC Rural Community LRP will pay the remaining balance of the total qualifying educational loans. However, in such cases, the participant will still remain obligated to complete the three-year service obligation.

² The PCTE: Training Primary Care Champions program is authorized under Section 747(a) of the Public Health Service (PHS) Act (42.U.S.C. 293k (a)). Funding was awarded under Notice of Funding Opportunity number HRSA-18-013.

ELIGIBILITY REQUIREMENTS

To be eligible for an NHSC Rural Community LRP award, all applicants must:

- (1) Be a U.S. citizen (either U.S. born or naturalized) or U.S. National;
- (2) Have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration in the discipline in which they are applying to serve;
- (3) Participate or be eligible to participate as a provider in the Medicare, Medicaid, and Children’s Health Insurance Programs, as appropriate;
- (4) Be eligible for federal employment. Most NHSC Rural Community LRP participants should expect to serve their commitments as salaried, non-federal employees of a public or private entity approved by the NHSC. However, there may be vacancies that require federal employment, including a security clearance. In light of the potential for federal employment, an applicant must be eligible for, or hold, an appointment as a commissioned officer in the Regular Corps of the Public Health Service or be eligible for selection for civilian service in the NHSC. For more information, please visit the [Commissioned Corps of the U.S. Public Health Service website](#);
- (5) Submit a complete application on or before **April 23, 2020**. See the instructions for “Completing an Application” in the [Application Information](#) section later in this Guidance; and
- (6) Be employed by, or have accepted a position at, a rural NHSC-approved SUD treatment facility where employment and provision of care to patients will begin no later than July 18, 2020.

Among eligible applicants, the NHSC Rural Community LRP determines loan repayment awardees using various funding priorities and selection factors.

Funding Priorities

The NHSC gives first priority funding to NHSC scholarship recipients that have completed their service obligation and continue to have eligible student loans. The NHSC then prioritizes applicants from RCORP Consortium Member Sites. The remaining applicants are prioritized within each HPSA score by their disadvantaged background, characteristics that indicate a likelihood they will remain in a HPSA, and by county overdose mortality rates. The following funding priorities will be applied to all eligible and qualified applicants:

- **Current (or former) NHSC Scholarship Awardees.** Previous NHSC scholarship recipients that have completed their service obligation and continue to have eligible student loans.
- **RCORP Consortium member sites.** Applicants will also be prioritized by those serving at rural NHSC-approved SUD treatment facilities that are RCORP Consortium member sites. (See RCORP Consortium Member Site in the [“Definitions”](#) section for further details.)

Priorities Within Each HPSA Score:

- **Disadvantaged Background (see the [“Definitions”](#) section).** The NHSC will give priority to an applicant who has (and whose spouse, if any, has) characteristics that indicate a higher likelihood of continuing to practice in a HPSA once the service obligation as described in the next bullet is completed *and* who comes from a disadvantaged background. The applicant

must submit certification from a school that they: (i) were identified as having a “disadvantaged background” based on environmental and/or economic factors, or (ii) received a federal Exceptional Financial Need Scholarship.

- **Characteristics Indicating a Likelihood of Remaining in a HPSA.** The NHSC will also give priority to an applicant who has (and whose spouse, if any, has) characteristics that indicate a higher likelihood of continuing to practice in a HPSA once the service obligation is completed. The NHSC will assess the applicants education, training, and experience in working with underserved populations by considering, the following factors to determine eligibility for this priority:
 - a. Applicants who have completed a PCTE Fellowship;
 - b. The duration of the applicant’s tenure at their current rural NHSC-approved SUD treatment facility; and
 - c. The characteristics of the applicant’s spouse, if any, that indicate they are likely to remain in a HPSA.

- **County Overdose Mortality Rates.** Applicants will be further prioritized based on the overdose mortality rates of the geographic area where their SUD treatment facility is located.

NOTE: The NHSC uses the funding priority factors above to rank the applicants in the tiers as reflected in the “Tiering for Funding Priorities” table below. Additionally, due to the targeted scope of the NHSC Rural Community LRP, applicants working in a rural NHSC-approved SUD treatment facility may qualify even if the HPSA score of their rural NHSC-approved SUD treatment facility would ordinarily be too low to qualify the applicant for funding under the traditional NHSC LRP. The NHSC will use HPSA data as of the application submission deadline, and will do so throughout the FY 2020 application and award cycle. If an applicant will serve at multiple rural NHSC-approved SUD treatment facilities within tiers 1 and 2, (the highest tier will be used to determine the order in which the application will be ranked.

Tiering for Funding Priorities

Clinician Type	Rural NHSC-approved SUD Treatment Facility Requirement	HPSA
Tier 1		
All SUD professionals with OR without SUD Licensure/Certification or DATA 2000 Waiver	RCORP Consortium Member Site	25-0
Tier 2		
All SUD professionals with SUD Licensure/Certification or DATA 2000 Waiver	SAMHSA-certified opioid treatment program (OTP) Office-based opioid treatment (OBOT) facility	25-0

Clinician Type	Rural NHSC-approved SUD Treatment Facility Requirement	HPSA
	Non-opioid outpatient SUD treatment facility	
Tier 3		
All SUD Professionals without SUD Licensure/Certification or DATA 2000 Waiver	SAMHSA-certified opioid treatment program (OTP) Office-based opioid treatment (OBOT) facility Non-opioid outpatient SUD treatment facility	25-0

Eligible Disciplines and Specialties

Providers listed in the tables below are eligible to apply for the NHSC Rural Community LRP if they meet the discipline-specific training, licensure, and credentialing requirements described in the [Required Credentials for Eligible Disciplines](#) section of this Guidance. **Such professionals are considered by the NHSC to be SUD professionals and part of a SUD-integrated care team** (see SUD Professional definition in “[Definitions](#)” section).

Primary Medical Care:

<i>Eligible Discipline</i>	<i>Specialty</i>
Physicians • <i>Allopathic (MD)</i> • <i>Osteopathic (DO)</i>	<ul style="list-style-type: none"> • <i>Family Medicine</i> • <i>General Internal Medicine</i> • <i>General Pediatrics</i> • <i>Obstetrics/Gynecology</i> • <i>Geriatrics</i> • <i>Psychiatry</i>
Physician Assistants (PA) Nurse Practitioners (NP) Registered Nurses (RN) Certified Registered Nurse Anesthetist³	<ul style="list-style-type: none"> • <i>Adult</i> • <i>Family</i> • <i>Pediatric</i> • <i>Women’s Health</i> • <i>Geriatrics</i>
Certified Nurse-Midwives (CNM)	N/A
Pharmacists	N/A

³ Note that Certified Registered Nurse Anesthetists are eligible for the NHSC Rural Community LRP, but are not eligible to participate in any other of the NHSC Loan Repayment Programs.

Behavioral/Mental Health:

<i>Eligible Discipline</i>	<i>Specialty</i>
Physicians <ul style="list-style-type: none"> • Allopathic (MD) • Osteopathic (DO) 	<ul style="list-style-type: none"> • Psychiatry
Nurse Practitioners (NP) Physician Assistants (PA)	Mental Health & Psychiatry
Health Service Psychologists (HSP) Licensed Clinical Social Workers (LCSW) Psychiatric Nurse Specialists (PNS) Marriage and Family Therapists (MFT) Licensed Professional Counselors (LPC) Substance Use Disorder (SUD) Counselors	All specialties are eligible

Training, Licensure, and Required Credentials

NHSC Rural Community LRP applicants must demonstrate satisfactory professional competence and conduct and meet discipline and specialty-specific education, training and licensure requirements, as described below.

Applicants who intend to practice under the NHSC Rural Community LRP as federal employees, federal contractors, or employees of a tribal health program (see “[Definitions](#)” section) in a state in which the tribal health program provides services described in its contract, **must** have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in a state.

All other applicants must have a current, full, permanent, unencumbered, unrestricted health professional license, as set forth below, in the state where their rural NHSC-approved SUD treatment facility is located, unless otherwise noted below.

The NHSC Rural Community LRP reserves the right to request documented proof of completion of discipline-specific advanced training (residency, certification, fellowships, etc.) and any other requirements set forth below. Please note that while an applicant may be licensed in the state of intended practice, there may be additional requirements identified below that must be met in order to be eligible for the NHSC Rural Community LRP. See, for example, the “[Telehealth Policies](#)” section for requirements pertaining to participants providing telehealth services.

Supplemental SUD Credentials

The following supplemental SUD credentials are not required but will determine an applicant's ranking for purposes of the NHSC Rural Community LRP:

- SUD Licensure/Certification. SUD licensure/certification refers to a state-issued license or certification to provide SUD treatment that is granted to a health professional in an eligible discipline or specialty (see "Eligible Disciplines and Specialties" section above), and is distinct from the licensure/certification that SUD counselors must have in order to practice SUD counseling. SUD licensure/certification must meet national standards as recognized by either the National Board of Certified Counselors (NBCC); NAADAC, the Association for Addiction Professionals; or International Certification & Reciprocity Consortium (IC&RC).
- A Drug Enforcement Administration (DEA) Registration Certificate that clearly reflects the possession of a DATA 2000 waiver.

The NHSC understands that some SUD professionals will be dually credentialed at the time of award under the NHSC Rural Community LRP. All program participants are expected to maintain all current licenses and/or certifications (as applicable) throughout the duration of their service obligation. Failure to do so may result in a breach of their NHSC Rural Community LRP contract.

NOTE: Please be advised that the National Practitioner Data Bank will be queried for each applicant as part of the application process.

Required Credentials for Eligible Disciplines

1. Primary Medical Care

All Primary Care applicants that fall under these disciplines should refer to the "Training, Licensure, and Required Credentials", section above for applicable SUD requirements.

- Allopathic (MD) or Osteopathic (DO) Physicians must have:

i. Educational Requirement

A certificate of completion of a M.D. or D.O. at one of the following accredited schools located in a state, the District of Columbia, or a U.S. territory:

A school of allopathic medicine accredited by the Liaison Committee on Medical Education;

-OR-

A school of osteopathic medicine accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.

ii. Certification Requirement

Completed a residency program in a primary care specialty or fellowship in addiction medicine, approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

iii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license,

certificate or registration (whichever is applicable) in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

- Physician Assistants (PAs), including those with a mental health specialty, must practice under the supervision of a primary care physician and have:
 - i. **Educational Requirement**

A certificate of completion or an associate, bachelor's, or master's degree from a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant at a college, university, or educational institution that is accredited by a U.S. Department of Education nationally recognized accrediting body or organization.
 - ii. **Certification Requirement**

National certification by the National Commission on Certification of Physician Assistants;
 - iii. **Licensure Requirement**

A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

- Nurse Practitioners (NPs) must have:
 - i. **Educational Requirement**

A master's degree, post-master's certificate, or doctoral degree from a school accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE), in one of these primary care NP specialties: Adult, Family, Pediatric, Women's Health, or Geriatrics.
 - ii. **Certification Requirement**

National certification by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, the Pediatric Nursing Certification Board (formerly the National Certification Board of Pediatric Nurse Practitioners and Nurses), or the National Certification Corporation in one of these primary care NP specialties: Adult, Family, Pediatric, Women's Health, or Geriatrics.
 - iii. **Licensure Requirement**

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

NOTE: Allopathic and Osteopathic Physicians, Physician Assistants, and Nurse Practitioners who are eligible for the NHSC Rural Community LRP may serve in a primary care or mental health HPSA.

- Certified Nurse-Midwives (CNMs) must have:
 - i. **Educational Requirement**
A master's degree or post-baccalaureate certificate from a school accredited by the American College of Nurse-Midwives (ACNM);
 - ii. **Certification Requirements**
National certification by the American Midwifery Certification Board (formerly the ACNM Certification Council).
 - iii. **Licensure Requirement**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the state in which they intend to practice under the NHSC Rural Community LRP unless practicing in a federal facility.

- Pharmacists must have:
 - i. **Educational Requirement**
A health professional degree from a School of Pharmacy accredited by the Accreditation Council for Pharmacy Education at a college, university, or educational institution that is accredited by the U.S. Department of Education nationally recognized accrediting body or organization.
 - ii. **Certification Requirement**
No additional certifications required.
 - iii. **Licensure Requirement**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) that allows them to practice independently and without direct clinical supervision in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

- Registered Nurses must have:
 - i. **Educational Requirement**
A degree from a school of nursing accredited by the U.S. Department of Education and has passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN).
 - ii. **Certification Requirement**
No additional certifications required.
 - iii. **Licensure Requirement**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) that allows them to practice

independently and without direct clinical supervision in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

- Certified Registered Nurse Anesthetists must have:

- i. **Educational Requirement**

- A Master’s degree from a school of nursing accredited by the U.S. Department of Education and has passed the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

- ii. **Certification Requirement**

- National certification by the National Board of Certification & Recertification for Nurse Anesthetists (NBCRNA).

- iii. **Licensure Requirement**

- A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) that allows them to practice independently and without direct clinical supervision in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

2. Behavioral/Mental Health

The NHSC recognizes that states have varying educational, experience and testing requirements for the licensing of behavioral health clinicians. The NHSC generally adheres to national certification and licensing standards to facilitate the clinician’s ability to meet licensure requirements in other states if a transfer to another rural NHSC–approved SUD treatment facility in a different state is needed.

All Behavioral/Mental Health applicants that fall under these disciplines should refer to the “Training, Licensure, and Required Credentials”, section above for applicable SUD requirements.

- Psychiatrists must have:

- i. **Educational Requirement**

- The qualifications for Allopathic (MD) or Osteopathic (DO) Physicians [stated in section 1 above].

- ii. **Certification Requirement**

- Complete a psychiatry residency program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

- iii. **Licensure Requirement**

- A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in the state in which they intend to

practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

- Physician Assistants (PAs) with a mental health specialty must practice under the supervision of a physician and have:

i. Educational Requirement

A certificate of completion or an associate, bachelor's, or master's degree from a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant at a college, university, or educational institution that is accredited by a U.S. Department of Education nationally recognized accrediting body or organization.

ii. Certification Requirement

National certification by the National Commission on Certification of Physician Assistants.

iii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the state in which they intend to practice under the NHSC LRP or from any state if practicing in a federal facility.

- Health Service Psychologists (HSPs) must have:

i. Educational Requirement

A doctoral degree (Ph.D. or equivalent) directly related to full professional work in clinical or counseling psychology from a program accredited by the American Psychological Association, Commission on Accreditation.

i. Certification Requirement

Passed the Examination for Professional Practice of Psychology; the ability to practice independently and unsupervised as a health service psychologist.

ii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the state in which they intend to practice that allows them to practice independently and without direct clinical supervision under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

NOTE: HSPs who work at schools that are NHSC SUD treatment facilities are eligible to participate in the NHSC Rural Community LRP, so long as they meet all other requirements listed above, are engaged in SUD counseling services, and are able to meet the clinical practice requirements for the entire calendar year (see the "[Service Obligation](#)" and "[Requirements for School-Based Clinics](#)" sections). Psychologists focused on career or guidance counseling are not eligible to participate in the NHSC Rural Community LRP.

- Licensed Clinical Social Workers (LCSWs) must have:
 - i. **Educational Requirement**
A master's degree or doctoral degree in social work from a school accredited by the Council on Social Work Education and affiliated with an educational institution accredited by the U.S. Department of Education nationally recognized accrediting body.
 - ii. **Certification Requirement**
Successfully passed the Association of Social Work Boards (ASWB) Clinical or Advanced Generalist licensing exam prior to July 1, 1998, or the ASWB Clinical Exam on or after July 1, 1998;
-OR-
Successfully passed the LCSW Standard Written Examination and the Clinical Vignette Examination; and completed state required number of years or hours of clinical social work experience under the supervision of a licensed independent social worker and passed the clinical level of the ASWB exam.

A provider's license or certification to provide SUD treatment must meet the national standard recognized by the NBCC; NAADAC, the Association for Addiction Professionals; or IC&RC.
 - iii. **Licensure Requirement**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) that allows them to practice independently and without direct clinical supervision as a Clinical Social Worker, from the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.
- Psychiatric Nurse Specialists (PNSs) must have:
 - i. **Educational Requirement**
A master's degree or higher degree in nursing from a program accredited by the NLNAC or the Commission on Collegiate Nursing Education (CCNE) with a specialization in psychiatric/mental health and 2 years of postgraduate supervised clinical experience in psychiatric/mental health nursing;
-OR-
A baccalaureate or higher degree in nursing from a program accredited by the NLNAC or CCNE.
 - ii. **Certification Requirement**
Certification by the American Nurses Credentialing Center as a Psychiatric and Mental Health Nurse, Clinical Specialist in Adult Psychiatric and Mental Health Nursing, or Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing.

- iii. **Licensure Requirement**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice at the level of licensure that allows them to practice independently and without direct clinical supervision as a Registered Nurse (or PNS, if applicable) in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.
- Marriage and Family Therapists (MFTs) must have:
 - i. **Educational Requirement**
A master's or doctoral degree in marriage and family therapy from a program accredited by the American Association for Marriage and Family Therapy, Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or a graduate degree in another mental health field (psychiatry, psychology, clinical social work, psychiatric nursing, etc.) and completed a COAMFTE accredited postgraduate degree clinical training program in marriage and family therapy.
 - ii. **Certification Requirement**
At least 2 years of postgraduate supervised clinical experience as an MFT;
-OR-
Clinical Fellow membership with the American Association for Marriage and Family Therapy (AAMFT);
-OR-
Successfully passed the MFT Standard Written Examination.
 - iii. **Licensure Requirements**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice independently and unsupervised as an MFT in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.
- Licensed Professional Counselors (LPCs) must have:
 - i. **Educational Requirement**
A master's degree or higher degree with a major study in counseling from a school accredited by a U.S. Department of Education nationally recognized regional or state institutional accrediting agency; and
At least 2 years of postgraduate supervised counseling experience;
 - ii. **Certification Requirement**
No additional certifications required
 - iii. **Licensure Requirement**
A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice independently and

unsupervised as an LPC in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.

-OR-

If such licensure is not available in the state of intended practice, have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice independently and unsupervised as an LPC in a state and be practicing independently and unsupervised and in a manner consistent with state law in the state where they intend to practice.

LPCs who work at schools that are rural NHSC-approved SUD treatment facilities are eligible to participate in the NHSC Rural Community LRP, so long as they meet all other requirements listed above, are engaged in SUD counseling services, and are able to meet the clinical practice requirements for the *entire* calendar year (see "[Service Obligation](#)" and "[Requirements for School-Based Clinics](#)" sections). Career or guidance counselors are *not* eligible to participate in the NHSC Rural Community LRP.

- *Substance Use Disorder Counselors must have:*

- i. **Educational Requirement**

- A master's degree or higher in a health professional field of study from a school accredited by the U.S. Department of Education nationally recognized regional or state institutional accrediting agency.

- Certification or licensure requirements are applicable to the state in which they practice.

- ii. **Certification Requirement**

- A state-issued certification to provide SUD treatment. A provider's certification to provide SUD treatment must meet the national standard recognized by the NBCC; NAADAC, the Association for Addiction Professionals; or IC&RC;

- OR-**

- iii. **Licensure Requirement**

- A state-issued license to provide SUD treatment. A provider's license to provide SUD treatment must meet the national standard recognized by the NBCC; NAADAC, the Association for Addiction Professionals; or IC&RC.

NOTE: Primary care behavioral/mental health providers, including Psychiatrists, Health Service Psychologists, Licensed Clinical Social Workers, Psychiatric Nurse Specialists, Marriage and Family Therapists, and Licensed Professional Counselors, may serve in a primary care or mental health HPSA.

Selection Factors

The NHSC utilizes the selection factors and funding priorities detailed below while reviewing eligible NHSC Rural Community LRP applications to determine who will be offered an award.

Applicants who meet the eligibility criteria outlined above must also demonstrate that they:

- (1) **Have a history of honoring prior legal obligations.** The NHSC will perform a hard inquiry⁴ with the credit bureaus to make the award decision. NHSC LRP applicants who do not have a history of honoring prior legal obligations, as evidenced by one or more of the following factors, will not be selected:
 - a. Default on any federal payment obligations, e.g., Department of Education student loans, Health Education Assistance Loans, Nursing Student Loans, Federal Housing Administration (FHA) Loans, federal income tax liabilities, federally-guaranteed/insured loans (e.g., student or home mortgage loans) or any non-federal payment obligations (e.g., court-ordered child support payments or state tax liabilities), even if the applicant is currently considered to be in good standing by that creditor.
 - b. Write off of any federal or non-federal debt as uncollectible or waiver of any federal service or payment obligation.
 - c. Default on a prior service obligation, e.g., applicants who have defaulted on a prior service obligation to the federal government, a state or local government, or other entity, even if the applicant subsequently satisfied that obligation through service, monetary payment or other means.
 - d. Any judgment liens arising from federal debt.
 - e. Failure/refusal to provide appropriate permission/consent for the NHSC to access the participant's credit report and failure/refusal to unfreeze a frozen credit report.
- (2) **Are not in breach of any service obligation.** Applicants who are in breach of a health professional service obligation to a federal, state, or other entity will not be selected to participate in the NHSC Rural Community LRP.
- (3) **Do not have an existing service obligation and agree not to incur a service obligation that would be performed concurrently or overlap with their NHSC Rural Community LRP service obligation.** Applicants who are already obligated to a federal, state, or other entity for professional practice or service (e.g., active military duty, the NHSC Scholarship Program, the traditional NHSC LRP, SUD Workforce LRP, and the Nurse Corps Scholarship Program) will not be selected for an award unless that obligation will be completely satisfied prior to commencement of the NHSC Rural Community LRP service (see "[Service Obligation](#)" section). Further, participants who subsequently enter into other service obligations (e.g., State Loan Repayment Program) will be subject to the breach of contract provision (see the "[Breaching the NHSC Rural Community LRP Contract](#)" section).

EXCEPTION:

- a. Applicants other than current NHSC LRP participants whose outstanding service obligation to another entity would be completed by the deadline for meeting the NHSC clinical practice requirements (July 18, 2020).
- b. Members of a Reserve component of the armed forces or National Guard who are not on active duty prior to receiving an NHSC Rural Community LRP award **are** eligible for

⁴ According to the U.S. Consumer Financial Protection Bureau, these inquiries "are typically inquiries by lenders after you apply for credit. These inquiries will impact your credit score because most credit scoring models look at how recently and how frequently you apply for credit." (Source: [CFPB website: What's a credit inquiry?](#))

the program. Reservists should understand the following:

- Military training or service performed by reservists will not satisfy the NHSC service obligation. If a participant's military training and/or service, in combination with the participant's other absences from the rural NHSC-approved SUD treatment facility, will exceed seven weeks per service year, the participant should request a suspension. The NHSC Rural Community LRP service obligation end date will be extended to compensate for the break in NHSC service.
 - If the reservist is deployed, they are expected to return to the rural NHSC-approved SUD treatment facility where they were serving prior to deployment. If unable to do so, the reservist must request a transfer to another rural NHSC-approved SUD treatment facility. If the reservist fails to seek a transfer and subsequently refuses to accept an NHSC assignment to another rural NHSC-approved SUD treatment facility, they will be placed in default of their service obligation.

(4) Are not currently excluded, debarred, suspended, or disqualified by a federal agency.

Applicants are required to report certain information, which is described in the "Certification Regarding Debarment, Suspension, Disqualification and Related Matters" section of the online application. The applicant should sign the certification that is applicable to their situation. As a condition of participating in the NHSC Rural Community LRP, a participant must agree to provide immediate written notice to HRSA NHSC Rural Community LRP if the participant learns that they failed to make a required disclosure or that a disclosure is now required due to changed circumstances.

Transitioning from the NHSC Scholarship Program or the NHSC LRP to NHSC Rural Community LRP

Current NHSC Scholar Participants

Scholars completing their service obligation who wish to be considered for an FY 2020 NHSC Rural Community LRP will be able to complete an application by accessing their [BHW Customer Service Portal](#) account and submitting a complete application by the deadline (April 23, 2020).

If a Scholar intends to remain at their current site, it must be identified as a rural NHSC-approved SUD treatment facility. The NHSC SP service obligation must be fulfilled by July 31, 2020 to be eligible for the NHSC Rural Community LRP. These Scholar applicants will receive funding priority.

Under this initiative, transfers between rural NHSC-approved SUD treatment facilities are only allowed to other approved rural NHSC-approved SUD treatment facilities.

Scholars who intend to transfer to a rural NHSC-approved SUD treatment facility must complete their NHSC SP obligation at their current NHSC approved site by July 31, 2020 and begin working at the new rural NHSC-approved SUD treatment facility within 30 days of completing the NHSC SP. When completing the application, scholar applicants who intend to transfer to a rural NHSC-approved SUD treatment facility will need to submit the new rural NHSC-approved SUD treatment facility so that HRSA can verify the future employment.

Current NHSC LRP Participants

Current NHSC LRP participants are eligible to apply for a three-year NHSC Rural Community LRP contract if they have qualifying educational loans and their existing NHSC LRP service obligation will be fulfilled by the application deadline, which is July 18, 2020. NHSC LRP applicants will not get service credit between the end of their NHSC LRP obligation and the start of their new NHSC Rural Community LRP obligation.

Qualifying and Non-Qualifying Educational Loans

NHSC Rural Community LRP applicants must have qualifying educational loans. A participant will receive loan repayment funding to be applied to the principal, interest, and related expenses of outstanding government (federal, state, or local) and commercial (i.e., private) student loans for undergraduate or graduate education obtained by the participant for school tuition, other reasonable educational expenses, and reasonable living expenses. The educational loans must be obtained prior to the date the participant submits their online application to the NHSC Rural Community LRP.

Consolidated or refinanced loans may be considered for repayment, so long as they are from a government (federal, state, or local) or private student loan lender and include only qualifying educational loans of the applicant. If an otherwise eligible educational loan is consolidated/ refinanced with ineligible (non-qualifying) debt of the applicant, **no** portion of the consolidated/ refinanced loan will be eligible for loan repayment. For loans to remain eligible, applicants/ participants must keep their eligible educational loans segregated from all other debts. In addition, eligible educational loans consolidated with loans owed by any other person, such as a spouse or child, are ineligible for repayment.

Loans that do *not* qualify for loan repayment include, but are not limited to:

1. Loans for which the applicant incurred a service obligation, which will not be fulfilled before the deadline for submission of the NHSC Rural Community LRP application (April 23, 2020).
2. Loans for which the associated documentation cannot identify which loan was solely applicable to the undergraduate or graduate education of the applicant.
3. Loans not obtained from a government entity or private commercial student lending institution. Most loans made by private foundations to individuals are not eligible for repayment.
4. Loans that have been repaid in full
5. Primary Care Loans
6. Parent PLUS Loans (made to parents)
7. Personal lines of credit
8. Loans subject to cancellation
9. Residency and Relocation loans
10. Credit card debt

NOTE: Documentation of loans will be required. Qualifying educational loans must have documentation to indicate they were contemporaneous with the education received. Loan documentation will be verified by contacting lenders/holders and reviewing the applicant's credit report.

Award Process

Only the Secretary of HHS or their designee can grant an NHSC Rural Community LRP award. Awards cannot be guaranteed or granted by the rural NHSC-approved SUD treatment facility personnel, NHSC staff, a Primary Care Office, a Primary Care Association, or any other person or entity. Applicants selected as finalists will receive a Confirmation of Interest (COI) email with instructions to sign and return the NHSC Rural Community LRP contract and provide banking information to facilitate the electronic transfer of the award funds (assuming that the contract is approved by a representative of the Secretary of HHS).

An applicant's signature alone on the NHSC Rural Community LRP contract document does not constitute a contractual agreement. The NHSC Rural Community LRP contract becomes effective on the date it is countersigned by the Secretary of HHS or their designee. It is anticipated that all FY 2020 NHSC Rural Community LRP contracts will be countersigned on or before **September 30, 2020**.

Once an applicant has been selected for an award, the applicant will be provided with information for logging into the [BHW Customer Service Portal](#). This web-based system will allow NHSC Rural Community LRP participants to communicate with the NHSC and manage several customer service inquiries, such as contact information changes. The participant's award letter (available in the [BHW Customer Service Portal](#)) will note the beginning and estimated end date of the service obligation. A participant's end date may change depending on circumstances arising during the term of their service obligation.

An applicant may withdraw their application any time **before** a contract is countersigned by the Secretary or their designee (see the "[Confirmation of Interest](#)" section). **After** a contract has taken effect, the Secretary or their designee may terminate the contract only under the circumstances set forth below (see the "[Contract Termination](#)" section). Awards are disbursed in the form of a lump sum payment and will be electronically issued to the bank account provided by the participant approximately 90 days after the contract start date. Where the award amount is less than the maximum amount set forth in this Guidance, the payment will be calculated to include interest accrued during the period between the contract start date and the disbursement of funds.

NOTE: Under the Treasury Offset Program, the Treasury Department is authorized to offset NHSC Rural Community LRP payments for application to delinquent federal and state debts, including delinquent child support payments.

Once a contract is in place, the participant is encouraged to participate in a New NHSC Rural Community LRP Awardee Webinar that will review program requirements. Participants will be notified by email of upcoming webinars and other training opportunities.

UNDERSTANDING THE NHSC RURAL COMMUNITY LRP CONTRACT

Participants of the NHSC Rural Community LRP are expected to perform an integral role in the delivery of SUD treatment services. These providers will support an integrated care model allowing SUD treatment facilities to provide comprehensive care. In return for receiving an NHSC Rural Community LRP award, participants agree to provide three years of either full-time or half-time clinical practice at one or more rural NHSC-approved SUD treatment facility that provides evidenced-based SUD treatment and are located in a HPSA.

Participants are expected to begin service immediately on the date that the NHSC Rural Community LRP contract becomes effective, which is the date it is countersigned by the Secretary or their designee. The participant's award letter will note the beginning and projected end dates of the service obligation. In addition, this information is contained in the participant profile on the [BHW Customer Service Portal](#). **Participants will not receive service credit for any employment at a rural NHSC-approved SUD treatment facility prior to the effective date of their NHSC Rural Community LRP contract.**

"Full-time clinical practice" is defined by law as no less than 40 hours per week, for a minimum of 45 weeks per service year.

At the participant's request and with written concurrence of the rural NHSC-approved SUD treatment facility, the Secretary of HHS may subsequently allow the participant to convert to half-time service for double the period of the full-time service obligation, by entering into an addendum to their contract. "Half-time clinical practice" is defined as no less than 20 hours per week, for a minimum of 45 weeks per service year. **Participants will not be allowed to switch back to full-time service once they have been authorized for half-time service.**

For both full-time and half-time participants, more specific requirements will apply, depending on the participant's discipline/specialty (see the "[Requirements for Full-Time or Half-Time Clinical Practice](#)" section). Participants are subject to the service obligation in effect at the time they are scheduled to begin service.

The NHSC reserves the right to make final decisions on all site assignments. There is no guarantee that currently approved NHSC SUD treatment facilities will remain NHSC-approved throughout a participant's service obligation.

NOTE: Participants who, for any reason, fail to begin or complete their service obligation at their assigned service location are in breach of the NHSC Rural Community LRP contract and incur the damages described in the "[Breaching the NHSC Rural Community LRP Contract](#)" section.

Contract Termination

An applicant becomes a participant in the NHSC Rural Community LRP only upon entering into a contract with the Secretary of HHS. The contract becomes fully executed (and effective) on the date that the Secretary (or the Secretary's designee) countersigns the contract. For FY 2020 NHSC Rural

Community LRP contracts, Congress has provided that the Secretary may terminate an NHSC Rural Community LRP contract if, within sixty (60) days following the contract's execution date, the participant:

- (1) Submits a written request to terminate the contract; **and**
- (2) Repays all NHSC Rural Community LRP funds paid to, or on behalf of, the participant under that contract.

A written request for contract termination should be submitted through the [BHW Customer Service Portal](#). If the NHSC Rural Community LRP funds have been disbursed to the participant, they will receive separate instructions via the [BHW Customer Service Portal](#) or directly from an NHSC representative outlining the process for returning the awarded funds.

The Secretary cannot grant a participant's request to terminate their FY 2020 NHSC Rural Community LRP contract after the 60-day deadline. Requests to terminate the contract after sixty (60) days will not be considered. Participants who do not meet the conditions for contract termination will be expected to perform their obligations under the contract. Failure to fulfill the terms of the contract may be considered a breach of contract.

Practice Agreement Types

There are three (3) practice types available to NHSC participants:

- (1) **Federal Assignment.** NHSC Rural Community LRP participants serving as federal employees are either Federal Civil Service employees or active members of the U.S. Public Health Service (USPHS) Commissioned Corps and will typically be working at a federal site (e.g., an IHS Hospital). **Participants assigned as Civil Servants may request to serve half-time (subject to federal personnel regulations); USPHS Commissioned Officers must serve full-time.**
- (2) **Private Practice Assignment (PPA).** Under a PPA, an NHSC Rural Community LRP participant is employed by a public or private entity and is subject to the personnel system (i.e., employment policies) of the entity to which they are assigned. In addition, the rural NHSC-approved SUD treatment facility assures that the participant will receive a salary and malpractice coverage at least equal to what they would have received as a civilian employee of the U.S. Government. Malpractice insurance, including tail coverage, can be provided through a commercial carrier or through the Federal Tort Claims Act, if available. **The PPA service option is available to both full-time and half-time participants.**
- (3) **Private Practice Option (PPO).** Under the PPO, an NHSC Rural Community LRP participant may be (a) self-employed (e.g., a solo practitioner or co-owner of the rural NHSC-approved SUD treatment facility at which the applicant works); (b) part of a group practice; (c) an independent contractor; or (d) a salaried employee of an eligible, rural NHSC-approved SUD treatment facility who is not receiving salary and malpractice coverage at least equal to what they would receive as a Federal Civil Servant. In order to serve under the PPO, the participant must submit a PPO request (application) and, if the NHSC approves the request, the participant must enter into a PPO Agreement that stipulates the special provisions that apply to those serving under the PPO. **The PPO service option is open only to full-time participants.**

NOTE: Federal Assignments and Private Practice Assignments require the rural NHSC-approved SUD treatment facility to accept Medicare assignment, enter into the appropriate agreements under Medicaid and the Children’s Health Insurance Program, and utilize a schedule of discounts (including, as appropriate, waivers) of fees based on a patient’s ability to pay. See the definition of NHSC SUD treatment facilities in the “[Definitions](#)” section. The PPO requires the individual to comply with the same billing requirements.

Providers who work at schools that are rural NHSC-approved SUD treatment facilities are eligible to participate in the NHSC Rural Community LRP, so long as they meet all other requirements listed above and are able to meet the clinical practice requirements for the entire calendar year (see “[Service Obligation](#)” and “[Requirements for School-Based Clinics](#)” sections). Career or guidance counselors are not eligible to participate in the NHSC Rural Community LRP.

If an applicant is ...	and their salary and malpractice/tail coverage are...	they will serve under a:
A federal Civil Service employee or an active member of the U.S. Public Health Service Commissioned Corps	provided by a federal government entity	Federal Assignment (FA)
NOT a federal employee but an employee of an eligible rural NHSC-approved SUD treatment facility	<i>at least equal to what they would earn as a civilian employee of the U.S. Government</i>	Private Practice Assignment (PPA)
NOT a federal employee but an employee of a rural NHSC-approved SUD treatment facility	<i>less than what they would earn as a civilian employee of the U.S. Government</i>	Private Practice Option (PPO)
NOT a federal employee but an independent contractor to an rural NHSC-approved SUD treatment facility, or a member or co-owner of a group practice in an eligible HPSA site, or a solo practitioner in an rural NHSC-approved SUD treatment facility	whatever income they earn or generate; whatever malpractice coverage they purchase or receive	Private Practice Option (PPO)

Rural NHSC-approved SUD Treatment Facilities Information

To qualify for the NHSC Rural Community LRP, applicants must either: 1) be working at a rural NHSC-approved SUD treatment facility; or 2) have accepted an offer of employment at a rural NHSC-approved SUD treatment facility that will allow the applicant to meet the NHSC clinical practice requirements on or before July 18, 2020. If the applicant's rural NHSC-approved SUD treatment facility has not yet been approved, the applicant is not eligible to apply for an NHSC Rural Community LRP award. If the applicant intends to remain at the rural NHSC-approved SUD treatment facility at which they currently work, and it is not a rural NHSC-approved SUD treatment facility, they will not be eligible to participate in the NHSC Rural Community LRP. The NHSC will announce the new rural NHSC-approved SUD treatment facilities application cycle on the [NHSC Sites webpages](#).

Applicants who work at more than one rural NHSC-approved SUD treatment facility (e.g., several satellite clinics) must include all service locations in their application by selecting from the drop-down menu and initiating an electronic Employment Verification (EV) for each rural NHSC-approved SUD treatment facility. Selecting a rural NHSC-approved SUD treatment facility where the applicant is not providing patient care will disqualify their application.

Please be advised that some organizations that operate rural NHSC-approved SUD treatment facilities may also operate other ineligible SUD treatment facilities in close proximity to the rural NHSC-approved SUD treatment facility. Such facilities may even share similar names and addresses as the rural NHSC-approved SUD treatment facility, but are not NHSC-approved. Therefore, NHSC Rural Community LRP applicants must pay very close attention to both the name and address of the rural NHSC-approved SUD treatment facility location(s) selected in their application. Also, if an applicant receives an email in the later stages of the application process, confirming the applicant's continued interest in an LRP award (i.e., a Confirmation of Interest), the applicant must verify that the name and address of the rural NHSC-approved SUD treatment facility listed in the confirmation of interest is correct. Applicant and/or rural NHSC-approved SUD treatment facility Point of Contact (POC) mistakes made during the application process will not supply grounds for voiding an NHSC contract following the termination deadline of an applicant's NHSC Rural Community LRP contract.

Ineligible Rural SUD Treatment Facilities

The following are not eligible rural NHSC-approved SUD treatment facilities, even if they are located in a HPSA or rural area:

- county/local prisons;
- inpatient hospitals (except for CAHs or IHS Hospitals), and other inpatient sites;
- clinics that limit care to veterans and active duty military personnel (e.g., VA Medical Centers and clinics, military bases, and civilian health care providers in the Tricare network);
- residential SUD treatment facilities are not eligible rural NHSC-approved SUD treatment facilities. Thus, clinicians whose employment is fully in a residential setting are not eligible for an NHSC Rural Community LRP award.

NOTE: Existing NHSC-approved sites that are not approved as rural NHSC-approved SUD treatment facilities are not eligible.

Site Point of Contact Roles and Responsibilities

For the NHSC Rural Community LRP, the rural NHSC-approved SUD treatment facility POC is the on-site official who has agreed to and is qualified to perform the applicant's EV, as well as the participant's In-Service Verifications (ISV) – including verification that the participant is meeting their service obligations – throughout the obligated service period, for additional information (see the "[Service Verification](#)" section). Once initiated by the applicant, the POC must complete the online EV in order for the application to be completed and ultimately submitted by the applicant, prior to the application cycle deadline. The applicant should initiate regular communication and follow up with the POC to ensure that EVs and ISVs are accurately completed and in a timely manner.

The POC will receive periodic reminders to complete the EV; however, it is the applicant's responsibility to ensure that the EV is complete and accurate, within a timeframe that will allow them to submit the NHSC application by the application deadline. The applicant will receive notification that the POC has completed the EV and should work to complete and submit the application, as soon as possible. The applicant must contact the POC to resolve any concerns regarding the responses provided on the EV.

Site Contract vs. NHSC Contract

It is important to remember that the participant's service contract with the NHSC Rural Community LRP is separate and independent from an employment contract with the rural NHSC-approved SUD treatment facility. Employment contract negotiations are solely the responsibility of the clinician and are between the clinician and the rural NHSC-approved SUD treatment facility. The NHSC strongly discourages employers from considering the loan repayment funds as income to the clinician when negotiating the clinician's salary.

Please note that the NHSC requires a participant to work a specified minimum number of hours per week (see the "[Service Obligation](#)" section). If the participant's employment contract stipulates fewer hours (and their salary is based on those hours), the participant is still required to meet the NHSC service obligation requirements, and the participant's rural NHSC-approved SUD treatment facility administrator must verify the participant's total work hours and NHSC full-time or half-time work status (see the "[Service Verification](#)" section) every six months during their period of obligated service.

SERVICE OBLIGATION REQUIREMENTS

Service Obligation

An NHSC Rural Community LRP participant must either: 1) be working at a rural NHSC-approved SUD treatment facility or 2) have accepted an offer of employment at a rural NHSC-approved SUD treatment facility by the date they submit their application and will begin meeting the NHSC clinical practice requirements at the rural NHSC-approved SUD treatment facility they identified (in their application) by July 18, 2020.

The participant's NHSC service obligation begins on the date that the NHSC Rural Community LRP contract becomes effective, which is on the date it is countersigned by the Secretary or their designee.

The participant's award letter will note the beginning and projected end dates of the service obligation. In addition, this information is contained in the participant profile on the [BHW Customer Service Portal](#). Participants will not receive service credit for any employment at a rural NHSC-approved SUD treatment facility prior to the effective date of their NHSC Rural Community LRP contract.

The last day of the service obligation is determined in whole years from the start date. For example, the last day of service for a participant with a three-year full-time service obligation that began on July 15, 2020, would be July 14, 2023. Adjustments in the end date will be made by the NHSC if a participant is away from the rural NHSC-approved SUD treatment facility for more than seven weeks (roughly 35 workdays) per service year (see the "[Worksite Absences](#)" section).

Converting from Full-Time to Half-Time

At the participant's request and with written concurrence of the rural NHSC-approved SUD treatment facility, the Secretary of HHS may subsequently allow the participant to convert to half-time service for double the period of the full-time service obligation, by entering into an addendum to their contract. The following conditions must be met to be considered for half-time service:

1. A participant's rural NHSC-approved SUD treatment facility agrees in writing that the participant may convert to half-time clinical practice (as defined by the NHSC);
2. A participant is a federal employee or a Private Practice Assignee (see the "[Practice Types](#)" section). The half-time option is not authorized for PPO practitioners; and
3. A participant agrees in writing (by signing an addendum to the NHSC Rural Community LRP Full-Time Contract) to complete the remaining service obligation through half-time clinical practice for twice as long as the full-time commitment.

The current half-time clinical practice policies are set forth below and are subject to change. Requests must be submitted through the [BHW Customer Service Portal](#). If the participant is approved to convert to half-time status, their service obligation end date and their allowable leave will be adjusted accordingly. Participants who receive waivers to serve half-time must fulfill the remainder of their service obligation serving half-time. **Participants will not be allowed to switch back to full-time service once they have been authorized for half-time service.**

Requirements for Full-Time or Half-Time Clinical Practice

- (1) **Full-Time Clinical Practice.** For the purposes of the NHSC, is defined as a minimum of 40 hours/week, for a minimum of 45 weeks each service year. The 40 hours/week may be compressed into no less than 4 days/week, with no more than 12 hours of work to be performed in any 24-hour period. Of the 40 hours/week, a minimum of 32 hours must be spent providing patient care. Participants do not receive service credit for hours worked over the required 40 hours/week and excess hours cannot be applied to any other work week. Also, time spent "on call" will not be counted towards the service obligation, except to the extent the provider is providing patient care during that period. Additional rules apply based on discipline and practice location. For these rules, see the "[Full-Time Clinical Practice Requirements, by Discipline](#)" section.

- (2) **Half-Time Clinical Practice.** For the purposes of the NHSC, is defined as 20-39 hours/week, for a minimum of 45 weeks each service year. The minimum 20 hours/week may be compressed into no less than 2 days/week, with no more than 12 hours of work to be performed in any 24-hour period. Of the minimum 20 hours/week, a minimum of 16 hours must be spent providing patient care. Participants do not receive service credit for hours worked over the required 20 hours/week and excess hours cannot be applied to any other work week. Also, time spent “on call” will not be counted towards the service obligation, except to the extent the provider is providing patient care during that period. Additional rules apply based on discipline and practice location. For these rules, see the [“Half-Time Clinical Practice Requirements, by Discipline”](#) section.

The following definitions apply to both full-time and half-time clinical practice:

Clinical-related administrative, management or other activities may include charting, care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure and other non- SUD treatment related activities pertaining to the participant’s approved NHSC practice. Any time spent in a management role is also considered to be an administrative activity. The duties of a medical director are also considered primarily administrative, and NHSC Rural Community LRP applicants serving in such a capacity should keep in mind that they cannot count more than 8 hours/week of administrative and/or management time (4 hours in the case of half-time participants) toward the total required 40 hours/week (or 20-39 hours in the case of half-time participants).

Teaching activities, to qualify as clinical practice, require NHSC Rural Community LRP participants to provide clinical education to students and residents in their area of expertise. All teaching must be conducted as directed by the rural NHSC-approved SUD treatment facility(s), subject to the NHSC limits on the number of hours per week allowed for teaching (see Full-Time or Half-Time Clinical Practice Requirements section, as applicable). The clinical education may:

- (1) Be conducted as part of an accredited clinical training program;
- (2) Include the clinical supervision of a student/resident that is required in order for that student/resident to receive a license under state law; or
- (3) Include mentoring that is conducted as part of the Health Careers Opportunity Program (HCOP), or the Centers of Excellence Program (COE).

Clinical service provided by NHSC participants while a student/resident observes, should be counted as patient care, not teaching, as the NHSC Rural Community LRP participant is treating the patient.

Full-Time Clinical Practice Requirements, by Discipline

Full-time clinical practice is defined, for the purposes of the NHSC, as a minimum of 40 hours/week, for a minimum of 45 weeks each service year. The 40 hours/week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. As noted below, participants must spend a designated minimum number of hours/week providing patient care based on their discipline and practice location. Participants do not receive service credit for hours worked over the required 40 hours/week and excess hours cannot be applied to any other work week.

Note these rules apply to the “full-time clinical practice” definitions below:

- Of the overall minimum 40 hours/week, clinical-related administrative activities shall not exceed a total of 8 hours per week. For more information, please see the definition for “Clinical-related Administrative, Management, or Other Activities” in the “[Definitions](#)” section.
- Of the minimum number of hours/week allotted for patient care as noted in each category of providers below, teaching shall not exceed a total of 8 hours/week. If the teaching takes place in a HRSA-funded Teaching Health Center (see “Definitions”), teaching activities performed by participants in the Teaching Health Center Graduate Medical Education program authorized under 42 U.S.C. § 256h, shall not exceed 20 hours/week.

Medical Providers

a. **For providers of primary medical care services, including pediatricians and geriatricians:**

Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing patient care at the rural NHSC-approved SUD treatment facility(s). Of the minimum 32 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 8 hours/week may also be spent providing patient care for patients at the rural NHSC-approved SUD treatment facility(s), providing patient care in approved alternative settings (e.g., hospitals, nursing homes, and shelters), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities performed by participants in the Teaching Health Center Graduate Medical Education program authorized under 42 U.S.C. § 256h, shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the rural NHSC-approved SUD treatment facility(s), 8 hours/week of which may be spent providing patient care in approved alternative settings (e.g., hospitals, nursing homes, and shelters) or performing clinical-related administrative activities. Clinical-related administrative time is limited to 8 hours/week.

If working in an IHS Hospital or a CMS-approved CAH, at least 16 hours/week must be spent providing patient care in the IHS or CAH-affiliated outpatient clinic. Of the minimum 16 hours/week spent providing patient care, no more than 8 hours/week may be spent in a teaching capacity. The remaining 24 hours/week may be spent providing patient care at the IHS Hospital or CMS-approved CAH or the IHS or CMS-approved CAH affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities. Clinical-related administrative time is limited to 8 hours/week.

- ### b. **For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse midwives):** Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 21 hours/week are spent providing patient care at the rural NHSC-approved SUD treatment facility(s). Of the minimum 21 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 19 hours/week may be spent providing patient care at the rural NHSC-

approved SUD treatment facility(s), 8 hours/week of which may be providing patient care in an approved alternative setting (e.g., hospitals, nursing homes, and shelters), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities performed by participants in the Teaching Health Center Graduate Medical Education program authorized under 42 U.S.C. § 256h, shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the rural NHSC-approved SUD treatment facility(s), 8 hours/week of which may be providing patient care in approved alternative settings (e.g., hospitals, nursing homes, and shelters), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in an IHS Hospital or CMS-approved CAH, at least 16 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 16 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 24 hours/week are spent providing patient care at the IHS Hospital or CMS-approved CAH or the IHS or CMS-approved CAH affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 8 hours/week).

- c. **For purposes of the NHSC Rural Community LRP, Certified Nurse Anesthetists working at CMS-approved CAH or IHS facilities may provide patient care at an IHS Hospital or CMS-approved CAH without an affiliated outpatient clinic at the discretion of the rural NHSC-approved SUD treatment facility.**

Behavioral & Mental Health Providers:

NOTE: Please read the following section carefully, as the requirements for behavioral/mental health providers have changed.

Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 20 hours/week are spent providing patient care at the rural NHSC-approved SUD treatment facility(s). Of the minimum 20 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity, performing clinical-related administrative activities, or in an alternative setting (e.g., hospitals, nursing homes, and shelters) as directed by the rural NHSC-approved SUD treatment facility(s). The remaining 20 hours/week may be spent providing patient care at the rural NHSC-approved SUD treatment facility(s) or performing service as a behavioral or mental health professional in schools or other community-based settings when directed by the rural NHSC-approved SUD treatment facility(s).

If working in a HRSA-funded Teaching Health Center, teaching activities performed by participants in the Teaching Health Center Graduate Medical Education program authorized under 42 U.S.C. § 256h, shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at a participant's rural NHSC-approved SUD treatment facility(s) or, if directed by a participant's rural NHSC-approved SUD treatment facility(s), in schools or other community-based

settings. Only 8 hours/week may be spent providing patient care in an approved alternative setting (e.g., hospitals, nursing homes, and shelters) or performing clinical-related administrative activities (limited to 8 hours/week).

If working in an IHS Hospital or CMS-approved CAH (only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health), at least 16 hours/week must be spent providing patient care in the IHS or CAH-affiliated outpatient clinic. Of the minimum 16 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 24 hours/week are spent providing patient care at the IHS Hospital or CMS-approved CAH or the IHS or CMS-approved CAH-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 8 hours/week).

Half-Time Clinical Practice Requirements, by Discipline

Half-time clinical practice is defined, for the purposes of the NHSC, as a minimum of 20 hours/week (not to exceed 39 hours/week), for a minimum of 45 weeks each service year. The 20 hours/week may be compressed into no less than 2 days/week, with no more than 12 hours of work to be performed in any 24-hour period. As noted below, participants must spend a designated minimum number of hours/week providing patient care based on their discipline and practice location. Participants do not receive service credit for hours worked over the required 20 hours/week and excess hours cannot be applied to any other work week.

Note these rules apply to the “half-time clinical practice” definitions below:

- Of the overall minimum 20 hours/week, clinical-related administrative activities shall not exceed a total of 4 hours per week. For more information, see the definitions for clinical administrative, management or other activities in the [“Definitions”](#) section.
- Of the minimum number of hours/week allotted for patient care, as noted for each category of providers below, teaching shall not exceed a total of 4 hours/week.

(1) Medical Providers

a. For providers of primary medical care services, including pediatricians and geriatricians:

Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week are spent providing patient care at the rural NHSC-approved SUD treatment facility(s). Of the minimum 16 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 4 hours/week are spent providing patient care at the rural NHSC-approved SUD treatment facility(s), providing patient care in an approved alternative settings (e.g., hospitals, nursing homes, and shelters) as directed by the rural NHSC-approved SUD treatment facility(s), or performing clinical-related administrative activities (limited to 4 hours/week).

If working in an IHS Hospital or CMS-approved CAH at least 8 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 12 hours/week are spent providing patient care at the IHS Hospital or CMS-

approved CAH or the IHS or CMS-approved CAH-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week).

- b. **For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse-midwives):** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 11 hours/week must be spent providing patient care at the rural NHSC-approved SUD treatment facility(s). Of the minimum 11 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 9 hours/week must be spent providing patient care at the rural NHSC-approved SUD treatment facility(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, and shelters) as directed by the rural NHSC-approved SUD treatment facility(s), or performing clinical-related administrative activities (limited to 4 hours/week).

If working in an IHS Hospital or CMS-approved CAH, at least 8 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 12 hours/week must be spent providing patient care at the IHS Hospital or CMS-approved CAH or the hospital-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week).

(2) **Behavioral/Mental Health Providers:**

NOTE: Please read the following section carefully, as the requirements for behavioral/mental health providers have changed.

Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 10 hours/week are spent providing patient care at the rural NHSC-approved SUD treatment facility(s). Of the minimum 10 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity, performing clinical-related administrative activities, or in an alternative setting (e.g., hospitals, nursing homes, and shelters), as directed by the rural NHSC-approved SUD treatment facility(s). The remaining 10 hours/week may be spent providing patient care at the rural NHSC-approved SUD treatment facility(s) or performing service as a behavioral or mental health professional in schools or other community-based settings when directed by the rural NHSC-approved SUD treatment facility(s).

If working in an IHS Hospital or CMS-approved CAH (*only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health*), at least 8 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 12 hours/week are spent providing patient care at the IHS Hospital or CMS-approved CAH or the IHS or CMS-approved CAH-affiliated outpatient

clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week).

Requirements for School-Based Clinics

All school-based clinics must be NHSC-approved service sites. Participants serving at school-based clinics as their primary rural NHSC-approved SUD treatment facility(s) must provide required documentation (e.g., ISV Forms) that demonstrates they are meeting their NHSC service obligation at that facility. For participants serving at an NHSC-approved school-based clinic, the NHSC understands that the school-based clinic may not be open year-round. Providers who work at school-based clinics that are not open year-round will not receive NHSC service credit for any period of time they are not serving at a school-based clinic. In order to meet the NHSC's clinical practice requirements, participants who are working at school-based clinics that are not open for a minimum of 45 weeks per service year have the option to work at an additional NHSC-approved site (s). The additional NHSC-approved site (s) must satisfy the HPSA requirements identified in the participant's initial NHSC Rural Community LRP contract.

If the participant's school is closed for a portion of the year, and the participant does not have an alternate rural NHSC-approved SUD treatment facility that will enable the participant to fulfill the NHSC's annual clinical practice requirements, the participant's service obligation will be extended.

Telehealth and Home Health Policies

Telehealth. NHSC participants must comply with all applicable telemedicine policies of their rural NHSC-approved SUD treatment facility, as well as, all applicable federal and state rules and policies regarding telemedicine services related to medication-assisted treatment (MAT).

NHSC participants who are performing telehealth are encouraged to utilize HRSA's [Telehealth Resource Centers \(TRCs\)](#). These centers provide free telehealth technical assistance and training for providers using telehealth.

HRSA and the NHSC are committed to expanding and improving access to quality opioid use disorder (OUD) and other SUD treatment in rural and underserved areas across the country, including through the use of telehealth. NHSC Rural Community LRP applicants are encouraged to read a related September 2018 HHS policy statement, "[Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder.](#)"

The NHSC will consider telehealth as patient care when both the **originating site** (location of the patient) and the **distant site** (location of the NHSC clinician) are located in a HPSA and are rural NHSC-approved SUD treatment facilities.

Home Health. The NHSC does not currently recognize the homes of patients or providers as NHSC-approved sites. As such, home visits may only be conducted at the direction of the and may only be counted in the alternative setting allotment for patient care (see the "[Full-Time Clinical Practice Requirements, by Discipline](#)" and "[Half-Time Clinical Practice Requirements, by Discipline](#)" sections)."

PROGRAM COMPLIANCE

Worksite Absences

The information provided below pertains to compliance with the NHSC Rural Community LRP service obligation and is not a guarantee that a rural NHSC-approved SUD treatment facility will allow any particular amount of leave. Leave must be approved by your rural NHSC-approved SUD treatment facility; therefore, you cannot receive credit for leave if you are unemployed.

- (1) Full-time participants are allowed to spend no more than 7 weeks (approximately 35 full-time workdays) per service year away from the rural NHSC-approved SUD treatment facility for vacation, holidays, continuing professional education, illness, or any other reason.
- (2) Half-time participants are allowed to spend no more than 7 weeks (approximately 35 half-time workdays) per service year away from the rural NHSC-approved SUD treatment facility for vacation, holidays, continuing professional education, illness, or any other reason.

If a participant works more than the minimum number of hours per week (40 for full-time participants, 20 for half-time participants), the only time spent away from the rural NHSC-approved SUD treatment facility that will need to be reported (see the [“Service Verification”](#) section below) and deducted from the allowed absences per service year (as set forth above) are the hours of absence that cause a participant’s work hours to fall below the NHSC’s required minimum number of hours per week. For example, a half-time participant who works 32 hours a week would not need to report 12 hours of sick leave because the participant has still met the NHSC’s minimum requirements of 20 hours a week.

Absences over 7 weeks (35 workdays) will result in the extension of the participant’s service obligation. Participants who have a medical or personal emergency that will result in an extended period of absence will need to request a suspension of the NHSC service obligation and provide supporting documentation. The NHSC cannot guarantee that a suspension request will be approved. If a suspension is requested and approved, the participant’s service obligation end date will be extended accordingly. See the [“Suspensions and Waivers”](#) section.

NOTE: Absences above the 7 weeks (35 workdays) allotted without a documented medical or personal reason will extend the participant’s completion date. If a participant’s completion date is extended, any additional absences during the period of extension will result in further extension of the participant’s completion date.

Service Verification

Every NHSC Rural Community LRP participant who has completed their training and is practicing at a rural NHSC-approved SUD treatment facility must submit service verification documentation for each six months of service. The ISV form is available through the [BHW Customer Service Portal](#) and must be completed and electronically signed by the participant. Once completed by the participant, it will be forwarded to an appropriate official at the participant’s rural NHSC-approved SUD treatment facility for electronic verification. By signing, the appropriate rural NHSC-approved SUD treatment facility official will be certifying the participant’s compliance or noncompliance with the applicable clinical practice

requirement during the prior six-month period. The ISV will also record the time spent away from the rural NHSC-approved SUD treatment facility (e.g., the total number of days during the six-month period that the participant fell below the minimum service obligation).

Participants who fail to complete and submit their ISV on time may jeopardize receiving service credit and may also be recommended for default. While the NHSC will take steps to alert both the participant and the rural NHSC-approved SUD treatment facility to the due date for an ISV submission, it is the participant's responsibility to ensure that their rural NHSC-approved SUD treatment facility completes the verification in a timely manner.

Absences over 7 weeks (35 workdays) will result in the extension of the participant's service obligation. If the absences are caused by a medical or personal emergency that will result in an extended period of absence, a participant **will need to request a suspension** of the NHSC service obligation and provide supporting documentation. The NHSC cannot guarantee that a suspension request will be approved. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. See the "[Suspensions and Waivers](#)" section. Note that absences above the 7 weeks (35 workdays) without a documented medical or personal reason will extend the participant's period of obligated service.

Transfer Requests to Another Rural NHSC-Approved SUD Treatment Facility

NHSC Rural Community LRP participants will only be allowed to transfer to other rural NHSC-approved SUD treatment facilities. If a NHSC Rural Community LRP participant would like to transfer to another rural NHSC-approved SUD treatment facility, the participant must submit a transfer request through the [BHW Customer Service Portal](#). Approval of all transfer requests are at the NHSC's discretion, and may depend on the circumstances of the participant's resignation or termination from the current rural NHSC-approved SUD treatment facility. The rural NHSC-approved SUD treatment facility change must be approved and processed by the NHSC prior to the participant beginning to receive service credit for employment at the new rural NHSC-approved SUD treatment facility. If a participant begins employment at a rural NHSC-approved SUD treatment facility prior to NHSC approval, they may not receive service credit for the time period between their last day providing patient care at the initial rural NHSC-approved SUD treatment facility and resumption of service at the transfer rural NHSC-approved SUD treatment facility following NHSC approval. If the proposed transfer rural NHSC-approved SUD treatment facility is disapproved by the NHSC and the participant refuses assignment to another rural NHSC-approved treatment facility, they may be placed in default.

Information on Continuing Service

A NHSC Rural Community LRP participant should not expect to receive a continuation contract for participation in the program beyond the three-year contract.

Unemployment

The NHSC recognizes that circumstances may arise whereby a participant feels that they can no longer continue serving at their assigned rural NHSC-approved SUD treatment facility. In some of these situations, the participant may be eligible to transfer to another rural NHSC-approved SUD treatment facility to continue service in accordance with the requirements specified in their service contract.

Participants who resign, or are terminated, by their rural NHSC-approved SUD treatment facility(s), must contact the NHSC immediately through the [BHW Customer Service Portal](#). If the NHSC deems the participant eligible for a transfer, the NHSC will provide the participant a specific time frame in which to obtain and accept an employment offer at a rural NHSC-approved SUD treatment facility identified by the NHSC or at another suitable rural NHSC-approved SUD treatment facility identified by the participant. Although the NHSC may assist unemployed participants with identifying suitable positions at a rural NHSC-approved SUD treatment facility (referred to as “site assistance”), it is the participant’s responsibility to obtain suitable employment at a rural NHSC-approved SUD treatment facility. Please note that the NHSC Rural Community LRP contract is not limited to service in a particular geographic area, and there may not be transfer opportunities in the participant's preferred area. Unemployed participants may be expected to relocate in order to fulfill their NHSC Rural Community LRP obligation.

NOTE: Participants who voluntarily resign from their rural NHSC-approved SUD treatment facility(s) without prior approval from the NHSC, are terminated by their rural NHSC-approved SUD treatment facility(s) “for cause,” or are deemed ineligible for rural NHSC-approved SUD treatment facility assistance, may not receive a transfer to another rural NHSC-approved SUD treatment facility, and may be placed in default.

Unapproved Satellite Clinic Work

If a rural NHSC-approved SUD treatment facility asks a participant to work at a clinic that is not listed as a rural NHSC-approved SUD treatment facility on the [Health Workforce Connector](#) and is not an approved alternative setting, the participant should **immediately** notify the NHSC through the [BHW Customer Service Portal](#). Time spent at unapproved clinics will **not** count towards the participant’s service obligation.

Breaching the NHSC Rural Community LRP Contract

Participants should immediately contact the NHSC through the [BHW Customer Service Portal](#) if a situation arises that may result in the participant being unable to begin or complete their NHSC Rural Community LRP service obligation. While the NHSC will, to the extent possible, work with participants to assist them in fulfilling the service obligation, participants are reminded that the failure to complete service for any reason is a breach of the NHSC Rural Community LRP contract. Participants should understand the following monetary damages that are required by federal law when an NHSC Rural Community LRP contract is breached.

A participant who breaches a commitment to serve in a **full-time** clinical practice will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service *not* completed;
- (2) \$7,500 multiplied by the number of months of obligated service *not* completed; AND
- (3) Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

See Section 338E(c)(1) of the Public Health Service Act (42 U.S.C. 254o(c)(1)), as amended.

A participant who breaches a commitment to serve in a **half-time** clinical practice will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service *not* completed;
- (2) \$3,750 multiplied by the number of months of obligated service *not* completed; AND
- (3) Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

See Sections 331(i)(2)(F) and 338E(c)(1) of the Public Health Service Act (42 U.S.C. 254d(i)(2)(F) and 254o(c)(1)).

Note: The minimum amount the United States is entitled to recover from a participant who breaches a commitment to serve full-time or half-time *will not be less than \$31,000*.

Any participant who breaches the NHSC Rural Community LRP contract, and who is placed into default status, will receive a default notice from the Program Support Center's Debt Collection Center that specifies the amount the United States is entitled to recover, in accordance with Public Health Service Act, sections 331(i)(2)(F); 338E(c)(1). The debt will be due to be paid within one year from the date of the default notice. Failure to pay the debt by the due date has the following consequences:

- (1) **The debt may be reported as delinquent to credit reporting agencies.** During the one-year repayment period, the debt will be reported to credit reporting agencies as "current." If the debt becomes past due (i.e., remains unpaid at the end of the one-year repayment period), it will be reported as "delinquent."
- (2) **The debt may be referred to a debt collection agency and the Department of Justice.** Any NHSC Rural Community LRP debt past due for 45 days may be referred to a debt collection agency. If the debt collection agency is unsuccessful in collecting payment, the debt will be referred to the Department of Justice for filing of a lawsuit against the defaulter.
- (3) **Administrative Offset.** Federal or state payments due to the participant (e.g., an IRS or state income tax refund) may be offset by the Department of Treasury to pay a delinquent NHSC Rural Community LRP debt. Also, defaulters who are federal employees may have up to 15% of their take-home pay garnished to pay a delinquent NHSC Rural Community LRP debt.
- (4) **Licensure Sanctions.** In some states, health professions licensing or certification boards may impose sanctions, including suspension or revocation of a defaulter's professional license or certification, if the defaulter fails to satisfactorily address repayment of their NHSC Rural Community LRP debt.

Bankruptcy

The participant should also be aware that it is not easy to discharge an NHSC Rural Community LRP debt by filing for bankruptcy. A financial obligation under the NHSC Rural Community LRP is not dischargeable in bankruptcy for seven years after the debt becomes due (i.e., for 7 years from the end of the one-year repayment period). After the 7-year period of absolute non-discharge expires, the debt may be discharged in bankruptcy only if a bankruptcy court determines that it would be unconscionable not to discharge the debt.

Sample Default Scenarios

Scenario 1: Dr. Jane Smith entered into a three-year NHSC Rural Community LRP full-time service contract effective January 14, 2020. Her service end date is January 13, 2023. She received \$100,000 in LRP financial support to apply toward her qualifying educational loans. She was terminated for cause by her rural NHSC-approved SUD treatment facility at the end of her workday on March 31, 2021. The NHSC determines that she defaulted on her LRP contract on April 1, 2021, and served 443 days of her three-year (1,096-day) service obligation.

Dr. Smith is liable to the United States for approximately: (1) \$60,000 for the loan repayments received for obligated service not completed ($653/1096 \times \$100,000$) and (2) \$165,000 for the months of service not completed ($\$7,500 \times 22$). Her total LRP debt of \$225,000 will begin accruing interest at the maximum legal prevailing rate as of her default date (April 1, 2021), and is due to be paid in full within one year from the date of the default notification.

Scenario 2: Dr. Jane Smith entered into a three-year NHSC Rural Community LRP half-time service contract effective January 15, 2020. Her service end date is January 14, 2023. She received \$50,000 in LRP financial support to apply toward her qualifying educational loans. She resigned from her rural NHSC-approved SUD treatment facility at the end of her workday on September 30, 2022 because she found a higher paying job at a clinic that is not located in a HPSA. The NHSC determines that she defaulted on her LRP contract on October 1, 2022, and served 990 days of her three-year (1,096-day) service obligation.

Dr. Smith is liable to the United States for approximately: (1) \$4,835.77 for the loan repayments received for obligated service not completed ($106/1096 \times \$50,000$), and (2) \$15,000 for the amount owed for the months of service she did not complete ($\$50,000 \times 4$). Although Dr. Smith's debt from (1) and (2) equals, \$19,835.77 her total LRP debt is \$31,000 per the NHSC LRP statute, which establishes a minimum damages amount of \$31,000 for breach of contract damages. The debt is also due to be paid in full within one year from the date of the default notice.

Maternity/Paternity/Adoption Leave

Maternity/paternity/adoption leave of 12 weeks or fewer will be automatically approved by the NHSC, if documented in the [BHW Customer Service Portal](#). If participants plan to be away from their rural NHSC-approved SUD treatment facility for maternity/paternity/adoption leave, they are required to inform the NHSC before taking the leave. The NHSC will allow participants to be away from their rural NHSC-approved SUD treatment facility within the timeframes established by either the Family Medical Leave Act (up to 12 weeks) or the participant's state of residence; however, the participant must also

adhere to the leave policies of their rural NHSC-approved SUD treatment facility. If participants plan to take additional leave, they are required to request a medical suspension (see the “[Suspensions and Waivers](#)” section below), which may or may not be approved by the NHSC. Requests should be submitted through the [BHW Customer Service Portal](#). Remember that a participant is required to serve a minimum of 45 weeks per service year and is allowed to be away from the rural NHSC-approved SUD treatment facility for no more than 7 weeks (35 workdays) per service year; therefore, a participant’s obligation end date will be extended for each day of absence over the allowable 7 weeks (35 workdays).

Suspensions and Waivers

The NHSC requires participants to fulfill their service obligation without excessive absences or significant interruptions in service. Participants are allowed approximately 7 weeks of leave per service year; however, circumstances might occur that will prevent a participant from staying within this timeframe. In these cases, the Secretary of HHS may, under certain circumstances, suspend (i.e., put “on hold”) the NHSC Rural Community LRP service obligation. In addition, the Secretary of HHS may waive (i.e., excuse) the NHSC Rural Community LRP service or payment obligation.

1. **Suspension.** A suspension of the NHSC Rural Community LRP commitment may be granted if compliance with the commitment by the participant: (i) is temporarily impossible, or (ii) would involve a temporary extreme hardship such that enforcement of the commitment would be unconscionable. Periods of approved suspension of service will extend the participant’s service obligation end date. The major categories of suspension are set forth below. Suspension requests are submitted through the [BHW Customer Service Portal](#).
 - a. **Leave of Absence for Medical or Personal Reasons.** A suspension may be granted for up to one year, if the participant provides independent medical documentation of a physical or mental health disability, or personal circumstances, including a terminal illness of an immediate family member (e.g. – child or spouse), which results in the participant’s temporary inability to perform the NHSC service obligation.
 - b. **Maternity/Paternity/Adoption Leave.** If the participant’s maternity/paternity/adoption leave will exceed 12 weeks (or a longer period as permitted under state law where the participant resides) during a service year, a suspension may be granted by the NHSC based on documented medical need.
 - c. **Call to Active Duty in the Armed Forces.** Participants who are military reservists and are called to active duty must submit a request for an NHSC service suspension through the [BHW Customer Service Portal](#). The period of active military duty will not be credited towards the NHSC service obligation. Suspensions for active duty military assignment are granted for up to one year, beginning on the activation date described in the reservist’s call to active duty order. A copy of the order to active duty must be provided to the NHSC with the request for a suspension. In the event that the NHSC participant’s period of active duty with the Armed Forces entity is extended beyond the approved suspension period, the participant must contact the NHSC through the [BHW](#)

[Customer Service Portal](#) for guidance on how to request an extension of the suspension period.

2. **Waiver.** A waiver permanently relieves the participant of all or part of the NHSC Rural Community LRP commitment. A waiver may be granted only if the participant demonstrates that compliance with their commitment is permanently impossible or would involve an extreme hardship such that enforcement of the commitment would be unconscionable. A waiver request must be submitted by uploading a signed request letter, including the reason(s) the waiver is being sought, as an inquiry through the [BHW Customer Service Portal](#). The participant will be contacted by HRSA regarding the medical and financial documentation necessary to complete the waiver request. All documents can be submitted through the [BHW Customer Service Portal](#). Note that waivers are not routinely granted, and require documentation of compelling circumstances.

Cancellation of NHSC Obligation

The NHSC obligation will be cancelled in its entirety in the event of a participant's death. No liability will be transferred to the participant's heirs.

APPLICATION INFORMATION

APPLICATION DEADLINE

A complete online application must be submitted via the [BHW Customer Service Portal](#) by 7:30 p.m. ET on April 23, 2020. All supporting documentation for the application must be uploaded before an individual can submit a complete application package. Applicants must upload all documents; the NHSC will not accept documentation by fax or mail. The electronic EV (see below) must also be completed before an applicant can submit their application.

Applicants should print and keep a copy of the completed application package for their records. Applicants are responsible for submitting a complete and accurate online application, including ALL required documentation in a legible format. **If during the initial review of the application, the NHSC discovers that documentation is missing, or not legible, the application may be deemed “incomplete” and rejected. If the answers provided in the online application do not match the supporting/supplemental documents, or if the documentation provided does not accurately verify the answers provided, the application will be rejected.**

COMPLETING AN APPLICATION

A complete NHSC Rural Community LRP Online Application consists of:

1. Online Application;
2. Required Supporting Documentation; and
3. Additional Supplemental Documentation (if applicable).

It is required that the information in the online application match the submitted supporting documentation. Application packages will be initially reviewed to determine their completeness. Application packages deemed incomplete (e.g., missing, illegible, or incomplete application materials) as of the application deadline will not be considered for funding.

The NHSC Rural Community LRP will not accept requests to update a submitted application or permit the submission/ resubmission of incomplete, rejected, or otherwise delayed application materials after the deadline. In addition, NHSC Rural Community LRP staff will not fill in any missing information or contact applicants regarding missing information.

On average, it takes approximately three weeks to complete an application accompanied with all required and supplemental documentation.

ONLINE APPLICATION

Applicants are required to complete each of the sections below to be able to submit an online application.

1. **NHSC Eligibility.** Answers to this section will determine the applicant’s baseline eligibility for participation in the NHSC. If an individual does not pass the initial screening portion of the

online application, they will not be able to continue with the application. Please refer to the “Eligibility Requirements” section.

2. **Program Eligibility.** Answers to this section will determine the NHSC LRP program that is optimal for you to apply for an award.
3. **General Information.** Answers to this section pertain to the applicant’s name, social security number, mailing and email addresses, and other contact information. Answers also pertain to individual and family background.
4. **Discipline, Training and Certification.** Answers to this section pertain to the applicant’s education, training, and licensure/certification.
5. **Employment.** In this section, applicants will search for and select the rural NHSC-approved SUD facility(s) where they are providing or will provide patient care. If any of the rural NHSC-approved SUD treatment facility(s) are not listed in the search results, applicants are required to select the option below the search tool, which states to “Click this box if your rural NHSC-approved SUD treatment facility is not listed in the search results.” If selected, the applicant is provided instructions on how to resolve the concern. If any of the sites where the applicant provides patient care are not currently a rural NHSC-approved SUD treatment facility(s), the provider is not eligible to apply. Applicants who work at more than one rural NHSC-approved SUD treatment facility (e.g., several satellite clinics) must include all service locations in their application by selecting from the drop-down menu and initiating an electronic EV for each rural NHSC-approved SUD treatment facility. Selecting a rural NHSC-approved SUD treatment facility where the applicant is not providing patient care will disqualify their application.
6. **Employment Verification.** Once an applicant selects the rural NHSC-approved SUD facility(s) at which they are or will be working, the applicant will need to initiate an electronic EV. Once initiated, the designated POC(s) at the rural NHSC-approved SUD treatment facility will be notified electronically through the [BHW Customer Service Portal](#) that an EV has been requested by the applicant. Once completed by the rural NHSC-approved SUD treatment facility(s) POC(s), the applicant will be notified. The rural NHSC-approved SUD treatment facility must complete the electronic EV before an applicant will be allowed to submit the application. If an EV is not submitted by every rural NHSC-approved SUD treatment facility identified by the applicant, the application cannot be submitted. It is the applicant’s responsibility to ensure that the EV is completed by the rural NHSC-approved SUD treatment facility POC. The NHSC will make no exceptions.

NOTE: When serving at an IHS Hospital or CMS-approved CAH all applicants must include the hospital- affiliated outpatient clinic in their application. This allows the NHSC to verify that all service obligations are met at the time of submission.

The POC will receive periodic reminders to complete the EV; however, it is the applicant’s responsibility to ensure that the EV is complete and accurate, within a timeframe that will allow them to submit the NHSC application by the application deadline. The applicant will receive notification that the POC has completed the EV and should work to complete and submit the application, as soon as possible. The applicant must contact the POC to resolve any concerns regarding the responses provided on the EV.

Applicants will have the ability to edit their application and initiate a new EV if necessary (e.g., the rural NHSC-approved SUD treatment facility mistakenly stated that the applicant was not employed at the rural NHSC-approved SUD treatment facility or that the start work date is later than July 18, 2020). However, the rural NHSC-approved SUD treatment facility must complete the corrected EV before the applicant can resubmit the application, which must be done before the application deadline. The resubmitted application with corrected EV must be received by the July 18, 2020 deadline or the applicant will be ineligible for an award. Errors made by applicants and/or rural NHSC-approved SUD treatment facility POC cannot be corrected after the application deadline. If information on the EV (such as licensure or employment address) is identified as inaccurate after the applicant has been awarded (i.e. their NHSC contract has been countersigned by the Secretary's designee) and deems the recently awarded participant out of compliance with program requirements, it will be the participant's responsibility to terminate their contract within 60 days of its execution or return to compliance with their NHSC contract to successfully complete their service obligation.

Additionally, if the NHSC applicant is working at multiple rural NHSC-approved SUD treatment facilities, each EV should reflect the hours worked at each rural NHSC-approved SUD treatment facility. The total hours from all the EVs must be at least 40 hours weekly for full-time employment.

7. **Loan Information.** Answers in this section pertain to each qualifying educational loan for which an applicant is seeking repayment. All loans submitted will be verified to determine whether they are eligible for repayment under the NHSC Rural Community LRP through a review of the supporting documents, by contacting lenders/holders, and by checking the applicant's credit report. Applicants are strongly encouraged to view the link provided in the application for detailed instructions on the types of documents that need to be provided to help the NHSC verify loan information. The following information must be entered about each of the loans applicants wish to submit for repayment, and the Required Supporting Documentation (see below) must be uploaded separately:
 - a. Name and contact information for the lender/holder.
 - b. Loan account number.
 - c. Original amount disbursed.
 - d. Original date of the loan.
 - e. Current outstanding balance (no more than 30 days from the date of the LRP application submission).
 - f. Current interest rate.
 - g. Type of loan. If a consolidated loan, additional questions will be asked:
 - i. Original date of consolidation.
 - ii. Original balance of consolidation.
 - iii. Account number.
 - h. Purpose of loan.

Required Supporting Documentation

It is the applicant's responsibility to provide/upload supporting documentation into the online application. All information in the supporting documentation must match answers provided in the online application or the application will be deemed ineligible. An application will not be considered complete and an applicant may not submit an application, unless it contains each of the following required supporting documents:

1. **Proof of Status as a U.S. Citizen or U.S. National.** This document may include a copy of a birth certificate, the ID page of a current U.S. passport, or a certificate of citizenship or naturalization. Copies of a driver's license or a Social Security card are not acceptable documents.
2. **Health Professional License.** Applicants will be required to submit proof of their current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in the state in which they intend to practice under the NHSC Rural Community LRP or from any state if practicing in a federal facility.
3. **Loan Information Verification.** Applicants will be required to provide two types of documentation for each loan that is being submitted for consideration: (a) an account statement; and (b) a disbursement report.
 - a. **Account Statement.** This document is used to provide current information on their qualifying educational loans. Often borrowers receive monthly statements indicating the status of their loan balance. This document should:
 - i. be on official letterhead or other clear verification that it comes from the lender/holder;
 - ii. include the name of the borrower (i.e., the NHSC Rural Community LRP applicant);
 - iii. contain the account number;
 - iv. include the date of the statement (cannot be more than 30 days from the date of LRP application submission);
 - v. include the current outstanding balance (principal and interest) or the current payoff balance; and
 - vi. include the current interest rate.
 - b. **Disbursement Report.** This report is used to verify the originating loan information and should:
 - i. be on official letterhead or other clear verification that it comes from the lender/holder;
 - ii. include the name of the borrower;
 - iii. contain the account number;
 - iv. include the type of loan;
 - v. include the original loan date (must be prior to the date of the NHSC Rural Community LRP application submission);
 - vi. include the original loan amount; and
 - vii. include the purpose of the loan.

NOTE: For all federal loans, the [National Student Loan Data System](#) (NSLDS) Aid Summary Report is used to verify the originating loan information. The applicant will need a Federal Student Aid ID

(FSAID) to log in to their secured area—[create an FSAID](#). If the applicant has multiple federal loans, they will only need to access one NSLDS Aid Summary Report. The NSLDS report will contain information on all their federal loans.

For all other loans, the disbursement report can be satisfied through various types of documents including a promissory note, a disclosure statement, and letters directly from the lender containing the required information (as indicated in (b) above). The applicant may be able to obtain this disbursement information on their lender’s website; however, all documentation must be on official letterhead from the lender.

Additional Supplemental Documentation (if applicable)

The following additional documents will be required for submission if the applicant’s responses on the online application indicate that they are relevant. Only applicants who have these documents listed on their “Supporting Documents” page of the online application should submit them. These documents will be added to their Supporting Documents list once the online application has been submitted.

1. **DATA 2000 Waiver.** A waiver provided under the Control Substance Act (CSA), 21USC section 823 (G)(2), as amended by the Drug Addiction Treatment Facility Act of 2000 (DATA 2000), and the Comprehensive Addiction and Recovery Act of 2016 (CARA), that permits Physicians, Nurse Practitioners and Physician Assistants, who meet certain qualifications to treat Opioid Use Disorder with schedule III, IV, and V narcotic medications, including buprenorphine, or combinations of such medications, that are approved by the Food and Drug Administration (FDA) in treatment settings other than opioid treatment programs (OTPs).
2. **Substance Use Disorder Certification/ License.** A SUD counselor’s license or certification must meet the national standard recognized by the National Board of Certified Counselors (NBCC); National Association for Addiction Professionals (NAADAC); or International Certification & Reciprocity Consortium (IC&RC). SUD treatment providers must be capable of conducting substance use disorder screenings, assessments, and offer counseling and educational services. This counselor develops SUD treatment plans, collaborates with other professionals and makes referrals as needed.
3. **PCTE Fellowship Verification. This document verifies that you completed PCTE: Training Primary Care Champions (applies to physicians and physician assistants only).** This documentation is in addition to the post-graduate training related to the applicant’s practice area. Such documentation may include an official completion certificate.
4. **Health Professional Degree:** Certain applicants may be required to submit proof of completion of their health professional degree. See Required Credentials for Eligible Discipline section.
5. **Proof of Name Change.** Applicants will be required to provide legal documents (marriage license or divorce decree) if the name on the proof of citizenship document is different from the name in the application.
6. **Geriatrics Certification.** If an applicant selects geriatrics as a specialty, they will be required to upload a copy of the certificate of completion or diploma from the geriatrics training program where they matriculated.
7. **Verification of Disadvantaged Background.** This document certifies that the applicant comes from a disadvantaged background and either participated in, or would have been eligible to participate in, federal programs such as “Scholarships for Disadvantaged

Students” or “Loans to Disadvantaged Students.” This document must be completed by a school official.

8. **Verification of Existing Service Obligation.** If the applicant has an existing service obligation, they must submit verification from the entity to which the obligation is owed that the existing service obligation will be completed prior to the application deadline (July 18, 2020).
9. **Payment History.** Former NHSC LRP participants must provide verification that all NHSC LRP funds were used to repay the qualifying educational loans that were approved as part of the applicant’s most recent NHSC LRP contract. Generally, this information is in the form of a payment history that is provided by the lender servicer for each of the approved loans. The verification document must be uploaded to the application and clearly show that the entire award amount was applied to the approved loans during the most recent NHSC LRP service period. Documentation requirements include the following:
 - a. An official document or printed webpage that includes the lender’s name, the account holder’s name, the loan account number, and must reflect all payments made during the contract period.
 - b. The payment history must show that all NHSC LRP funds received have been paid toward their qualifying educational loans that were approved by the NHSC with the most recent contract.
 - c. For loans consolidated during the most recent contract period, loan documents, including the lending institution’s list of the loans included in the consolidation and their original disbursement dates, are required. If the applicant’s loans were consolidated and the NHSC does not receive an itemized loan list, the applicant will not be given credit for payments made toward those loans. If the applicant consolidated their qualifying educational loans with non-qualifying debt, the NHSC cannot give credit for payments made toward the consolidated loans.

NOTE: Cancelled checks and bank statements will not be accepted as proof that loan payments were properly applied.

Application Review and Approval Process

Applicants receive a receipt of submission pop-up immediately upon submitting the online application. Applicants are able to view the overall status of their application, as well as a copy (.pdf) of their submitted application, uploaded supporting documents, and completed EVs by logging into the application account that was set up when the applicant registered to apply. **It is the applicant’s responsibility to ensure that the entirety of the application and required supporting documents (including EVs) and applicable supplemental documents are accurately submitted.**

Once the online application has been submitted, applicants will have an opportunity to make edits to their online application, including the ability to upload new documents, cancel and reinstate employment verifications, change answers to questions and loan data, and withdraw their applications from consideration. Final edits and resubmissions must be made before the close of the application cycle (July 18, 2020).

Each time the application is reopened for editing, or to check specific elements of the application, the applicant must 1) complete the “Self Certifications” section, and 2) click the “Submit” button to resubmit their application, or the application will not be submitted. The NHSC advises that providers submit their complete applications as early in the open application period as possible. Applicants who wait until the end of the application cycle risk submitting incomplete or ineligible applications if errors are found later during the open application cycle. The “edit” option is available in the applicant’s account on the “Submitted” page, until the close of the application cycle. The ability to edit and resubmit an application will be disabled after the application deadline. Applications not resubmitted by this deadline will not be considered for an award.

No exceptions will be made in cases where an applicant fails to resubmit an edited application. Applicants may withdraw their application at any time prior to the contract being countersigned by the Secretary of HHS or their designee. To withdraw, applicants must log into their application account, and select the “Withdraw” option on the “Submitted” page.

The NHSC will not begin to review applications for funding until the application deadline (April 23, 2020) has passed. See the [“Funding Priorities”](#) section.

If review of the electronic EV indicates that the applicant’s position would be identified as a PPO (see [“Practice Types”](#) section), the applicant will electronically certify a PPO Request, as required by law. In addition, the applicant will e-sign the PPO Agreement, also required by law, which sets forth the requirements and limitations for a PPO. If the individual is selected for an award and the NHSC determines that the practice meets PPO requirements, the Secretary or their designee will countersign the PPO Agreement.

All participants must notify the NHSC of changes in personal information. Applicants and participants must provide the NHSC with notification of any changes to their contact information (e.g., name change, email, mailing address, or telephone number) prior to the change occurring, if possible, or immediately after the change occurs. Applicants can manage their contact information through their online application account on the “Account Settings” page. Once an applicant becomes a participant, they will be provided with information for logging into the [BHW Customer Service Portal](#).

NHSC Communication Methods

The NHSC Rural Community LRP frequently corresponds with applicants by email. It is important that the applicant check their email during the application process for correspondence from the NHSC office and **make certain to disable “spam” blockers (or check the spam folder)**. The NHSC Rural Community LRP will provide email updates, as applicable; however, it is the applicant’s responsibility to ensure the contact information that the NHSC has on file is correct. If updates are necessary, applicants can make changes prior to the close of the application cycle by logging into their application account. When submitted applications are opened for editing during the open application cycle, applicants must complete ALL steps to resubmit their application prior to the close of the application cycle. Applications that remain in the “In Progress” state (not submitted) after the close of the application cycle are not eligible for review or award.

CONFIRMATION OF INTEREST

Award finalists are notified by email to log into their application account to confirm their continued interest in receiving an award, and to confirm that the loan and employment information provided to the NHSC on their LRP Application remains valid. Applicants are also asked to confirm that they have read and understand the LRP contract they will be asked to sign if they accept an award. In addition, applicants are asked to provide their direct deposit banking information for award funds in the event they receive a LRP contract. **Please note that this Confirmation of Interest is not a guarantee that the individual will receive an award, as awards are subject to the availability of funds. All participants will receive final notification of an award, including the service obligation dates, no later than September 30, 2020.**

To confirm interest in receiving an NHSC Rural Community LRP award, an applicant must respond by the deadline provided with the Confirmation of Interest email and verify that:

- They are currently employed by (i.e., are already working at) the rural NHSC-approved SUD treatment facility (s) they selected when they submitted their application. Applicants who are not employed at the rural NHSC-approved SUD treatment facility(s) verified by the NHSC, must check “NO” where asked.
- They are currently meeting and will, to the best of their knowledge, continue to meet the clinical practice requirements for their discipline and specialty, as outlined in this Application and Program Guidance, throughout the period of obligated service.
- The loans approved by the NHSC for repayment are correct.

All finalists must read and electronically sign the contract document. The electronic signature has the effect of a handwritten signature, and verifies that all of the information in the Confirmation of Interest is accurate. Once countersigned by the Secretary of HHS or their designee, obligates the participant to a NHSC Rural Community LRP service obligation. Applicants who verify inaccurate information on the Confirmation of Interest may not receive service credit and/or be in a breach of contract. If an applicant does not complete the Confirmation of Interest process by the deadline, their application may be withdrawn from consideration and (if interested in participating in the program) they will be required to submit a new application during a future application cycle for first-time participants and compete with other providers based on program requirements in effect at that time.

If an individual selected for an award decides not to accept the award **prior to signing the contract**, they may decline the award by selecting the “decline” option on the Confirmation of Interest document. This process is without penalty and permits the award to be offered to an alternate. Once an applicant declines the offer of award, there will not be any opportunities to reclaim the award.

If an individual selected for an award decides not to accept it **after signing the contract**, the individual should notify the NHSC immediately through the [BHW Customer Service Portal](#) that they no longer want the award.

- **If the Secretary’s designee has not yet countersigned the contract**, the individual will not incur a service obligation or any penalty for withdrawing.
- **If the Secretary’s designee has signed the contract**, the individual has 60 days from the date the Secretary’s designee signed the contract to request a termination of the contract.

ADDITIONAL INFORMATION

RESOURCES FOR APPLICANTS

[Provider's Clinical Support System for Medication-Assisted Treatment \(PCSS-MAT\)](#) - PCSS-MAT is a national training and clinical mentoring project developed in response to the prescription opioid misuse epidemic and the availability of pharmacotherapies to treat opioid use disorder.

PCSS-MAT trains health professionals to provide effective, evidence-based MAT to patients with opioid use disorder in primary care, psychiatric care, substance use disorder treatment, and pain management settings.

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) - An agency within the U.S. Department of Health and Human Services, whose primary aim is to improve the behavioral health of the nation while reducing the impact of mental illness and substance abuse in communities.

[Health Workforce Connector \(HWC\)](#)

A searchable database of open job opportunities and information on rural NHSC-approved SUD treatment facilities.

Need Help?

Any individual with questions about NHSC programs may contact the Customer Care Center Monday through Friday (except federal holidays) from 8 a.m. to 8 p.m. ET.

- 1-800-221-9393
- TTY: 1-877-897-9910

[Bureau of Health Workforce \(BHW\) Customer Service Portal](#)

Allows NHSC LRP and NHSC Rural Community LRP awardees and participants to communicate with the NHSC, make service requests (e.g., suspensions, transfers, waivers, etc.), and access the 6-month In-Service Verification forms.

NHSC Social Media

Connect with NHSC via social media sites. (You should send specific questions or issues regarding your service obligation to the [BHW Customer Service Portal](#).)

- [NHSC Facebook](#)
- [NHSC Twitter](#)
- [NHSC LinkedIn](#)

DEFINITIONS

Approved Alternative Setting – Alternative settings include any setting in a HPSA at which the clinician is directed to provide care by the rural NHSC-approved SUD treatment facility (e.g., hospitals, nursing homes, and shelters). The alternative rural NHSC-approved SUD treatment facility must provide services that are appropriate for the discipline and specialty of the clinician and the services provided. Approved Alternative Settings may be at a lower HPSA score than the HPSA score on the participant’s application. Services at alternative rural NHSC-approved SUD treatment facility must be an extension of the comprehensive primary care provided at the rural NHSC-approved SUD treatment facility.

Bureau of Health Workforce (BHW) – The bureau within the Health Resources and Services Administration (HRSA) that administers the National Health Service Corps (NHSC) and Nurse Corps Scholarship and Loan Repayment Programs, the Faculty Loan Repayment Program (FLRP), Native Hawaiian Health Scholarship Program (NHHSP), and grants for the State Loan Repayment Program (SLRP).

Clinical-related Administrative, Management or Other Activities – May include charting, care coordination activities, 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 NHSC practice. Any time spent in a management role is also considered to be an administrative activity. The duties of a medical director are considered primarily administrative, and NHSC Rural Community LRP participants serving in such a capacity should keep in mind that they cannot count more than 8 hours per week of administrative and/or management time if serving full-time (4 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).

Commercial or Private Student Loans – Also known as college loans, educational loans, or alternative student loans. These are non-government loans made by a private lender specifically for graduate or undergraduate education expenses, such as tuition, room, board, books, and other associated educational costs. These loans are made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions, which are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the state in which the lender has its principal place of business. These are unsecured loans with various options for repayment and may offer forbearance and deferral options. Loans obtained to cover residency and relocation expenses do not qualify for repayment under the NHSC loan repayment programs.

Community-Based Settings – Facilities open to the public and located in a HPSA that expand the accessibility of health services by fostering a health promoting environment and may provide comprehensive primary behavioral and mental health care services. These facilities may function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care.

Only behavioral and mental health providers may serve in specified community-based settings as directed by the rural NHSC-approved SUD treatment facility. The service must be an extension of the comprehensive primary care provided at the rural NHSC-approved SUD treatment facility.

Comprehensive Primary Behavioral/Mental Health Care Services – Services that include, but are not limited to: screening and assessment, diagnosis, treatment plans, therapeutic services including access to medication prescribing and management, crisis care including 24-hour call access, case management, consultative services, and care coordination. Rural NHSC-approved SUD treatment facilities providing such services must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The rural NHSC-approved SUD treatment facility must also offer or ensure access to ancillary, inpatient, and specialty referrals.

Critical Access Hospital (CAH) – A facility certified by the Centers for Medicare and Medicaid Services under section 1820 of the Social Security Act. A CAH must be located in a rural area in a state that has a Rural Hospital Flexibility Program, have no more than 25 inpatient beds, an average annual length of stay of 96 hours or less, and be located either more than a 35-mile drive from the nearest hospital or CAH, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads. For more information, please review the [Critical Access Hospital Booklet](#).

DATA 2000 Waiver – A waiver obtained under the Controlled Substances Act (CSA), 21 U.S.C. § 823(g)(2), as amended by the Drug Addiction Treatment Act of 2000 (DATA 2000), and the Comprehensive Addiction and Recovery Act of 2016, that permits physicians, nurse practitioners and physician assistants who meet certain qualifications to treat opioid use disorder with Schedule III, IV, and V narcotic medications, including buprenorphine, or combinations of such medications, that are approved by the Food and Drug Administration (FDA) in treatment settings other than opioid treatment programs (OTPs).

Default of Payment Obligation – Being more than 120 days past due on the payment of a financial obligation.

Default of Service Obligation – Failure for any reason to begin or complete a contractual service obligation.

Disadvantaged Background – As defined by the Scholarship for Disadvantaged Students program (Sec. 737 of the Public Health Service Act); this refers to individuals who have been identified by their schools as having come from a “disadvantaged background” based on environmental and/or economic factors. “Environmental factors” means that the individual comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a school. “Economic factors” means that the individual comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of HHS for adaptation to this program.

Family and Family Member – As used in the *Guidance* and for the purposes of the National Health Service Corps, “family member” includes spouses, as well as unmarried partners (both same sex and opposite sex) living in the same household.

Federal Direct Student Loans – A student loan offered by the federal government that has a low-interest rate for students and parents and is used to pay for the costs of education for undergraduate, graduate, and professional students at a college or career school. The lender for the Federal Direct Student Loan is the U.S. Department of Education, rather than an institution, such as a bank.

Federal Judgment Lien – A lien that is placed against an individual’s home or property when a court-ordered judgment is entered against the individual for an unpaid federal debt (e.g., a federal student loan or federally-insured home mortgage). An IRS tax lien that is not created pursuant to a court-ordered judgment is not a federal judgment lien.

Federally-Qualified Health Centers (FQHCs) – 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 sites 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.

Fiscal Year (FY) – Defined as October 1 through September 30.

Full-Time Clinical Practice – Working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year, in a rural NHSC-approved SUD treatment facility. For a more detailed explanation of the full-time clinical practice requirement, see the “[Service Obligation Requirements](#)” section.

Government Loans – Loans made by federal, state and county or city agencies authorized by law to make such loans.

Half-Time Clinical Practice – 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, in a rural NHSC-approved SUD treatment facility. For a more detailed explanation of the half-time clinical practice requirement, see the “[Service Obligation Requirements](#)” section.

Health Professional Shortage Area (HPSA) – 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 based on criteria defined in statute or regulation. Information considered when designating a primary care HPSA includes health provider to population ratios, rates of poverty, and access to available primary health services. HPSAs are designated by the Shortage Designation Branch, within HRSA’s Bureau of Health Workforce, 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 the U.S. Department of Health and Human Services.

Health Workforce Connector – The [Health Workforce Connector](#) is a searchable database of open job opportunities and information in rural NHSC-approved SUD treatment facilities.

Holder – The commercial or government institution that currently holds the promissory note for the qualifying educational loan (e.g., Sallie Mae, PHEAA, etc.).

Indian Health Service (IHS) Hospitals – A collective term that includes hospitals that are both IHS-owned and IHS-operated, or IHS-owned and tribally-operated (i.e., a federal facility operated by a tribe or tribal organization contracting with the IHS pursuant to the Indian Self-Determination and Education Assistance Act), which provide both inpatient and outpatient clinical SUD treatment services to eligible American Indians and Alaska Natives. This term does not include hospitals that are both tribally-owned and tribally-operated.

Indian Health Service, Tribal or Urban Indian Health Clinic (ITU) – 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 U.S.C. 450 et seq.; or by an urban Indian organization receiving funds under Subchapter IV of the Indian Health Care Improvement Act, codified at 25 U.S.C. 1651 et seq.), which provides clinical SUD treatment services to eligible American Indians and Alaska Natives on an outpatient basis. For more information, please read the [Urban Indian Health Program Fact Sheet](#) or view the [IHS Profile](#).

Lender – The commercial or government institution that initially made the qualifying loan (e.g., Department of Education).

Medication-Assisted Treatment Facility (MAT) – The use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders.

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 services in HPSAs. The NHSC seeks to improve the health of underserved Americans by bringing together communities in need and quality primary health care professionals.

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 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 Rural Community Loan Repayment Program (NHSC Rural Community LRP) – The NHSC Rural Community LRP is authorized by Section 338B of the Public Health Service (PHS) Act (42 United States Code Section 254I-1), as amended; Section 331(i) of the PHS Act (42 United States Code Section 254d(i)), as amended by the Consolidated Appropriations Act of 2018 (P.L. 115-141); Consolidated Appropriations Act, 2018, Title II (Public Law No. 115-141, Title II); Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245). The NHSC Rural Community LRP recruits and retains medical, nursing, and behavioral/mental health clinicians with specific training and credentials to provide evidence-based substance use disorder (SUD) treatment in rural communities designated as Health Professional Shortage Areas (HPSAs).

Non-opioid Outpatient Substance Use Disorder Treatment Facility – Sites other than OTPs and OBOT facilities that provide outpatient SUD treatment services to patients with SUD needs.

Office-Based Opioid Treatment (OBOT) Facility – Clinical practices that provide office-based medication-assisted treatment services to patients with opioid use disorder by a provider with a waiver granted under 21 U.S.C. § 823(g)(2), otherwise known as a Drug Addiction Treatment Act of 2000 (DATA 2000) waiver.

Opioid Treatment Programs (OTP) – Sites that provide medication-assisted treatment (MAT) for people diagnosed with opioid-use disorder that are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) in accordance with 42 C.F.R. Part 8. OTPs must also be accredited by an independent, SAMHSA-approved accrediting body to dispense opioid treatment medications, licensed by the state in which they operate, and must register with the Drug Enforcement Administration (DEA) through a local DEA office.

Postgraduate Training – Refers to additional training that a health professions student may participate in after they graduate from a health professions education program (e.g., internships, residencies, chief residency, and fellowships).

Primary Care Training Enhancements (PCTE): Training Primary Care Champions Program – As authorized by section 747(a) of the Public Health Services (PHS) Act {42.U.S.C.293k (a)}, PCTE Training Primary Care Champions program strengthens primary care and the workforce by training community-based practicing primary care physicians and physician assistants to lead health care transformation. Graduates of this program received training in community-based primary care sites through academic community partnerships, as well as training that addresses competencies in the areas of leadership, team-based integrative health care, quality improvement, population health, social determinants of health, policy and education. Additionally, graduates of the program implement a health care transformation project in their community-based primary care site. HRSA's NHSC collaboration with the PCTE program will bolster the primary care workforce in underserved communities.

Primary Health Services – Means health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other health professionals, and for purposes of the NHSC Rural Community LRP, includes clinical substance use disorder treatment services.

Qualifying Educational Loans – Government and private student loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant that were obtained by the clinician prior to their submission of an application to participate in the NHSC LRP or NHSC Rural Community LRP. Such loans must be contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has a consolidated/refinanced loan that is made up entirely of qualifying educational loans of the applicant, the consolidated/refinanced loan is eligible for repayment. If the applicant has consolidated otherwise qualifying educational loans with any non-qualifying debt, no portion of the consolidated/refinanced loan will be eligible.

Rural Communities Opioid Response Program (RCORP) Consortium Member Site – As used in this *Guidance* and for the purposes of the NHSC Rural Community LRP, the use of the term RCORP Consortium Member Site refers to a site operated by all domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations, that are past or current grant recipients (either the applicant organization or consortium member,) under one or more RCORP funding opportunities. Please visit the RCORP website for more information regarding current and past [RCORP funding opportunities](#).

Reasonable Educational Expenses – The costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, and board, certification/licensing exams, which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment. **Debt associated with residency programs or relocation is not considered “reasonable educational expenses” under the NHSC LRP or NHSC Rural Community LRP.**

Reasonable Living Expenses – The costs of room and board, transportation, and commuting costs, which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment. **Debt associated with residency programs or relocation is not considered “reasonable living expenses” under the NHSC LRP or NHSC Rural Community LRP.**

RUCA Code – Rural-Urban Commuting Area codes, or RUCAs, are a Census tract-based classification scheme that utilizes the standard Census Bureau urban area and place definitions in combination with commuting information to characterize all of the nation's census tracts regarding their rural and urban status, and relationships.

Rural Communities – Geographical areas located in *HRSA-designated rural counties or rural census tracts in urban counties as defined by the Rural Health Grants Eligibility Analyzer*. To determine if

your community is rural, you can use the [rural health eligibility analyzer](#). Look up [eligible census tracts within urban counties](#).

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 furnish patient care services not less than 50 percent of the time the clinic operates. For more information, review the [Rural Health Clinic Fact Sheet](#).

Rural NHSC-Approved SUD Treatment Facility – A health care site that is: located in, or provides service to, a federally designated HPSA; located in an area designated as Rural by FORHP; provides comprehensive primary medical care, behavioral/mental health, and/or dental services; provides ambulatory care services (no inpatient sites, except IHS Hospitals or CMS-approved CAHs); ensures access to ancillary, inpatient, and specialty referrals; charges fees for services consistent with prevailing rates in the area; discounts or waives fees for individuals at or below 200% of the federal poverty level; accepts assignment for Medicare beneficiaries; enters into agreements with Medicaid and the Children’s Health Insurance Program (CHIP), as applicable; does 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 posts signage that no one will be denied access to services due to inability to pay; agrees not to reduce clinician’s salary due to NHSC support; provides sound fiscal management; and maintains a recruitment and retention plan, as well as a credentialing process, for clinicians.

As used in this *Guidance* and for purposes of the NHSC Rural Community LRP, the term rural NHSC-approved SUD treatment facility is also a collective term used to refer to opioid treatment programs (OTPs), office-based opioid treatment (OBOT) facilities, and non-opioid outpatient SUD treatment facilities that meet the requirements described in the above paragraph. NHSC Rural Community LRP applicants must work at a rural NHSC-approved SUD treatment facility in order to be eligible for the NHSC Rural Communities LRP. To determine if a site is considered “rural” for purposes of the NHSC Rural Communities LRP, use this HRSA Data Warehouse tool: [the Rural Health Grants Eligibility Analyzer](#).

School – A public or private institution (including home schools), providing instruction to children of compulsory school age in kindergarten, grades 1-12, or their equivalent. The operation and administration of the school must meet applicable federal, state and local laws, and services provided by NHSC participants in a school must be an extension of the comprehensive primary care provided at the rural NHSC-approved SUD treatment treatment facility.

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 rural NHSC-approved SUD treatment facility satisfies such other requirements as a state may establish for the operation of such a clinic.

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.

Spouse and Marriage – As used in this *Guidance* and for the purposes of the National Health Service Corps, “spouse” includes same-sex married couples, as well as opposite-sex married couples. In accordance with the Supreme Court decisions in United States v. Windsor and in Obergefell v. Hodges, the Department of Health and Human Services will treat as valid marriages of same-sex couples. The term “spouse” does not include individuals in registered domestic partnerships, civil unions, or similar formal relationships recognized under state law as something other than a marriage.

State – As used in this *Guidance*, state includes the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia.

Substance Use Disorder (SUD) – 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 (SUD) Professional – As used in this *Guidance* and for the purposes of the NHSC Rural Community LRP, SUD Professionals are Allopathic/Osteopathic Physicians, Physician Assistants, Psychiatrists, Nurse Practitioners, Certified Nurse-Midwives, Psychiatric Nurse Specialists, Physician Assistants, Licensed SUD counselors, Health Service Psychologists, Licensed Clinical Social Workers, Marriage and Family Therapists, Licensed Professional Counselors, Pharmacists, Registered Nurses and Certified Registered Nurse Anesthetists who satisfy the discipline specific training, licensure and credentialing requirements identified in the “Required Credentials for Eligible Disciplines” section.

Substance Use Disorder (SUD) Treatment – As used in this guidance and for purposes of the NHSC Rural Community LRP, 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.

Teaching – As used in this *Guidance*, teaching is providing clinical education to students or residents in their area of expertise at the rural NHSC-approved SUD treatment facility. All teaching must be conducted as directed by the rural NHSC-approved SUD treatment facility(s). The clinical education may: (1) be conducted as part of an accredited clinical training program; (2) include the clinical supervision of a student/clinician that is required in order for that student/clinician to receive a license under state law; or (3) include mentoring that is conducted as a part of the Health Careers Opportunity Program (HCOP) or the Centers of Excellence program, which are both funded through HRSA grants.

Teaching must be conducted at the rural NHSC-approved SUD treatment facility specified in the [BHW Customer Service Portal](#) profile. If the NHSC participant is actually providing the clinical service while a student/clinician observes, the activity should be treated as patient care.

Teaching Health Center (THC) – An entity, funded by HRSA under 42 U.S.C. § 256h, that (1) is a community based, ambulatory patient care center and (2) operates a primary care postgraduate training program (i.e., an approved graduate medical residency program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, or geriatrics). Currently funded THCs are listed on the [HRSA Data Warehouse site](#).

Telemedicine/Telehealth – The practice of medicine:

- In accordance with applicable federal and state laws by a practitioner (other than a pharmacist) 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. While:
 1. The patient is being treated by, and physically located in, a DEA-registered hospital or clinic; and by a practitioner
 - who is acting in the usual course of professional practice;
 - who is acting in accordance with applicable state law; and
 - who is registered with the DEA state in which the patient is located.
 - OR-
 2. The patient is being treated by, and in the physical presence of, a DEA-registered practitioner
 - who is acting in the usual course of professional practice;
 - who is acting in accordance with applicable state law; and
 - Who is registered with DEA in the state in which the patient is located.

Importantly, remote practitioners engaged in the practice of telemedicine must be registered with the DEA in the state where they are physically located and in every state where their patient(s) is (are) physically located. All records for prescribing of an FDA approved narcotic for the SUD treatment of opioid addiction need to be kept in accordance with federal regulations.

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 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.).

Unencumbered License – A license that is not revoked, suspended, or made probationary or conditional by the state licensing authority as the result of disciplinary action.