



# National Health Service Corps Site Reference Guide

April 2019

U.S. Department of Health and Human Services  
Health Resources and Services Administration  
Bureau of Health Workforce  
5600 Fishers Lane  
Rockville, Maryland 20857

*Authority: Sections 331-336 of the Public Health Service Act (PHSA) (42 United States Code (U.S.C.) 254d-254h-1), as amended; Sections 338C & 338D of the PHSA (42 USC 254m & 254n), as amended. Future changes in the governing statute, implementing regulations and Program Guidance may also be applicable to NHSC Sites (<https://nhsc.hrsa.gov>)*

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## **PURPOSE**

The purpose of the National Health Service Corps (NHSC) Site Reference Guide is to provide clarity on site eligibility requirements, qualification factors, compliance, roles and responsibilities associated with being an NHSC-approved site. The NHSC Site Reference Guide supplements the information contained in the online [NHSC Site Application](#).

A site should review this document thoroughly prior to completing an NHSC Site Application or becoming an NHSC-approved site. HRSA will update the [NHSC Site Reference Guide](#) periodically with updated web links, changes to the governing NHSC statute and regulations, and NHSC policies and procedures.

The 2019 NHSC Site Reference Guide contains changes related to the appropriation of specific funding for the NHSC to expand and improve access to quality opioid and substance use disorder (SUD) treatment in underserved areas. Under this initiative, Opioid Treatment Programs (OTPs), facilities in which office-based opioid treatment (OBOT) is provided by clinicians with a waiver granted under 21 U.S.C. § 823(g)(2), and non-opioid outpatient SUD treatment facilities may be eligible for the NHSC.

Additional information and program changes applicable to NHSC sites, both current and those eligible to participate, are available on the [NHSC website](#) and in the [online application](#).

## **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 current OMB control number. The current OMB control number for the NHSC Site Application, the NHSC Comprehensive Behavioral Health Services Checklist, and the NHSC Loan Repayment Application and Program Guidance collection of information is 0915-0127 and the expiration date is 02/29/2020. Public reporting burden for this collection of information is estimated to average ½ hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 Office, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland 20857.

## **PROGRAM OVERVIEW**

### **INTRODUCTION**

#### **What is the NHSC?**

The NHSC is a federal government program administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA). Since 1972, the NHSC has been building healthy communities, ensuring access to health care for everyone, preventing disease and illness, and caring for the most vulnerable populations who may otherwise go without care. NHSC programs provide scholarships and student loan repayment to health care professionals in exchange for a service commitment to practice in designated areas across the country with a shortage of health care professionals. Today, approximately 10,900 NHSC participants provide comprehensive primary medical, dental, and behavioral and mental health care at more than 5,000 NHSC-approved sites, serving 11.4 million people who live in rural, urban, and tribal communities. NHSC participants work at NHSC-approved sites located in or serving Health Professional Shortage Areas (HPSAs), which are communities with limited access to care.

NHSC-approved sites may be eligible to receive participants from one of the three NHSC programs, including the NHSC Scholarship Program (SP), the NHSC Students to Service Loan Repayment Program (S2S LRP), and the NHSC Loan Repayment Program (LRP).

The Division of Regional Operations (DRO) serves as the regional component of HRSA and supports the agency by:

- 1) Completing NHSC site visits and providing technical assistance to sites;
- 2) Reviewing and approving/disapproving NHSC Site Applications and re-certifications;
- 3) Providing support for recruitment and retention of primary health care providers in HPSAs;
- 4) Managing the scholar placement process; and
- 5) Coordinating with state-level partners to support HRSA programs.

#### **What is an NHSC-approved site?**

An NHSC-approved site is a health care facility that provides comprehensive, primary health care services to populations residing in HPSAs and has been determined to meet the NHSC site eligibility requirements and qualifications. To become an NHSC-approved site, all sites, except Eligible Automatically-Approved NHSC sites, must submit an NHSC Site Application for review and approval (see the [“Eligibility Requirements and Qualification Factors”](#) section) and must apply for recertification every three years.

NHSC-approved sites can include both main and satellite sites. Both main and satellite sites must meet eligibility requirements, submit any required documentation and an application, and be approved by HRSA, before NHSC participants can earn service credit for clinical care at the site.

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

There are several benefits to being an NHSC-approved site, including:

- 1) **Recruitment and Retention Assistance.** By partnering with the NHSC, approved sites are able to recruit dedicated health care professionals to provide health care services to their communities.
  - a. Clinicians practicing in eligible NHSC disciplines who work at NHSC-approved sites are eligible to apply to the NHSC LRP.
  - b. NHSC Scholars who have completed their training must work at an NHSC-approved site.
  - c. NHSC-approved sites are able to recruit clinicians by posting vacancies on the [Health Workforce Connector](#), which enables clinicians to search NHSC-approved sites and job vacancies across the nation. It serves as a resource for NHSC applicants, participants, and partners to connect providers seeking positions with hiring sites. Each NHSC-approved site has a [site profile](#) in the Health Workforce Connector, which they can customize to include a site description, points of contact, number of patients served, languages spoken, provider benefits, community details, photos, and more.
  - d. NHSC LRP participants are eligible to apply for additional financial support in return for extended service, which supports the retention of NHSC LRP participants at NHSC-approved sites.
  - e. HRSA encourages NHSC-approved sites to participate in [HRSA Virtual Job Fairs](#), which are online versions of traditional job fairs, to connect with qualified job seekers.
- 2) **Technical Assistance.** NHSC-approved sites have direct access to [State Primary Care Offices](#) (PCOs), which are state-based offices that provide assistance to communities in order to increase access to primary and preventive health care services. The PCOs provide technical assistance to eligible sites submitting NHSC Site Applications, as well as to NHSC-approved sites seeking to address primary care needs in their community. NHSC-approved sites also receive technical assistance and program guidance to help them maintain their status as approved sites.
- 3) **Resources.** NHSC-approved sites receive program information, primary care articles, and links to other helpful resources. Webinars for NHSC-approved sites include information on staff retention and recruitment and other important topics.

## ELIGIBILITY REQUIREMENTS AND QUALIFICATION FACTORS

### **Is my site eligible to become an NHSC-approved site?**

The following types of sites may be eligible to become an NHSC-approved site (see the [“Glossary”](#) section for complete descriptions of site types):

- 1) Federally-Qualified Health Centers (FQHCs) that are recipients of Public Health Service Act Section 330 grant funds);
  - a. Community Health Center
  - b. Migrant Health
  - c. Homeless Program

- d. Public Housing Program
- e. School-Based Program
- f. Mobile Clinic
- 2) Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITUs);
  - a. Federal Indian Health Service (IHS)
  - b. Tribal/638 Health Facility
  - c. Dual-Funded (Tribal Health Clinic and FQHC 330 Funded)
  - d. Urban Indian Health Program
  - e. IHS Hospitals
- 3) FQHC Look-Alikes;
- 4) Correctional or Detention Facilities;
  - a. Federal Prison
  - b. State Prison
  - c. Immigration and Customs Enforcement (ICE) Health Service Corps
- 5) Centers for Medicare & Medicaid Services (CMS) Certified Rural Health Clinics (RHC);
  - a. Provider-Based
  - b. Independent
- 6) Critical Access Hospitals (CAH);
- 7) Community Mental Health Centers (CMHC);
- 8) State or Local Health Departments;
  - a. State-run
  - b. Local-run
- 9) Community Outpatient Facilities;
  - a. Hospital Affiliated
  - b. Non-Hospital Affiliated
- 10) Private Practices;
  - a. Solo Practice
  - b. Group Practice
- 11) School-Based Clinics;
- 12) Mobile Units
- 13) Free Clinics; and
- 14) Substance Use Disorder Treatment Facilities (including Substance Abuse and Mental Health Services Administration (SAMHSA)-certified OTPs, OBOTs, and Non-opioid Outpatient SUD Treatment facilities).

**What types of sites are NOT eligible for approval as NHSC service sites?**

The following site types are not eligible to become NHSC-approved sites, even if they are located in, or serve, a HPSA:

- 1) Inpatient Hospitals (EXCEPT for Medicare-approved CAHs and some IHS Hospitals);
- 2) Clinics that limit care to veterans and active duty military personnel (including Veterans Health Administration Medical Centers, Hospitals, and Clinics; military bases, and civilian health care providers in the TRICARE Network);

- 3) Other types of Inpatient Facilities and Inpatient Rehabilitation Programs;
- 4) Residential Facilities;
- 5) Local/County/City Correctional Facilities;
- 6) Home-Based Health Care Settings of Patients or Clinicians; and
- 7) Specialty Clinics and/or service specific sites limited by gender identity, organ system, illness, categorical population or service (e.g., clinics that only provide STD/HIV/TB services).

**What is an Eligible Automatically-Approved (Auto-Approved) NHSC Site?**

Eligible auto-approved NHSC sites must apply to the NHSC by: a) contacting the DRO directly; b) providing necessary information for the NHSC to determine eligibility; c) reviewing and signing the NHSC site agreement; and d) remaining in compliance with their respective program requirements. Eligible auto-approved NHSC sites may submit an application to the NHSC at any point in the year and are not required to submit an application during the NHSC site application cycles, nor are they required to submit a recertification application every three years.

**The following may be eligible Auto-Approved NHSC sites:** 1) FQHCs; 2) FQHC Look-Alikes; 3) ITUs; 4) Federal Prisons; and 5) ICE Health Service Corps sites.

If an eligible auto-approved NHSC site has multiple sites located in HPSAs and would like for all sites to be NHSC sites, the NHSC must approve each site individually. **Site administrators with sites that may be eligible for NHSC auto-approval must contact HRSA in order for the site to be added to the Customer Service Portal (see the [“Application and Recertification Process”](#) section).**

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

For sites that are not auto-approved, to be qualified to participate as an NHSC-approved site, a site must meet all applicable requirements listed in the NHSC Site Agreement. Requirements that are not applicable to auto-approved NHSC sites are noted in the NHSC Site Agreement. The complete NHSC Site Agreement is available in Appendix A of this document. NHSC-approved sites must:

- 1) Be located in and treat patients from a federally-designated HPSA.
- 2) Not discriminate in the provision of services to an individual because the individual is unable to pay; because payment would be made under Medicare, Medicaid, or the Children’s Health Insurance Program (CHIP); or based upon the individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.
  - a. Use a schedule of fees or payments consistent with locally prevailing wages or charges and designed to cover the site’s reasonable cost of operations;
  - b. Use a Discounted/Sliding Fee Schedule (SFS) to ensure that no one who is unable to pay will be denied access to services;
  - c. Make every reasonable effort to secure payment in accordance with the schedule of fees;



- d. Accept assignment for Medicare beneficiaries, and have an appropriate agreement with the applicable state agency for Medicaid and CHIP beneficiaries;
  - e. Prominently display a statement in common areas and on the site’s website that explicitly states that:
    - i. No one will be denied access to services due to inability to pay; and
    - ii. There is a Discounted/SFS available.
- 3) Provide culturally competent, comprehensive primary care services (medical, dental, and/or behavioral and mental health), which correspond to the designated HPSA type.
  - 4) Use a clinician credentialing process that, at a minimum, includes reference review, licensure verification, and a query of the [National Practitioner Data Bank](#) (NPDB).
  - 5) Function as part of a system of care that either offers or ensures access to ancillary, inpatient, and specialty referrals.
  - 6) Adhere to sound fiscal management policies and adopt clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
  - 7) Maintain a clinician recruitment and retention plan.
  - 8) Agree not to reduce an NHSC clinician’s salary due to NHSC support.
  - 9) Be knowledgeable of the clinician’s specific NHSC service requirements and allow NHSC clinicians to maintain a primary care clinical practice (full-time or half-time) as indicated in their contract with NHSC.
  - 10) Communicate to the NHSC any change in site or clinician employment status.
  - 11) Support NHSC clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend or participate in NHSC-sponsored meetings, webinars, and other continuing education programs.
  - 12) Maintain and make available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician.
  - 13) Complete and submit the [NHSC Site Data Tables](#), which includes up-to-date data for the preceding six (6) months at the time of Site Application, Recertification, and NHSC site visits.
    - a. FQHCs and FQHC Look-Alikes ARE NOT required to submit the NHSC Site Data Tables. NHSC will review the standard HRSA Bureau of Primary Health Care (BPHC) Uniform Data System (UDS) report in place of the data tables.
    - b. The following eligible Auto-Approved NHSC sites must provide NHSC Site Data Tables upon request if HRSA needs them to determine NHSC site eligibility: 1) ITUs, 2) Federal Prisons, 3) State Prisons, and 4) ICE Health Service Corps sites.
  - 14) Comply with requests for a site visit from the NHSC or the State PCO with adherence to all NHSC requirements.

**APPROPRIATE USE OF NHSC CLINICIANS:** As mandated by the NHSC statute, 42 U.S.C. § 254f, NHSC sites must make appropriate and efficient use of assigned NHSC clinicians. Evidence that the NHSC site has not made appropriate and efficient use of NHSC clinicians may be grounds for NHSC site disapproval and/or deactivation.

**What is a HPSA and how can a site receive a HPSA designation?**

HPSAs are designated by HRSA. These designations indicate shortages of primary medical care, dental, or mental health care professionals, and may be shortages in geographic areas (e.g., county), population groups (e.g., low-income), or facilities. Additional information about shortage areas can be found at [HRSA's Shortage Designation webpage](#). See also Section 332 of the Public Health Service Act (PHSA) and the implementing regulations at 45 C.F.R. Part 5 and appendices.

The NHSC uses HPSAs to determine priorities for assignment of NHSC clinicians. In order to recruit an NHSC clinician, NHSC-approved sites must be in or serve a designated HPSA for the specific category in which an NHSC clinician would serve. For example, to recruit for an internal medicine physician, an NHSC-approved site would need to have a primary care HPSA designation; to recruit a psychiatrist, the site would need to have a mental health HPSA designation.

Sites should contact their State PCO when applying for or inquiring about a HPSA designation. The PCO will determine whether a site currently possesses a geographic area, population group, or facility HPSA designation for primary, dental and/or mental health.

**AUTOMATIC FACILITY HPSA DESIGNATIONS (Auto-HPSAs):** Section 332(a) of the Public Health Service Act provides for the automatic designation of certain facility types as HPSAs. These facilities include FQHCs, FQHC Look-Alikes, ITUs, and RHCs that have both a completed CMS-certified RHC Certificate of Eligibility form\* on file with HRSA and meet NHSC site requirements.

Note that “auto-HPSA designations” and NHSC “auto-approval” for sites are two separate processes. For example, Federal prisons and ICE facilities are eligible for NHSC “auto-approval,” but are not eligible for an “auto-HPSA designation.”

If a site is an RHC, then this site type is eligible for an “auto-HPSA designation” if it meets NHSC site requirements. If an RHC is interested in becoming an eligible NHSC site, the RHC may:

- 1) Request an Auto-HPSA designation by submitting a CMS-RHC Certificate of Eligibility Form\* and a Sliding Fee Schedule (SFS) to HRSA; and
- 2) Request to become an eligible NHSC site by submitting a complete NHSC Site Application. In addition, an NHSC Recertification Application is required from RHCs every three (3) years.

\* CMS-certified RHCs must submit a completed Certificate of Eligibility Form. This form certifies that the RHC meets all NHSC site requirements, including that the RHC: 1) cannot deny requested health care services, or discriminate in the provision of services to an individual whose services are paid by Medicare, Medicaid, or CHIP; 2) has a schedule of fees or payments consistent with locally prevailing rates or charges; 3) has a corresponding schedule of discounts (including waivers) to be applied to such fee or payments, with adjustments made on the basis of the patient’s ability to pay; 4) accepts assignment for Medicare beneficiaries, and enters into agreements with state agencies that administer Medicaid and CHIP to ensure coverage of beneficiaries of these programs.

### HPSA Scoring

In addition to being designated as a HPSA, a geographic area, population group, or facility is scored. The numerical score provided for a HPSA reflects the degree of need: the higher the score, the greater the need. HPSA scores range from 0 to 25 for primary medical care, from 0 to 25 for mental health, and from 0 to 26 for dental. Since the NHSC places clinicians in HPSAs of greatest need, this scoring system is used in determining priorities for the assignment of NHSC clinicians.

The following table illustrates the types of HPSAs and the criteria that determine their scores.

Determining Factors of HPSA Score	Primary Medical Care HPSA	Dental HPSA	Mental Health HPSA
Population to Provider Ratio	✓	✓	✓
% Below Poverty	✓	✓	✓
Travel Time/Distance to Nearest Source of Care	✓	✓	✓
Infant Mortality Rate/Low Birth Weight Rate	✓		
Access to Fluoridated Water		✓	
Youth and Elderly Ratios			✓
Substance and Alcohol Abuse Prevalence			✓

### How does the NHSC define Comprehensive Primary Care (CPC)?

All NHSC-approved sites must provide comprehensive primary care (including medical, dental, and behavioral and mental health). The NHSC defines comprehensive primary care as a continuum of care not focused or limited to gender identity, age, organ system, a particular illness, or categorical population (e.g. developmentally disabled or those with cancer). Sites provide preventive, acute and chronic primary health services in an NHSC-approved discipline. Sites treat all patients fairly, regardless of disease or diagnosis, and offer a full range of primary care services when they walk in the door.

With the exception of substance use disorder treatment facilities, if sites do not offer all primary care services, they must offer an appropriate set of primary care services necessary for the community and/or populations they serve. For example, a site serving a senior population would need to provide geriatric primary care services. Sites that focus their efforts on a particular population defined by disease or diagnosis are ineligible for NHSC approval even if they provide

comprehensive primary care to that population. NHSC does not consider them to be "serving" the HPSA because they are not open to all patients of the HPSA. For example, sites specializing in a limited set of services within a specialty (e.g., immunization clinics; STD/HIV/TB clinics), are ineligible for NHSC site approval.

In accordance with the NHSC Site Agreement item #5, sites must provide documentation (e.g., memoranda of understanding, exchange of letters, or other documentation) and meaningful demonstration of appropriate referral networks for other preventive, acute, and chronic primary health services with other NHSC-approved sites or providers. (See section on Proof of Access to Ancillary, Inpatient and Specialty Care. In accordance with the NHSC Site Agreement items #2a-e, all sites and referral networks for primary care should offer NHSC-approved discounts (see section on requirements for SFS discounts) to those with low income and agree to serve all patients regardless of their ability to pay (including those eligible for Medicaid, Medicare, or the CHIP).

The following example illustrates the application of an appropriate primary care referral network to ensure that sites seeking approval as NHSC service sites provide comprehensive primary care:

*A pediatric clinic offers preventive, acute, and chronic primary health services to its clients. The clinic does not provide behavioral health services on-site, but instead refers to another clinic that offers behavioral health and adheres to NHSC site requirements (see ["Eligibility Requirements and Qualification Factors"](#)). In this case, the pediatric clinic would be eligible to apply as an NHSC-approved site.*

### **What are the requirements for Primary Behavioral and Mental Health sites?**

Behavioral and mental health facilities must be located in or serve a mental health HPSA and must offer comprehensive primary behavioral health services to all residents of the defined mental health HPSA. For example, a mental health center that serves only individuals with developmental disabilities would be ineligible because they limit care to a specific population.

Sites interested in recruiting behavioral and mental health clinicians through the NHSC must complete and submit the [NHSC Comprehensive Behavioral Health Services Checklist](#) and documents to demonstrate services provided onsite and services provided through all applicable formal affiliation agreements.

**EXCEPTION: The following NHSC-approved sites are EXEMPT from the Comprehensive Behavioral Health Services Certification process:** 1) FQHCs; 2) FQHC Look-Alikes; 3) ITUs; 4) Federal Prisons; 5) State Prisons (*only for the purposes of the Behavioral Health Requirements*); and 6) ICE Health Service Corps. Site administrators with sites that may be eligible for NHSC auto-approval must contact HRSA directly to add new sites to the Customer Service Portal.

NHSC-approved sites that are exempt from the Comprehensive Behavioral Health Services Certification process do not need to submit the NHSC Behavioral Health Services Checklist. However, NHSC expects exempt practice sites with NHSC behavioral health participants to provide an appropriate practice setting and verify that NHSC behavioral health participants meet the behavioral health clinical practice requirements as outlined in this guide and the [NHSC LRP Application and Program Guidance](#).

All non-exempt NHSC behavioral health service sites must verify (using the NHSC Behavioral Health Services Checklist and supporting documentation) that they offer comprehensive primary behavioral health care services including, but not limited to:

**Core Comprehensive Behavioral Health Service Elements**

- 1) screening and assessment;
- 2) treatment plans;
- 3) care coordination;

**Non-Core Behavioral Health Service Elements**

- 4) diagnosis;
- 5) therapeutic services (including psychiatric medication prescribing and management, chronic disease management, and substance use disorder treatment);
- 6) crisis/emergency services (including 24-hour crisis call access);
- 7) consultative services; and
- 8) case management.

**CORE BEHAVIORAL HEALTH SERVICES:** NHSC-approved behavioral health sites must provide the following services directly, and not through affiliation or referral: 1) screening and assessment; 2) treatment plans; and 3) care coordination.

If the site does not provide all of the non-Core Behavioral Health Services, the site must demonstrate a formal affiliation with a comprehensive community-based primary behavioral health setting or facility to provide these services. Affiliation agreements must accompany the NHSC Comprehensive Behavioral Health Services Checklist at time of submission.

- 1) The site and the affiliated entity must both sign the affiliation agreement.
- 2) Affiliated entities must provide accessible services and continuity of care to the clients of the certifying site.
- 3) Affiliated entities must accept Medicaid, Medicare and CHIP and offer NHSC-approved discounts to those with low incomes and agree to serve all clients regardless of their ability to pay.

The definition of **Formal Affiliation Agreement** in the [“Glossary”](#) section includes required elements of a formal affiliation agreement. For examples of formal affiliation agreements, visit the [SAMHSA-HRSA Center for Integrated Health Solutions website](#) or the [NHSC Behavioral Health Certification Information Package](#).

The following example illustrates the application of an appropriate primary care referral network to ensure comprehensive primary behavioral health care for sites seeking eligibility by the NHSC:

*A behavioral health clinic offers preventive, acute, and chronic primary health services to its clients. The clinic does not provide psychotropic medications on-site, but instead refers to another clinic that offers psychotropic medications and adheres to NHSC site*

requirements (see [“Eligibility Requirements and Qualification Factors”](#)). In this case, the behavioral health clinic would be eligible to apply as an NHSC-approved site.

All non-exempt sites that provide behavioral and mental health services must submit documents to verify compliance with the NHSC Comprehensive Behavioral Health Services requirements by following the instructions in the supporting documents section outlined later in this document.

### **What are the requirements to use a Sliding Fee Discount Program to provide free or discounted services to low-income patients?**

NHSC-approved sites (with the exception of free clinics, correctional facilities, and IHS, Tribal and Urban Indian sites) are required to offer a [Sliding Fee Discount Program](#) and apply a sliding fee schedule (SFS), so that the amount owed for services by eligible patients is adjusted based on the patient’s ability to pay. The sliding fee discount program must include the following: (1) a schedule of fees for services; (2) a corresponding schedule of discounts for eligible patients based on the patient’s ability to pay; and (3) policies and operating procedures, including those around applying for the discount program. Eligibility for the SFS is based on a patient’s annual income and family size under the HHS annual Federal Poverty Guidelines (FPG).

All aspects of an NHSC-approved site’s Sliding Fee Discount Program should be supported by written operating procedures and/or policies, based on the current FPG, and applied uniformly to all patients. The NHSC-approved site must define in policy, consistent with any Federal, State, or local laws and requirements, its definitions of “family” and “income.”

In order to facilitate patient access and utilization, sites must ensure that: a) patients are made aware of the Sliding Fee Discount Program; and b) eligibility for discounts is based on income and family size and no other factor (e.g., assets, insurance status, participation in the Health Insurance Marketplace, citizenship, population type).

All Sliding Fee Discount Programs must include the following elements:

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

To the extent that a patient who otherwise meets the above criteria has insurance coverage from a third party (either public or private), an NHSC-approved site can charge for services to the extent that the third party will make payment.

A site has discretion regarding certain aspects of the Sliding Fee Discount Program. If an NHSC-approved site elects to include the following, then the items must be addressed in policies and supporting operating procedures:

- Alternative mechanisms for determining patient eligibility for the SFS for circumstances in which documentation/verification is unavailable (e.g., self-declaration, conditional SFS eligibility) and for making these mechanisms available to the entire patient population, regardless of income level, sliding fee discount pay class, or population type;
- Use of different SFS for medical, dental, and behavioral health services, if applicable, with appropriate justification(s);
- Billing and collections;
- Applicability of SFS or other discounts relative to supplies and equipment associated with services covered by the SFS (e.g., dentures or durable medical equipment);
- Provisions for waiving fee(s) and nominal charges for specific patient circumstances; and/or
- Other provisions related to billing and collections including payment incentives, grace periods, payment plans, or refusal to pay guidelines.

All front-line staff at the NHSC-approved site should be familiar with the Sliding Fee Discount Program and the application process for patients to use the Program. Front desk and phone operators must be prepared to offer information and answer basic questions about the Sliding Fee Discount Program and should present it as an option during a patient’s initial visit. The NHSC encourages sites to have patient applications for the program ready and available for patients at the front desk.

NHSC-approved sites must establish multiple methods of informing patients of the Sliding Fee Discount Program including prominently displaying notices about the discount program in common areas and on the site’s website (if one exists). In addition, information about the Sliding Fee Discount Program must be available in appropriate languages and literacy levels for the patient population served.<sup>1</sup> Sites interested in applying to the NHSC should have a Sliding Fee Discount Program in place for at least six (6) continuous months prior to applying to become an NHSC-approved site.

**EXCEPTION:** Free clinics, correctional facilities, and ITUs are EXEMPT from submitting certain required documents, including the SFS documents and required signage, due to their inability to bill and charge for services. However, the NHSC site needs to provide the NHSC with documentation that no one is charged or billed for services, and individuals are not denied health service because of inability to pay.

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<sup>1</sup> For more examples of a SFS, policy, or patient application, refer to the [NHSC Sliding Fee Discount Program Information Package](#).



Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Nominal Fee (\$5)	Charge				
		20% pay	40% pay	60% pay	80% pay	100% pay
1	0-\$12,490	\$12,491-\$15,613	\$15,614-\$18,735	\$18,736-\$21,858	\$21,859-\$24,980	\$24,981+
2	0-\$16,910	\$16,911-\$21,138	\$21,139-\$25,365	\$25,366-\$29,593	\$29,594-\$33,820	\$33,821+
3	0-\$21,330	\$21,331-\$26,663	\$26,664-\$31,995	\$31,996-\$37,328	\$37,329-\$42,660	\$42,661+
4	0-\$25,750	\$25,751-\$32,188	\$32,189-\$38,625	\$38,626-\$45,063	\$45,064-\$51,500	\$51,501+
5	0-\$30,170	\$30,171-\$37,713	\$37,714-\$45,255	\$45,256-\$52,798	\$52,799-\$60,340	\$60,341+
6	0-\$34,590	\$34,591-\$43,238	\$43,239-\$51,885	\$51,886-\$60,533	\$60,534-\$69,180	\$69,181+
7	0-\$39,010	\$39,011-\$48,763	\$48,764-\$58,515	\$58,516-\$68,268	\$68,269-\$78,020	\$78,021+
8	0-\$43,430	\$43,431-\$54,288	\$54,289-\$65,145	\$65,146-\$76,003	\$76,004-\$86,860	\$86,861+
For each additional person, add	\$4,420	\$5,525	\$6,630	\$7,735	\$8,840	\$8,840

\*Based on the 2019 [Federal Poverty Guidelines \(FPG\) for the 48 contiguous states and the District of Columbia](#). Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

**CALCULATING SFS DISCOUNTS:** Sites must base SFS discounts only on annual income and family size. NHSC sites must revise their SFS or discounted fee schedule annually with information from the updated FPG. At the time of application, recertification and site visits, the NHSC will consider **NHSC-approved sites that deny or limit discounted services to individuals based on other factors, such as their assets or citizenship status, regardless of their eligibility for discounts under the FPG, to be noncompliant.**

CAHs and IHS hospitals must apply for site approval in conjunction with an affiliated, outpatient clinic by either submitting separate site applications during the same application cycle, or by demonstrating an affiliation with an outpatient clinic that has previously submitted a site application and has been approved. CAHs must utilize the NHSC-approved SFS, at a minimum, for low-income patients in both the emergency room and the affiliated outpatient clinic. The NHSC



will consider **CAHs that deny or limit discounted services to individuals based on other factors such as their assets or citizenship status, regardless of their eligibility for discounts under the FPG, to be noncompliant.** This restriction does not extend to the CAH inpatient fee structure (i.e.: CAH in-house discounted fee schedule or charity care program for other settings) or for requirements necessary to meet Medicare certification requirements.

### **What are the requirements for the Non-Discrimination Policy, Posted Notice, and the Recruitment and Retention Plan?**

#### *Non-Discrimination Policy and Posted Notice:*

NHSC-approved sites must agree not to discriminate in the provision of services to an individual because the individual is unable to pay, because payment for those services would be made under Medicare, Medicaid, or CHIP, or based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. All NHSC-approved sites must have written policies that clearly state that the site abides by these requirements.

NHSC-approved sites must prominently display a statement/poster in common areas and on the site's website (if one exists) that explicitly states that no one will be denied access to services due to inability to pay and that there is a discounted/sliding fee schedule available.

In addition, the NHSC strongly encourages sites to clearly advertise that the site accepts Medicare, Medicaid, and CHIP. The statements should be translated into the appropriate language(s) and/or dialect(s) for the patient population served. To review an example of appropriate and downloadable signage, visit the [NHSC website](#).

**ITU EXCEPTION:** At the request of a tribal health program (see the "[Glossary](#)" section), the services of an NHSC clinician may be limited to tribal members or other individuals who are eligible for services from that Indian Health Program. However, tribal health programs are required to respond to emergency medical needs as appropriate.

*Recruitment and Retention Plan:* All sites must develop and maintain a plan to guide the recruitment and retention of clinicians to help ensure a viable NHSC-approved site. A recruitment and retention plan clearly states the policies and processes that a site will use to recruit and maintain clinical staffing levels needed to appropriately serve the community. NHSC-approved sites should keep a current copy of the plan onsite for review during NHSC site visits, and should periodically update the plan to address any factors that may have affected the management of the site.

### **What are the special requirements of the Substance Use Disorder (SUD)/Opioid Expansion?**

In 2017, the U.S. Department of Health and Human Services declared the opioid crisis a public health emergency. Beginning in FY 2018, HRSA received specific funding for the NHSC to expand and improve access to quality opioid and SUD treatment in underserved areas nationwide. To support a nationwide response to the opioid crisis, Congress gave HRSA statutory flexibility that

makes certain outpatient SUD treatment facilities eligible to apply for NHSC site approval in FYs 2018-2019. These may include SAMHSA-certified opioid treatment program (OTP) facilities, facilities in which office-based opioid treatment (OBOT) is provided by providers with a waiver granted under 21 U.S.C. § 823(g)(2), and non-opioid outpatient SUD facilities. Eligible SUD treatment facilities must meet the requirements set forth in the NHSC Site Agreement and NHSC Site Reference Guide, including submission of SUD documentation, as described below. The eligibility of certain outpatient SUD treatment facilities only applies to NHSC awards made with funds appropriated in Title II of the Consolidated Appropriations Act, 2018, Title II of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019, and is not guaranteed beyond FY 2019.

Outpatient SUD treatment facilities applying in FY 2019 must provide the required NHSC supporting documentation, as well as SUD documentation depending on their site type. Specifically, OTPs must provide a current SAMHSA-issued OTP certificate. OBOT facilities must provide documentation of services provided onsite (e.g., brochure, website documentation, or policy document outlining services provided), and verification of on-site medication assistance treatment in the form of an attestation from the site CEO or Medical Director that the site offers MAT and the size of MAT patient panel for the most recent 6 months. Non-opioid outpatient SUD treatment facilities must provide documentation of services provided on-site, such as an operating certificate, brochure, website documentation, or policy document outlining services provided.

## APPLICATION AND RECERTIFICATION PROCESS

### **What should sites know before applying for NHSC approval?**

Before applying to be an NHSC-approved site, take the following steps:

- 1) Inquire to see if your site qualifies for NHSC Auto-Approval (see [“What is an Eligible Automatically-Approved \(Auto-Approved\) NHSC Site?”](#)):
  - a. NHSC Auto-Approved sites do not need to submit an application during an NHSC Site Application period and may submit an application to the NHSC at any time of the year.
  - b. Administrators of sites that may be eligible for NHSC Auto-Approval **must** contact HRSA directly, provide necessary information for the NHSC to determine eligibility, and submit a signed NHSC Site Agreement to be added to the Customer Service Portal.
- 2) Determine if your site is located in or serves a HPSA. The HPSA may be a geographic area, a population group, or facility, with a shortage of primary care medical, dental, or mental and behavioral health providers. The HPSA must correspond to the services provided at that site (e.g., a site providing dental services must be in a designated dental HPSA).
  - a. Contact your local [State PCO](#) for questions about your HPSA designation and the application.
  - b. Search the [HPSA Find tool by site address](#)
  - c. Search the [HPSA Find tool by state and county](#)

- 3) Determine if your site meets **all** applicable eligibility requirements listed in the NHSC Site Agreement (this may not, in its entirety, be applicable to all sites eligible for auto-approval).
- 4) If your site provides behavioral and mental health services, review the requirements described in the [“What are the requirements for Primary Behavioral and Mental Health sites?”](#) section.
- 5) Review the NHSC Site Agreement in Appendix A.
- 6) Get your questions answered by contacting your State PCO, visiting the NHSC website, or contacting HRSA.
- 7) Gather **all** required documentation listed in the [“What are the NHSC required supporting documents?”](#) section.
- 8) Apply online by creating an NHSC account via the [BHW Customer Service Portal](#).
  - a. If an organization has multiple sites located in HPSAs and would like all sites (e.g., satellite site, mobile unit, etc.) to be NHSC-approved, each location **must** submit a separate Site Application and be approved individually.
  - b. Site administrators of Auto-Approved NHSC Sites must contact HRSA directly to add new sites to the Customer Service Portal.
  - c. HRSA generally processes applications within 6 to 8 weeks, but may take longer due to application volume, pre-approval site visit requirements, and the quality of submitted information.

**SITES THAT REQUIRE A SITE VISIT PRIOR TO APPROVAL:** Any NHSC-eligible site type, including private practices with solo or private practitioners, may require a site visit before the application review is completed.

### What are the NHSC Online Site Application sections?

Sites are required to complete each of the online sections (listed below) via the [BHW Customer Service Portal](#) BEFORE submitting an online application.

- 1) **Site Eligibility.** This section assesses a site’s eligibility. If a site applicant does not pass the pre-screening portion of the online application, they will not be able to continue with the Site Application. Refer to the [“Eligibility Requirements and Qualification Factors”](#) section to ensure that the site meets the appropriate requirements.
- 2) **General Information.** Answers to this section pertain to the site applicant’s name, mailing and email addresses, and other contact information.
  - a. **Points of Contact (POC) Information.** Each site (with the exception of Solo Private Practices) is required to list two (2) site contacts in this section. Only POCs who have indicated that they own, oversee, or manage a significant portion of their organization and have the ability to answer questions about organization policies and operating procedures can submit a site application. If approved, the POC information will be visible to the public on the [Health Workforce Connector](#).
- 3) **Program Information.** In this section, site applicants will select the appropriate primary care services provided at their site, in addition to addressing questions regarding their SFS, accepted insurance, and the recruitment and retention plan.

- 4) **HPSA Score Suggestion.** A site applicant will determine their appropriate HPSA, and enter in their HPSA score based on verified information found in the [HPSA Find Tool](#). NHSC and State PCO staff will verify this information and add all applicable HPSA IDs to the application during the review process. **This section is not required, but we recommend that sites consult with their State PCO to verify their HPSA ID and score.**
- 5) **Supporting Documents.** Site applicants must upload **all** required supporting documents (refer to the [“What are the NHSC required supporting documents?”](#) section) PRIOR to submission of the application. Required supporting documents cannot be submitted electronically once the application is submitted.
- 6) **Agreement for NHSC Sites.** In the last section of the Site Application, sites will review and certify their compliance with the NHSC Site Agreement. A copy of the NHSC Site Agreement is included at the end of this document. **NOTE: The auto-approved NHSC sites must sign the NHSC Site Agreement. Site administrators with sites that may be eligible for auto-approval must contact HRSA directly to add the site to the BHW Customer Service Portal.**

#### **Is there an NHSC Site Application cycle?**

Yes. The NHSC opens one (1) **New Site Application Cycle** and one (1) **Site Recertification Application Cycle** every year. Each respective NHSC Site Application cycle is generally open to accept submissions for approximately 6-8 weeks. The deadline submission time and the date of cycles for each fiscal year may be subject to change; however, **each application cycle will close at 11:59 p.m. ET.** Check the [NHSC website](#) for the most current opening and closing timeline for application cycles.

**New sites, with the exception of Auto-Approved NHSC sites, can only apply during an open New Site Application Cycle. These include:**

- Sites that have never applied for or been approved for NHSC; and
- Terminated NHSC sites and sites with a previously denied or cancelled site application on record.

**Sites applying for recertification must apply during an open NHSC Recertification Cycle. These include:**

- Active NHSC sites (with and without NHSC obligated participants) with an expiration date corresponding to the open recertification application cycle;
- Expired and/or Inactive Sites.

If a site is applying on behalf of multiple clinical site locations, complete the main/administrative site application first. Each site location must submit a separate application and meet the same eligibility criteria in order to be approved by the NHSC.

Each site administrator or designee is responsible for ensuring that **all** information reported on the NHSC Site Application is true and accurate. If documentation is missing or not legible, the Site Application will be deemed “incomplete” and may render the Site Application disapproved or automatically canceled. Answers on the Site Application must match the

supporting/supplemental documents and the documentation must accurately verify the answers provided.

The NHSC Comprehensive Behavioral Health Services Certification requirement supplements the NHSC New and Recertification Application to verify that sites provide comprehensive behavioral health services. All **New NHSC Sites, Active NHSC Sites Expiring in 2019, and Formerly-Approved NHSC Sites** that provide behavioral health services must certify (using the [NHSC Comprehensive Behavioral Health Services Checklist](#) and supporting documentation) that they offer comprehensive primary behavioral health care services.

Sites may make edits to their Site Application BEFORE submitting the application. An NHSC Site Application may not be altered after submission. If a site has application-related questions, they are encouraged to contact their State PCO **PRIOR** to Site Application submission.

### **What are the NHSC required supporting documents for NHSC Sites that are not auto-approved?**

With the exception of eligible Auto-Approved NHSC sites, sites must upload all supporting documentation for the NHSC Site Application **before** the site can submit a complete application package. An NHSC Site Recertification application follows the same process steps as the NHSC New Site Application.

Information contained in the supporting documentation should align with the answers provided in the online Site Application. The NHSC encourages sites to compile the required supporting documentation well in advance of the application deadline to be sure the site is able to submit a complete application. Sites should keep a copy of the application package for their records.

A Site Application will not be considered complete, and may be disapproved, unless it contains each of the following required supporting documents:

- 1) **Policies on Non-Discrimination.** Upload a copy of the site's policies on non-discrimination of patients based upon race, color, sex, national origin, disability, religion, age, sexual orientation or gender identity, in accordance with the NHSC Site Agreement item #2.
- 2) **Sliding Fee Discount Program Documents.** Upload documents (see list below(a-d)) that describe the site's Sliding Fee Discount Program, in accordance with the NHSC Site Agreement items #2a-2e. Before submitting these documents, review the requirements and examples found in the [Sliding Fee Discount Program Information Package](#).
  - a. **Site's Policy on the Sliding Fee Discount Program.** These policies should describe:
    - i. Patient eligibility for the program, including definitions of income and family size and frequency of re-evaluation of eligibility. [Ensure that the site's SFS applies to all residents of the site's geographic, population and facility HPSA(s) groups.];
    - ii. Documentation and verification requirements and site procedures on determining patient eligibility;

- iii. How the sliding fee discount program will be advertised to the patient population; and
    - iv. If the site chooses to collect a nominal charge, an explanation of the nominal charge.
    - v. If patients using the SFS will be sent to collections for outstanding debt, the site must submit a description of their collection policies.
  - b. **Sliding Fee Schedule (SFS).** This document outlines discounts offered based on family size and income:
    - i. Should be applicable to all individuals and families with annual incomes at or below 200 percent of the most current FPG;
    - ii. Provide a full discount for individuals and families with annual incomes at or below 100 percent of the FPG, with allowance for a nominal charge only, consistent with site's policy;
    - iii. Should be adjusted for fees (partial sliding fee discount) based on family size and income for individuals and families with incomes above 100 percent and at or below 200 percent of the FPG; and
    - iv. Although not required, attaching the schedule of fees or payments for basic services used at the site will help the review team in processing the Site Application.
  - c. **A copy of the Patient Application for the Sliding Fee Discount Program.**
  - d. **Posted Signage Notifying Patients about the Sliding Fee Discount Program:** Upload a photograph or copy of posted signage at the site that meets the requirements, in accordance with the NHSC Site Agreement item #2e. For an example of acceptable signage, reference the [Site Policy Poster on the NHSC website](#). ***Sites may not use the NHSC poster and/or logo until after they are approved by the NHSC.***
- 3) **Proof of Access to Ancillary, Inpatient and Specialty Care.** Upload proof of referral arrangements for ancillary, inpatient, and specialty care that are not available on-site, in accordance with the NHSC Site Agreement # 5. Acceptable documents include signed Memorandums of Understanding (MOU), signed Memorandums of Agreement (MOA) or signed contracts with ancillary, inpatient, and specialty facilities. If formal referral arrangements do not exist, the site must provide a dated and signed description of how it ensures patient access to ancillary, inpatient, and specialty care.
- 4) **NHSC Site Data Tables.** Upload completed [NHSC Site Data Tables](#) with up-to-date data for the preceding six (6) months from the individual site location, in accordance with the NHSC Site Agreement item #13. Read all instructions carefully before completing the data tables.
- 5) **NHSC Comprehensive Behavioral Health Services Checklist and Supporting Documentation.** All non-exempt sites that provide behavioral and mental health services must certify that they provide comprehensive behavioral health services (see [“What are the requirements for Primary Behavioral and Mental Health sites?”](#)). Prepare and sign documentation that verifies compliance with the Comprehensive Behavioral Health Services Requirement. Sites must use the “NHSC Comprehensive Behavioral Health

Services Checklist” and provide documentation that verifies all responses in the Checklist. Upload the documentation into Site Application or Recertification, including all applicable formal affiliation agreements, as “Other Documentation Requested by NHSC or State PCO.” In the *Comment* section, type “Comprehensive Behavioral Health Services Certification” and any other relevant comments.

- a. Review the NHSC Behavioral Health Program Notification and Comprehensive Behavioral Health Services Certification requirements.
  - b. Prepare and sign documentation that verifies compliance with the Comprehensive Behavioral Health Services Certification requirements. Sites must submit:
    - i. The “NHSC Comprehensive Behavioral Health Services Checklist,” and
    - ii. Documentation that verifies all information included in the Checklist (which services provided on site and which through formal affiliation agreements).
  - c. Collect any applicable formal affiliation agreements and documentation of services.
  - d. Log in to the [BHW Customer Service Portal](#).
    - i. Upload the documentation into the NHSC New Site or Recertification Application verifying compliance with the NHSC Comprehensive Behavioral Health Services Requirement, including all documents that verify checklist responses, including applicable formal affiliation agreements.
    - ii. Add as “Other Documentation Requested by the NHSC or State PCO.”
    - iii. In the *Comment* section, type “Comprehensive Behavioral Health Services Certification” and any other relevant comments.
- 6) **SUD Documentation.** Facilities providing opioid treatment and/or SUD treatment must provide the documentation listed in the [“What are the special requirements of the Substance Use Disorder \(SUD\)/Opioid Expansion?”](#) section depending on site type.

**REQUIREMENT FOR SIX (6) CONTINUOUS MONTHS OF NHSC DATA:** In order to demonstrate that sites can meet the terms of the NHSC Site Agreement, each individual site location must submit up-to-date data for the preceding six (6) months through the NHSC Site Data Tables. This helps ensure the NHSC that the site adheres to sound fiscal management policies and is able to allow potential NHSC clinicians to maintain a full-time or half-time clinical practice, providing primary health services, as indicated in their NHSC LRP or SP Contract. If data tables are not applicable, a site must provide documentation with an explanation on letterhead to explain that services are provided free of charge and, therefore, the site is not required to complete table two (2) of the form.

#### **What documents are required for Auto-Approved NHSC sites?**

FQHCs and FQHC Look-alikes are not required to submit NHSC site data tables due to the availability of HRSA BPHC UDS reports. However, ITUs, Federal Prisons, and ICE Health Service Corps sites must provide NHSC site data tables upon request if HRSA needs them to determine NHSC site eligibility.

#### **What should sites expect after submitting the NHSC Site Application?**

After a site representative submits the NHSC Site application, the State PCO and HRSA will review and evaluate the NHSC application. HRSA will make a final decision regarding the approval of the



NHSC Site Application. The process generally takes 6-8 weeks to complete, but may take longer due to application volume, pre-approval site visit requirements, and the quality of submitted information.

Additionally, HRSA will work closely with the State PCO and may coordinate a pre-approval site visit (see the [“Site Visits and Technical Assistance”](#) section) to evaluate and confirm all NHSC Site Application information and responses prior to approving the application.

### **How does the NHSC determine which sites can be approved?**

NHSC approval of a site is based on a site’s ability to meet the eligibility criteria set forth in the NHSC Site Application and Site Agreement, as determined by the State PCO and the DRO. The approval of the main/administrative site does not indicate approval for affiliated satellite sites. Each site must obtain approval from the NHSC, which is necessary for NHSC obligated participants to receive NHSC service credit for time spent at any site.

NHSC-approved sites will receive a notice from the NHSC through the [BHW Customer Service Portal](#) confirming their approval status. If a site has been approved, the site is encouraged to review information regarding how to post job vacancies on the [Health Workforce Connector](#) (see the [“Recruiting a NHSC Clinician”](#) section).

An NHSC site is considered ‘disapproved’ if the site fails to meet the NHSC statutory and programmatic eligibility requirements and does not receive approval by the NHSC.

### **Does the NHSC site approval period expire?**

Yes, with the exception of auto-approved NHSC sites. The NHSC Site Application approval is valid for three (3) years from the date of its approval, as long as the site remains in, or serves, a HPSA and continues to meet the NHSC eligibility requirements and qualification factors. Auto-approval of NHSC sites generally does not expire, unless they are no longer located in or serving a HPSA; no longer meet all NHSC requirements; or are found to be non-compliant with other HRSA/programmatic requirements (i.e.; Section 330 grants; ITUs).

### **When are recertification applications due?**

Once your site is approved, you can determine if your site will need to apply for recertification by logging into the [BHW Customer Service Portal](#). If there is an “Expiration Date” listed under the NHSC Approved Sites section, then your site will need to recertify. NHSC-approved sites are required to apply for recertification every three (3) years. An NHSC Site Recertification reapplication follows the same process steps as the NHSC New Site Application.

All sites with an approval expiration date **on or before December 31, 2019**, are required to submit an NHSC Site Recertification Application during the Fall 2019 Recertification Cycle. Sites that fail to submit a complete and acceptable recertification application **PRIOR** to their expiration date, will become inactive after the site’s approval expiration date passes. Check the [NHSC website](#) for updates to the Site Application cycles.



It is the NHSC site's responsibility to upload all supporting documents into the online NHSC Site Recertification Application **PRIOR** to submission. An NHSC Site Recertification Application will not be considered complete, and may be disapproved, unless it contains each of the required supporting documents. Refer to the ["What are the Required Supporting Documents?"](#) section for more details. Information contained in the supporting documentation is expected to align with the answers provided in the online Site Recertification Application.

### **How do I submit an NHSC Site Recertification Application?**

To submit an NHSC Site Recertification Application:

- 1) Log into the [BHW Customer Service Portal](#) during the open NHSC Site Recertification cycle.
- 2) Click on the name of the site for which you would like to submit an NHSC Site Recertification Application. You may submit an NHSC Site Recertification Application for an "Approved" OR "Inactive" site, but not a "Terminated" site.
- 3) In the "Need Assistance?" box, under "I need to..." click on "Recertify."
- 4) Complete the NHSC Site Recertification Application, upload all required supporting documentation, and click "Submit."

### SITE ROLES & RESPONSIBILITIES

#### **What are the responsibilities of NHSC-approved sites?**

The mission of the NHSC is to increase access to primary care services for the nation's underserved populations, and NHSC-approved sites are the cornerstone of this mission. NHSC-approved sites must meet all site requirements listed in the NHSC Site Agreement, included at the end of this document, in order to maintain status as an NHSC-approved site. This also applies to all eligible auto-approved NHSC sites. All NHSC-approved sites are encouraged to continually review the NHSC Site Agreement and keep a copy for their reference.

In addition, all NHSC-approved sites must:

- 1) Activate and maintain a [BHW Customer Service Portal](#) account for a minimum of two (2) NHSC site POCs. The portal account creation is a two-step process and is not considered active until the POC responds to an email prompt from the system.
  - a. All NHSC-approved sites, which are not solo private practices, must identify a minimum of (2) NHSC POCs, with a minimum of one person serving in each of the following NHSC roles: \*Administrator, \*Personnel Verifier, and \*Recruiter.
    - i. Note that one POC can have multiple roles and a single organization may have multiple POCs. **NOTE: NHSC participants are discouraged from being a POC.**
    - ii. Only POCs who have indicated that they own, oversee, or manage a significant portion of their organization and have the ability to answer questions about organization policies and operating procedures can submit a site application.

- iii. To add a new POC, have them create and activate a [BHW Customer Service Portal](#) account.
  - iv. Next, log into your Portal account and click on the name of the site. Under Self-Service click on “Manage Points of Contact” and then “Add Another Site POC.”
- b. NHSC POCs should periodically update their roles at the site by clicking on “Update My Program Portal Profile” under the “Need Assistance?” section at the bottom of the home screen.
- 2) Complete and continually update the online NHSC [site profile](#). The site profile is a recruiting tool, providing prospective clinicians with a site-specific overview, while they search for jobs at NHSC-approved sites. The NHSC [site profile](#) can be updated using the [BHW Customer Service Portal](#). Upon completion, the NHSC [site profile](#) will be displayed on the [Health Workforce Connector](#). Once the NHSC site profile is complete, the NHSC site can post open clinical vacancies through the [BHW Customer Service Portal](#) to be displayed on the [Health Workforce Connector](#).
  - 3) Post all NHSC-eligible clinical vacancies on the [Health Workforce Connector](#). To post a vacancy, log into the [BHW Customer Service Portal](#), click on the name of the site, and then under “Self Service” click on “Manage Current Job Openings.”
  - 4) Contact the NHSC through the [BHW Customer Service Portal](#) if there are any changes to the site including: NHSC points of contact, NHSC site location, ownership, or HPSA score. To notify the NHSC, log into your [BHW Customer Service Portal](#), click on the name of the site and under “Need Assistance,” and then click on “Ask a Question...”.
  - 5) Once approved, NHSC sites must download and display the NHSC-approved site decal/and or tabletop sign as well as the NHSC “We Promise To” site policy poster located at: [NHSC Member Sites Downloadable Resources](#).
  - 6) Participate in a site visit from the DRO.
  - 7) Submit an NHSC Site Recertification Application every three (3) years, with the exception of Auto-Approved NHSC sites.
  - 8) Support NHSC participants as illustrated in the section below.

**All site administrators are responsible for meeting all NHSC site requirements and reviewing and electronically signing the NHSC Site Agreement. This should not be delegated to an NHSC LRP, NHSC SP, or NHSC S2S LRP applicant or participant.** The site agreement should be electronically signed by a designated official at the site.

**How can NHSC-approved sites assist NHSC participants in successfully fulfilling their service obligation?**

NHSC participants are responsible for meeting all NHSC requirements as a result of receiving their NHSC scholarship or loan repayment award contract. The NHSC LRP, NHSC S2S LRP, and the NHSC SP Application and Program Guidance, respectively, provide the details of the NHSC participant commitment. NHSC participants enter into a contractual agreement with the NHSC, thus it is required that NHSC-approved sites afford NHSC participants the opportunity to fulfill this agreement.

The NHSC expects sites to support NHSC participants in fulfilling their service obligation by:

- 1) Completing NHSC Employment Verification forms (EVF) through the [BHW Customer Service Portal](#) for all NHSC sites.
- 2) Ensuring NHSC participants work at NHSC-approved and HPSA appropriate sites.
- 3) Ensuring each NHSC site is approved **prior** to the beginning of an NHSC participant assignment at that site.
- 4) Ensuring each NHSC participant is knowledgeable of the minimum HPSA score necessary for placement at an NHSC site.
- 5) Ensuring NHSC participants follow the NHSC minimum hourly and weekly NHSC clinical service requirements (the employment contract between the NHSC-approved site and NHSC participant may stipulate additional work hours).
- 6) Reporting leave on the NHSC online In-Service Verification forms (ISV). NHSC participants are allowed to spend no more than 7 weeks a year (35 full-time or 35 half-time workdays) away from clinical practice with the NHSC.
- 7) Verifying and reporting to the NHSC any time away from the site (e.g., vacation, holidays, continuing professional education, illness, or any other reason) taken by NHSC participants.
- 8) Allowing NHSC participants to participate in NHSC Continuing Education and NHSC program webinars and/or conferences.
- 9) Providing appropriate supervision to NHSC participants, as well as needed orientation, training and mentorship regarding the NHSC site's processes and procedures, client population, and primary care practice.
- 10) Facilitating an NHSC participant site transfer request, if applicable, by completing an online EVF through the [BHW Customer Service Portal](#). **Prior to leaving a site, NHSC participants submit a transfer request via the [BHW Customer Service Portal](#) to change his or her current site to another NHSC-approved site.** To ensure that NHSC-approved sites can continue to meet the needs of patients, the NHSC strongly encourages NHSC participants to discuss their plans with the NHSC site first. As part of the transfer process, the NHSC participant's current NHSC service site may submit an email that includes:
  - a) Any clinical competency issues related to the NHSC participant while employed at the NHSC-approved site;
  - b) Any disciplinary action related to the NHSC participant while employed at the NHSC-approved site; and
  - c) Confirmation of the NHSC participant's last employment date at the NHSC-approved site.
  - d) Upon approval of the transfer request, the NHSC-approved site is responsible for reviewing online and confirming the NHSC participant reported leave for the period of time that the NHSC participant has been employed at the NHSC-approved site.
- 11) Making available for NHSC review, a participant's personnel documents, communications, and/or practice related documents as needed so that the NHSC can monitor an NHSC participant's compliance with NHSC service requirements. Such documents should be made available to the NHSC both during an NHSC participant's service obligation and after their obligation has ended.

### **What are the NHSC participant’s clinical service requirements for full-time and half-time service?**

In order to maintain a successful partnership, NHSC participants and NHSC-approved sites should possess a firm understanding of the NHSC clinical service requirements. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in CAHs and IHS Hospitals, refer to the [NHSC website](#) and review the respective NHSC LRP, S2S LRP and/or SP Application and Program Guidance.

1. **Full-time:** Full-time participants who are licensed to serve in one of the disciplines/specialties approved for service under the NHSC must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year.
2. **Half-time:** Half-time participants who are licensed to serve in one of the disciplines/specialties approved for service under the NHSC must work a minimum of 20-39 hours/week, for a minimum of 45 weeks/service year.

#### **NOTE:**

\*Full time NHSC participants serving at a CMS approved CAH or IHS Hospital must spend at least 16 hours/week (8 hours/week for half time NHSC participants) providing patient care at the CAH-affiliated outpatient clinic.

\*Clinical time spent “on call” will not be counted towards the service commitment, except to the extent the provider is directly treating patients during that period.

\*NHSC participants exercising the Private Practice Option (PPO) ARE NOT eligible for half-time service.

### **How do sites notify the NHSC regarding changes to a participant's employment or changes to site information?**

All NHSC-approved sites are expected to maintain current, active status as a comprehensive primary care, dental, or mental health service delivery site by continually meeting the NHSC requirements outlined in the NHSC Site Agreement (located in Appendix A).

In addition, NHSC-approved sites are required to notify the NHSC if there are any changes to the NHSC participant's employment status with the NHSC-approved site (e.g., termination, resignation, change in work hours or site allocation), and to verify the NHSC participant’s last employment date seeing patients.

Participants who are asked to work at a clinic that is not listed in the participant’s profile on the [BHW Customer Service Portal](#) must immediately notify the NHSC through the Customer Service Portal. Time spent at unapproved clinics will not count towards the participant’s service commitment.

As indicated in the [“Application and Recertification Process”](#) section, all NHSC-approved sites must contact the NHSC through the [BHW Customer Service Portal](#) if there are any changes to the site including: NHSC points of contact, NHSC site location, or ownership. The DRO can provide technical assistance; for example:

*If an established site changes ownership:*

The site must submit a new application in order to verify that the site and its new owners understand and are able to meet the NHSC program requirements. In addition, if a site has changed its name, the site may be required to provide documentation if site ownership has also changed. Sites are encouraged to contact the DRO for additional assistance.

*If there is a change in site information:*

Generally, a new application does not need to be submitted when a site changes its physical location but remains in (or serving) the same HPSA, or adds a change in scope to its services (e.g., adds dental services to a primary care site). However, the site should report such changes to the NHSC so that the DRO can modify/update site records as necessary.

If a site moves to a new location and the DRO determines that the previous HPSA designation and/or score no longer applies, the site's approval status may be affected. In addition, a change in HPSA status or score could mean that NHSC participants currently serving at the site will not be eligible for a continuation award.

### **Can an NHSC-approved site become Inactivated or Terminated?**

Yes. Inactivation of an NHSC-approved site can occur under the following situations:

- 1) When an approved NHSC site no longer meets the established eligibility requirements;
- 2) When a site elects not to continue as an NHSC site; and
- 3) When a site misses the recertification deadline.

If HRSA determines that an approved NHSC site no longer meets established eligibility requirements, they will be given formal notice of the reasons for inactivation and an opportunity to address the eligibility concerns. Inactivated sites may reapply to become an NHSC-approved site during an open NHSC Site Recertification application cycle.

Sites that are no longer operational will be terminated. The site should report such changes to the NHSC so that the DRO can modify/update site records as necessary.

If a participant is working at an inactivated or terminated site, he/she is required to transfer to another NHSC-approved site. The participant must request a transfer through the Customer Service Portal. The site change must be approved and processed by the NHSC prior to the participant beginning work at the new site. If a participant begins employment at a site before obtaining NHSC approval, he/she may not receive service credit for the time between his/her last day providing patient care at the prior service site and resumption of service at the transfer site following NHSC approval. If the proposed site is disapproved by the NHSC and the participant refuses assignment to another NHSC-approved service site, he/she may be placed in default.

### **RECRUITING AN NHSC CLINICIAN**

### **What should sites know about the National Practitioner Data Bank (NPDB)?**

As part of its mission to improve health care quality, protect the public, and reduce health care fraud and abuse in the United States, HRSA maintains the [NPDB](#).

In accordance with the NHSC Site Agreement item #4, **the NHSC requires that all NHSC-approved sites use, at a minimum, a clinician credentialing process including reference review, licensure verification, and a query of the NPDB of those clinicians for whom the NPDB maintains data.**

This is especially important during the employment verification of a new NHSC LRP-applicant and those NHSC S2S participants or NHSC scholars with whom the NHSC has helped identify an NHSC-approved site where the individual will complete his/her service commitment.

The NPDB is primarily a flagging system that serves to alert an NHSC-approved site that there may be a problem with the competency or conduct of an NHSC participant. When the NHSC-approved site receives a report from the NPDB, it is prudent that the NHSC-approved site use this alert to complete a more comprehensive review of the qualifications and background of the NHSC clinician. The NHSC strongly encourages NHSC-approved sites to utilize the NPDB information in combination with other sources in making determinations on employment, affiliation, clinical privileges, certification, or other decisions.

### **When can an NHSC-approved site hire an NHSC participant?**

Once an NHSC site is approved, the NHSC site can post job vacancies on the [Health Workforce Connector](#) in order to recruit and hire a clinician. NHSC-approved sites and NHSC participants should both be aware that if the NHSC participant begins his/her employment at an **unapproved** site, the time served will **NOT** count toward the NHSC participant's service obligation. NHSC creditable service time may begin only after both the NHSC eligible site has been approved and the NHSC participant has been approved for participation in an NHSC program. It is important to remember that the approval of an NHSC site does not automatically guarantee a staff member's eligibility for an NHSC LRP, S2S or SP award. The approval of a site with the NHSC is separate and independent from the participant's NHSC award eligibility requirements, selection factors, and funding preferences.

In order for the NHSC-approved site to qualify specifically for an NHSC Scholar or NHSC S2S LRP participant, the NHSC-approved site must meet the published HPSA score threshold for the Scholar's or S2S LRP participant's applicable placement year. Each year, the NHSC will notify sites what the minimum required HPSA score is to recruit an NHSC scholar. Refer to the [NHSC website](#) for updates regarding this information.

If an NHSC site offers a job to an NHSC Scholar or NHSC S2S LRP participant, the site job offer letter must:

- 1) Be printed on company letterhead;
- 2) Be signed by the NHSC site or personnel representative;
- 3) Include the name and address of the NHSC site(s) where the NHSC participant will be working;

- 4) Indicate the number of hours the NHSC participant will work at each NHSC site;
- 5) Include the anticipated start of employment date; and
- 6) State whether the NHSC site will pay for the NHSC clinician's malpractice and tail coverage for the duration of employment.

### **What is the Health Workforce Connector and how is it used?**

The [Health Workforce Connector](#) is a quick and easy way to advertise job vacancies at NHSC-approved sites. This online platform allows sites to reach thousands of clinicians who are actively seeking employment in underserved communities. NHSC-approved sites may update their [site profile](#) on the [Health Workforce Connector](#) through the [BHW Customer Service Portal](#).

### **How does an NHSC-approved site create a site profile on the [Health Workforce Connector](#)?**

First, log into the “NHSC Site Administrator” section of the [BHW Customer Service Portal](#). If you do not remember your password, click the “forgot your password” link and the Customer Care Center will automatically send you a new one right away. Once you are in the [BHW Customer Service Portal](#), select a site from the “NHSC-approved Sites” section whose profile you would like to manage. Next, select the “Manage Site Profile” link under “Self Service.” Complete the six steps you see on the screen:

- **Step 1:** Describe your site (required).
- **Step 2:** Verify your POC (required).
- **Step 3:** Upload a PDF of your brochure (not required, but helpful for recruitment).
- **Step 4:** Provide site details (required: services provided and languages spoken by patients).
- **Step 5:** Provide other site information (required: number of patients served annually, hours of operation, facility size, and site contact information).
- **Step 6:** Save and view your profile. At this point, sites can also upload photos or other images by clicking “Save and Continue.” Once you have finished uploading or providing information, click “Save and Finish.” The [Health Workforce Connector](#) will automatically show your NHSC site profile.

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

All NHSC-approved sites should use the [BHW Customer Service Portal](#) to post, remove, and update job vacancies. These jobs may be filled by clinicians or NHSC participants and are searchable on the [Health Workforce Connector](#). For more information, visit the [BHW Health Workforce Connector instructions](#).

### **Are there limitations to the number of NHSC scholars or NHSC S2S LRP participants that may serve at any one NHSC-approved site?**

Yes; however there are no limitations to the number of NHSC LRP participants. The NHSC SP allows one (1) NHSC Scholar per discipline to serve at a given NHSC-approved site within a yearly placement cycle. The NHSC will consider requests from NHSC-approved sites for up to one (1) additional scholar placement per discipline per placement cycle on an exceptional/case-by-case basis. NHSC scholars do not count against the number of allowed NHSC S2S LRP participants at a given site.



The NHSC S2S LRP program allows one (1) S2S LRP participant to serve at a given NHSC-approved site within a yearly placement cycle. The NHSC will consider requests from an NHSC-approved site for up to one (1) additional NHSC S2S LRP participant per placement cycle on an exceptional/case-by-case basis. The NHSC S2S LRP participants do not count against the number of NHSC scholars allowed at any given site.

Additional NHSC Scholar or NHSC S2S LRP participant requests must demonstrate special circumstances that prevent the NHSC-approved site from effectively meeting the health care needs of its community, such as the need for the expansion of services. To make a request for an additional NHSC scholar or NHSC S2S LRP participant, review, complete, and submit the [Additional Scholar Request Form](#).

## SITE VISITS AND TECHNICAL ASSISTANCE

### **What is an NHSC site visit?**

Certain site types, such as private practices, may be site visited as a part of the Site Application review. A pre-approval site visit may be scheduled for any NHSC eligible site type. [BHW's DRO](#) performs site visits in coordination with the [State PCO](#).

After approval of a site, the DRO may conduct a site visit to identify at-risk sites, to provide opportunities to address technical assistance needs that will promote sustainability, and to increase NHSC program compliance. Additionally, site visits serve to support NHSC participants by improving the sites' understanding and compliance with NHSC participant clinical service requirements. These visits help to strengthen the relationships between NHSC program personnel, NHSC participants, and NHSC sites to address specific site needs. All NHSC-approved sites should expect periodic site visits while participating in the NHSC program to ensure adherence to all NHSC site requirements.

### **What should NHSC sites expect during a site visit?**

All NHSC-approved sites are evaluated according to their understanding and implementation of NHSC site and NHSC participant requirements as written in the NHSC Site Agreement and NHSC Site Reference Guide. During a visit, the DRO staff will also provide needed technical assistance to answer an NHSC site's questions and ensure compliance so the site may remain an NHSC-approved site.

The DRO staff initiates site visits in collaboration with the NHSC site and the State PCO. Notifications for most visits are sent through the [BHW Customer Service Portal](#). Once a date is set, the DRO staff will request the list of required supporting documents as noted in the section entitled, "[What are the NHSC required supporting documents?](#)" The DRO reserves the right to request access to (or copies of) additional documents during the NHSC site visit. These materials may also be reviewed by the DRO staff in advance of the actual site visit.



During the NHSC site visit, the DRO staff will meet separately with the NHSC site administrator and NHSC clinicians (the latter either individually or in a group if number is large). The discussion with the NHSC site administrator follows a standard site visit tool and centers around the NHSC Site Agreement (see Appendix A). The NHSC visit also provides the opportunity for NHSC site administrators to ask questions of the NHSC program and for the DRO staff and the State PCOs to offer technical assistance.

Interviews with the NHSC clinicians are a priority and are conducted with a dual focus of: 1) assessing whether NHSC clinicians are meeting NHSC requirements, and 2) evaluating how the NHSC site supports the NHSC clinician's retention at the site.

### **What if there are NHSC eligibility concerns with my site?**

NHSC site eligibility concerns primarily arise for applicant sites at the time of NHSC site application, and for existing NHSC sites during a re-certification or an NHSC site visit. In addition, NHSC site eligibility concerns for existing sites can be raised from NHSC participants, state Primary Care Offices, other BHW Divisions or HRSA Bureaus or Offices, or other external stakeholders at any point during the site's three-year approval period. There are two separate processes to address NHSC site eligibility concerns, depending on whether the site is an applicant site or an existing site.

- ***Process for Addressing NHSC Site Eligibility in Applicant Sites.*** If HRSA BHW DRO determines that an applicant site does not meet the NHSC Site Eligibility requirements set forth in the NHSC Site Reference Guide and NHSC Site Agreement, the following steps will take place:
  1. HRSA BHW DRO will contact the applicant site via e-mail (with a read receipt) to identify the specific violation of the NHSC Site Reference Guide or NHSC Site Agreement, the specific requested remedy to that violation, and a thirty (30) calendar day timeframe for submitting sufficient documentation demonstrating that the participant addressed and fulfilled the requisite remedy to HRSA BHW DRO.
  2. HRSA BHW DRO will provide all necessary technical assistance to the applicant site to assist with the remedy during that thirty (30) day timeframe. The technical assistance may include a pre-approval site visit or phone audit by HRSA BHW DRO.
  3. If DRO determines that the site failed to provide an acceptable response to DRO within thirty (30) calendar days, the application will be disapproved. The reviewing DRO staff member will email (with a read receipt) the decision letter (which includes the reasons for disapproval) to the site, and send a copy to the State Primary Care Office. The applicant site will be placed in an inactive status in BMISS.
  4. If the site provides an acceptable response to HRSA BHW DRO within thirty (30) calendar days, the site application will be approved and the decision will be automatically emailed to the site through the BHW Customer Service Portal, and copied to the State Primary Care Office. The applicant site will then be activated in BMISS.
  5. If HRSA BHW DRO determines the site provided fraudulent data or misrepresented its site information during the application review, the application will be

disapproved and the decision will be automatically emailed to the site through the BHW Customer Service Portal, and copied to the State Primary Care Office.

- **Process for Addressing NHSC Site Eligibility in Existing Sites.** If HRSA BHW DRO determines that an existing NHSC approved site does not meet the NHSC Site Eligibility requirements set forth in the NHSC Site Reference Guide and NHSC Site Agreement, the following steps will take place:
  1. HRSA BHW DRO will contact the existing site via e-mail to identify the specific violation of the NHSC Site Reference Guide or NHSC Site Agreement, the specific requested remedy to that violation, and a thirty (30) calendar day timeframe for submitting sufficient documentation demonstrating that the participant addressed and fulfilled the requisite remedy to HRSA BHW DRO.
  2. A “flag” will be placed in the BMISS site record for the existing site to alert HRSA BHW staff that there is an eligibility concern. The “flag” may be considered by HRSA BHW staff in relation to placing additional NHSC participants at the existing site.
  3. HRSA BHW DRO will provide all necessary technical assistance to the existing site to assist with the remedy. The technical assistance may include a site visit or phone audit by HRSA BHW DRO if the site is re-certifying for NHSC approval.
  4. If the existing site fails to provide an acceptable response to DRO within thirty (30) calendar days, the site will be disapproved. The reviewing DRO staff member will email the decision letter to the site and send a copy to the State Primary Care Office. The existing site will be placed in an inactive status in BMISS. A site inquiry will be sent via BMISS to the HRSA BHW Division of Participant Support and Compliance (DPSC) to notify them of the site inactivation in the event there are NHSC participants present at the site. *(NOTE: On rare occasions as deemed necessary by BHW DRO, the site may be granted a thirty (30) day extension if the site demonstrated due diligence in trying to meet NHSC site eligibility requirements.)*
  5. If the existing site provides an acceptable response to HRSA BHW DRO within the initial or final thirty (30) calendar days, the site recertification will be approved and the decision is automatically emailed to the site through the BHW Customer Service Portal, and copied to the State Primary Care Office. The existing site will remain active in BMISS and the “flag” will be removed from the BMISS site record.

#### **What if there are concerns unrelated to the NHSC about my site?**

Occasionally, HRSA BHW will receive concerns about NHSC approved sites that are outside of its program authority and the terms of the NHSC Site Agreement (e.g., contractual disputes with site, allegations of Medicaid fraud, workplace discrimination). In these situations, HRSA BHW DRO may refer complainants to the appropriate program authority (e.g., the site’s Board of Directors, HHS Office of Inspector General, the Equal Employment Opportunity Commission) to address the concerns.

## ADDITIONAL MATERIALS

### **RESOURCES FOR SITES**

#### **BHW DRO**

DRO is responsible for reviewing of Site Applications and Re-certifications; conducting NHSC site visits; offering NHSC program specific assistance; supporting clinician recruitment and retention; promoting the development of networks, partnerships and collaborations; supporting NHSC participant and scholar networking; and providing in-school NHSC scholar support. Specific regional contact information for BHW DRO staff may be found on the [NHSC website](#).

#### **State PCOs**

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

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

#### **Health Workforce Connector**

The [Health Workforce Connector](#) contains job vacancies that have been posted by NHSC-approved sites. Verified site administrators may use the Health Workforce Connector to search NHSC participant profiles, by location, field of practice, state licensure, languages spoken, preferred work schedule, and more.

#### **Customer Service Portal**

The [BHW Customer Service Portal](#) is used to allow sites to complete important NHSC program activities, post and update job vacancies, view NHSC participants currently under obligation, update NHSC site contact information, ask the NHSC questions, and more.

#### **HPSA Find**

All NHSC participants and NHSC-approved sites serve in a [HPSA](#). Find locations of current HPSAs using the following tools:

- [HPSA Find](#)
- [Find Shortage Areas by Address](#)

#### **Need Help?**

For more information or questions regarding NHSC sites, contact the [DRO](#).

## GLOSSARY

**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, Native Hawaiian Health Scholarship Program, and grants for the State Loan Repayment Program.

**Centers for Medicare and Medicaid Services (CMS)** – An operating agency of HHS. For more information, click [here](#).

**CMS Certified Rural Health Clinic (RHC)** – A facility certified by the CMS 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 outpatient primary care services, 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, click [here](#).

**Clinical-Related Administrative, Management or Other Activities** – May include charting, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure, and other non-treatment related activities pertaining to the participant’s approved NHSC practice. Any time spent in a management role is also considered an administrative activity. The duties of a medical director are considered primarily administrative, and NHSC 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).

**Community Mental Health Center (CMHC)** – An entity that meets applicable licensing or certification requirements for CMHCs in the state in which it is located and provides all of the following core services:

- 1) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility;
- 2) 24 hour-a-day emergency care services;
- 3) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and
- 4) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission.

Effective March 1, 2001, in the case of an entity operating in a state that by law precludes the entity from providing the screening services, the entity may provide for such service by contract with an approved organization or entity (as determined by the Secretary) that, among other

things, meets applicable licensure or certification requirements for CMHCs in the state in which it is located. A CMHC may receive Medicare reimbursement for partial hospitalization services only if it demonstrates that it provides such services.

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

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

**Comprehensive Primary Care (CPC)** – The NHSC defines comprehensive primary care as a continuum of care not focused or limited to gender identity, age, organ system, a particular illness, or categorical population (e.g. developmentally disabled or those with cancer). Sites should provide preventive, acute and chronic primary health services in an NHSC-approved discipline. Sites should treat all patients fairly, regardless of disease or diagnosis, and offer a full range of primary care services when they walk in the door.

**Core Comprehensive Primary Behavioral Health Services** – NHSC sites must provide the following services onsite and not through affiliation agreements: screening and assessment, treatment plans, and care coordination.

**Correctional Facility** – The NHSC recognizes state and Federal prisons. State prisons are clinical sites administered by the state. Federal prisons are designated institutions and/or facilities from the U.S. Department of Justice, Federal Bureau of Prisons. Federal prisons may be eligible as auto-approved if these facilities continue to provide comprehensive primary medical, dental, and behavioral and mental health care services, and meet the NHSC requirements. For more information about Federal prisons, click [here](#). **Clinical sites within city, county and local correctional facilities are not eligible as an NHSC-approved site.**

**Critical Access Hospital (CAH)** – A facility certified by the CMS 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, have 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. Learn

more about [Critical Access Hospitals](#) (CAHs). The NHSC recognizes the entire CAH as a service delivery site (to include the Emergency Room (ER), swing bed unit, and skilled nursing facility (SNF)). The CAH must provide comprehensive primary care and related inpatient services. CAHs must apply for site approval in conjunction with an affiliated, outpatient clinic by either submitting separate site applications during the same application cycle, or by demonstrating an affiliation with an outpatient clinic that has previously submitted a site application and has been approved. The CAH must also demonstrate an affiliation (either through direct ownership or affiliation agreements) with an outpatient, primary care clinic. NHSC clinical practice requirements vary for NHSC clinicians working at CAHs. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in CAHs, refer to the [NHSC website](#) and review the respective NHSC LRP, S2S LRP and/or SP Application and Program Guidance.

**DATA 2000 Waiver** – A waiver obtained under the Controlled Substances Act (CSA), 21 U.S.C SS 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).

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

**Division of Policy and Shortage Designation (DPSD)** – One of several divisions within BHW; consists of two branches that serve as the focal point for the development of BHW programs and policies by leading and coordinating the analysis, development, and drafting of policies impacting BHW programs, recommending and approving shortage designation requests, overseeing cooperative agreements to State PCOs, and supporting other BHW activities. Learn more information about [shortage designation](#).

**Division of Regional Operations (DRO)** – One of several divisions within BHW; consists of 10 regional HRSA offices that are primarily responsible for promoting BHW programs, conducting NHSC site visits, approving NHSC Site Applications, and supporting other BHW activities. Contact a [DRO representative](#).

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

**Federally-Qualified Health Centers (FQHC)** – FQHCs include: (1) nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service (PHS) Act (i.e., health centers); (2) FQHC “Look-Alikes,” which are nonprofit entities that are certified by the

Secretary of HHS as meeting the requirements for receiving a grant under Section 330 of the PHS Act but are not grantees; and (3) outpatient health programs or 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. For more information, visit the [Bureau of Primary Health Care website](#).

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

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

- 1) Signatures from both parties and a description of the formal relationship.
- 2) Process for sharing pertinent medical information through a shared electronic health record or other administrative process. Entities should utilize signed authorizations for release of information.
- 3) Demonstration of continuity of care through: a) Written procedures and/or assigned personnel for care coordination and case management; b) Processes for tracking and follow-up of referral appointments; and c) Processes for scheduling consultation or care coordination meetings with affiliated site providers.
- 4) Assurance that the affiliated entity is accessible to clients of the site (affordability, accepting new patients, etc.).

For examples of formal affiliation agreements, visit the [SAMHSA-HRSA Center for Integrated Health Solutions website](#) or the [NHSC Behavioral Health Certification Information Package](#).

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

**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 an NHSC-approved service site. For a more detailed explanation of the full-time clinical practice requirements, including requirements for participants working in CAHs and IHS hospitals, refer to the [NHSC website](#) and review the respective NHSC LRP, S2S LRP and/or SP Application and Program Guidance.

**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 an NHSC-approved service site. For a more detailed explanation of the half-time clinical practice requirements,



including requirements for participants working in CAHs and IHS Hospitals, refer to the [NHSC website](#) and review the respective NHSC LRP, S2S LRP and/or SP Application and Program Guidance.

**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 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 DPSD, within HRSA’s BHW, 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). Learn more about [HPSAs](#).

**Health Resources and Services Administration (HRSA)** – An operating agency of the U.S. Department of Health and Human Services. Visit [HRSA’s website](#) for more information.

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

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

**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 treatment services to eligible American Indians and Alaska Natives. This term does not include hospitals that are both tribally-owned and tribally-operated. The NHSC recognizes the entire IHS Hospital as a service delivery site (to include the Emergency Room (ER), swing bed unit, and skilled nursing facility (SNF)). IHS Hospitals must provide comprehensive primary care and related inpatient services. IHS hospitals must apply for site approval in conjunction with an affiliated, outpatient clinic by either submitting separate site applications during the same application cycle, or by demonstrating an affiliation with an outpatient clinic that has previously submitted a site application and has been approved. IHS Hospitals must also demonstrate an affiliation (either through direct ownership or affiliation agreements) with an outpatient, primary care clinic. NHSC clinical practice requirements vary for NHSC clinicians working at IHS Hospitals. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in IHS Hospitals, refer to the [NHSC website](#) and review the respective NHSC LRP, S2S LRP and/or SP Application and Program Guidance.

**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 treatment services to eligible American Indians and Alaska Natives on an outpatient basis. Visit the [Indian Health Service website](#) to learn more.

**Medication-Assisted Treatment (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.

**Mobile Units/Clinics** – The NHSC recognizes Mobile Units/Clinics as medical vehicles (e.g., mobile health vans) that travel to underserved rural and urban communities, providing a majority (>50%) of primary care services to individuals located in a HPSA. NHSC participants working within a mobile unit that functions as part of an NHSC-approved site or through an alternative care setting (e.g., hospitals, nursing homes, shelters) will receive service credit for patient care, so long as the mobile unit is affiliated with an NHSC-approved site and provides a majority (>50%) of services to only the approved HPSA area and/or residents of a HPSA.

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

**NHSC-Approved Site** – Sites interested in NHSC approval must submit an NHSC application to become an [NHSC-approved service site](#). In order for a site to be eligible for NHSC approval, it must: be located in and provide service to a federally-designated HPSA; provide comprehensive primary medical care, behavioral/mental health, and/or dental services; provide ambulatory care services (no inpatient sites, except CAHs and IHS hospitals); ensure access to ancillary, inpatient, and specialty referrals; charge fees for services consistent with prevailing rates in the area; discount or waive fees for individuals at or below 200% of the federal poverty level; accept assignment for Medicare beneficiaries; enter into agreements with Medicaid and the Children’s Health Insurance Program (CHIP), as applicable; not discriminate in the provision of services based on an individual’s inability to pay for services or the source of payment (Medicare/Medicaid/CHIP); prominently post signage that no one will be denied access to services due to inability to pay; agree not to reduce clinician’s salary due to NHSC support; provide sound fiscal management; and maintain a recruitment and retention plan, as well as a credentialing process, for clinicians. If the site application is approved, the community site becomes an NHSC-approved site. All NHSC sites must continuously meet the above requirements.

**NHSC Loan Repayment Program (LRP)** – 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 professionals dedicated to meeting the health care needs of medically underserved HPSA communities.

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

**NHSC Site Data Tables** – A site reporting requirement used by the NHSC to collect the [Site Data Tables](#) information from sites at time of application, recertification, and NHSC site visits.

**NHSC Students to Service Loan Repayment Program (S2S LRP)** – The [NHSC S2S LRP](#) is a competitive federal program that provides loan repayment awards to medical and dental students in their final year of school. In exchange for loan repayment, these individuals agree to provide primary health care services for a 3-year service commitment at NHSC-approved service sites located in or serving HPSAs.

**NHSC Substance Use Disorder (SUD) Workforce LRP** – The NHSC SUD Workforce LRP recruits and retains medical, nursing, and behavioral/mental health clinicians with specific training and credentials to provide evidence-based SUD treatment and counselling in eligible communities of need designated as HPSAs. Participants receive loan repayment to reduce their educational financial debt in exchange for a service obligation to work at NHSC-approved SUD Treatment Sites.

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

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

**Office-based Opioid Treatment (OBOT) Facility** – Clinical practice, other than SAMHSA certified Opioid Treatment Programs, that provides 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 Program (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 Agency (DEA) through a local DEA office.

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

**Primary Health Services** – Health services including 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 SUD Workforce LRP, includes clinical substance use disorder treatment services.

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

**School-Based Programs and School-Based Clinics** – In order to ensure that NHSC participants are able to meet the clinical practice requirements set forth in their NHSC award contracts, the NHSC requires that:

- 1) School-based programs and school-based clinics must be open year-round, or be part of a larger system of care with available sites (e.g., another NHSC approved primary, dental, behavioral and mental health clinic) for NHSC participants to serve when the school is closed, or during school holidays, or summer vacations.
- 2) For providers working at an NHSC-approved school-based clinic, the NHSC requires that the school-based clinic be open year-round with sufficient patient visits to meet the clinical service requirements, or the provider will be required to work at additional suitable NHSC-approved sites to meet the clinical practice requirements.

For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in CAHs and IHS Hospitals, please refer to the [NHSC website](#) and review the respective NHSC LRP, S2S LRP and/or SP Application and Program Guidances, please click [here](#). **Site Points of Contact (POC)** – A POC is a person who serves as the coordinator or focal point of information concerning Bureau of Health Workforce (BHW) programs and activities at an organization. The organization typically has employees interested in or actively participating in one or more BHW programs (e.g., National Health Service Corps). The BHW utilizes POCs in cases where information is time-sensitive and accuracy is important. A single organization may have multiple POCs depending on the programs the organization is involved in and the role of the identified POCs. Specifically, the BHW is interested in POCs who are:

- 1) Administrators – own, oversee, or manage a significant portion of their organization and/or understand and have the ability to answer questions about organization policies and operating procedures;

- 2) Personnel Verifiers – manage and can confirm employment status, work schedules, and/or absences of employees within their organization;
- 3) Recruiters – hire and/or recruit new employees for the organization.

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

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

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

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

**Substance Use Disorder Treatment Facility** – A collective term used to refer to OTPs, OBOT facilities, and non-opioid outpatient SUD treatment facilities. NHSC SUD Workforce LRP applicants must work at an SUD Treatment Facility

**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. The patient must be either:

- Treated by, and physically located in, a DEA-registered hospital (for purposes of NHSC, only CAHs or IHS Hospitals) or clinic by a practitioner who is: a) acting in the usual course of professional practice; b) who is acting in accordance with applicable state law; and c) is registered with the DEA state in which the patient is located.
- OR--
- Treated by, and in the physical presence of a DEA-registered practitioner who is: a) acting in the usual course of professional practice; b) acting in accordance with applicable state law; and c) 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 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.).

**U.S. Department of Health and Human Services (HHS)** – A cabinet-level department of the U.S. Government with the goal of protecting the health of all Americans and providing essential human services.

## APPENDIX A



### National Health Service Corps

#### SITE AGREEMENT

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

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



- d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable state agency for Medicaid and CHIP beneficiaries. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
  - e. Prominently displays a statement in common areas and on site's website (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay; and (ii) there is a discounted/sliding fee schedule available. When applicable, this statement should be translated into the appropriate language/dialect. *(May or may not be applicable to free clinics, or correctional facilities.)*
3. Provides culturally competent, comprehensive primary care services (medical, dental, and/or behavioral), which correspond to the designated HPSA type. For a detailed description of culturally and linguistically appropriate services in health, visit the [Office of Minority Health](#) website.
  4. Uses a credentialing process that, at a minimum, includes reference review, licensure verification, and a query of the [National Practitioner Data Bank \(NPDB\)](#) of those clinicians for whom the NPDB maintains data.
  5. Functions as part of a system of care that either offers or ensures access to ancillary, inpatient, and specialty referrals.
  6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
  7. Maintains a clinician recruitment and retention plan, keeps a current copy of the plan onsite for review, and adopts recruitment policies to maintain appropriate clinical staffing levels needed to serve the community.
  8. Does not reduce the salary of NHSC clinicians because they receive or have received benefits under the NHSC Loan Repayment or Scholarship programs.
  9. Allows NHSC clinicians to maintain a primary care clinical practice (full-time or half-time) as indicated in their contract with NHSC and described in part below. **The site administrator must review and know the clinician's specific NHSC service requirements.** Time spent on call will not count toward a clinician's NHSC work hours. Participants do not receive service credit hours worked over the required hours per week, and excess hours cannot be applied to any other work week. Clinicians must apply for a suspension of their service obligation if their absences per year are greater than those allowed by NHSC. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in CAHs and IHS Hospitals, refer to the [NHSC website](#) and review the respective NHSC Loan Repayment Program, Students to Service Loan Repayment Program and/or Scholarship Program Application and Program Guidance.
  10. Communicates to the NHSC any change in site or clinician employment status for full-time and half-time, including moving an NHSC clinician to a satellite site for any or all of their hour work week, termination, etc.
  11. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC-sponsored meetings, webinars, and other continuing education programs.



12. Maintains and makes available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation that contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.
13. Completes and submits [NHSC Site Data Tables](#) (requires up-to-date data for the preceding six months) to NHSC at time of site application, recertification, and NHSC site visits. The following eligible Auto-Approved NHSC Sites ARE NOT required to submit the NHSC Site Data Tables: 1) Federally Qualified Health Centers, and 2) Federally Qualified Health Center Look-Alikes. The standard Health Resources and Services Administration/Bureau of Primary Health Care Uniform Data System (UDS) report will be reviewed in place of the data tables. The following eligible Auto-Approved NHSC sites must provide NHSC Site Data Tables upon request if HRSA needs them to determine NHSC site eligibility: 1) ITUs, 2) Federal Prisons, 3) State Prisons, and 4) Immigration and Customs Enforcement Health Service Corps sites
14. Complies with requests for a site visit from NHSC or the State Primary Care Office with adherence to all NHSC requirements.

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

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

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

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

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

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