National Health Service Corps

New Site Application Webinar

March 31, 2022

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Public Health Analysts

Division of Regional Operations (DRO)
Bureau of Health Workforce (BHW)
Health Resources and Services Administration (HRSA)
For 50 years, the NHSC has worked to:

- **Build healthy communities by supporting qualified health care providers** dedicated to working in areas of the United States and its territories with limited access to primary health care, regular dental and behavioral health care, and preventive screenings.

- **Improve access to these crucial services** by practicing in health professional shortage areas across the country.

- **Help clinicians pay of their health professional student loan debt in exchange for their service in high-need areas** through scholarships and loan repayment programs.
• NHSC Overview
• NHSC Site Eligibility Requirements
• Steps to Submitting a Site Application
• Next Steps
• Resources
• Q&A
NHSC provides scholarships and student loan repayment to health care professionals in exchange for a service commitment to practice at NHSC-approved sites located in underserved areas.
Nearly 20,000 NHSC members provide care to more than 21 million people.

NHSC members provide primary care services at more than 19,600 approved sites.

More than 2,500 NHSC scholars in residency or school preparing to serve.
NHSC-Approved Site Benefits

• Recruiting, hiring and retaining primary care clinicians
• Utilizing the Health Workforce Connector
• Networking with NHSC sites around the country
• Receiving support from the BHW Division of Regional Operations and State Primary Care Offices
NHSC Programs for Clinicians

1. NHSC Traditional Loan Repayment Program

2. NHSC Substance Use Disorder (SUD) Loan Repayment Program

3. NHSC Rural Community Loan Repayment Program (RC LRP)

4. NHSC Students to Service Loan Repayment Program

5. NHSC Scholarship Program
Eligibility Requirements and Qualification Factors

Who Should Apply...

New Site Application Window:

- Sites that have never been approved for NHSC
- Sites that were previously approved and currently inactive

*Submit one application per site location (except CAHs with co-located outpatient clinics require one application for the CAH, and one for the clinic)
Before You Apply

- Determine if your site is located in a Primary Care, Mental or Dental Health Professional Shortage Area (HPSA)
- Determine if your site meets all NHSC eligibility criteria (NHSC website)
- Read the 2022 Site Reference Guide (SRG) and NHSC Site Agreement
- Attend a new NHSC Site Application Webinar or access recording
- Select two Points of Contact (POCs) for your site
- Create a Bureau of Health Workforce (BHW) Portal Account
NHSC Site Requirements

• Provide comprehensive primary care services in an eligible facility site type

• Located in a federally designated HPSA

• Offers or assures access to ancillary, inpatient, and specialty referrals

• Offers a SFS based on family size and income to patients at or below 200% FPL

• Provide services without regard to:
  ➢ The individual's inability to pay
  ➢ Whether payment for those services would be made under Medicare, Medicaid, or Children's Health Insurance Program (CHIP)
  ➢ The individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity

• Develops and maintains a Recruitment and Retention Plan

• Uses the NPDB (at a minimum) to credential clinicians
### Eligibility Requirements and Qualification Factors

**Must be an Eligible Site Type**

<table>
<thead>
<tr>
<th>Auto-Approved: Sites can be activated at any point</th>
<th>Non Auto-Approved: Must submit an application during open application cycles and recertify every 3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Federally-Qualified Health Centers (FQHCs);</td>
<td>1) State Prisons;</td>
</tr>
<tr>
<td>2) FQHC Look-Alikes (LALs);</td>
<td>2) Rural Health Clinics (RHC);</td>
</tr>
<tr>
<td>3) Indian Health Service (IHS) Facilities;</td>
<td>3) Critical Access Hospitals (CAH);</td>
</tr>
<tr>
<td>4) Tribally-Operated 638 Health Programs;</td>
<td>4) Community Mental Health Centers (CMHC);</td>
</tr>
<tr>
<td>5) Urban Indian Health Programs;</td>
<td>5) State or Local Health Departments;</td>
</tr>
<tr>
<td>6) Federal Prisons; and</td>
<td>6) Community Outpatient Facilities;</td>
</tr>
<tr>
<td>7) Immigration and Customs Enforcement (ICE) Health Service Corps</td>
<td>7) Private Practices;</td>
</tr>
<tr>
<td></td>
<td>8) School-Based Clinics;</td>
</tr>
<tr>
<td></td>
<td>9) Mobile Units;</td>
</tr>
<tr>
<td></td>
<td>10) Free Clinics;</td>
</tr>
<tr>
<td></td>
<td>11) Substance Use Disorder (SUD) Treatment Facilities;</td>
</tr>
</tbody>
</table>
Eligibility Requirements and Qualification Factors

Ineligible Site Types

1. Inpatient hospitals (except Medicare-approved CAHs and some IHS Hospitals)
2. Clinics that limit care to veterans and active duty military personnel (e.g., veterans health administration medical centers, hospitals)
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
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)
A Health Professional Shortage Area (HPSA) is a geographic area (e.g., Dallas County), population group (e.g., Low Income), or healthcare facility (e.g., correctional or RHC) that has been designated by the Health Resources and Services Administration (HRSA) as having a shortage of health professionals.

**Types & Scores**

1. Primary Care (0-25)
2. Dental (0-26)
3. Mental Health (0-25)

The applicant site must have a HPSA designation as of the **first day** of the NHSC Site Application Cycle. *Exempt: RHCs are approved before their auto-HPSA is designated*
Eligibility Requirements and Qualification Factors

Sliding Fee Discount Program

General Requirements

Sites must not create a barrier to care due to required fees, process of assessing patient eligibility and collecting payment.

- Discounts must be based solely on family size and income
- Discounts must be offered to all patients with annual incomes at or below 200% of FPG
- Provides primary care services at no charge or at a nominal charge for all patients at or below 100% of the FPG
- Provides primary care services at no charge or at a nominal charge to all patients at or below 200% of the current FPG in the form of a sliding fee or schedule of discounts
- Be in effect 6 months prior to applying for NHSC site approval and ongoing

Free clinics, correctional facilities, and Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITUs) are EXEMPT from submitting the SFS documents.
Policy Requirements

• Discounts are applied uniformly across the patient population

• Provides definition of income and family size

• Describes documents required to verify eligibility

• Policy is periodically reviewed for compliance and effectiveness

• Describes how the program will be advertised

• Provides an explanation of nominal charges

• Describes the Collections Policy and refusal to pay (if applicable)
Discount Program Application Requirements

The SFS application should be limited to questions related to family size and income.

SFS applications should not include questions about or related to:
- Retirement accounts
- Interest-earning assets
- Income-generating assets
- Social Security Number
- Citizenship status
- Housing status
- Marital status.

Sites also must not use credit checks, payment history, Medicaid denial letters, asset tests, or “net worth” (combining assets and income) tests when determining eligibility.
Eligibility Requirements and Qualification Factors
Sliding Fee Discount Program – Application cont’d.

Sample SFS Application

ABC HEALTH CARE CLINIC

Sliding Fee Discount Information

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

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

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

Name

Street

City

State

Zip

Phone

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELF</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Total Income</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name (Last)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Office Use Only

Patient Name: ____________________________
Approved Discount: ______________________
Approved by: _______________________
Date Approved: _______________________

Verification Checklist | Yes | No
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification/Address: Driver’s license, utility bill, employment ID, or other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income: Prior year tax return, three most recent pay stubs, or other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Self-declaration of income may also be used.
Schedule of Discounts - Requirements

- Apply to all PC services for the site type
- Based on family size and income
- Revised annually to reflect updates to the FPL
- Full discount/nominal charge applied to all at or below 100% of FPL
- Nominal charge/discount is applied to all above 100% and at/below 200% of FPG
- SFS Column 1 (at/below 100% of FPG) must be less than column 2 pay class
- Apply to patients with third-party insurance, as per contractual agreement
- Apply to Medicare patients
- Apply to CAHs – ERs and outpatient clinics
- Apply uniformly to all patients (including uninsured and underinsured)
- Payment incentives (if applicable) must be
  - communicated to ALL patients
  - applied consistently
  - applied without preferential treatment

Fees must not impede access to services due to inability to pay or reflect the true value of the service.
Fees must not be called “minimum fee,” “minimum charge,” or “co-pay.”
## Sliding Fee Schedule (SFS) Example

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

<table>
<thead>
<tr>
<th>Poverty Level</th>
<th>100%</th>
<th>110%</th>
<th>120%</th>
<th>130%</th>
<th>140%</th>
<th>150%</th>
<th>160%</th>
<th>170%</th>
<th>180%</th>
<th>190%</th>
<th>200%</th>
<th>&gt;200%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Size</td>
<td>Discount 100%</td>
<td>Discount 90%</td>
<td>Discount 80%</td>
<td>Discount 70%</td>
<td>Discount 60%</td>
<td>Discount 50%</td>
<td>Discount 40%</td>
<td>Discount 30%</td>
<td>Discount 20%</td>
<td>Discount 15%</td>
<td>Discount 10%</td>
<td>Discount 0%</td>
</tr>
<tr>
<td>1</td>
<td>$13,590</td>
<td>14,949</td>
<td>16,308</td>
<td>17,667</td>
<td>19,026</td>
<td>20,385</td>
<td>21,744</td>
<td>23,103</td>
<td>24,462</td>
<td>25,821</td>
<td>27,180</td>
<td>27,181+</td>
</tr>
<tr>
<td>2</td>
<td>$18,310</td>
<td>20,141</td>
<td>21,972</td>
<td>23,803</td>
<td>25,634</td>
<td>27,465</td>
<td>29,296</td>
<td>31,127</td>
<td>32,958</td>
<td>34,789</td>
<td>36,620</td>
<td>36,621+</td>
</tr>
<tr>
<td>3</td>
<td>$23,030</td>
<td>25,333</td>
<td>27,636</td>
<td>29,939</td>
<td>32,242</td>
<td>34,545</td>
<td>36,848</td>
<td>39,151</td>
<td>41,454</td>
<td>43,757</td>
<td>46,060</td>
<td>46,061+</td>
</tr>
<tr>
<td>4</td>
<td>$27,750</td>
<td>30,525</td>
<td>33,300</td>
<td>36,075</td>
<td>38,850</td>
<td>41,625</td>
<td>44,400</td>
<td>47,175</td>
<td>49,950</td>
<td>52,725</td>
<td>55,500</td>
<td>55,501+</td>
</tr>
<tr>
<td>5</td>
<td>$32,470</td>
<td>35,717</td>
<td>38,964</td>
<td>42,211</td>
<td>45,458</td>
<td>48,705</td>
<td>51,952</td>
<td>55,199</td>
<td>58,446</td>
<td>61,693</td>
<td>64,940</td>
<td>64,941+</td>
</tr>
<tr>
<td>6</td>
<td>$37,190</td>
<td>40,909</td>
<td>44,628</td>
<td>48,347</td>
<td>52,066</td>
<td>55,785</td>
<td>59,504</td>
<td>63,223</td>
<td>66,942</td>
<td>70,661</td>
<td>74,380</td>
<td>74,381+</td>
</tr>
<tr>
<td>7</td>
<td>$41,910</td>
<td>46,101</td>
<td>50,292</td>
<td>54,483</td>
<td>58,674</td>
<td>62,865</td>
<td>67,056</td>
<td>71,247</td>
<td>75,438</td>
<td>79,629</td>
<td>83,820</td>
<td>83,821+</td>
</tr>
<tr>
<td>8</td>
<td>$46,630</td>
<td>51,293</td>
<td>55,956</td>
<td>60,619</td>
<td>65,282</td>
<td>69,945</td>
<td>74,608</td>
<td>79,271</td>
<td>83,934</td>
<td>88,597</td>
<td>93,260</td>
<td>93,261+</td>
</tr>
<tr>
<td>For each additional person, add</td>
<td>$4,720</td>
<td>$5,192</td>
<td>$5,664</td>
<td>$6,136</td>
<td>$6,608</td>
<td>$7,080</td>
<td>$7,552</td>
<td>$8,024</td>
<td>$8,496</td>
<td>$8,968</td>
<td>$9,440</td>
<td>$9,440</td>
</tr>
</tbody>
</table>

Based on 2022 Federal Poverty Guidelines. 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.
Sites must prominently display a statement in **common areas** and on site’s **website** and **social media platforms** that explicitly states that:

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

*When applicable, this statement should be translated into the appropriate language/dialect.*
Patient Non-Discrimination Policy

(NHSC Site) will not discriminate in the provision of services to an individual:

1. Because the individual is unable to pay;

2. Because payment for those services would be made under Medicare, Medicaid, or the Children’s Health Insurance Program (CHIP); or

3. Based upon the individual’s race, color, sex, age, national origin, disability, religion, gender identity or sexual orientation.
Sites Must…

- Develop and maintain a plan to guide the recruitment and retention of clinicians and help ensure a viable NHSC-approved site
- State the policies and processes that a site will use to recruit and maintain clinical staffing levels needed to appropriately serve the community
- **Submit Policy at time of application**
- Periodically update the plan to address organization’s needs
- Keep a current copy of the plan on-site for review during NHSC site visits

Policy Should also…

- Include specific strategies aimed at promoting clinician resiliency and reducing burnout
What is burnout?

- Exhaustion
- Inefficacy
- Cynicism

Rates of burnout:
- 35-54% in 2019
- 76% in Sept 2020

Are you depressed?
- Clinical depression: 20%
- Colloquial depression: 69%
- Other mental illness or prefer not to say: 11%

Physician Burnout & Moral Injury: The Hidden Health Care Crisis (Infographic)
NHSC Definition of 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.

System of Care
The site must offer or ensure access to ancillary, inpatient, and specialty referrals.
Behavioral Health Checklist and Requirements

Provide CORE Comprehensive ONSITE BH Services
- Screening and Assessment
- Treatment Plan
- Care Coordination

Provide access to Non-core elements onsite/within network or offsite
- Diagnosis
- Therapeutic services
- Crisis/emergency services
- Consultative services
- Case management

Exempt Sites
- FQHC, FQHC LALs
- American Indian Health Service Facilities (IHS, Tribally-operated 638 Health Programs, Urban Indian Health Programs)
- Correctional facilities [Federal prisons, state prisons, Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) sites]
NHSC-approved Comprehensive Primary Behavioral/Mental Health Service sites must provide access to non-core service elements, which may be provided on-site/in-network, through referral, affiliation or contract.

**Acceptable documentation:** Affiliation agreements, memorandums of understanding/agreement, contracts, letters of referral, letters of support/commitment, referral and follow-up policy.
How to Submit a New Site Application
Submitting a Site Application
BHW Portal Login
Application Instructions

1. Login to the Customer Service Portal;

2. If the site is already listed under “My Sites” click on the site name, and then click “Start a NHSC Site App”;

3. If the site is not already listed under “My Sites” click “Create a New Site” on the left-hand sidebar. Once the site is created, click “Start a NHSC Site App”;

4. Complete the Site Application;

5. Review and sign the NHSC Site Agreement; and

6. Submit the Site Application for review and approval.
Submitting a Site Application
Starting a New NHSC Site Application

Site Dashboard

BMISS TEST SITE
- 1961 Stout St, Denver, CO 80294

Location ID: 9701656325
Rural Designation: Non-Rural

HPSA Scores:
- N/A Primary Care
- N/A Dental
- N/A Mental Health

Programs

NHSC: Inactive
Site Type: Certified Rural Health Clinic (RHC)
Site Classification: Group Private Non-Profit
Expiration Date: 12/31/2021

Nurse Corps: Terminated
Site Type: Not Available

STAR: Inactive
Eligible: Yes
Site Type: Not Available

Start a NHSC Site App

View Eligibility Criteria

Activities

Opportunities
1. Check Eligibility

2. Confirm Site Details: Name, location, mailing and email addresses, and other contact information

3. Check for Existing Sites: Similar or potential duplicate sites that already have a site record

4. Services and Staffing: Type of services & staffing full-time equivalents. (Part of Site Data Table)

5. Behavioral Health: NHSC Comprehensive Behavioral Health Services Checklist (Upload affiliation agreements and/or referral letters)

6. Payments and Insurance: Data regarding accepted insurance, payment types, and sliding fee schedule. (Part of Site Data Table, Upload SFS and signage documents)

7. Telehealth: Site’s utilization of telehealth services

8. Identify Points of Contact (POCs): List two POCs (unless the site is a solo private practice)

9. Review HPSAs: Determine site HPSA as per the HPSA Find Tool.

10. Upload Documents: Non-discrimination policy, R&R policy, SUD documents

11. Review and Sign: NHSC Site Agreement
Non Auto-Approved Sites
Application - Check Eligibility

Check Eligibility
All fields are required unless noted as optional

Type of Site
Critical Access Hospital (CAH)

Site Classification
Not Available

Name of Hospital's Affiliated Outpatient Facility
Southwest Health Center · Platteville Rural Health Clinic

Address Line 1
1450 East Side Road

Address Line 2
Not Available

City
Platteville

State/Territory
Not Available

ZIP Code
53818

NHSC Site Eligibility Questions
As an official representative of the applying site, please answer each of the following questions. For more information on eligibility requirements, please reference the NHSC Site Reference Guide.

1. As an official representative of the applying site, have you read the NHSC Site Reference Guide and do you understand the requirements listed in the NHSC Site Agreement included at the end of the Reference Guide?
   Yes
Non Auto-Approved Sites
Application - Confirm Site Details and Check for Existing Sites

- Name, location, mailing and email addresses, and other contact information.

Confirm Site Details
Please review the following site details to ensure accuracy. To make changes, please click on the edit icon in the top right corner and make the necessary changes. Once complete please select Save and Continue.

Note: If the site is co-located in a building with other clinics, please ensure there is a suite or floor number to specify the location of the site.

Physical Address

Name: Essentia Health-Ashland Clinic
Also Known As: Not Available

Address Line 1: 1615 Maple Lane, Suite 1
Address Line 2: Not Available

Site Unique Identifiers

- DUNS#: Not Available
- BHCMS ID: Not Available
- CCN: 528584
- ASUFAC: Not Available
- BPNC: Not Available

Next Section: Check for Existing Sites
### Staffing

Enter the number of full time equivalents (FTEs) staff for each of the services below.

#### MEDICAL SERVICES

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practitioners</td>
<td># of FTEs</td>
</tr>
<tr>
<td>General Practitioners</td>
<td># of FTEs</td>
</tr>
<tr>
<td>Internists</td>
<td># of FTEs</td>
</tr>
<tr>
<td>Obstetricians/Gynecologists</td>
<td># of FTEs</td>
</tr>
<tr>
<td>Pediatricians</td>
<td># of FTEs</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td># of FTEs</td>
</tr>
<tr>
<td>Other Physician Specialists</td>
<td># of FTEs</td>
</tr>
</tbody>
</table>

#### MEDICAL SUPPORT PERSONNEL

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Practitioners/Physician Assistants</td>
<td># of FTEs</td>
</tr>
<tr>
<td>Certified Nurse Midwives</td>
<td># of FTEs</td>
</tr>
<tr>
<td>Nurses</td>
<td># of FTEs</td>
</tr>
<tr>
<td>Other Medical Support Personnel</td>
<td># of FTEs</td>
</tr>
</tbody>
</table>

**Total Medical Support Personnel**: 0.000

**Total Physicians**: 0.000

**Total Medical Services FTES**: 0.000

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*Complete all sections!*
Behavioral Health

All fields are required unless noted optional and must be completed to apply for NHSC Mental and Behavioral health approval.

Section I. Core Comprehensive Behavioral Health Service Elements

The following three sets of services must be provided onsite; these services cannot be offered through affiliation.

1. Are Screening and Assessments provided on-site? ☐
   - Yes ☐ No ☐

2. Are Treatment Plans provided on-site? ☐
   - Yes ☐ No ☐

3. Is Care Coordination provided on-site? ☐
   - Yes ☐ No ☐

Core Elements must be provided onsite.
Section II. Additional Comprehensive Behavioral Health Service Elements

The following five sets of services may be provided onsite or through formal affiliation. For services not provided directly, the site must demonstrate a formal affiliation agreement with a facility to provide these services. Affiliation agreements must be active and signed by both parties. See Sections IV and V for instructions.

1. Will this location provide Diagnosis?
   ☐ Yes  ☐ No

2. Will this location provide Therapeutic Services for:

   2a. Psychiatric Medication Prescribing and Management
       ☐ Yes  ☐ No

   2b. Substance Use Disorder Treatment
       ☐ Yes  ☐ No

   2c. Short/Long-Term Hospitalization
       ☐ Yes  ☐ No

Custom Service (Optional)

Add

3. Will this location provide Crisis/Emergency Services?
   ☐ Yes  ☐ No

4. Will this location provide Consultative Services?
   ☐ Yes  ☐ No

5. Will this location provide Case Management?
   ☐ Yes  ☐ No
Section III. Certification of Compliance with Behavioral Health Clinical Practice Requirements

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

1. This location offers employment opportunities that are Full-Time?
   - [ ] Yes
   - [ ] No

2. This location offers employment opportunities that are Part-Time?
   - [ ] Yes
   - [ ] No

Section IV. Additional Comprehensive Behavioral Health Service Elements

For each of the services under Section II provided off-site, identify the affiliated entity that provides the off-site service(s).

<table>
<thead>
<tr>
<th>AFFILIATED ENTITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
</tr>
<tr>
<td>Add Affiliated Entity</td>
</tr>
</tbody>
</table>
Non Auto-Approved Sites
Application – Proof of Access to Ancillary, Inpatient and Specialty Care
Section V. Add Documentation of On-Site Services and Formal Affiliation Agreements

For each of the services under Section I that are provided on-site, upload documentation of services.

For each of the services under Section II that are provided off-site and affiliated with sites identified in Section IV, upload all active formal affiliation agreements.

Allowable Document Types
- Formal Affiliation Agreement
- On-Site Services Documents
- Other Behavioral Health Document

Documentation

Onsite Services
- Website information
- Program policy
- State Certification, etc.

Offsite Services
- Affiliation agreements
- MOU/MOA
- Contracts
- Letters of referral
- Letters of support/commitment
- Referral and Follow up policy
Site Data Tables: Non Auto-Approved Sites

Application – Payments and Insurance Section

Payments Insurance

Coverage Types Accepted

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Medicare Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>Yes, 528564</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Yes, 100045559</td>
</tr>
</tbody>
</table>

Children's Health Insurance Program (CHIP)

No

Reasoning for Not Accepting Above Program(s)

Essentially we accept all Medicaid and our facility does not distinguish between CHIP programs and Medicaid programs.

General Payment Information

According to the site’s Sliding Fee Discount Program, what is the nominal fee? If no fee is charged, enter $0.

$0
### Patients and Visits by Primary Insurance Type

6 Month Reporting Period
2020-11-01 - 2021-05-01

**Patients by Primary Insurance Type**

<table>
<thead>
<tr>
<th>INSURANCE</th>
<th>MEDICARE</th>
<th>MEDICAID</th>
<th>OTHER PUBLIC/PRIVATE FUNDS</th>
<th>PRIVATE</th>
<th>SLIDING FEE SCHEDULE</th>
<th>SELF PAY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># OF PATIENTS</td>
<td>2,827</td>
<td>2,436</td>
<td>134</td>
<td>5,543</td>
<td>74</td>
<td>515</td>
<td>11,629</td>
</tr>
<tr>
<td>%</td>
<td>24.31%</td>
<td>20.95%</td>
<td>1.15%</td>
<td>48.53%</td>
<td>0.64%</td>
<td>4.43%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Patient Visits by Primary Insurance Type**

<table>
<thead>
<tr>
<th>INSURANCE</th>
<th>MEDICARE</th>
<th>MEDICAID</th>
<th>OTHER PUBLIC/PRIVATE FUNDS</th>
<th>PRIVATE</th>
<th>SLIDING FEE SCHEDULE</th>
<th>SELF PAY</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># OF VISITS</td>
<td>6,072</td>
<td>3,095</td>
<td>167</td>
<td>7,688</td>
<td>650</td>
<td>311</td>
<td>17,993</td>
</tr>
<tr>
<td>%</td>
<td>33.75%</td>
<td>17.2%</td>
<td>0.93%</td>
<td>42.73%</td>
<td>3.67%</td>
<td>1.73%</td>
<td>100%</td>
</tr>
</tbody>
</table>
### Patient Service Charges, Collections, and Adjustments

<table>
<thead>
<tr>
<th>PAYMENT SOURCE</th>
<th>FULL CHARGES</th>
<th>AMOUNT COLLECTED</th>
<th>ADJUSTMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICARE</td>
<td>$12,678,840</td>
<td>$4,156,740</td>
<td>N/A</td>
</tr>
<tr>
<td>MEDICAID</td>
<td>$3,002,162</td>
<td>$569,449</td>
<td>N/A</td>
</tr>
<tr>
<td>OTHER PUBLIC/PRIVATE FUNDS</td>
<td>$3,775,762</td>
<td>$47,668</td>
<td>N/A</td>
</tr>
<tr>
<td>PRIVATE INSURANCE</td>
<td>$1,322,291</td>
<td>$6,679,156</td>
<td>N/A</td>
</tr>
<tr>
<td>SLIDING FEE</td>
<td>N/A</td>
<td>N/A</td>
<td>$225,302</td>
</tr>
<tr>
<td>SELF PAY</td>
<td>$965,862</td>
<td>$116,109</td>
<td>$210,693</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$27,345,857</td>
<td>$11,689,122</td>
<td>$435,995</td>
</tr>
</tbody>
</table>

### Patient Applications for Sliding Fee Schedules (SFS)

<table>
<thead>
<tr>
<th>TYPE</th>
<th>NUMBER OF APPLICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFS APPLICATIONS APPROVED</td>
<td>74</td>
</tr>
<tr>
<td>SFS APPLICATIONS NOT APPROVED</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>75</td>
</tr>
</tbody>
</table>

### Documents

Upload all current required sliding fee discount program documents. Please note all documents must use most recent Federal Poverty Guidelines. Please see the most recent NHSC Site Reference Guide for details about NHSC’s SFS program requirements.

<table>
<thead>
<tr>
<th>DOCUMENT TYPE</th>
<th>FILE NAME</th>
<th>DATE UPLOADED</th>
<th>COMMENT</th>
</tr>
</thead>
</table>
Upload two photographs of the posted signage:

• The **first** photograph must show the sign prominently displayed in a common area, visible to patients.

• The **second** photograph must be a close-up photo so the text is legible.

• Upload a document with the screenshot and link to the published online statement on the site’s official website (if one exists)

**Sites may not use the NHSC poster and/or logo until site is an approved NHSC site.**
Telehealth Questions

Does your site utilize Telehealth for the provision of comprehensive primary care (including medical, dental, or behavioral health)?

Yes

If so, please specify which ones(s) form the following:
Medical
Behavioral

If your site utilizes telehealth, is it a distant or originating site?
Distant and Originating

If your site is a distant site, which site serves as an originating site (i.e. name of site and address)?
Essentia Health - Duluth Clinic, 400 E 3rd Street, Duluth, MN 55805

If your site is an originating site, which site serves as the distant site (i.e. name of site and address)?
Essentia Health - Ashland Clinic, 1615 Maple Ln, Suite 1, Ashland, WI 54806

Next Sections:
• Telehealth Questions
• Identify 2
1. Policies on Non-Discrimination
2. Proof of Access to Ancillary, Inpatient or Specialty Care
3. Recruitment and Retention Policy and Processes
4. SUD Documents
5. Other Documentation Requested by NHSC or State PCO
Recruitment and Retention Policies and Processes

Your Customized Recruitment and Retention Plan

Resources:
- 3RNET- Non-profit organization specializing in healthcare jobs in rural and underserved communities
- Toolkits
- Reach out to DRO for template
Sample Recruitment and Retention Template

Organization Name:

Recruitment Coordinator:

Last Review Date: (should be done annually)

Recruitment

1. What services are provided at your site?
   - Dental (family general, geriatric, pediatric)
   - Medical (pediatrics, family practice, ob/gyn, internal medicine, geriatrics)
   - Mental Health

2. What is the goal of provider recruitment? How to calculate your provider needs?
   - Clinic expansion (business hours, size, new services)
   - Increase in patient population/demand
   - New sites
   - Provider shortage (retirements, leave, resignations, terminations)

3. What type of providers does your organization need? Review job description
SUD Documentation as Outlined Below

- Sites providing non-opioid, outpatient SUD services
  - SUD operating certificate (from state/county)
  - Documentation of SUD services provided on-site
  - Brochure, website documentation, etc.
  - Referral and Follow-up Policies and Processes

- Office-Based Opioid Treatment (OBOT) facilities
  - Documentation of services provided on-site (e.g., brochure, website documentation, or policy/process)
  - Medication Assistance Treatment Attestation Letter (CEO or Medical Director)

SAMHSA-Certified Opioid Treatment Programs (OTPs)
- Sites providing OTP will be verified internally through the SAMHSA website
ORGANIZATION LETTERHEAD

DATE:
FROM:

RE: Attestation to provision of Medication-Assisted Treatment
TO: National Health Service Corps

[INSERT BRIEF OVERVIEW OF SITE (AND ORGANIZATION IF APPLICABLE) AND SERVICES PROVIDED AND PATIENT POPULATION].
This letter is to certify that [SITE NAME] located at [SITE ADDRESS] provides medication-assisted treatment (MAT) to patients with opioid use disorder in an outpatient clinical setting. MAT services are available to patients [INSERT DAYS AND HOURS OF OPERATION FOR MAT]. At this clinical service site, the MAT patient panel for the six-month period beginning [START DATE] and ending [END DATE] included [# OF PATIENTS RECEIVING MAT].

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

[PRINTED SIGNATOR NAME]
[POSITION/TITLE]
[ORGANIZATION]
Agreement For All Participating NHSC Sites

NHSC 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.

This Agreement certifies that the site named on this application meets all NHSC requirements as outlined below, and I, [siteApplication.person.firstName] Smith am authorized to provide such certification for the above named 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, or sexual orientation. (May or may not be applicable to Indian Health Service Facilities, Tribal-Operated 338 Health Programs, and Urban Indian Health Programs [IIs].)

   a. Use a schedule of fees or payments for service consistent with locally prevailing rates or charges and designed to cover the reasonable costs of operation. (May or may not be applicable to IIs, Free Clinics, or Prisons.)

   b. Use a discounted/sliding fee schedule to ensure that no one who is unable to pay will be denied access to services. This system must provide a full discount to individuals and families with annual incomes at or below 100% of the federal poverty guidelines. No other fee may be charged. Therefore those with incomes between 100% and 200% of the federal poverty guidelines will receive at least a 50% discount.

I certify that test site 6 currently meets all requirements listed in the NHSC Site Agreement above and will continue to meet these requirements in order to maintain status as an NHSC-approved service site. I also certify that all the information given in this NHSC Site Application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and shall certify that the information given in this request is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 2101 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79). I understand that submitting my request does not guarantee its approval, and that it requires review for compliance with my obligation and program policies.

I certify that I am an official representative of test site 6.

PLEASE ENTER YOUR LOG-IN PASSWORD TO CONFIRM YOUR AGREEMENT:

Sign with your password *
Attend the **New Site Application Online Q & A Sessions**

NHSC New Site Application Q&A Session 1 – April 14th at 2:00 p.m. – 4:00 pm ET

NHSC New Site Application Q&A Session 2 – April 27th at 12:00 p.m. – 2:00 pm ET

The New Site Application Cycle closes May 10, 2022 at 11:59 p.m. ET
Post Application Submission

- **State Primary Care Office** - Review and make recommendations
- **Division of Regional Operations** - Review and make final decisions
- **Site Application Decisions**
  - Request for the site to resubmit the NHSC Site Application
  - Pending Site Visit
  - Site Application Approved
  - Site Application Disapproved
- **Customer Service Portal**: Check application status
• Recruit using the Health Workforce Connector
• Update Sliding Fee Schedule around February of each calendar year with the new FPG
• Review the NHSC Site Reference Guide annually
• Ensure all NHSC required documents stay current and compliant
• Submit a site recertification application every three years (Non-Auto Approved Sites)
Resources During the Application Process

• BHW Customer Care Center (1-800-221-9393) for assistance with technical issues (such as password assistance, system errors, etc.).
• State Primary Care Office (PCO) for assistance with site and documentation requirements
• Division of Regional Operations State/Territory Lead for assistance with site and documentation requirements
• Use the Program Portal Site Points of Contact User Guide (POC Portal User Guide)
1) 2022 NHSC Site Reference Guide
2) BMISS BHW Program Portal Site Points of Contact User Guide
3) State Primary Care Offices (assistance with application and/or HPSA designation)
4) DRO Regional Offices
5) How to Use the Health Workforce Connector
6) NHSC Website
7) Program Updates (Application Cycles)
8) Customer Care Center: 1-800-221-9393 (TTY:1-877-987-9910) from 8:00 a.m. - 8:00 p.m. ET Monday through Friday, except federal holidays
9) 3RNET
10) NHSC Programs
    ✓ NHSC S2S LRP Program
    ✓ NHSC Scholarship Program
    ✓ NHSC (Traditional) LRP Program
    ✓ NHSC SUD LRP Program
    ✓ NHSC RC LRP Program
Questions?
Learn more about NHSC

https://nhsc.hrsa.gov

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