National Health Service Corps
Site Reference Guide

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United States Department of Health and Human Services

Health Resources and Services Administration

Bureau of Health Workforce

5600 Fishers Lane

Rockville, Maryland 20857

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HRSA
Health Resources & Services Administration
Bureau of Health Workforce
5600 Fishers Lane
Rockville, MD 20857

A Letter from Candice Chen, MD

Dear National Health Service Corps (NHSC) Site Applicant,

Thank you for your consideration and time in applying to the NHSC as a new or recertifying site. For over 50 years, the NHSC has fulfilled its mission to connect a highly qualified group of health care professionals to people with limited access to care. As we move forward, we need sites like yours that are committed to providing care in high-need communities. **Consistent with applicable law, NHSC sites are expected to align with Program goals and HRSA's strategic priorities, vision, mission, and core values.**

If your site is approved by the NHSC, we can assist you in recruiting, hiring, and retaining clinicians. Specifically, we:

- Provide recruitment and retention incentives through our loan repayment and scholarship programs for primary care clinicians who want to provide care to communities that are underserved.
- Offer opportunities to recruit and retain qualified and dedicated primary care providers, such as our Virtual Job Fairs, where you can meet and talk with job candidates.
- Help you promote your site and post job openings using the Health Workforce Connector, our online job board.
- Provide you with direct access to state and territorial Primary Care Offices that help increase access to primary health care services in your site's community.
- Offer networking opportunities with more than 22,000 sites that provide care in high-need communities.

We encourage you to read the NHSC Site Reference Guide and consider applying to become a new or recertified site.

Sincerely,

/Candice Chen, MD, MPH/
Candice Chen, M.D., M.P.H.

Associate Administrator for the Bureau of Health Workforce
Health Resources and Services Administration
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Executive Summary

The purpose of the 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. This guide supplements the information contained in the online NHSC Site Application.

The Health Resources and Services Administration (HRSA) expects sites to thoroughly review this document prior to completing a Site Application or Recertification. HRSA will update the NHSC Site Reference Guide periodically with updated web links, changes to the governing NHSC statute and regulations, and revised NHSC policies and procedures.

The requirements outlined in this document apply to sites that submit an NHSC Site Application in calendar year 2026, and all approved NHSC sites, including those required to recertify in calendar year 2026. 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

The purpose of this information collection is to obtain information for NHSC site applicants. Health care facilities must submit an NHSC Site Application or Site Recertification Application to determine the eligibility of sites to participate in the NHSC as an approved service site. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget control number. The Office of Management and Budget control number for this information collection is 0915-0127 and it is valid until 5/31/2027. This information collection is required to obtain or retain a benefit (Section 333(a)(1) of the Public Health Service Act (42 U.S.C. § 254f(a)(1))). The information is protected by the Privacy Act, but it may be disclosed outside the U.S. Department of Health and Human Services, as permitted by the Privacy Act and Freedom of Information Act, to Congress, the National Archives, and the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland 20857.

National Health Service Corps (NHSC) Program Overview

Introduction

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

Benefits of Being an NHSC-Approved Site

NHSC-approved sites can use NHSC Scholarship and Loan Repayment Programs as incentives to help recruit and retain clinicians in eligible primary medical, oral, and/or behavioral health care disciplines. Additionally, many sites have benefitted from NHSC clinicians who have remained in their communities well beyond their original service obligation. Depending on eligibility, NHSC-approved sites may be able to recruit individuals participating in one of several NHSC programs, including:

- NHSC Scholarship Program
- NHSC Students to Service Loan Repayment Program
- NHSC Loan Repayment Program
- NHSC Substance Use Disorder Workforce Loan Repayment Program
- NHSC Rural Community Loan Repayment Program

All NHSC-approved sites receive the benefits of interactive access to the Health Workforce Connector (HWC), an online platform that allows you to:

- Create, manage, and advertise new job vacancies and training positions to recruit NHSC clinicians;
- Search candidate profiles where you can learn about the qualification factors, experience, and other relevant information that highlight a candidate's competencies; and
- View a comprehensive list of job seekers and students who have expressed interest in a position you advertised on the HWC.

For more information on creating and managing the site profile, refer to the Site Point of Contact User Guide. Additionally, review the Health Workforce Connector instructions.

Eligibility Requirements and Qualification Factors

Eligible Site Types for NHSC Approval

The following site types may be eligible to become an NHSC-approved site, if the site meets all NHSC requirements at the time of application and continually thereafter (refer to the Appendix B Glossary for complete descriptions of site types).

NOTE: All sites must be operational with a Sliding Fee Discount Program in place for at least six (6) consecutive months prior to submitting an application.

Auto-Approved Sites	Other Eligible Sites
New sites must submit an NHSC site application* **at any point during the year** once the site is operational**. **Auto-approved sites do not expire and are not required to recertify.**	These site types must submit an NHSC site application during the **New Site Application** cycle and recertify every **four (4)** years.
1) Federally Qualified Health Centers (FQHCs) 2) FQHC Look-Alikes 3) Federal prisons (except camps) 4) Immigration and Customs Enforcement (ICE) Health Service Corps facilities 5) American Indian Health facilities (AIHFs) including Indian Health Service facilities, Tribally Operated 638 outpatient clinics and hospitals with an affiliated outpatient clinic, Dual-Funded facilities, and Urban Indian Health Programs.	1) Centers for Medicare & Medicaid Services (CMS) Certified Rural Health Clinics (RHCs) 2) Community outpatient facilities 3) Critical Access Hospitals (CAHs) with an affiliated outpatient clinic 4) Free clinics as defined by the NHSC 5) Mobile units *(that are not affiliated with an FQHC or Look-Alike)* 6) Private practices 7) Rural Emergency Hospitals (REHs) with an affiliated outpatient clinic 8) School-based clinics *(that are not affiliated with FQHCs or FQHC Look-Alikes)* 9) State or local health departments 10) State prisons 11) Substance Abuse and Mental Health Services Administration (SAMHSA) Certified Community Behavioral Health Centers 12) Substance use disorder treatment facilities *(that provide medications for opioid use disorder (MOUD)).*

* NHSC auto-approval is not guaranteed, and comprehensive primary care sites seeking auto-approval must submit a Site Application to determine eligibility to be approved to participate in the NHSC.

**"Operational" implies that the site has completed its construction or setup phase and is now actively providing services.

Ineligible Site Types

The following site types are not eligible to become NHSC-approved sites, even if they are located in, or serve a Health Professional Shortage Area (HPSA). This list is NOT all-inclusive.

Ineligible Site Types
1) Inpatient hospitals (except CAHs, REHs, and AIHF hospitals, with an affiliated outpatient clinic)
2) Clinics that limit care to veterans and active-duty military personnel (for example, Veterans Health Administration medical centers, hospitals and clinics, and military treatment facilities)
3) Other types of inpatient facilities and inpatient rehabilitation programs
4) Residential facilities
5) Local/county/city/private correctional facilities
6) Home-based health care settings of patients or clinicians
7) Specialty clinics and/or service-specific sites limited by: organ system, illness, categorical population, or service (Exceptions: Pediatrics, Geriatrics, Women's Health, Obstetrics/Gynecology, and Mental Health/Psychiatry specialty clinics)
8) Facilities that only provide telehealth services
9) Facilities that provide only general substance use disorder (SUD) treatment services—such as addiction counseling—without integrated medication for opioid use disorder or comprehensive primary medical, oral, or behavioral health care services on-site.

Telehealth, Home Health, and Alternative Settings

Only NHSC clinicians under a Federal Assignment or Private Practice Assignment (PPA) can count telehealth toward their weekly service hour requirement, as long as both the patient's location (**originating site**) and the clinician's location (**distant site**) are NHSC-approved sites in a HPSA. Private Practice Option (PPO) providers are not eligible to earn NHSC service credit for telehealth services.

The NHSC does not recognize the homes of patients or providers as NHSC-approved service sites. As such, home visits, including telehealth to patients' homes, may only be conducted at the direction of the NHSC-approved service site and will only count toward the clinician's approved alternative setting allotment for patient care established in the Application and Program Guidance for the clinician's NHSC program.

NHSC participants who are performing telehealth are encouraged to utilize HRSA's Telehealth Resource Centers. These centers offer comprehensive technical assistance, training, and resources to help providers implement and enhance telehealth services, with a focus on improving care delivery in underserved areas.

Telehealth Limitations for Solo Private Practitioners and Self-Employed Clinicians

NHSC participants who are solo private practitioners or self-employed must serve their NHSC obligation under a Private Practice Option (PPO) contract. As noted above, PPO practitioners are ineligible to receive NHSC service credit for telehealth delivered services. In addition, the half-time service option is **not** available for PPO practitioners. Therefore, to meet NHSC service requirements and to be NHSC-approved, solo private practice sites must provide full-time, in-person patient care and not be home-based.

Program Requirements, Required Documents, and Exemptions

The following sections outline the NHSC program requirements, required documentation, and site-specific exceptions. Depending on the site type, the required documents must be submitted at the time of a New Site Application, Site Recertification, Site Visit, or upon request to determine site eligibility.

Health Professional Shortage Areas (HPSAs)

HRSA designates primary (medical) care, dental (oral) health, and mental (behavioral) health HPSAs with scores to indicate shortages of primary care health professionals in geographic areas (for example, county), population groups (for example, low-income), and facilities (for example, correctional facilities). The NHSC uses these scores to determine priorities for the assignment of NHSC awards to clinicians. Contact your state/territorial Primary Care Office (PCO) if you have any questions regarding your HPSA designation.

NHSC-approved sites must:

- Be located in and treat patients from a federally designated HPSA for the specific category an NHSC clinician would serve. Use the HPSA Find tool to determine if your site is in a HPSA.
    - For example, an NHSC-approved site would need a mental health shortage designation to recruit a psychiatrist, and a dental HPSA shortage designation to recruit a dentist.
    - Sites providing substance use disorder (SUD) services may use either a primary care or mental health professional shortage designation for the purpose of recruiting NHSC SUD Workforce Loan Repayment Program and NHSC Rural Community Loan Repayment Program participants, even if the sites do not provide primary medical care.

Required Documents and Exceptions

Most site types are not required to submit documentation to demonstrate they are located in a HPSA, as this is determined by existing data located in the BHW Shortage Designation and Management System. However, mobile units that are not part of an FQHC and/or a health center must submit documentation. Please find more information under the “Mobile Units” section of this document.

Special HPSA Considerations

CMS-Certified RHCs without a HPSA Designation

If your site is a CMS-Certified RHC, your site is not required to have a geographic or population HPSA at the time of your NHSC site application. If your NHSC site application is approved, you will receive a facility HPSA score designation after NHSC site approval. During the period between when your NHSC site application is approved and when HRSA designates your facility HPSA score, your site will be “INACTIVE” for NHSC participation. Once the facility HPSA scores are assigned and appear in the site’s My BHW profile, your site status will change to “ACTIVE”, and you may begin posting job vacancies in the HWC and recruiting NHSC participants.

For your CMS-Certified RHC to receive a facility HPSA score:

- Under the “Confirm Site Details” section in your NHSC site application, include your Certification Number (CCN), so HRSA can apply for the facility shortage-area designation score. You will utilize the

CMS directory to verify your CCN. Ensure the address you enter in the site application matches the address connected to the Certification Number provided by the CMS.

Correctional or Detention Facilities

Correctional facilities do not serve patients of the general population, so they cannot use geographic or population designations for NHSC approval. An eligible correctional facility can only use a facility HPSA designation for their specific location. To qualify for a facility designation, your site must be a medium or maximum-security facility with at least 250 inmates. Contact your state/territorial PCO to apply and obtain your correctional facility designation **before** applying to become an NHSC-approved site.

American Indian Health facilities

Any American Indian Health facility (AIHF) located in a HPSA may apply to the NHSC at any time. If your AIHF is not located in a geographic or population HPSA, or does not possess a facility HPSA, you may apply for NHSC approval, but your site will remain INACTIVE for NHSC participation until you receive a HPSA designation.

To receive a facility designation, your AIHF must have an "Area, Service Unit, Facility Code" (ASUFAC) number. The Indian Health Service assigns these numbers to facilities based on NHSC site eligibility requirements. For example, AIHFs that are SUD-only sites do not qualify for their own facility HPSA, but may still apply to the NHSC using geographic or population HPSAs.

If your site qualifies for a facility designation:

- Contact the Shortage Designation Branch within BHW's Division of Policy and Shortage Designation to apply for and obtain your facility designation.
- Include your ASUFAC number under the "Confirm Site Details" section of your application so the system can attach your site's facility scores.

Mobile Units/Clinics

The NHSC recognizes mobile units/clinics as medical vehicles—for example, vans or buses—that travel to underserved rural and urban communities, providing a majority (>50 percent) of primary care services to individuals located in a HPSA. The mobile unit/clinic must have the necessary equipment and staff to function as a clinic, providing direct primary care services to the communities they serve. To demonstrate that your mobile unit provides a majority (>50 percent) of primary care services to individuals located in HPSAs, you must provide the following when applying, recertifying, during a site visit, or upon request:

- A list of the locations with full addresses where the mobile unit stops; or
- An attestation letter stating that at least 50 percent of your mobile unit stops are in HPSAs.

Sliding Fee Discount Program (SFDP)

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

- Based solely on family size and income.
- At a minimum, applicable to all individuals and families with annual incomes at or below 200 percent of the most current Federal Poverty Guidelines (FPG).
- Must be in place **for at least six (6) consecutive months before applying** to become an NHSC-approved site and must maintain the SFDP continuously thereafter.

Your SFDP must not create financial barriers to access care, and must include a policy, a patient application, a sliding fee schedule (SFS), a posted sign, and an online statement.

NHSC-approved sites must apply the SFDP for eligible patients with third-party insurance coverage unless the third-party insurance contract prohibits the application of the SFDP. For example, the Medicare law requires clinicians to charge Medicare beneficiaries the same as they charge other patients. Medicare will accept SFDP discounts as long as the SFDP discount policy is uniformly applied to all patients.

SFDP Policy

All aspects of your SFDP should be based on written policies, applied uniformly to all patients and supported by operating procedures. In addition, there should not be statements on your website that contradict your policies. At a minimum, your policy **must** address the following areas:

- Patient eligibility, including:
    - Frequency of patient eligibility re-evaluation
    - Income definition
    - Family size definition.
- An explanation regarding how the site applies the SFDP to both uninsured and underinsured patients.
- Documentation and verification requirements to determine patient eligibility for the SFDP, which is based solely on family size and income.
- How your site advertises the SFDP to the patient population to increase access to care.
- Amount of nominal charges (if a nominal charge is utilized), including the site's policies on how it establishes and collects nominal charges (for example, what constitutes "refusal to pay").
- Description of its collection policies for outstanding debt (if applicable to SFDP patients).

The SFDP must not use credit checks, payment history, Medicaid denial letters, asset tests, or "net worth" **(combining assets and income)** tests when determining SFDP eligibility for individuals and families with annual incomes at or below 200 percent of the most current FPG.

SFDP Patient Application

Your site may screen and/or inform patients about public insurance and assist interested patients with the application process. However, your site must not require patients to apply for public insurance or other financial assistance programs as a condition for qualifying for or taking part in the SFDP. In addition, your site cannot require a Medicaid denial letter or deny care based on the outcome of the financial screening assessment. SFDP eligibility must solely be based on family size and income, and no other factors.

Sliding Fee Schedule (SFS)

Your site must use a schedule of fees or payments for services consistent with locally prevailing rates or charges designed to cover your site's reasonable cost of operation. Once your site has established its fee schedule, it must develop, offer, and use a corresponding Sliding Fee Schedule (SFS) to ensure that uniform and reasonable fees and discounts are applied to all eligible patients. You must base your SFS on income and family size. You must revise it annually to reflect updates to the Federal Poverty Guidelines. The SFS should cover all primary care services for the site type. Specifically, your site's SFS must:

- Provide a **full discount or a nominal fee** for individuals and families with annual incomes at or below 100 percent of the most current FPG consistent with your site's SFDP policy. The nominal charge must be less than the fee paid by a patient in the first "sliding fee discount pay class" beginning above 100 percent of the Federal Poverty Guidelines.

- Provide services at a nominal charge, which can be in the form of a sliding fee, or schedule of discount, to individuals and families with incomes above 100 percent and at or below 200 percent of the FPG.
- Use nominal charges at a financial level that does not reflect the service's true value and does not create a barrier to care for patients. The nominal charge must not be a threshold for receiving care and, thus, must not be a minimum fee or co-payment.

You have discretion regarding how you structure your SFS, including the number of discount pay classes and the types of discounts (percentage of fee or fixed/flat fee for each discount pay class). However, when developing your SFS your fees should not present a barrier to care.

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

Posted Signage

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

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

When applicable, you should translate this statement into the most prevalent languages/dialects spoken by your patients. If your site operates within a large organization that includes both NHSC-approved and non-approved sites; and, your organization does not want to display this statement on the main website, you must ensure it is prominently posted elsewhere on the website such as the specific landing page for the location that is seeking NHSC approval.

Required Documents and Exceptions

To demonstrate that your site is using an SFDP, you must provide the following for NHSC site approval:

- Copy of your site's SFDP policy;
- Copy of your site's SFDP patient application;
- Copy of your site's SFS;
- Two clear photos of your site's posted signage;
    - The first photo should show the common area, and the sign prominently displayed to ensure it is visible to patients;
    - The second photo should be a close-up of the posted signage showing the legible text;
- A document with a website screenshot of the published online statement and link to the URL of the web page where the statement can be found.
- You must utilize an SFDP and report your number of SFDP patients, patient-visits, and SFDP applications in your NHSC Site Data Tables or provide a valid explanation in the comment section if no SFDP patients or SFDP applications are reported (for example, use of grant funds).

The following is an optional document that may be included in your NHSC site application:

- Optional Document: Schedule of Fees (full-price fees for services).

FQHCs and FQHC Look-Alikes are exempt from this documentation requirement but must provide SFDP documentation during a site visit or upon request.

AIHFs and correctional facilities are also exempt from this documentation requirement at the point of application. However, sites must provide during site visits or upon request documentation that no one is billed or charged for services. If a co-pay is charged, sites must provide the co-pay policy upon request to ensure it does not create a barrier to care.

Please visit the Site Guidance Resources on the NHSC website for sample documents related to the SFDP.

Special SFDP Considerations:

Free Clinics
Free clinics, as defined by the NHSC, are exempt from providing the required SFDP documentation. However, at the point of application, recertification, site visit, or upon request these sites must provide documentation that no one is charged or billed for services. Sites will upload this document in the NHSC site application in lieu of the SFDP documents.

Critical Access Hospitals/Rural Emergency Hospitals
These hospitals must utilize the NHSC-approved SFDP, at a minimum, for low-income patients receiving primary care services in both the emergency room and the affiliated outpatient clinic. The SFDP requirements do not extend to the hospital inpatient fee structure (that is, the in-house discounted fee schedule or charity care program for other settings) or for requirements necessary to meet Medicare certification requirements. These hospitals must submit all the SFDP required documents at the point of application, recertification, site visit, or upon request.

Data Reporting

You must include **site-specific data** in the "Services and Staffing" and "Payments and Insurance" sections of the NHSC site application. We evaluate this data to determine your site's adherence to sound fiscal management policies, access to care for the most vulnerable populations, and ability to support the clinical practice of potential NHSC clinicians. You may enlist the help of your financial or billing department to obtain this data using the NHSC Site Data Tables and transfer the information into your NHSC site application. Sites that report low or zero patients utilizing the SFDP require an explanation in the Payments and Insurance section.

Required Documents and Exceptions

- For site approval, you must submit site-specific data with up-to-date information for the preceding six (6) months. You must enter this data directly in the "Services and Staffing" and "Payments and Insurance" sections of the application.
- During site visits or upon request, you must submit this data using the NHSC Site Data Tables.

Auto-approved sites and state prisons are exempt from this documentation requirement, but must provide it during a site visit, if applicable, or upon request. FQHCs and Look-Alikes can submit their Uniform Data System (UDS) reports upon request.

Comprehensive Primary Care

NHSC sites must provide comprehensive primary care. Primary care can be in the field of primary medical, primary oral health, or primary behavioral health care. Comprehensive primary care services include health promotion, disease prevention, and the treatment and management of acute and chronic conditions for

individuals across their lifespan. These services ensure care coordination and continuity of care, including consultations and referrals to ancillary, inpatient, and specialty services, which correspond to the HPSA type. Your site must not limit services based on a particular illness/diagnosis, organ system, or a categorical population (for example, developmentally disabled individuals, patients with HIV, or those with cancer).

Required Documents and Exceptions

Non behavioral health sites must submit a dated and signed description of where they refer patients for ancillary, inpatient, and specialty care. See an example on the NHSC website.

Auto-approved sites and state prisons are exempt from this documentation requirement, but must provide it during a site visit, if applicable, or upon request.

Comprehensive Primary Behavioral Health Services

Facilities offering comprehensive primary behavioral health services must be in and serve their mental health-designated HPSA. Your behavioral health service site must:

- Provide the core comprehensive behavioral health services ***on-site***, which include:
    - Screening and assessment
    - Treatment plan
    - Care coordination.
- Offer the non-core comprehensive behavioral health services **either** on-site, in-network, or off-site, through referral, affiliation, or contract, which include:
    - Diagnosis
    - Therapeutic services (psychiatric medication management, SUD, short/long-term hospitalization)
    - Crisis/emergency services
    - Consultative services
    - Case management.

Required Documents and Exceptions (sites providing Behavioral Health or SUD Services)

All sites indicating they provide behavioral health or SUD services will be required to fill out the behavioral health section in the NHSC site application. To demonstrate that your site provides comprehensive behavioral health services, you must provide the following for site approval:

- A completed NHSC Comprehensive Behavioral Health Services Checklist. During application cycles, you will directly enter this data in the Behavioral Health section of the electronic application. All sections of the Comprehensive Behavioral Health Checklist (I, II, III, IV, V) must be completed for the application to be approved.
- **Onsite Services** Documentation: You must submit proof of on-site services. You may submit any one of the following: site brochure listing services, site policy that outlines the services, or a website screenshot showing the services provided which includes the website link. Your website (if available) should also list these services.

Offsite Services: You must complete section III of the Behavioral Health Section (Checklist) in its entirety and list the name, address, and service provided for each of the non-core services not provided onsite (from section II). **This will now serve as documentation for offsite services.**

Auto-approved sites, state prisons, and OTPs are exempt from this documentation requirement, but must provide it during a site visit, if applicable, or upon request.

Substance Use Disorder (SUD) Services

This section only applies to primary medical and behavioral health sites offering SUD services. Your site must first be approved for SUD services for your clinicians to apply to the NHSC SUD-specific loan repayment programs, the NHSC Substance Use Disorder Workforce Loan Repayment Program and the NHSC Rural Community Loan Repayment Program (for SUD providers).

Required Documents and Exceptions

To demonstrate your site provides SUD services on-site, you must provide the following at the point of application, site visit, when adding these services after site approval, or upon request:

- A completed NHSC Comprehensive Behavioral Health Services Checklist as stated above, but the Behavioral Health Checklist applies to SUD services. SUD sites must also provide all core behavioral health services **onsite** for SUD. During application cycles, you will directly enter this data in the Behavioral Health section of the electronic application
- Documentation demonstrating the provision of on-site SUD services. Acceptable documentation, depending on the service type, includes:
    - **SUD or Addiction Counseling/Psychotherapy Services** – Submit one of the following:
        - SUD operating certificate issued by the state, territory, county, etc.
        - Site brochure listing the on-site SUD services
        - Site policy outlining on-site SUD services
        - Document including the website URL and screenshot of available on-site SUD services
        - Other documentation outlining SUD services provided on-site.

Note: Sites that **only** provide SUD (addiction) counseling are no longer eligible for NHSC-approval.

    - **Medications for Opioid Use Disorder (MOUD) Services** – Submit an MOUD attestation letter from the site Chief Executive Officer or Medical Director stating:
        - That the site offers MOUD on-site.
        - The days and hours when the site offers MOUD services.
        - The size of the patient panel receiving MOUD services for the most recent six-month period within the last 12 months. The size of the patient panel must be greater than zero (0).

    For an MOUD attestation letter template, please refer to the NHSC website.

Auto-approved sites and SAMHSA-certified Opioid Treatment Programs (OTPs) are exempt from this documentation requirement, but must provide it during a site visit, if applicable, or upon request.

Rural Designation

Only clinicians working at a rural NHSC-approved site that provides comprehensive SUD services are eligible to apply for the NHSC Rural Community Loan Repayment Program. Rural NHSC-approved sites are in a Rural-Urban Commuting Area (RUCA) Census Tract designated by the HRSA. To determine if your site is considered

"rural" for purposes of the NHSC Rural Community Loan Repayment Program, use the Rural Health Grants Eligibility Analyzer.

Clinician Recruitment And Retention Plan

Your site must maintain a clinician recruitment and retention plan with the policies and processes your site will use to recruit and maintain clinical staffing levels needed to serve the community appropriately. As a best practice, you should include specific strategies to promote clinician resiliency and reduce burnout.

A solo private practice's clinician recruitment and retention plan must include recruitment and retention strategies for any potential expansion to meet community needs.

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

Required Documents and Exceptions

To demonstrate that your site maintains a clinician recruitment and retention plan, you must provide a copy of your site's clinician recruitment and retention plan for site approval. Refer to the NHSC website for a sample document.

Auto-approved sites and state prisons are exempt from this documentation requirement, but must provide it during a site visit, if applicable, or upon request.

New Site Applicant and Recertification Process

New Site Application Cycle

The NHSC New Site Application Cycle is open to non-auto-approved sites that have never been approved for the NHSC, and sites that were previously approved but are now "Inactive" as indicated on the My BHW Site Dashboard. You can also check the status of these sites in the Health Workforce Connector (HWC). Inactive sites will not display "NHSC Active Site" under Site Status. If your site reopened after being permanently closed, you may need to reach out to your NHSC analyst for additional assistance before you can submit your application if you do not have the option to "Submit an NHSC Site Application" during the open cycle in your My BHW Portal.

The NHSC generally opens one New Site Application Cycle annually, which remains open for approximately six weeks. Subscribe to be notified when the next New Site Application Cycle opens. Cycle dates and submission deadlines are subject to change. Check the NHSC website for updates.

Site Recertification Cycle and Expiration

The Recertification Cycle applies only to non-auto-approved sites that display "NHSC Active" under program on the My BHW Site Dashboard and have an expiration date.

If you are a non-auto-approved site, your NHSC site approval is valid for four (4) years as long as your site remains compliant with all program requirements. If your site approval expires ***on or before December 31, 2026****, you* are required to submit a Recertification Application during the 2026 Site Recertification Application Cycle, which is anticipated to open in the fall. As the site Point of Contact, you will receive a reminder under the "Messages" tab in your My BHW account to recertify your site during the Recertification Cycle that ends **several months prior** to the December 31 expiration date. You should monitor the expiration dates for each approved site to ensure your site does not expire and become inactive.

The NHSC generally opens one Recertification Cycle annually, and remains open for approximately six to eight weeks. Cycle dates and submission deadlines are subject to change. Check the NHSC website for updates.

Site Approval Process

NHSC site approval is based on the ability of a site to demonstrate it meets the eligibility criteria set forth in the NHSC Site Reference Guide (this document) and the NHSC Site Agreement at the time of application, and as determined by the NHSC. The NHSC may utilize external public data sources to verify the accuracy of the information provided in the NHSC site application, including what is displayed on the site's website.

As the point of contact (POC) who will be submitting an application, you are responsible for ensuring that the information reported is true and accurate, and that your answers on the application are confirmed and supported by the required documents. An application that is submitted without all required and legible documents or is missing required language, data or information will be deemed incomplete and may be disapproved. An application may not be altered after submission, unless the NHSC requests revisions.

Application Review, Evaluation, and Final Decision

Within 30 days of submitting your application, your state/territorial PCO will review it to determine if your site is eligible for the NHSC and meets all requirements. They will enter comments and recommendations to approve or disapprove your application. Next, your NHSC analyst will review it and render the final decision.

The approval of a network's main/administrative site does not indicate or guarantee the approval of affiliated satellite sites. The application review process can take several months to complete due to application volume, and the quality of submitted documents. The final decision on a New Site Application or a Recertification Application is communicated to the site POC through My BHW.

NHSC Site Application Steps

Before submitting a New Site Application or a Recertification Application, we encourage you to review several tools and resources to guide you through the application process and answer your questions:

- Bureau of Health Workforce Customer Care Center (1-800-221-9393) - TTY (877-897-9910)
- HPSA (HPSA) Find
- My BHW
- New Site Application Question and Answer Session
- New Site Application Webinar
- NHSC Regional Analysts
- NHSC Website
- Site Point of Contact User Guide
- State/territorial Primary Care Offices

Once you determine that your site meets all NHSC eligibility criteria and requirements, including having enrollment numbers for Medicare, Medicaid and CHIP (when applicable), begin to:

1. **Gather the required documents:** Review the "Program Requirements, Required Documents, and Exceptions" section of this guide to confirm your knowledge of the documents required *for your specific site type.* You may upload documents with all required language to your application in your My BHW account at any time BEFORE you submit the application and prior to the closing of the application cycle period.
2. **Collect the required data:** Download the NHSC Site Data Tables to collect the data early in the application process. However, you must enter the data directly in the application (in the "Services and Staff" and "Payments and Insurance" sections).
3. **Create a My BHW account if you do not have one:** Follow the instructions provided in the Site Point of Contact User Guide to create an account. Otherwise, sign into your My BHW account using your credentials.
4. **Assign yourself the role of "Administrator,"** at a minimum, which allows you to submit an application. The administrator must be able to answer questions about site policies and operating procedures.
5. **NHSC New Site Application and Recertification Application:** You may utilize the instructions provided in the Site Point of Contact User Guide, to assist you with completing and submitting your site application(s). This user guide provides detailed step-by-step instructions for submitting your application.
6. **Complete all sections of the application** and upload all required documents for your site type by the application deadline.

Special Considerations

Organizations with Multiple Sites, Co-located Sites, or Multiple Service Types
Organizations seeking site approval for multiple sites must submit separate, individual applications for the main/administrative site and each of its eligible affiliated satellite sites. However, a site that provides multiple service types (for example, primary medical care, behavioral health, and oral health) within the same clinic **should only submit one application**.

In addition, each satellite site must use a unique name to differentiate it from other sites of the same organization (for example, "ABC Organization – Clinic XYZ"). Co-located sites should each have a unique identifier in the address, such as a suite/room/office number.

Critical Access Hospitals, Rural Emergency Hospitals, American Indian Health Facility Hospitals
NHSC participants serving at any of these hospitals must provide weekly patient care at an affiliated outpatient clinic. Therefore, you must apply for site approval in conjunction with an affiliated outpatient clinic by submitting separate site applications during the same application cycle or by demonstrating an affiliation with an NHSC-approved outpatient clinic. Even if the affiliated outpatient clinic and qualifying hospital are co-located in the same building and have the same address, you must submit separate applications for both sites, one for the outpatient clinic and the other for the hospital. In the hospital application, you must enter the affiliated outpatient clinic name and address in the "Check Eligibility" section exactly as shown on My BHW. Therefore, if the affiliated outpatient clinic is not in the system, you must "create" the clinic site in the My BHW Portal before you can submit your hospital application.

Site Points of Contact Roles and Responsibilities

NHSC Site Points of Contact (POCs)

All NHSC-approved sites must always have at least two (2) active points of contact (POCs), except for *solo* private practices. The assigned POCs must cover the following roles: Administrator, Personnel Verifier, and Recruiter. One POC can have multiple roles, and sites may have more than two POCs. Except for solo private practices, **NHSC participants are highly discouraged from being a POC**, as it may present a conflict of interest. All POCs must activate and maintain a My BHW account. The account creation is a two-step process that includes confirming the email address associated with each account. Log-in instructions are available here.

1) **Administrator Role**: Administrators must own, oversee, or manage a significant portion of their organization. As a site administrator, you should have the ability to answer questions about organization policies and operating procedures. Specifically, you must have express authority to act on behalf of the organization. You will also be required to complete the NHSC Site Application and electronically sign the NHSC Site Agreement. As the administrator, you must:
    a. Manage the appointed site POCs. You are required to identify at least one (1) additional site POC other than yourself and ensure that all three roles are covered. To add a new POC, have them create and activate a My BHW account. Next, log into your My BHW account and click on the site's name. Under "Self-Service," click on "Manage Points of Contact" and then "Add Another Site Point of Contact."
    b. Update your roles as needed by clicking "Update My Program Portal Profile" under the "Need Assistance?" section at the bottom of the home screen.
    c. Ensure that your site meets all applicable NHSC site requirements before and during participation as an NHSC site. **You should not delegate these activities to an NHSC clinician or a consultant.**
    d. Support and appropriately use NHSC participants as specified in the "Supporting NHSC Participants" section.
    e. Timely respond to requests for and actively participate in site visits from the NHSC.
    f. Submit an NHSC Site Recertification Application every four (4) years, except for auto-approved sites.
    g. Contact the NHSC through My BHW if there are any changes to the site, including the site location, ownership, or to the employment of an NHSC clinician. To notify the NHSC, log in to your My BHW account, click the name of the site under "Need Assistance," and then click "Ask a question about NHSC, STAR, Pediatric Specialty, Nurse Corps, or about a participant at my site."

Supporting NHSC Participants

If there are NHSC participants assigned to your site, we expect site administrators to support them in fulfilling their service obligation. NHSC participants are responsible for meeting all program requirements as a result of receiving their NHSC Scholarship Program or Loan Repayment Program award contract. The NHSC Scholarship Program, the NHSC Students to Service Loan Repayment Program, the NHSC Loan Repayment Program, the NHSC SUD Workforce Loan Repayment Program, the NHSC Rural Community Loan Repayment Program, and the corresponding Application and Program Guidance, respectively, provide the details of the participant commitment. NHSC participants enter into a contractual agreement with the NHSC; thus, it is required that NHSC-approved sites not impede NHSC participants from fulfilling their service obligation. As the designated NHSC site administrator, you **must**:

a. Ensure NHSC participants work at NHSC-approved sites with an appropriately designated HPSA.
b. Ensure each NHSC site is approved **before** permitting an NHSC participant's assignment to that site.
c. Ensure each NHSC participant understands the minimum shortage designation requirement associated with their specific service obligation.
d. Ensure NHSC participants follow the NHSC minimum hourly and weekly clinical service requirements.
e. Not reduce the salary of NHSC clinicians because they receive or have received benefits under the NHSC Loan Repayment or Scholarship Programs.
f. Allow NHSC participants to participate in NHSC continuing education, webinars, and conferences.
g. Provide NHSC participants with appropriate supervision, orientation, training, and mentorship regarding the site's processes and procedures, client population, and primary care practice.
h. facilitate an NHSC participant site transfer request (if applicable) by ensuring that the Personnel Verifier completes an online Employment Verification Form (EVF) through My BHW. *Before leaving a site, NHSC participants must submit a transfer request via their My BHW account to change their current site to another approved site.* To ensure that NHSC-approved sites can continue to meet the needs of patients, we strongly encourage participants to discuss their plans with the approved site first. As part of the transfer process, the participant's current approved service site may submit an email that includes:

    i. Any clinical competency issues related to the NHSC participant while employed at the approved site.
    ii. Any disciplinary action related to the NHSC participant while employed at the approved site.
    iii. Confirmation of the NHSC participant's last employment date at the approved site. ***Upon approval of the transfer request, the personnel verifier is responsible for reviewing the NHSC Employment Verification Forms and confirming the participant's reported leave for the period of time that the participant has been employed at the approved site.

i. Make available a participant's personnel documents, communications, and practice-related documents as needed so that the NHSC can monitor an NHSC participant's compliance with NHSC service requirements. Such records should be made available to the NHSC both during an NHSC participant's service obligation and after their obligation has ended.

2) **Personnel Verifier Role:** Personnel verifiers verify the employment and service of NHSC participants. As a personnel verifier, you will:

a. Complete Employment Verification Forms (EVFs) through My BHW. Additional information on completing the EVF is available in the Site POC User Guide.
    - For any NHSC applicants interested in the supplemental Spanish Language Award Enhancement, you must verify on the EVF that the applicant directly provides Spanish-speaking services to patients with limited English proficiency. The applicant will also be required to exhibit Spanish language proficiency to receive the supplemental Spanish Language Award Enhancement.

b. Report a participant's time away from the site (for example, vacation, holidays, continuing professional education, illness, or any other reason) on the online In-Service Verification form (ISV) every six (6) months. NHSC participants are allowed to spend, at most, seven (7) weeks a year (35 full-time or 35 half-time workdays, depending on their NHSC service commitment) away

from clinical practice.

3) **Recruiter Role:** Recruiters hire or recruit new employees for the organization. Recruiters will have their contact information listed on the site's profile on the HWC. As a recruiter, you will:

   a. Post all NHSC-eligible clinical vacancies on the HWC. To post a vacancy, log into your My BHW account, click on the site's name, and then under "Self Service," click "Manage Current Job Openings." Under “Relevant Links,” consider adding LinkedIn, your public website career page, etc.

   b. Complete and periodically update the online site profile using My BHW. The site profile is a recruiting tool, providing prospective clinicians with a site-specific overview while they search for jobs at qualifying sites.

Notifying the NHSC of Changes to a Participant's Employment or to Site Information

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

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

Participants who work at a clinic that is not listed in the participant’s My BHW account must immediately notify the NHSC through their My BHW account. Time spent at unapproved clinics will not count towards the participant’s service commitment.

As indicated in the Application and Recertification Process section, site administrators must contact the NHSC through My BHW for any changes to the site’s location, services, or ownership. The NHSC analyst can provide technical assistance for your specific scenario.

- **If an established site changes ownership:** The site must submit a new application to verify that it meets the NHSC program requirements. In addition, if a site changes its name, you may be required to provide documentation of the name change. You are encouraged to contact your NHSC analyst for additional technical assistance.
- **If there is a change in site information:** Generally, a new site application is not necessary when a site moves locations. However, your NHSC analyst must update the address and verify the site is located in and services a HPSA. If the site adds or changes the scope of services, you should report such changes in your My BHW account. Your NHSC analyst will verify and update site records as necessary. If a site moves to a new location and your NHSC analyst determines the previous shortage designation no longer applies, the site’s approval status may be affected. Therefore, you should be aware that a change in designation status or score due to the site’s new location could mean that NHSC participants currently serving at the site will not be eligible for an NHSC Loan Repayment Program Continuation Contract award.

Adding NHSC Services to your My BHW Profile after Approval

Opt-In Process

If your site is already NHSC-approved and you later add primary medical care, oral health, behavioral health, or SUD services, you can opt-in for these services at any time by following the process below.

General Opt-In Steps to Add New Services to your NHSC Site Profile:

1. Log in to My BHW.
2. Scroll down and click "Ask a question about NHSC, STAR, Pediatric Specialty, Nurse Corps, or about a participant at my site."
3. Choose the appropriate category and subject:
    - **Primary Care/Oral Health:** Category "General," Subject "Primary Care/Oral Health Opt-In." (No documentation is required)
    - **Behavioral Health**: Category "Behavioral Health Policy Certification," Subject "Mental Health Opt-In." (Upload checklist and required documentation)
    - **Substance Use Disorder**: Category "Substance Use Disorder Documentation," Subject "Opt-in SUD Expansion." (Upload checklist and required documentation)
4. Enter a description specifying the services offered and the start date for patient access.

Deactivating an NHSC-approved Site

An NHSC-approved site may be deactivated in the My BHW Portal under the following situations:

1) When a site no longer meets the NHSC site eligibility requirements.
2) When a site elects not to continue as an NHSC-approved site.
3) When a site misses the recertification deadline.
4) When a site permanently closes or changes ownership.

If an NHSC-approved site no longer meets established eligibility requirements, the site administrator will be notified of the reasons for deactivation and an opportunity to address the eligibility concerns, if applicable. Deactivated sites will appear as "inactive" in the My BHW Portal and may reapply during an open New Site Application cycle.

Participants assigned to a deactivated NHSC site will be referred to the NHSC's participant compliance office to determine the impact on their NHSC service contract. Participants may be required to transfer to another NHSC-approved site, and if so, they must request a transfer through My BHW. The site change must be approved by the NHSC before the participant begins work at the new site. If a participant begins employment at a site before obtaining NHSC approval, they may not receive service credit for time served at the new site before NHSC approval. If the NHSC disapproves the transfer and the participant refuses assignment to another NHSC-approved service site, the participant may be placed in default.

Recruiting and Retaining an NHSC Clinician

Clinician Recruitment And Retention Plan

Recruiting and retaining clinicians is critical for your site's financial sustainability and ensuring that patients from underserved communities have access to needed care. Therefore, your recruitment and retention plan should contain strategies to promote clinician resiliency and reduce burnout so your site can maintain optimal patient care, improve patient satisfaction, and prevent unnecessary expenses related to repeated recruitment. If you need technical assistance, please contact your NHSC analyst or visit the NHSC website for a sample Clinician Recruitment and Retention Plan.

National Practitioner Data Bank (NPDB)

As part of its mission to improve health care quality, protect the public, and reduce health care fraud and abuse in the United States, the HRSA maintains the National Practitioner Data Bank.

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 **NPBD** of those clinicians for whom the NPBD maintains data. This is especially important during the employment verification of a new NHSC participant or applicant.

The NPDB is a flagging system that serves to alert an NHSC-approved site about medical malpractice payments and certain adverse actions regarding a participant. When the NHSC-approved site receives a report from the NPDB, it is prudent that you use this alert to complete a more comprehensive review of the qualifications and background of the 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, licensure, or other decisions.

Hiring an NHSC Participant

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

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

To hire a clinician from the NHSC Scholarship Program or NHSC Students to Service Loan Repayment Program, your site must meet the published HPSA score threshold for the applicable **program, discipline, and placement year**. The NHSC will publish the minimum designation score required to recruit a participant each year. Refer to the NHSC website's Scholar and Students to Service participant sections for more information.

Hiring Limitations Of NHSC Scholars Or NHSC Students To Service Loan Repayment Program Participants

- The number of NHSC Loan Repayment Program, NHSC SUD Workforce Loan Repayment Program, and/or NHSC Rural Community Loan Repayment Program participants at your NHSC-approved site is not limited.
- The NHSC Scholarship Program allows **one (1) scholar per discipline** to serve at a given NHSC-approved site within a yearly placement cycle. NHSC Students to Service Loan Repayment Program participants **do not** count against the number of NHSC scholars allowed at your site.
- The NHSC Students to Service Loan Repayment Program allows **one (1) participant** to serve at a given NHSC-approved site within a yearly placement cycle. NHSC scholars **do not** count against the number of allowed NHSC Students to Service Loan Repayment Program participants at your site.
- For more information and to request an exception to this limitation policy, visit the NHSC How to Recruit, Hire, and Retain Clinicians web page and submit the Additional Clinician Request Form.

Job Offer

If you offer a position to an NHSC Scholar or NHSC Students to Service Loan Repayment Program participant, you must fill out an Offer and Acceptance Employment Form as part of the employment verification

electronic process. You provide this form to the NHSC participant who then uploads the form through their My BHW account, and you must ensure it includes:

1) Clinician name, discipline, and specialty
2) Organization name
3) Full-time or half-time employment
4) Name and address of the NHSC site(s) where the clinician will be working, including the number of hours the clinician will work per week at each site
5) Anticipated employment start date
   Whether your site will pay for the clinician's malpractice insurance and tail coverage for the duration of employment
6) Your site representative's contact information, title, and signature.

NHSC Participants' Clinical Service Requirements for Full-time and Half-time Service

To maintain a successful partnership, NHSC participants and POCs should possess a firm understanding of the NHSC clinical service requirements of each assigned NHSC clinician. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working at eligible hospitals, refer to the NHSC website, and review the respective Application and Program Guidance documents for the:

- NHSC Loan Repayment Program
- NHSC SUD Workforce Loan Repayment Program
- NHSC Rural Community Loan Repayment Program
- NHSC Students to Service Loan Repayment Program
- NHSC Scholarship Program

Time spent "on call" will not be counted towards the service commitment, except to the extent the provider directly treats patients during that period. NHSC participants exercising the Private Practice Option (PPO) are **not** eligible for half-time service.

Special Considerations

Hospital Considerations

NHSC participants serving at CAHs, REHs, and AIHF hospitals must abide by the associated outpatient clinical hours identified in their respective NHSC contract.

- The NHSC allows the following disciplines to serve in the full-time or half-time clinical practice at eligible hospitals with an affiliated outpatient clinic:
  - Physicians (including psychiatrists)
  - Physician Assistants (including those with a behavioral health specialization)
  - Nurse Practitioners (including those with a behavioral health specialization)
  - Certified Nurse Midwives.

School-Based Clinic Considerations

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

Site Visits, Technical Assistance, and NHSC Compliance

NHSC Site Visit

The NHSC conducts site visits in collaboration with the state/territorial PCO to provide technical assistance, meet with NHSC participants, promote BHW and HRSA programs, and ensure NHSC program integrity.

Before the visit, your NHSC analyst will contact you to request documentation to ensure your site meets the eligibility criteria set forth in this NHSC Site Reference Guide and the NHSC Site Agreement (Appendix A). Documentation requirements will be based on your site type and the guidance provided in this Site Reference Guide. We reserve the right to request access to additional documents during the site visit.

Expectations During a Site Visit

Along with an evaluation of the site's understanding and implementation of the NHSC site and participant requirements, the site visit also provides us with an opportunity to:

- Provide site-specific technical assistance on program requirements;
- Share NHSC recruitment and retention resources; and
- Meet with program participants to assess any technical assistance needs and receive feedback about the NHSC program.

You can find more information to prepare for a site visit on the NHSC website.

Frequency of NHSC Site Visits

Existing approved sites should anticipate periodic site visits while participating in the NHSC program to confirm adherence to all site requirements. We will reach out to you to schedule your virtual or on-location visit anytime while your site is an active NHSC site.

Addressing NHSC Site Eligibility Concerns

Site eligibility concerns may arise at any time during the NHSC site certification period, including, but not limited to, during the submission of a New Site Application, the Recertification process, or a site visit. There are two separate processes to address site eligibility concerns, depending on whether the site is an applicant site or an existing site. The term "applicant site" includes both new and recertifying sites.

Eligibility Concerns for New and Recertifying Applicant Sites during Application Cycles

The NHSC renders the final decision for NHSC site approval. Your application should be complete and meet all NHSC eligibility criteria at the time of submission. Occasionally, the NHSC analyst may return your application to you for remediation and request revisions and/or clarification to ensure your site meets NHSC eligibility. Your site application will be disapproved if:

- The documents and information included in your application indicate that your site does not meet the NHSC site eligibility requirements outlined in the most current NHSC Site Reference Guide and NHSC Site Agreement; or
- Your site application is incomplete or contains illegible or non-compliant documents. You will receive an email notification from My BHW of the final decision. A copy will also be sent to the state/territorial PCO. If disapproved, you are encouraged to discuss your site application with your NHSC analyst and may request technical assistance to reapply during the next open application cycle.

Eligibility Concerns in Existing NHSC-Approved Sites Outside of the NHSC Application Cycle

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

- The NHSC will email you to identify the specific violation of the NHSC Site Reference Guide or NHSC Site Agreement and the requested remedy and allow a 30-calendar-day timeframe to submit sufficient documentation that you addressed and fulfilled the requested remedy.
- A "flag" may be placed in your site record to alert the NHSC staff that there is an eligibility concern. All "flags" will be reviewed by the NHSC prior to placing additional NHSC participants at the existing site or making new NHSC loan repayment awards to clinician applicants at the site.
- The NHSC analyst will provide technical assistance to the existing site to assist with the remedy. The technical assistance may include a site visit or phone audit by the NHSC.
- If your site fails to provide an acceptable response to the NHSC analyst within thirty (30) calendar days, your site will be deactivated. Your NHSC analyst will email you the decision letter and send a copy to the state/territorial PCO. Your site status will be updated to "inactive." If your site has NHSC participants, a site inquiry will be sent to the NHSC's participant compliance office to notify them of the site deactivation.
- If your site provides an acceptable response to the NHSC within the thirty (30) calendar days, your site will remain active in the Bureau of Health Workforce Management Information System Solution (BMISS), and the "flag" will be removed from the site record.

Addressing Site Concerns Unrelated to the NHSC

Occasionally, the NHSC will receive concerns about NHSC-approved sites that are outside of its program authority and the terms of the NHSC Site Agreement (for example, contractual disputes with the site, or allegations of Medicaid fraud). In these situations, the NHSC may refer sites to report these complainants to the appropriate contact (for example, the site's Board of Directors, or HHS's Office of Inspector General) to address the concerns.

Appendix A: Site Agreement

National Health Service Corps Site Agreement

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

1. Is an eligible site type for NHSC approval, and is located in and treats patients from a federally designated Health Professional Shortage Area (HPSA).
2. Does not deny requested health care services or discriminate in the provision of services to an individual (i) because the individual is unable to pay; or (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP). *[May or may not be applicable to American Indian Health facilities, 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 American Indian Health facilities, free clinics, or correctional facilities.)*
    b. Uses a Sliding Fee Discount Program 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. The sliding fee schedule must also provide a full discount for individuals and families with annual incomes at or below 100 percent of the Federal Poverty Guidelines, with allowance for a nominal charge only, consistent with the site's policy; must adjust fees (partial sliding fee discount), reflecting nominal charges, based solely on family size and income and no other factors for individuals and families with incomes above 100 percent and at or below 200 percent of the Federal Poverty Guidelines. *(May or may not be applicable to American Indian Health facilities, 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 American Indian Health Facilities, 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 American Indian Health Facilities, free clinics, or correctional facilities.)*
    e. Prominently displays a statement in common areas and on the site's official 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/sliding fee schedule available based on family size and income.

When applicable, this statement should be translated into the appropriate language/dialect. *(May or may not be applicable to free clinics, or correctional facilities.)*

3. Provides comprehensive primary care services (medical, oral, and/or behavioral/mental), which correspond to the designated HPSA type.
4. Uses a credentialing process that, at a minimum, includes reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) of those clinicians for whom the National Practitioner Data Bank maintains data.
5. Functions as part of a system of care that either offers or ensures access to ancillary, inpatient, and specialty referrals.
6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
7. Maintains a clinician recruitment and retention plan, keeps a current copy of the plan on-site for review, and adopts recruitment policies to maintain appropriate clinical staffing levels needed to serve the community.
8. Does not reduce the salary of 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 the NHSC. **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 service obligation, except to the extent the provider is providing direct clinical care during that period. Participants do not receive service credit for 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 the 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 Critical Access Hospitals, Rural Emergency Hospitals, and American Indian Health Facility hospitals, refer to the NHSC website and review the respective Application and Program Guidance for the participant's NHSC loan repayment program (Loan Repayment Program, Substance Use Disorder Workforce Loan Repayment Program, Rural Community Loan Repayment Program, Students to Service Loan Repayment Program) and/or NHSC Scholarship Program.
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 weekly work hours, 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 NHSC's participant compliance office 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 the time of the s i t e application, recertification, and NHSC site visits. The following eligible auto-approved NHSC sites ARE NOT required to submit the NHSC Site Data Tables unless requested (the standard Health Resources and Services Administration/Bureau of

Primary Health Care Uniform Data System (UDS) report can be reviewed in place of the data tables) : 1) FQHCs, and 2) FQHC Look-Alikes. The following eligible NHSC sites must provide NHSC Site Data Tables upon request if the Health Resources and Services Administration needs them to determine NHSC site eligibility: 1) American Indian Health facilities, 2) federal prisons, 3) state prisons, and 4) Immigration and Customs Enforcement Health Service Corps sites. All other eligible NHSC site types **must** submit NHSC Site Data Tables at the time of site application, recertification, and NHSC Site Visit.

14. Complies with requests for a site visit from the 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 (Print):_____

Date:_____

Appendix B: NHSC Glossary

For an expanded list of terminologies, refer to the Bureau of Health Workforce Glossary.

American Indian Health Facilities (AIHFs)—A range of facilities providing health services to American Indian and Alaska Native populations, including Indian Health Service facilities (including hospitals with affiliated outpatient clinics), 638 Tribally Operated outpatient clinics and hospitals (with affiliated outpatient clinics), Dual-Funded facilities (Tribal Health Clinics and Federally Qualified Health Centers (FQHCs) funded under Section 330), and Urban Indian Health Programs.

Application and Program Guidance (APG)– A HRSA guidance document that explains the National Health Service Corps (NHSC) policies, and the rights and liabilities of individuals selected to participate in the NHSC Loan Repayment Program (including the financial liabilities and legal obligations of the individual) that are stated in the NHSC program statute and contract.

- NHSC LRP APG
- NHSC SUD Workforce LRP APG
- NHSC Rural Community LRP APG
- S2S LRP APG
- NHSC Scholarship Program APG

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

Automatically Approved National Health Service Corps (NHSC) Site – Eligible automatically (or auto-) approved NHSC site types include: 1) FQHCs, 2) FQHC Look-Alikes, 3) American Indian Health Facilities, 4) federal prisons, and 5) Immigration and Customs Enforcement Health Service Corps sites. Auto-approval is not guaranteed, and these sites must also meet all NHSC site requirements and the NHSC site agreement while remaining compliant with their respective program requirements.

Bureau of Health Workforce– The bureau within the Health Resources and Services Administration that administers the NHSC and Nurse Corps scholarship and loan repayment programs, the Faculty Loan Repayment Program, the Native Hawaiian Health Scholarship Program, the Pediatric Specialty Loan Repayment Program, the Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program, and grants for the State Loan Repayment Program.

CMS-Certified R**ural Health Clinic (RHC)** – A facility certified by the CMS under section 1861(aa)(2) of the Social Security Act that provides outpatient services to a non-urban area with an insufficient number of health care practitioners. View the RHC fact sheet for more information. To search for an RHC, visit the CMS Quality and Certification Oversight Reports (QCOR) website.

> **Provider-based RHCs** are owned and operated as an essential part of a hospital, nursing home, or home health agency that participates in the Medicare program. Provider-based RHCs operate under the licensure, governance, and professional supervision of that organization. Most provider-based RHCs are hospital-owned.

Independent RHCs are free-standing clinics owned by a provider or a provider entity. They may be owned and/or operated by a larger healthcare system, but do not qualify for, or have not sought, provider-based status.

Comprehensive Primary Behavioral Health Services – Comprehensive behavioral health services include, but are not limited to, screening and assessment, diagnosis, treatment, 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. Sites must also offer or ensure access to ancillary, inpatient, and specialty referrals. Refer to the NHSC Comprehensive Behavioral Health Services Checklist for detailed definitions.

Comprehensive Primary Care – Comprehensive primary care services include health promotion, disease prevention, and the treatment and management of acute and chronic conditions for individuals across their lifespan. These services ensure care coordination and continuity of care, including consultations and referrals to ancillary, inpatient, and specialty services, which corresponds to the HPSA type. Comprehensive primary care does not limit services based on a particular illness/diagnosis, organ system, or categorical population (for example, developmentally disabled individuals, patients with HIV, or those with cancer). Exceptions: Clinics in NHSC-allowed primary care specialties such as OB/GYN, Pediatrics, Pediatric Dentistry, Geriatrics, or Behavioral Health. For the NHSC, primary care can be primary medical, oral, or behavioral health care.

Correctional Facility – The NHSC recognizes state and federal prisons as eligible site types. State prisons are clinical sites administered by the state and must apply for NHSC-approval during the open application window. Federal prisons are designated institutions and/or facilities of the United States Department of Justice, Federal Bureau of Prisons. Federal prisons may be eligible as an auto-approved NHSC site if the facility provides comprehensive primary medical, oral, and/or behavioral health care services, qualifies for a facility HPSA, and meets the NHSC requirements. Visit the Federal Bureau of Prisons website for more information. **City, county, private, and local correctional facilities are not eligible to become NHSC-approved sites.**

Critical Access Hospital (CAH) – A facility certified by 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, 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 Critical Access Hospital, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads. To be an eligible NHSC site**,** the CAH must demonstrate affiliation with an NHSC-approved outpatient facility by either submitting a separate site application during the same application cycle, or by demonstrating an affiliation with an outpatient clinic that is currently approved by NHSC.

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

Federal Poverty Guidelines (FPG)– The FPGs are issued each year in the *Federal Register* by the Department of Health and Human Services (HHS). The FPGs 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 (FQHCs) and FQHC Look-Alikes– (1) nonprofit entities that receive a grant (or funding from a grant) under Section 330 of the Public Health Service Act (for example, health centers); (2) FQHC "Look-Alikes", which are nonprofit entities that are certified by the Secretary of Health and Human Services as meeting the requirements for receiving a grant under Section 330 of the Public Health

Service Act but are not grantees; and (3) outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination and Education Assistance Act or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act.

Free Clinic – A nonprofit clinic providing all goods and services at no charge to all patients regardless of insurance status. Services may include medical, oral, or behavioral health care and may be located either in a facility or mobile unit. Free clinics may bill any third-party payers, including Medicaid, Medicare, or commercial insurers.

Group Private Practice – A clinic that consists of more than one provider with ownership or invested interest in the practice. Group private practices can be arranged to provide primary medical, oral and/or behavioral health services.

Health Professional Shortage Area (HPSA) – A federal designation used to identify areas, populations, and facilities that have a shortage of either primary (medical) care, dental (oral), or mental (behavioral) health providers. HPSAs are measured by the ratio of available discipline-specific providers to: 1) The population of the area; 2) A specific population or group; or 3) the number of those served by the facility. HRSA automatically designates FQHC, FQHC Look-Alikes, and RHCs, as defined by 42 U.S.C. 1395x(aa), as having such a shortage. Review the HPSA application and scoring process for more information.

Health Resources and Services Administration (HRSA)– An operating agency of the United States Department of Health and Human Services which seeks to improve health outcomes through access to quality services, a skilled health workforce, and innovative, high-value programs.

Health Workforce Connector (HWC) – A searchable database of open job opportunities and information on NHSC-approved sites. The Health Workforce Connector can be used to create clinician profiles and find current vacancies.

Immigration and Customs Enforcement Health Service Corps Sites – Clinical sites administered by the U.S. Immigration, Customs, and Enforcement Agency with the Department of Homeland Security. Immigration and Customs Enforcement Health Service Corps sites may be eligible as auto-approved if these sites provide comprehensive primary medical, oral, and behavioral health care services, are eligible for a facility HPSA, and meet the NHSC requirements.

Medications for Opioid Use Disorder (MOUD)– An approach to opioid use treatment that uses FDA-approved drugs (such as Buprenorphine, Methadone, and Naltrexone) to treat people diagnosed with opioid use disorder. Historically, pharmacological treatment for opioid use disorder was referred to as "Medication-Assisted Treatment (MAT)."

Mobile Units/Clinics – The NHSC recognizes mobile units/clinics as medical vehicles (for example, vans or buses) that travel to underserved rural and urban communities. The mobile unit/clinic must have the necessary equipment and staff to provide comprehensive primary care services to the communities they serve. The address of the mobile unit/clinic is the primary address where the mobile unit/clinic is parked when not in use, and it must provide a majority (>50%) of primary care services to individuals located in a HPSA.

National Health Service Corps (NHSC) – "The Emergency Health Personnel Act of 1970," Public Law 91-623, established the National Health Service Corps (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 and quality primary health care professionals through support offered in loan repayment and scholarship programs.

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

National Practitioner Data Bank (NPDB) – The National Practitioner Data Bank (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.

Office-based Opioid Treatment Facility – Clinical practice, other than SAMHSA-certified Opioid Treatment Programs, that provides office-based **MOUD** services to patients with opioid use disorder.

Opioid Treatment Program **(OTP)** – Sites that provide MOUD and are certified by the 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 through a local Drug Enforcement Agency office. Sites must be a SAMHSA- certified OTP to dispense Methadone medication and are often referred to as "Methadone Clinics."

Rural – Geographical area located in a county or rural census tract as designated by the Federal Office of Rural Health Policy (FORHP) as "rural." You may use the Rural Health Grants Eligibility Analyzer to determine if FORHP has designated your community as "rural."

Rural Emergency Hospital (REH) – A facility certified by the CMS under section 125 of the Consolidated Appropriations Act, 2021. A Rural Emergency Hospital must be located in a rural area, maintain a transfer agreement with a Level I or Level II trauma center, provide emergency department services 24 hours a day, seven days a week, and have no more than 50 beds used exclusively for outpatient observation and emergency services. REHs do not provide inpatient services but may offer other outpatient and post-acute care services, including skilled nursing facility services. For more information on REHs, please refer to the CMS page and fact sheet.

Schedule of Fees - Payments for services consistent with locally prevailing rates or charges and designed to cover the site's reasonable costs of operation. This is the site's full-price fee schedule and is an optional document in the Payments and Insurance section of the NHSC site application.

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

Site Point of Contact (POC)– A point of contact is a person who serves as the coordinator of information concerning Bureau of Health Workforce programs and activities. A single organization may have multiple POCs depending on the programs the organization is involved in and the roles of the identified POCs.

Sliding Fee Scale (SFS) or Discounted Fee Schedule – An SFS or Discounted Fee Schedule is a set of discounts that are applied to a practice's schedule of fees (full-price charges) for services, based upon a written policy and slides based on family size and income.

Solo Private Practice – A clinical practice that is made up of a single self-employed provider. Solo private practices can be arranged to provide primary medical, oral and/or behavioral health services. Solo private practices may employ support personnel.

State and Territorial Primary Care Offices – State/Territorial Primary Care Offices (PCOs) provide assistance to communities seeking: 1) HPSA designations; and 2) Recruitment and retention assistance as NHSC-approved sites. PCOs work collaboratively with Primary Care Associations and the NHSC program to increase access to primary and preventive health care and improve the health of underserved, geographically isolated, and/or vulnerable populations.

State or Local Health Department– Primary medical or behavioral health clinics operated by a state, county, parish, district, or local health department. To be eligible for NHSC site approval, these health departments must provide comprehensive primary care services and not limit services to healthcare screenings and immunizations.

SAMHSA Certified Community Behavioral Health Centers (CCBHCs) - Mental health clinics certified by the SAMHSA to provide comprehensive behavioral health and substance use treatment services to individuals, regardless of their ability to pay. CCBHCs are designed to address critical gaps in access to behavioral health services, especially in underserved communities, by offering a wide range of services, including crisis care, outpatient behavioral health and SUD treatment, case management, and coordination with other healthcare providers. These clinics operate with a focus on integrated care, trauma-informed approaches, and evidence-based practices to improve overall health outcomes and support recovery for individuals with behavioral health and substance use challenges.

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 behavioral health, or the welfare of others. SUD treatment refers to SUD-related care that is delivered based on a standardized assessment of SUD treatment needs.

SUD Treatment Facility – A collective term used to refer to SAMHSA Opioid Treatment Programs, and Office-Based Opioid Treatment facilities that provide MOUD services. Eligible clinicians working at these sites can apply to the NHSC SUD Workforce and Rural Community loan repayment programs.

Telehealth – Telehealth services must be furnished using an interactive telecommunications system, defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient at the originating site and the NHSC participant at the distant facility. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system. Refer to the applicable NHSC Application and Program Guidance documents for more details regarding telehealth requirements and limitations.

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

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