

## FY 2025 National Health Service Corps Loan Site Reference Guide Definitions

For an expanded list of terminologies, refer to the [Bureau of Health Workforce Glossary](#).

**American Indian Health Facilities** - 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 funded under Section 330), and Urban Indian Health Programs.

**Approved Alternative Setting** – Alternative settings include any setting in a Health Professional Shortage Area at which the clinician is directed to provide care by the National Health Service Corps-approved site (for example, hospitals, nursing homes, and shelters). The alternative sites must provide services to a Health Professional Shortage Area 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 National Health Service Corps-approved site.

**Automatically-Approved National Health Service Corps Site** – Eligible automatically (or auto-) approved National Health Service Corps sites are those sites that may be recognized by the National Health Service Corps as meeting all National Health Service Corps site requirements and have reviewed and signed the National Health Service Corps Site Agreement, while remaining in compliance with their respective program requirements. The following may be eligible auto-approved National Health Service Corps sites: 1) Federally Qualified Health Centers, 2) Federally Qualified Health Center Look-Alikes, 3) American Indian Health facilities, 4) federal prisons, and 5) Immigration and Customs Enforcement Health Service Corps sites. These sites are not required to apply for approval as a National Health Service Corps site during the Site Application cycles, or to recertify every three (3) years. New sites must submit a site application once they have become operational, but may apply at any point during the year.

**Bureau of Health Workforce**– The bureau within the Health Resources and Services Administration that administers the National Health Service Corps and Nurse Corps scholarship and loan repayment programs, the Faculty Loan Repayment Program, the Native Hawaiian Health Scholarship Program, and grants for the State Loan Repayment Program.

**[Centers for Medicare & Medicaid Services-Certified Rural Health Clinic](#)** – A facility certified by the Centers for Medicare & Medicaid Services under section 1861(aa)(2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. Rural Health Clinics are located in a non-urbanized area with an insufficient number of health care practitioners and provide outpatient primary care services, routine diagnostic, and clinical laboratory services. Rural Health Clinics have a nurse practitioner, a physician assistant, or a certified nurse-midwife available to furnish patient care services not less than 50 percent of the time the clinic operates. View the [Rural Health Clinic fact sheet](#) for more information. To search for a Rural Health Clinic, visit the Centers for Medicare & Medicaid Services [Quality and Certification Oversight Reports \(QCOR\) website](#).

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

**Comprehensive Primary Care** – A continuum of care not limited to organ system, a particular illness, or categorical population (for example, developmentally disabled individuals or those with cancer).

**Core Comprehensive Primary Behavioral Health Services** – National Health Service Corps sites must provide the following services on-site and not through affiliation agreements: screening and assessment, treatment plans, and care coordination.

**Correctional Facility** – The National Health Service Corps recognizes state and federal prisons as eligible site types. State prisons are clinical sites administered by the state. 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 auto-approved if these facilities continue to provide comprehensive primary medical, oral, and behavioral health care services, and meet the National Health Service Corps requirements. Visit the [Federal Bureau of Prisons website](#) for more information. **Clinical sites within city, county, and local correctional facilities are not eligible to become National Health Service Corps-approved sites.**

**Critical Access Hospital** – A facility certified by the Centers for Medicare & Medicaid Services under section 1820 of the Social Security Act. A critical access hospital 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.

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

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

**Federally Qualified Health Centers**— Federally Qualified Health Centers include: (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) Federally Qualified Health Center “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.

**Health Professional Shortage Area** – A Health Professional Shortage Area is a geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of the Department of Health and Human Services to have a shortage of primary medical, oral, or behavioral health care professionals based on criteria defined in regulation. Information considered when designating a primary care Health Professional Shortage Area includes health provider to population ratios, rates of poverty, and access to available primary health services. Health Professional Shortage Areas are designated by the Shortage Designation Branch, within the Health Resources and Services Administration’s Bureau of Health Workforce Division of Policy and Shortage Designation, pursuant to Section 332 of the Public Health Service Act (42 U.S.C. 254e), and implementing regulations (42 C.F.R. Part 5).

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

**Health Workforce Connector** – a searchable database of open job opportunities and information on National Health Service Corps-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, and meet the National Health Service Corps requirements.

**Medications for Opioid Use Disorder** – An approach to opioid use treatment that combines the use of FDA-approved drugs with counseling and behavioral therapies for people diagnosed with opioid use disorder. Historically, pharmacological treatment for opioid use disorder was referred to as “Medication-Assisted Treatment.”

**Mobile Units/Clinics** – The National Health Service Corps recognizes mobile units/clinics as medical vehicles (for example, mobile health vans) that travel to underserved rural and urban communities,

providing a majority (>50%) of primary care services to individuals located in a Health Professional Shortage Area.

**National Health Service Corps** – “The Emergency Health Personnel Act of 1970,” Public Law 91-623, established the National Health Service Corps on December 31, 1970. The [National Health Service Corps](#), 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 Health Professional Shortage Areas. The National Health Service Corps 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.

**National Health Service Corps-Approved Site** – Each health care site must submit a National Health Service Corps Site Application to become a [National Health Service Corps-approved site](#). In order for a site to be eligible for National Health Service Corps approval, it must meet all applicable eligibility requirements as set forth in the National Health Service Corps Site Agreement and National Health Service Corps Site Reference Guide. If the site application is approved, the site becomes a National Health Service Corps-approved site. All National Health Service Corps-approved sites must continuously meet National Health Service Corps requirements.

**National Health Service Corps Loan Repayment Program** – Under the [National Health Service Corps Loan Repayment Program](#), participants provide full-time or half-time primary health services in Health Professional Shortage Areas in exchange for funds for the repayment of their qualifying educational loans. The National Health Service Corps Loan Repayment Program selects fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of medically underserved Health Professional Shortage Areas.

**National Health Service Corps Loan Repayment Program Continuation Contract** – A [Continuation Contract](#) is an optional, one-year extension of a National Health Service Corps Loan Repayment Program contract. The award level is dependent on the service status (that is, half- or full-time clinical practice) and the particular year of additional support. National Health Service Corps Loan Repayment Program participants must meet all program eligibility criteria in effect at the time they are being considered for a continuation contract, which includes providing documentation that all previously received National Health Service Corps Loan Repayment Program payments were applied to reduce their qualifying educational loans. A continuation contract will not take effect until the current contract is completed and the continuation contract has been countersigned by the Secretary of the Department of Health and Human Services or their designee. A National Health Service Corps Loan Repayment Program participant cannot be guaranteed a continuation contract since awards are contingent upon the availability of funding.

**National Health Service Corps Rural Community Loan Repayment Program** –The [National Health Service Corps Rural Community Loan Repayment Program](#) recruits medical, nursing, and behavioral health clinicians with specific training and credentials to provide evidence-based substance use disorder

treatment in communities in rural Health Professional Shortage Areas, [as designated by the Health Resources and Services Administration](#).

**National Health Service Corps Scholarship Program** – The [National Health Service Corps Scholarship Program](#) is a competitive federal program that awards scholarships to students pursuing primary care health professions training. In return for each school year or partial school year of National Health Service Corps scholarship support received, students agree to provide full-time primary care services for one (1) year in a National Health Service Corps-approved service site located in or serving a Health Professional Shortage Area. For each school year or partial school year of scholarship received, the scholar must serve for one year, except that there is a minimum of two years of service for the first year of scholarship support, with a maximum four-year commitment.

**National Health Service Corps Students to Service Loan Repayment Program** – The [National Health Service Corps Students to Service Loan Repayment Program](#) is a competitive federal program that provides loan repayment awards to students in their final year of school pursuing a degree in medicine, dentistry, or a postgraduate degree or certificate from a school or program in nurse midwifery education, physician assistant education, or nurse practitioner education. In exchange for loan repayment, these individuals agree to provide primary health care services for a three-year service commitment at National Health Service Corps-approved sites located in or serving Health Professional Shortage Areas.

**National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program** – The [National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program](#) recruits and retains medical, nursing, and behavioral health clinicians with specific training and credentials to provide evidence-based substance use disorder treatment and counseling in eligible communities of need designated as Health Professional Shortage Areas. Participants receive loan repayment to reduce their educational financial debt in exchange for a service obligation to work at National Health Service Corps-approved substance use disorder treatment facilities.

**National Practitioner Data Bank** – The [National Practitioner Data Bank](#) 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 Substance Abuse and Mental Health Services Administration-certified Opioid Treatment Programs, that provides office-based **Medications for Opioid Use Disorder** services to patients with opioid use disorder.

**Opioid Treatment Program** – Sites that provide Medications for Opioid Use Disorder and are certified by the Substance Abuse and Mental Health Services Administration, in accordance with 42 C.F.R. Part 8. Opioid Treatment Programs must also be accredited by an independent, Substance Abuse and Mental Health Services Administration-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.

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

**Primary Care** – The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

**Primary Health Services** – Health services, including behavioral/mental health, family medicine, internal medicine, pediatrics, geriatrics, obstetrics and gynecology, or dentistry, that are provided by physicians or other health professionals and for purposes of the National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program and the National Health Service Corps Rural Community Loan Repayment Program, includes clinical substance use disorder treatment services.

**Rural** – Geographical area located in a Health Resources and Services Administration-designated rural county or rural census tract in urban counties as defined by the Rural Health

Grants Eligibility Analyzer. To determine if your community is rural, you can use the [Rural Health Grants Eligibility Analyzer](#). Look up [eligible census tracts within urban counties](#).

**Rural Emergency Hospital** – A facility certified by the Centers for Medicare & Medicaid Services 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. Rural Emergency Hospitals do not provide inpatient services but may offer other outpatient and post-acute care services, including skilled nursing facility services. For more information on Rural Emergency Hospitals, please refer to the Centers for Medicare & Medicaid Services [page](#) and [fact sheet](#).

**School-Based Clinics** – A part of a system of care located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; organized through school, community, and health provider relationships. This facility provides - through health professionals - primary health services to school-aged children and adolescents in accordance with 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 are not affiliated with Federally Qualified Health Centers/Look-Alikes, therefore they are non-auto-approved sites. However, School-Based Health Centers or School-Based Programs are part of the scope of work of approved Federally Qualified Health Centers/Look-Alikes.

**Site Point of Contact** – A point of contact is a person who serves as the coordinator or focal point of information concerning Bureau of Health Workforce programs and activities. A single organization may

have multiple points of contact depending on the programs the organization is involved in and the role of the identified points of contact.

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

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

**State and Territorial Primary Care Offices** – [State/territorial Primary Care Offices](#) provide assistance to communities seeking: 1) Health Professional Shortage Areas designations; and 2) Recruitment and retention assistance as National Health Service Corps-approved sites. Primary Care Offices work collaboratively with Primary Care Associations and the National Health Service Corps program to increase access to primary and preventive health care and improve the health of underserved and vulnerable populations.

**State or Local Health Department**– Primary or behavioral health clinics operated by a state, county, or local health department.

**Substance Abuse and Mental Health Services Administration Certified Community Behavioral Health**

**Centers** - Mental health clinics certified by the Substance Abuse and Mental Health Services Administration to provide comprehensive behavioral health and substance use treatment services to individuals, regardless of their ability to pay. They 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 substance use 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** – 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.

**Substance Use Disorder Treatment** – Refers to substance use disorder-related care that is delivered based on a standardized assessment of substance use disorder treatment needs.

**Substance Use Disorder Treatment Facility** – A collective term used to refer to Substance Abuse and Mental Health Services Administration [Opioid Treatment Programs](#), and Office-Based Opioid Treatment facilities providing medications for opioid use disorder. Clinicians working at these sites can apply to the

National Health Service Corps Substance Use Disorder 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 National Health Service Corps 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 appropriate National Health Service Corps Application and Program Guidance for more details regarding telehealth requirements.

**Uninsured** – Individuals with no private health insurance, Medicare, Medicaid, state Children’s Health Insurance Program, 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.