



**WASHINGTON STUDENT
ACHIEVEMENT COUNCIL**
EDUCATION › OPPORTUNITY › RESULTS

**HEALTH PROFESSIONAL LOAN REPAYMENT
SITE APPLICATION PROCESS**

**Technical Assistance
Webinar
December 3, 2015
10:00 a.m.**

Webinar Agenda

- Introduction of program staff
- Acknowledge participants
- Review Application Process
- Answer questions from participants

LOAN REPAYMENT SITE APPLICATION

Online Application Cycle

October 12, 2015

through

December 11, 2015

To read about the program and register/login

Go to:

www.wsac.wa.gov/health-professionals

Two Programs

Health Professional Loan Repayment Program- **HPLRP:**

- State funded awards
- Minimum three-year service contract
- Allows less than full time employment
- \$75,000 maximum award

Federal – State Loan Repayment Program - **FSLRP:**

- Federal Grant matched with state dollars
- Minimum two-year service contract
- Required to work 40 hours minimum per week
- Site must be not-for profit
- Site must be designated or located in HPSA
- Site must have posted and implemented sliding fee discount schedule
- \$70,000 maximum award

See Site Reference Guides for full details.

Health Professionals



info@wsac.wa.gov | (360) 753-7800
917 Lakeridge Way SW | Olympia, WA 98502



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HEALTH PROFESSIONALS

The Health Professional Loan Repayment Program encourages licensed primary care health professionals to serve in Washington's critical shortage areas. The program provides financial assistance through either conditional scholarships or loan repayment. The loan repayment portion of the program provides educational repayment assistance to licensed primary care health professionals. Applicants agree to provide primary care health care in rural or underserved urban areas with designated shortages.

In 2014, approximately 100 health professionals worked in underserved areas of Washington as a result of this program. Since 1990, the program has funded over 1,000 professionals serving in 38 Washington counties. Further, according to a recent national survey, over 80 percent of the recipient responders anticipate remaining in their health professional shortage service site for two additional years following their service term.

Health sites apply annually to participate in the program. The eligible site list is posted in January. The loan repayment portion of the program is comprised of two separate programs:

1. The Federal-State Loan Repayment Program (FSLRP) which uses matching federal grant funds for awards.
2. The Health Professional Loan Repayment Program (HPLRP) which uses state dollars only for awards.

The FSLRP Provider Application opens in January and closes March 13, 2016. It is a two-year contract with a maximum award of \$70,000. Awardees must work a minimum of 40 hours per week. The HPLRP Provider Application opens March 16, 2016, and closes May 29, 2016. It is a minimum three-year contract with a maximum award of \$75,000. Awardees may work less than full time, but a minimum of 24 hours per week, which then prorates their service.

Provider Information

Eligible Professions	Eligible Sites	Participant Requirements
Service Obligation	Application Process	

The Site Application is now open and will close on December 11, 2015. Sites may apply to be approved for both the FSLRP and the HPLRP through one application.

Site Information

Site Eligibility	HPSA Designation	Application Process
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CONTACT INFORMATION

Chris Wilkins
Program Manager
health@wsac.wa.gov
360.753.7794

FOUNDATION

RCW 28B.115

The Legislature created the Health Professional Loan Repayment and Conditional Scholarship program to address a shortage of health care professionals and services in rural and underserved communities. The Washington Student Achievement Council administers the program in collaboration with the Department of Health and other partners.

WAC 250-25

Defines participant and program eligibility, selection criteria, award limits, and protocols for distribution, repayment, and appeals.

RESOURCES

Loan Repayment Program Forms:

- [Quarterly Service Verification Form Instructions](#)
- [Loan Repayment Quarterly Service Verification - \(PDF\)](#)
- [Loan Repayment Quarterly Service Verification - \(Word\)](#)
- [Request for Deferment of Service or Payment](#)
- [Transfer Request](#)
- [Frequently Asked Questions](#)
- [Program Overview](#)

Scholarship Forms:

- [Quarterly Service Verification Form Instructions](#)
- [Scholarship Quarterly Service Confirmation Form \(PDF\)](#)
- [Scholarship Quarterly Service Confirmation Form \(Word\)](#)
- [Scholarship Quarterly Service Confirmation Form-Faculty \(PDF\)](#)
- [Scholarship Quarterly Service Confirmation Form-Faculty \(Word\)](#)

Click on “Site Information”

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Site Information

Site Eligibility

HPSA Designation

Application Process

Site Eligibility:

- Sites must reapply each year to be listed on the eligible site list.
- New site applicants must first register and then contact the program to have their site added (360.753.7794).
- If the organization has multiple clinic/locations, each individual site (physical location) must submit a separate application.
- Dental, Medical, Mental Health and Pharmacy (new this year) applications must be submitted separately.

The site:

- May apply for multiple professions.
- May apply for both recruitment and retention.
- Must submit the application online by the deadline date.
- Will be notified of the status of their application by email.

The site application must be approved prior to the provider being eligible to apply.

Both the site application and provider application are competitive processes. Not all who apply will be approved or awarded.

For more information, please see the site reference guides:

- The Federal-State Loan Repayment Program
- Health Professional Loan Repayment Program

Be sure you read the site reference guides before you begin the application.

HPSA Designation (required for FSLRP)

Site Information

Site Eligibility

HPSA Designation

Application Process

To be eligible for the Federal-State Loan Repayment Program (FSLRP) the site must either be located in a Federal Health Professional Shortage Area (HPSA) or have a HPSA designation with a score of 1 or higher. Find out if your site qualifies [here](#).

The Health Professional Loan Repayment Program (HPLRP) does not require a HPSA designation to be eligible.

[Click here to find your HPSA Score](#)

Application Process

[Click here to register/login](#)

Site Information

Site Eligibility

HPSA Designation

Application Process

The Washington Student Achievement Council, in coordination with the Department of Health, oversees the site application process. To access the online application [here](#). Click on register and follow the directions to register under the column "Students/Parents/Other" and then select "Register as a Health Professional."

If you have submitted an online site application previously, enter your email address and password to login and access your site application. If you forgot your password, click on the link to reset your password. Please note, you will not be able to access the application when the application cycle is not open.

Once you submit the application, you will not be able to make changes. You can contact Chris Wilkins at chrisw@wsac.wa.gov or call 360-753-7794 for questions.

Create a User Log-in Account

If you are already registered,
Login here.

email address password (forgot it?)



Middle/High School Staff

To nominate students for the Washington Scholars Award, [activate your account](#)
[Enter College Bound applications](#) for students

Financial Aid Administrators

[CSAW](#)
[Unit Record](#)

Students/Parents/Other

[Register](#) for a username and password
[Apply](#) for the College Bound Scholarship
[Register as a Health Professional](#)

If you have not registered before,
click here to set up a login registration



Please enter the following information so we can register your account.

If we are unable to create your account, please contact staff directly for help in setting up login access:

Registration **Help** Contacts (click to show contacts)

- [Health Professional Conditional Scholarship and Loan Repayment Program](#)
- [Health Loan Repayment Healthsite Application](#)
- [Future Teacher Conditional Scholarship and Loan Repayment Program](#)
- [Washington Scholars Program](#)

Name: first MI Last

Enter your name here
And click next

Begin Application

[Guidelines](#) -- [Site Name and Address](#) -- [Contacts](#) -- [Facility](#) -- [License Types](#) -- [Sliding Fee](#) -- [Review](#)

Loan Repayment - Health Site Application

2016-2017

Wilkins Medical Clinic

Status: **Incomplete**

[Application Admin](#)

[Help/Contact Info](#)

Login anytime to check the status of your application.

Health Site Name	Last Activity	Status
Wilkins Medical Clinic	10/12/2015	Incomplete <small>View/Print not available for Incomplete applications.</small>

Start Another Application

- Please **read** the following guidelines carefully.
- Not every Health Site will qualify.

Site Reference Guides:

[Health Professional Loan Repayment Program \(HPLRP\)](#)
[Federal-State Loan Repayment Program \(FSLRP\)](#)

Be sure you read the Site Reference Guides before continuing.

I have read and understood the **Site Application Guidelines**.

Check each option that applies to your site.

- This Health Site has been in business longer than one year.
- This site meets the definition of non-profit or for-profit eligibility. This is required for the (FSLRP). See Site Reference Guide for details.
"Non-profit private entity means an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose" (42 C.F.R. 62.52). For-profit health facilities operated by non-profit organizations must follow the same guidelines as all other SLRP sites.
- This site is located in a HPSA or has a HPSA designation. This is required for the (FSLRP). See Site Reference Guide for details.

HPSA is a federal designation for Health Professional Shortage Area. Go to:
<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> to find out if you meet the HPSA designation criteria.

1. To be eligible for FSLRP, All four boxes **must** be checked.
2. For HPLRP, you must check the first two boxes, check any other box that applies.

[Next](#)

Loan Repayment - Health Site Application

2016-2017

Wilkins Medical Clinic

Status: Incomplete

[Application Admin](#)

[Help/Contact Info](#)

- Click on the arrow below to find your site.
- If your site is not listed, click on the Help/Contact Info link above or call 360-753-7794 so your site can be added. *(Check to see if the site is listed under a different name, such as under the hospital's clinic name.)*
- A hospital and a hospital owned clinic are two separate sites for our program purpose and must submit separate applications.
- If your organization has more than one clinic, you must submit separate applications for each clinic - physical location.
- If you have dental, medical and behavioral health clinics, you must submit separate applications for each one, and count the number of patients for each one separately.
- **NEW THIS YEAR.** You must submit a separate application for **Pharmacy**. Do not include your Pharmacist request with your Medical Clinic or Hospital application.

Use the **physical address and zip code of the actual location** of the clinic for the **physical location**. This impacts the site score.

Please note the requirements for separate applications.

New requirement this year – Pharmacy requires a separate application.

Wilkins Medical Clinic

Select site name from drop down menu.

Site Address (Physical location of the clinic)

Physical Addresses	
Business:	123 This street Olympia, WA 98504
Edit Delete	
+ Add New Address	

Be sure to use the clinic/site address – NOT the business address here. It is used in the scoring process

1. "Business Address" is the clinic's physical street address.
2. If your "Mailing Address" is different, then please enter that address too.

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Loan Repayment - Health Site Application

2016-2017

Wilkins Medical Clinic

Status: Incomplete

[Application Admin](#)

[Help/Contact Info](#)

Please enter or edit your contact information.

A blue underlined name indicates a clickable EMail link.

After you add a contact, click 'Edit' to add an address, phone number or email for that person.

Contact Information

Contacts <input type="checkbox"/>	
Chris Wilkins	HEALTH
 Edit	 Delete
<input type="text"/>	
+ Add New Contact	

Contact is required to be designee of site - authorized to submit application.

Loan Repayment - Health Site Application

2016-2017

Wilkins Medical Clinic

Status: Incomplete

[Application Admin](#)

[Help/Contact Info](#)

Provide the following patient numbers for:

- Medicare/Medicaid,
- Sliding fee or discounted care regardless of ability to pay
- Charity care.

Collect this information to be able to calculate the data below.

We will ask for patient days or number of unduplicated patients, depending on the type of site you are.

- Use the most recently completed calendar or fiscal year.
- If you have multiple sites, provide counts for this physical site located at the address provided for this clinic only
- If you do not have actual data - **do not send estimates**. Contact [Chris Wilkins](#) at (360-753-7794) to discuss.
- Do not include write-offs.
- Uninsured does not include private pay patients.

Facility Type

Medical Clinic ▼

Facility Designation

--Select Designation that best describes your site-- ▼

Patient Profile Data

- A. Patient Count: Total annual unduplicated active Medicare/Medicaid, uninsured, charity patients, sliding fee schedule.
- B. Patient Count: Total annual unduplicated active patients.

Facility Type	A. Patient Count	B. Patient Count	
Medical Clinic	500.00	2000.00	Edit Delete

Loan Repayment - Health Site Application

2018-2017

Wilkins Medical Clinic

Status: Incomplete

[Application Admin](#)

[Help/Contact Info](#)

Provide the following patient numbers for:

- Medicare/Medicaid,
- Sliding fee or discounted care regardless of ability to pay
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Facility Type

[ress provided for this clinic only](#)

at (360-753-7794) to discuss.

Medical Clinic ▼

--Select Facility Type--

Dental Clinic

Hospital

Medical Clinic

Mental/Behavioral Health

Nursing Home

State Institution

Select Facility Type

Facility Type

Medical Clinic ▼

Facility Designation

--Select Designation that best describes your site-- ▼

Patient Profile Data

- A. Patient Count: Total annual unduplicated active Medicare/Medicaid, uninsured, charity patients, sliding fee schedule.
 B. Patient Count: Total annual unduplicated active patients.

Facility Type	A. Patient Count	B. Patient Count	
Medical Clinic	500.00	2000.00	Edit Delete

Enter Patient Profile Data

--Select Designation that best describes your site-- ▼

--Select Designation that best describes your site--

Community Mental Health Center

Federally-Qualified Health Centers (FQHC)

Community Health Center (CHC)

Rural Health Clinic (RHC)

Tribal Clinic

County Public Health Clinic

Free Clinic

Mobile Clinic

Private Practice (Solo or Group)

Hospital based/owned clinic

Community Outpatient Facility

Critical Access Hospital

Long-term Care Facility

Mental Health Facility

Urgent Care Center (attached to qualified clinic)

Select Facility Designation

This information is used to calculate critical staffing need. One Full Time Equivalent (FTE) = 40 hours of work per week.

FSLRP REQUIRES PROVIDERS TO WORK FULL TIME:

Definition of "full time" employment:

- For all health professionals, except as noted below: At least 32 hours of the minimum 40 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s) specified above.
- The remaining 8 hours per week is/will be spent providing clinical services to patients in the above offices, performing clinical support activities in alternate locations as directed by the above site(s), or performing practice-related administrative activities.
- For Women's Health, FPs practicing OB on a regular basis, providers of gynec services, nurse midwives, and pediatric dentists health providers:
 - At least 21 of the minimum 40 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s) specified above.
 - The remaining 19 hours per week is/will be spent providing clinical services to patients in the above offices, performing clinical support activities in alternate locations as directed by the above site(s), or performing practice-related administrative activities (with practice-related administrative activities not to exceed 8 hours per week).

HPLRP ALLOW \$ PROVIDERS TO WORK LESS THAN FULL TIME BUT NOT LESS THAN 24 HOURS PER WEEK:

- For less than full time employment, only 4 hours per week is allowed performing clinical support activities in alternate locations as directed by the approved site(s), or performing practice-related administrative activities (with practice-related administrative activities not to exceed 4 hours per week).

For FSLRP

- No more than 7 weeks (35 work days) per service year can be used for vacation, holiday, continuing education, illness or any other reason.
- The site supervisor must notify our office immediately if a participant exceeds the 35 day limit as this is a breach of contract.

For HPLRP

- No more than 8 weeks (40 work days) per service year can be used for vacation, holiday, continuing education, illness or any other reason.
- The site supervisor must notify our office immediately if a participant exceeds the 40-day limit as this is a breach of contract.

Recruitment means the provider began on or after July 1st of the current year.

Retention means the provider was working on or before June 30th of the current year.

Provider Type	Vacant (Recruitment) FTE (a)	Budgeted FTE (b)	Retention Positions (c)	Filled FTEs (d)
Fill in this information for each of the selected provider types	For this provider type - the number of budgeted FTE's that have been, are or will be vacant at any time on or after July 1st of the current year (even if filled at the time of application submission)	For this provider type - the number of budgeted FTE's your site has allocated funds for	For this provider type - the number of current providers already on staff wishing to apply for loan repayment	For this provider type - the number of providers who are employed as of July 1st of this year.

- NOTE: You will need to count any new hires since July 1st of the current year as a Vacant FTE in order for them to qualify as a recruitment applicant and to be eligible to apply during the provider application cycle.
- The number of Vacant FTEs and Filled FTEs should equal the Budgeted FTE number.
- Do not leave blanks!
- If you know for certain an employee is going to leave within the next six months and you want to use a recruitment slot, reduce your filled FTE by one and increase your vacant FTE by one.
- Once the application cycle closes, **changes cannot be made**. This includes changing recruitment to retention or vice versa.
- Provide numbers for this clinic only

Please Select a Provider License Type

(And keep selecting until all your provider license types are represented.)

--Select a Provider--

Provider Type	Vacant FTE(a)	Budgeted FTE(b)	Retention Positions(c)	Filled FTEs(d)	
Naturopathic Doctor	0.00	2.00	1.00	2.00	Edit Delete

Note: FSLRP Maximum 35 days per year away from clinic. Includes Holidays, vacation, illness, continued education, etc.

Note: HPLRP Maximum 40 days per year away from clinic. Includes Holidays, vacation, illness, continued education, etc.

Use the actual work start date – not contract start date to determine recruitment or retention status.

Note: Don't forget to include any new hires since July 1st – indicate them as a vacancy so they can apply as a recruitment during the provider cycle.

Loan Repayment - Health Site Application

2016-2017

Wilkins Medical Clinic

Status: **Incomplete**

[Application Admin](#)

[ip/Contact Info](#)

Sliding-fee discount patients are patients that receive care on a:

- Sliding-fee discount schedule,
- Ability-to-pay, or
- Free of charge basis.

To be eligible for the sliding fee discount score: your site must have an active/implemented Sliding Fee Schedule and a public notice of its availability for all patients conspicuously posted near the front desk or check-in area. This will be verified during site visits.

Terms and Definitions Examples in [MS Word](#) or [PDF](#)

- Sliding fee schedule posted and used

Or site is:

- WA DOC
- WA DSHS
- Tribal Clinic

- The Sliding Fee Schedule must be **posted and implemented** in order to check this box.
- If this box is checked, it must be used by the entire site, not just by the provider applying for loan repayment.
- The sliding fee schedule is **required for FSLRP** but is optional for HPLRP.

Click here for sliding-fee discount schedule examples

Review Application carefully before you “SUBMIT”

[Guidelines](#) → [Site Name and Address](#) → [Contacts](#) → [Facility](#) → [License Types](#) → [Sliding Fee](#) → [Review](#)

Loan Repayment - Health Site Application

2016-2017

Wilkins Medical Clinic

Status: **Incomplete**

[Application Admin](#)

[Help/Contact Info](#)

All application entries are valid and accurate to the best of my knowledge.

1. Please make sure to review your entries FIRST (before clicking "Submit Application") by using the **PREVIOUS** button.
2. Once you click the "Submit Application" button, you will not be able to make any changes to your application (we will have to make them for you).
You WILL, however, be able to print a copy of your application at any time that is convenient for you.
3. If you have questions or wish to amend your application in the future, please contact the WSAC or DOH by using the [Help/Contact Info](#) link above.
4. Clicking the "Submit Application" button will submit your application to the WSAC where it will be further reviewed by staff.

I hereby certify that the information presented on this application is true, accurate and complete and that I have the appropriate authority to submit this application on behalf of my employer/organization.

The person who submits this application is required to have signature authority for the clinic/organization. This cannot be filled out by the provider who is planning to apply for the program. They will be disqualified if they complete this application.

Once you click the "submit" button you will not be able to make changes.

The Checkbox must be checked.

[Previous](#) [Submit Application](#)

Helpful Hints

- BE SURE:
- To know employees interest in program so they are included in the site application requests
- To calculate the recruitment vs retention correctly
- To submit a separate application for each facility type (example – behavioral/mental health vs medical even if located at same physical address)
- To submit a separate application for pharmacy.
- To count new hires between July 1st and the time you submit the site application as a vacancy on the application
- You understand that providers cannot have a Sign-on or Moving Expense Bonus that require a pay-back clause in their contract or agreements. This is a service obligation and will make them ineligible for the loan repayment program.

Program Calendar

2016-17 Application Cycles

	Applications Time Line
October 2015	Site Application Opens – One Application for Both Programs
December 11, 2015	Site Application Closes
December, 2015	Site receives notification of application request status
January, 2016	FSLRP Provider Application Cycle Opens
March 13, 2016	FSLRP Provider Application Cycle Closes
March 16, 2016	HPLRP Provider Application Program Cycle Opens*
May 29, 2016	HPLRP Provider Application Program Cycle Closes*
June 2016	Applicants receive notification of application status
July 1, 2016	New contract for both program awards begin

Application Information

- Site application cycle closes at 5:00 p.m. on December 11, 2015.
- You will receive email notification on the status of your request by the end of December.
- The approved site list will be posted on the Washington Student Achievement Council Website in January 2016.
- The FSLRP Provider online application will open the first week of January 2016 and close March 13, 2016

Application Information- Continued

- The HPLRP Provider online application will open March 16, 2016 and close May 29, 2016.
- New provider contracts will begin July 1, 2016.
- Psychiatrists and Mental Health ARNP's working at Eastern and Western State Hospitals will receive priority awarding.

Program Comparisons

HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM (HPLRP)

Awards use state funds only

Maximum \$75,000 award

Minimum 3-year service obligations

Minimum 24 hour work week work (service obligation is prorated)

Default penalty – funds disbursed doubled plus interest

Leave time away from clinic per year (including holidays, sick, vacation, continuing education, etc.) 40 days per year

Eligible Sites – See Provider Reference Guide for full details, but does not have to have to be a Health Professional Shortage Area (HPSA) designation or a not-for-profit and a posted sliding fee schedule is optional.

Eligible Providers: MD, DO, ND, Psychiatrist, Physician Assistant, Nurse Practitioner, Registered Nurse, Licensed Practical Nurse, Pharmacist, Certified Nurse Midwife, Licensed Midwife, DDS, or DMD

SEE HPLRP SITE REFERENCE GUIDE FOR FULL DETAILS

FEDERAL-STATE LOAN REPAYMENT PROGRAM (FSLRP)

Awards use federal funds matched with state dollars

Maximum \$70,000 award

Minimum 2-year service obligation

Minimum 40 hour work week

Default penalty – Months not served x \$7,500 per month plus interest (minimum of \$31,000 payback)

Leave time away from clinic per year (including holidays, sick, vacation, continuing education, etc.) approximately 35 days per year

Eligible Sites – See Provider Reference Guide for full details, but must have a federal Health Professional Shortage Area (HPSA) designation, be a not-for-profit and have an implemented and posted sliding fee schedule

Eligible Providers: MD, DO, Psychiatrist, Physician Assistant, Nurse Practitioner, Registered Nurse, Pharmacist, Certified Nurse Midwife, DDS, or DMD

SEE FSLRP SITE REFERENCE GUIDE FOR FULL DETAILS

Frequently Asked Questions

- **Q.** What makes a site eligible?
- **A.** The site must serve a high number of underserved urban populations or be located in a rural area. 40% minimum Medicare/Medicaid or CHIP
- **FSLRP sites** must be located in or have a HPSA designation with a score of 1 or higher. FSLRP sites must have a sliding fee schedule and must be a not-for-profit.
- **Q.** How often does the site have to apply?
- **A.** The site must apply annually.
- **Q.** What if the site has multiple clinics?
- **A.** An application must be submitted for each individual physical site, and for each designated type: medical, dental, behavioral health and/or pharmacy. A hospital and a hospital owned clinic must submit separate applications.

Frequently Asked Questions

- **Q.** What Provider Types are Eligible?
- **A.** The Site Reference Guides gives in-depth information on what provider types are eligible for each program – FSLRP and HPLRP. It is important that you read the site reference guides and understand which program your site is eligible for.
- What is the role of the site once the provider has been awarded loan repayment?
- **A.** The site is responsible for verifying the provider's hours of eligible service and signing the Quarterly Service Verification Form. You will be asked to sign a Memorandum of Agreement that will detail your responsibilities while the provider is under contract with the program.

Frequently Asked Questions

- **Q.** Can a site that already has a provider on loan repayment be eligible for another provider to receive an award?
- **A.** Yes, every year is a new source of funds. It doesn't matter who or how many providers were awarded at your site in the past.
- **Q.** What if a provider wants to leave the site before the end of their contract?
- **A.** It is the goal of the program to have all providers complete their contract at the site of their award. However, we do allow for transfers to another eligible site under certain circumstances.
- **Q.** What are the chances of my provider getting a loan repayment award?
- **A.** With limited funding, the process is very competitive. There is no guarantee that your provider will get an award.

Frequently Asked Questions

- **Q.** How are awards determined?
- **A.** Awards are based on score. When your site applies, it receives a score based on data from your site, such as your geographical location (data from your zip code), the ratio of underserved patients, staffing criteria and use of a sliding fee schedule. When the provider applies, they receive a score based on elements from their application (elements not disclosed to protect the integrity of the scoring process). These two scores are added together to create a total score. Awards are based on score. The exception to this is Eastern and Western State Hospital's Psychiatrists and Mental Health ARNP's who receive priority awarding.

Sample – FSLRP SITE MOA



The HPLRP MOA is similar but addresses the HPLRP program requirements.

MEMORANDUM OF AGREEMENT

Between the
Washington Student Achievement Council
and the Site

THIS binding MEMORANDUM OF AGREEMENT (MOA) is made and entered into by and between the Washington Student Achievement Council (WSAC or State) and the Site (Site) participating in the Federal-State Loan Repayment Program (FSLRP).

PURPOSE:

The purpose of this MOA is to:

- (1) Increase the availability of primary health care providers in health professional shortage areas (HPSA) in conjunction with the Health Resources and Services Administration (HRSA), Grants to States for Loan Repayment Program (FSLRP) (CFDA No. 93.165).
- (2) Identify the roles and responsibilities of WSAC and the Site (Site) as they relate to the FSLRP. This agreement acknowledges and supports the autonomy of the parties to carry out their separate responsibilities.

THEREFORE, IT IS MUTUALLY AGREED THAT:

1. WSAC will:

1. Apply each year for available federal funds from HRSA Grants to States for Loan Repayment (CFDA 93.165) which are matched by funds from the State of Washington;
2. Review loan repayment applications submitted by eligible providers;
3. Make awards to providers whose applications meet the federal grant criteria to the extent that federal and state matching funds are available;
4. Make payments to selected and awarded providers over a two-year contract period or the one-year contract extension;
5. Pursue collections of repayments from providers who default on their service obligation contracts;
6. Receive the repayment from providers who default on their service obligation consistent with the requirements under financial consequences of breach of the FSLRP contract; and
7. Track providers service obligation through the WSAC program's portal programming system.

Sample – FSLRP SITE MOA

2. Site will:

1. Complete the annual site application during the site application cycle if it wishes to allow new providers the opportunity to apply;
2. Identify a staff liaison between WSAC loan repayment staff and providers;
3. Make available such information as may be required to ensure initial and ongoing HPLRP program compliance of providers and the site;
4. Notify WSAC of any change in work location. Unless otherwise agreed in writing, the provider must complete their minimum two-year contract or the one-year extension contract at the site where they applied and were approved. If Site has multiple clinics, the provider cannot move from one clinic to another without going through a pre-approval transfer process. The provider was approved for the site they applied at and will not get service credit for hours worked at another site.
5. Notify WSAC if the provider fails to meet the full time requirement.
 - a. If the provider falls below the required 40 hours per week at the approved site, it will cause the provider to go into repayment default. (See 2016-17 Site Reference Guide for definition of "Full Time" employment requirements.)
6. Take on the obligation to the provider, when submitting a Site application, to provide a minimum of 40 hours employment per week for the minimum two-year contract period or the one-year contract extension. The Site will take into consideration the provider's contract and obligation when looking at staffing changes;
7. Be required to notify WSAC within one business week if the provider's employment ceases for any reason;
8. Submit at the end of each quarter the Quarterly Service Confirmation Form to verify the hours worked by the provider. It is the Site's responsibility to verify the hours. The Site is to either: fax, email or mail a copy of the form to WSAC so a payment can be processed for the recipient.
9. Retain the original copy of the Quarterly Service Verification Form and provide the original copy to program staff on request for purposes of verification;
10. Notify WSAC and the provider if they have scheduled the provider's last week of the maximum 7.14 weeks (approximately 35 work days per contract year) leave time; (See 2016-17 Site Reference Guide for details.)
11. Ensure the Quarterly Service Verification form is signed by a Site employee with signature authority to verify the hours of the provider; and
12. Download the most current Quarterly Service Verification Form that is posted at the council website: www.wsac.wa.gov/health-professions. (See 2016-17 Site Reference Guide for details.)

3. PERIOD OF PERFORMANCE

Subject to its other provisions, the period of performance of this MOA shall commence on July 1, 2015 and shall remain in effect June 30, 2020 unless modified, extended or terminated as provided herein.

4. GOVERNING LAW

This agreement shall be construed and interpreted in accordance with the laws of the State of Washington and jurisdiction and the venue of any action brought hereunder shall be in Superior Court for Thurston County.

Sample – FSLRP SITE MOA

5. MODIFICATION/TERMINATION:

This agreement will be reviewed at least annually and may be modified in writing by consent of the parties. This agreement shall remain in effect until June 30, 2020 or the commitments for providers receiving repayment from the FSLRP are fulfilled or unless such provider(s) defaults whichever occurs first.

6. INDEMNIFICATION CLAUSE:

The Site shall indemnify, defend and hold harmless WSAC and its board members, employees and agents from and against all claims, losses, or suits, including attorney's fees, for injuries and damages arising out of or resulting from Site's performance of, or obligations under, this agreement; as well the same agreement to indemnify, defend and hold harmless for a Site's subcontractor's performance of, or obligations, under this agreement. Site's obligation to indemnify, defend, and hold harmless includes any claim by Site's employees, or agents or their, employees, representatives or their employees, and Site's, subcontractors or their employees.

Site's obligation to indemnify, defend, and hold harmless the State shall not be eliminated or reduced by any actual or alleged concurrent negligence of State or its board members, employees, and agents.

Site waives its immunity under Title 51 RCW to the extent it is required to indemnify, defend and hold harmless WSAC and its board members, agents or employees.

IN WITNESS WHEREOF, the parties have executed this Memorandum of Agreement.

Financial Assistance Director
Washington Student Achievement Council

Date

Authorized Site Administrator

Date

Printed Name

Title

Site Name

Sample – FSLRP SITE MOA

SITE CERTIFICATIONS AND ASSURANCES:

In signing this agreement the Site makes the following certifications and assurances as a required element of this Memorandum of Agreement, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the undertaking or continuation of this agreement:

1. I/we agree that salaries for health professionals employed by this site and participating in the FSLRP are based on prevailing rates in the area, and that FSLRP contracts have and will not be used as a salary offset.
2. I/we understand that the WSAC will not reimburse me/us for any costs incurred in administering this agreement.
3. I/we certify that I/we am/are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
4. If there are exceptions to these certifications and assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we are providing primary health care services in a federally designated Health Professional Shortage Area (HPSA). (See Site Reference Guide for definition of Primary Care.)

On behalf of the Site (Site) signing the agreement to which this is attached, my name below warrants and attests to the accuracy of the above statements.

Financial Assistance Director
Washington Student Achievement Council

Date

Authorized Site Administrator

Date

Printed Name

Title

Site Name

Contact Information

Chris Wilkins

360-753-7794

health@wsac.wa.gov