WASHINGTON STUDENT ACHIEVEMENT COUNCIL
EDUCATION · OPPORTUNITY · RESULTS

2016-17
Federal-State Loan Repayment Program
FSLRP SITE REFERENCE GUIDE

Web site: http://www.wsac.wa.gov/health-professionals
Email: health@wsac.wa.gov Phone: (360) 753-7794

The purpose of the Federal State Loan Repayment Program Site Reference Guide is to provide information about site eligibility requirements, qualification factors, compliance, roles and responsibilities, as well as other key factors on becoming an eligible site.

It is the responsibility of the site administrator and staff supervising the provider to review this document **prior** to completing the site application. Please feel free to print a copy of this guide to use as a reference throughout the contract period.

Sites must apply annually to be approved if they wish to be an eligible site for providers to apply and compete for a loan repayment award. The site approval is not automatically renewed year to year.

The program is administered by the Washington Student Achievement Council (WSAC) in collaboration with the Department of Health (DOH), as authorized by RCW 28B.115. A planning committee provides expertise related to their professional field. The loan repayment program has helped to recruit and retain over 650 providers throughout the state.

Loan Repayment helps to repay educational loans of health care providers. In exchange for financial assistance, providers work at an eligible site for a minimum of two years, with the possibility of one-year extensions.

The U.S. Department of Health and Human Services - State Loan Repayment Program matches State funds with federal funds. Washington State received a new four-year matching HRSA Federal grant beginning in 2014-15. For this grant cycle, $10 million annually was available. Of the 45 states that applied, Washington ranked seventh with an award of $525,000 which is matched with state funds for a total of $1,050,000 for the program.

Information on the Washington State program (HPLRPS) can be found in the HPLRP Site Reference Guide.

SECTION ONE: PROGRAM OVERVIEW

PROGRAM OVERVIEW

	FSLRP - 50% Federal Funds/50% State Funds
Site Eligibility	• Must apply annually. • Must have a federal Health Professional Shortage Area (HPSA) designation or be located in HPSA • Must be a "not-for-profit" • Must have a posted and implemented sliding fee schedule
Provider Eligibility	• Must work full time (minimum 40 hours per week) • Minimum two-year service obligation • Applicants are not guaranteed an award – it is a competitive process, based on score • Additional Eligibility Criteria outlined in Provider Reference Guide (Available in January 2016)
Funding	• Current FSLRP award for Washington State is $525,000 per year matched with $525,000 state dollars.
Provider Award	• $70,000 for two-year contract*, not to exceed provider's individual loan debt* • Possible extension based on funds available and remaining eligible debt
Eligible Professions	Determined by Federal HPSA designations. • Physician (MD/DO), Family Medicine, Women's Health, General Internal Medicine, Geriatrics, General Pediatrics • General Psychiatrist (MD/DO)* (must meet the qualifications for physicians above AND serve exclusively in mental health HPSAs) • Physician Assistant* (Adult, Family, Pediatric, Psychiatric, Mental Health, Geriatrics, and Women's Health) • Nurse Practitioner* (Adult, Family; Pediatric, Psychiatric, Mental Health, Geriatrics, and Women's Health) • Registered Nurse* • Certified Nurse Midwife: {Must have: A master's degree or post-baccalaureate certificate from a school accredited by the American College of Nurse-Midwives (ACNM); National certification by the American Midwifery Certification Board (formerly the ACNM Certification Council); AND a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from Washington State.} • Pharmacist: Must work as a **general staff** pharmacist, filling and dispensing prescriptions. Time spent on educational classes, working with specialty patients (such as warfarin, diabetes) would fall under same the 8 hour rule as the other professions. • Dentist (DDS, DMD) • Dental Hygienist *Include mental health

Provider must practice full-time providing primary care health services. Full-time service is defined as a minimum of 40 hours per week, for a minimum of 45 weeks per year. (This means no more than 7.14 weeks or approximately 35 days per year can be spent away from the clinic for any reason including holidays, vacation, sick leave and continuing education.)

PROGRAM CALENDAR
2016-17 Application Cycle

	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

**Information on the Washington State program (HPLRP) can be found in the HPLRP Site Reference Guide.*

ELIGIBLE FSLRP SITE TYPES:

Sites approved by the FSLRP program are health care facilities that provide comprehensive outpatient, ambulatory, primary health care services including Critical Access Hospitals, state Mental Health Hospitals, Nursing Homes, and clinics who are located in or have a Health Professional Shortage Area (HPSA) designation. To become approved, the site must submit an online application **each year** during the open application cycle. Normally the site application runs between July and September. For the 2016-17 application cycle, the application cycle will open in October and run through December 11, 2015. (Dates are posted on our website: www.wsac.wa.gov/health-professionals.)

HPSA Designation:

HPSAs are designated by the Bureau of Health Workforce as having shortages of primary medical care, dental, or mental health providers and may be a geographic area (e.g. county), a population group (e.g. low-income), a public or private nonprofit medical facility or other public facility. In order to be designated as a HPSA, communities or facilities apply for designations by providing the required data an area, population or facility. Applications are submitted through the State Primary Care Offices (PCO); additional information is provided below.

There are three HPSA categories – primary care, dental, and mental health. In addition to being designated as a HPSA, a community, population, or facility is scored on the degree of shortage that exists based on the same factors used in the designation process. HPSA scores range from 1 to 25 for primary care and mental health, and 1 to 26 for dental health. The numerical score provided for a HPSA reflects the degree of need (i.e. the higher the score, the greater the need).

Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, and Indian Health Service (HIS) sites are automatically designated as being a facility HPSA, and **some** Rural Health Centers (RHC) that meet additional criteria **may be** automatically designated as a facility HPSA.

To apply for or request a HPSA designation, please contact your State PCO. State PCO contacts can be found at http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html. Applicants may also search for this information using the following links: by site address: http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx or by state and county: http://hpsafind.hrsa.gov.

Currently sites must have a HPSA score of 1 or higher to be eligible to apply, however the actual HPSA score is not used in determining the site score used for approval.

Comprehensive Primary Care (CPC) Definition:

CPC is defined as the delivery of preventive, acute and chronic primary health services. Approved primary care specialties are adult, family, internal medicine, general pediatric, geriatrics, general psychiatry, mental and behavioral health, women's health, and obstetrics/gynecology. CPC is a continuum of care not focused or limited to gender, age, organ system, a particular illness, or categorical population (e. g. developmentally disabled or those with cancer). CPC should provide care for the whole person on an ongoing basis. If sites do not offer all primary health services, they must offer an appropriate set of primary health services necessary for the community and/or populations they serve. For example, a site serving a senior population would need to provide geriatric primary care services.

Because dental and mental and behavioral health facilities must be located in a dental or mental health HPSA, these facilities are required to offer comprehensive primary dental or mental and behavioral health services. For example, an orthodontic practice would not meet the definition of comprehensive primary care dental, as it is a specialty. Likewise, a mental health center that sees only developmentally disabled clients would be ineligible because they limit care to a specific population.

Pharmacists must be a general staff pharmacist working in the pharmacy filling and dispensing prescriptions working with the general public. Time spent on educational classes, working with specialty patients (such as warfarin, diabetes) would fall under same the 8 hour rule as the other professions. (*Comprehensive Primary Care is a continuum of care not focused or limited to gender, age, organ system, a particular illness, or categorical population.)*

Registered Nurses are included in this definition and should provide these services in collaborative teams in which the ultimate responsibility for patient resides with the primary care physician.

Approved sites (with the exception of state facilities such as correctional facilities; state mental hospitals or free clinics) are required to provide services for free or on a sliding fee scale (SFS) or discounted fee schedule for low income individuals. A SFS or discounted fee schedule is a set of discounts that is applied to a site's schedule of charges for services, based upon a written policy that is non-discriminatory.

Approved sites are required to prominently post signage (onsite and online if applicable) stating that patients will not be denied services based on inability to pay and that discounts are available based on family size and income. The SFS or discounted fee schedule should be presented as an option during a patient's initial visit.

The following site types are eligible for the FSLRP Program:

1. Federally Qualified Health Centers (FQHCs)
    - Community Health Centers (CHCs)
    - Migrant Health Centers
2. FQHC Look-A-Likes
3. Centers for Medicare & Medicaid Services Certified Rural Health Clinics (RHCs)
4. Other Health Facilities
    - Community Outpatient Facilities
    - Community Mental Health Facilities
    - State and County Health Department Primary Care Clinics
    - Free Clinics
    - Mobile Units
    - Critical Access Hospitals (CAH) affiliated with a qualified outpatient clinic
    - Long-term Care Facilities
    - State Residential Facilities
5. Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs
    - Federal Indian Health Service (IHS) Clinical Practice Sites
    - Tribal/638 Health Clinics
    - Urban Indian Health Program
6. Correctional or Detention Facilities
    - State Prisons
7. Private Practices (Solo or Group) as with all other FSLRP practice sites, solo or group practices must be a public or private non-profit entity.
8. Urgent-Care clinic **if** attached to an eligible site. Site cannot be a stand-alone urgent-care or walk-in clinic.

FSLRP SITE ELIGIBILITY CRITERIA:

1. Public and non-profit private entities located in and providing health care services in HPSAs. "**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 FSLRP sites. They must accept reimbursement from Medicare, Medicaid, and the Children's Health Insurance Program, utilize a sliding fee scale, and see all patients regardless of their ability to pay.**
2. All sites must be located in federally-designated HPSAs or have a HPSA designation.
3. Providers must work in a HPSA that corresponds to their training and/or discipline. For example, psychiatrists and other mental health providers must serve in a mental health HPSA.
4. Eligible sites must charge for professional services at the usual and customary prevailing rates.
5. Hospital must be a Critical Access Hospital to be eligible.
6. For hospitals (CAH), Registered Nurses and Pharmacists are the only provider types eligible for loan repayment.
7. The site understands and agrees that no aspect of the provider's employer-provided wage and/or benefit(s) will be reduced in any way as a result of the provider's receipt of the Health Professional Loan Repayment Program award.
8. The site application is to be completed by an authorized HR staff or other site personnel. The provider is not allowed to complete the site application. This is a conflict of interest. If during the provider application it is found that the provider completed both – the provider will be disqualified.
9. If the site has a pay-back clause of any kind in the employment agreement/contract (such as a sign-on bonus or moving expense allowance that has a pay-back clause if the provider leaves before a specified time) it will make the provider ineligible for the program, unless that obligation has been fulfilled prior to the provider applying for the loan repayment program.
10. Site must have been in business and have patient data for a minimum of **one** year prior to submitting the site application.
11. Site cannot promise loan repayment to an employee or when recruiting for an employee. The provider application process is competitive and there are no guarantees that a provider will be awarded even if the site has been approved.
12. Site may receive only one provider award per profession - per recruitment or retention - per year.

- **Retention** status means that the site submitted the site application for someone who began working on or before June 30, 2015.
- **Recruitment s**tatus means the provider was hired or will be hired on or after July 1, 2015.
- *The exception to this rule is Eastern and Western State Hospital's request for Psychiatrists and mental health Nurse Practitioners.*

13. If the organization has more than one clinic, the site must submit a separate application for each physical location/clinic and for each clinic type, (dental, medical, behavioral/mental health and pharmacy).
14. The site cannot discriminate in the provision of services to an individual because: a) the individual is unable to pay; b) because payment would be made under Medicare, Medicaid, or the Children's Health Insurance Plan (CHIP); or c) based upon the individual's race, color, sex, national origin, disability, religion, *age, or sexual orientation.
15. The site must:

- Use a schedule of fees or payments consistent with locally prevailing wages or charges and designed to cover the site's reasonable cost of operations;
- Use a discounted/sliding fee schedule to ensure that no one who is unable to pay will be denied access to services;
- Make every reasonable effort to secure payment in accordance with the schedule of fees.

16. Site must accept assignment for Medicaid/Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and CHIP beneficiaries;
17. Site must provide culturally competent, comprehensive primary care services (medical, dental, and/or behavioral) which correspond to the designated HPSA type.
18. Site must function as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.

19. Site must use a provider credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) (http://www.npdbhipdb.hrsa.gov).
20. Site will adhere to sound fiscal management policies and adopts provider recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
21. Site will communicate to WSAC any change in site or provider employment status.

**EXCEPTION: "Age" is not an applicable discriminatory factor for pediatric or geriatric sites.*

Sliding Fee Schedule:

The SFS or discounted fee schedule is based upon the Federal Poverty Guidelines, and patient eligibility is determined by annual income and family size. Specifically, for individuals with annual incomes at or below 100% of the HHS Poverty Guidelines (see table below), approved sites should provide services at no charge or at a nominal charge. For individuals between 100 and 200% of the HHS Poverty Guidelines, approved sites should provide a schedule of discounts, which should reflect a nominal charge (see table below). To the extent that a patient who otherwise meets the above criteria has insurance coverage from a third party (either public or private), an approved site can charge for services to the extent that payment will be made by the third party.

FOR EXAMPLE USE ONLY:

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)												
Poverty Level*	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	DISCOUNT											
	100%	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%
1	$11,490	$12,639	$13,788	$14,937	$16,086	$17,235	$18,384	$19,533	$20,682	$21,831	$22,980	$22,981
2	$15,510	$17,061	$18,612	$20,163	$21,714	$23,265	$24,816	$26,367	$27,918	$29,469	$31,020	$31,021
3	$19,530	$21,483	$23,436	$25,389	$27,342	$29,295	$31,248	$33,201	$35,154	$37,107	$39,060	$39,061
4	$23,550	$25,905	$28,260	$30,615	$32,970	$35,325	$37,680	$40,035	$42,390	$44,745	$47,100	$47,101
5	$27,570	$30,327	$33,084	$35,841	$38,598	$41,355	$44,112	$46,869	$49,626	$52,383	$55,140	$55,141
6	$31,590	$34,749	$37,908	$41,067	$44,226	$47,385	$50,544	$53,703	$56,862	$60,021	$63,180	$63,181
7	$35,610	$39,171	$42,732	$46,293	$49,854	$53,415	$56,976	$60,537	$64,098	$67,659	$71,220	$71,221
8	$39,630	$43,593	$47,556	$51,519	$55,482	$59,445	$63,408	$67,371	$71,334	$75,297	$79,260	$79,261
For each additional person, add	$4,020	$4,422	$4,824	$5,226	$5,628	$6,030	$6,432	$6,834	$7,236	$7,638	$8,040	$8,040

**Based on the 2013 HHS Poverty Guidelines (http://aspe.hhs.gov/poverty/13poverty.cfm)*

Non-Discrimination Notice:

Approved sites must prominently display a statement/poster, in common areas (and on the site's website, if applicable) that explicitly states that no one will be denied access to services due to inability to pay or method of payment. In addition, the signage should clearly communicate that the site accepts Medicare, Medicaid, and CHIP. The statement should be translated into the appropriate language and/or dialect for the service area.

To review a sample of the appropriate and downloadable signage, please visit the NHSC website: (http://nhsc.hrsa.gov/currentmembers/membersites/downloadableresources/index.html)
A photograph of the common area and this sign must be submitted with your application.

TRIBAL HEALTH PROGRAM EXCEPTION:
At the request of a tribal health program, the services of a provider may be limited to tribal members or other individuals who are eligible for services from that Indian Health Program. However, tribal health programs are required to respond to emergency medical needs as appropriate.

FOR PRIVATE PRACTICES (Solo/Group) ONLY:
Please be aware that private practices may require a site visit before the application review is completed.

SECTION TWO: SITE APPLICATION PROCESS

APPLICATION PROCESS

Before you begin the application you will need to have the following information available:

For each individual Site:

- Individual Site/Clinic's Name and Address
  - You will need a separate application for Medical, Dental, Mental Health, and **Pharmacy** even if located in the same building. The numbers for each clinic type must be reported separately.
  - Be sure you use the zip code of the Site/Clinic physical location (not the business office zip code) – as this is used in the scoring process.
- Contact name, phone number and email
- Number of unduplicated patients for the most recently completed calendar or fiscal year (for this individual site/clinic only)
  - Patient Counts: total annual unduplicated active Medicare/Medicaid, uninsured, charity patients, siding fee schedule
  - Patient Counts: total annual unduplicated active patients
- The number of each of the following that you will be requesting loan repayment for by provider type:
  - Budgeted FTE's
  - Vacant FTE's
  - Filled FTE's
  - Retention requests FTE's

To apply, go to our website: www.wsac.wa.gov/health-professions. See Section Five for a step-by-step pictorial of the process.

SITE APPROVAL AND NOTIFICATION

The Site Application Cycle normally opens each year between July and September. This year the site application will open in October and run through December 11, 2015. Sites are notified by the end of December of their application status.

Approval is based upon the application score which includes: legislative directives, geographic location (zip code data); ratio of underserved patients versus non-underserved; staffing need criteria; and the use of a sliding fee schedule.

SECTION THREE: PROVIDER SELECTION INFORMATION

PROVIDER SELECTION

The FSLRP Provider Application Cycle is scheduled to open on **January 4, 2016 and closes March 13, 2016**. The provider must be either working at or have a contract to begin working (seeing patients) at one of the sites listed on the Eligible Site List no later than July 1, 2016. The provider's application is scored and that score is added to the Site Score to create a Total Score. This places the provider in rank order among others in their profession. Please note that provider scoring elements are not disclosed to protect the integrity of the application score.

The HPLRP provider application is scheduled to open March 16, 2016 and close on May 29, 2016. Applicants who apply in the Federal-State application cycle and are not awarded, will have their applications automatically roll-over into the state application cycle unless they "opt-out" at the time of application.

Eligible applications from Psychiatrists and Advanced Registered Nurse Practitioners working at DSHS Eastern and Western State Hospitals will receive priority and be awarded first. Remaining funds will be awarded determined on a percentage that is based on the provider requests from the sites. *Example: if the total number of requests from the sites for all provider types equaled 500, and of those 100 were for primary care physicians, then 20% of the funds would go to primary care physician awards. If 50 requests were for dentists, then 10% of the funds would go to dentist awards.*

SECTION FOUR: SITE ROLE AND EXPECTATIONS

SITE ROLE AND EXPECTATIONS

The site will receive a Memorandum of Agreement which will outline the responsibilities of the site and WSAC.

- At the end of each quarter the provider will submit a Quarterly Service Confirmation Form to their supervisor to verify the hours they worked. It is the site's responsibility to verify the hours and to retain the original copy of the form. The site is to either: fax, mail or email a scanned copy of the form to our office so a payment can be processed for the recipient.
- We expect the provider to complete their minimum two-year contract at the site where they applied and were approved. If your organization has multiple clinics, the provider **cannot** move from one clinic to another without going through a pre-approved transfer process. The provider was approved for the site they applied at and will not get service credit for hours worked at another site.
- If the provider falls below the required 40 hours per week at the approved site, the provider to go into repayment default.

  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). The remaining 8 hours per week is/will be spent providing clinical services to patients in the approved office(s), 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 geriatric services, certified 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) approved on the contract.. The remaining 19 hours per week is/will be spent providing clinical services to patients in the approved office(s), 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 8 hours per week).*

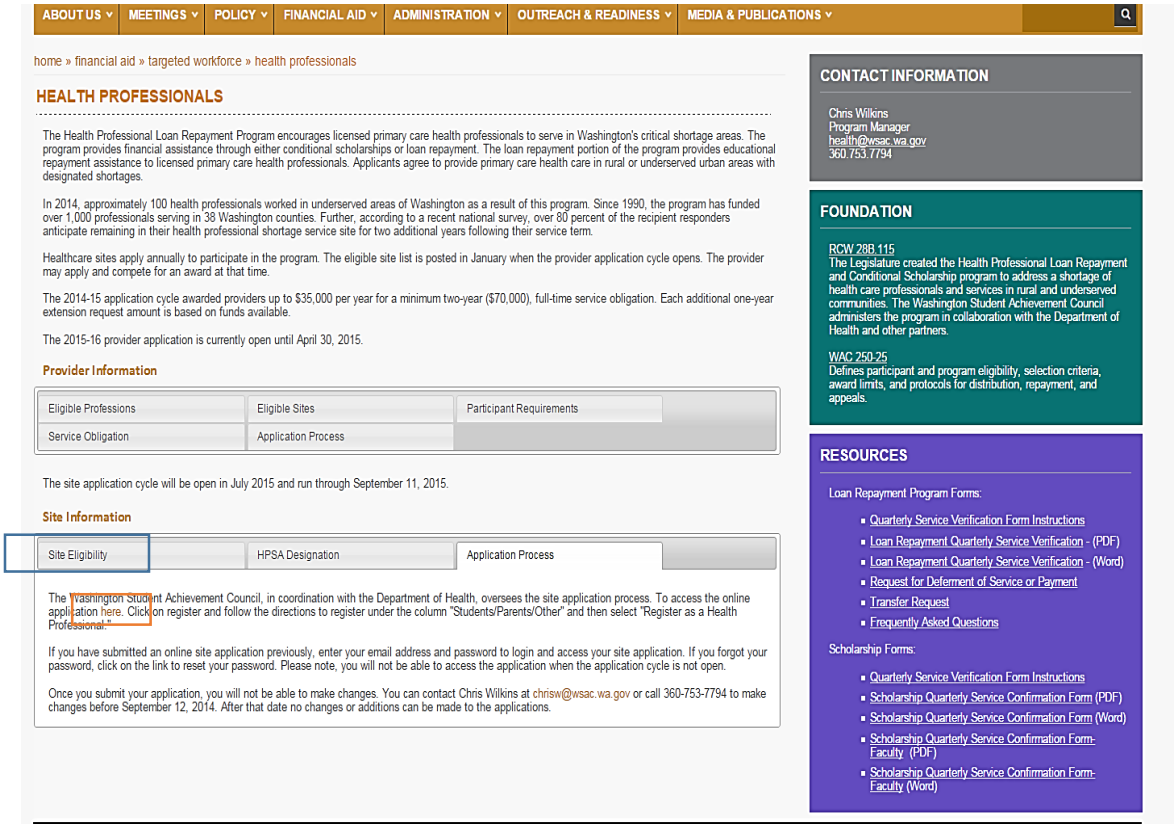
- The site takes on an obligation for the two-year contract period. The site should take into consideration the provider's contract and obligation when looking at staffing changes.
- The site is required to contact our office immediately If the provider:
  - is terminated for any reason,
  - has their license suspended
  - has a disciplinary action brought against them, or
  - no longer has a valid license to practice
- The site is required to keep the original copy of the Quarterly Service Verification Form. When program staff do site visits, they will ask for the form to verify it against the form received in the office for payment.
- The form is to be signed by someone who has signature authority to verify the hours of the provider.
- The Quarterly Service Verification Form is posted at the council website: www.wsac.wa.gov/health-professions.
  - **A current** copy of the form must be downloaded at the end of each quarter.
  - Form cannot be signed or dated before the last day of the quarter. Forms dated before the end of the quarter will not be accepted.

SITE VISITS

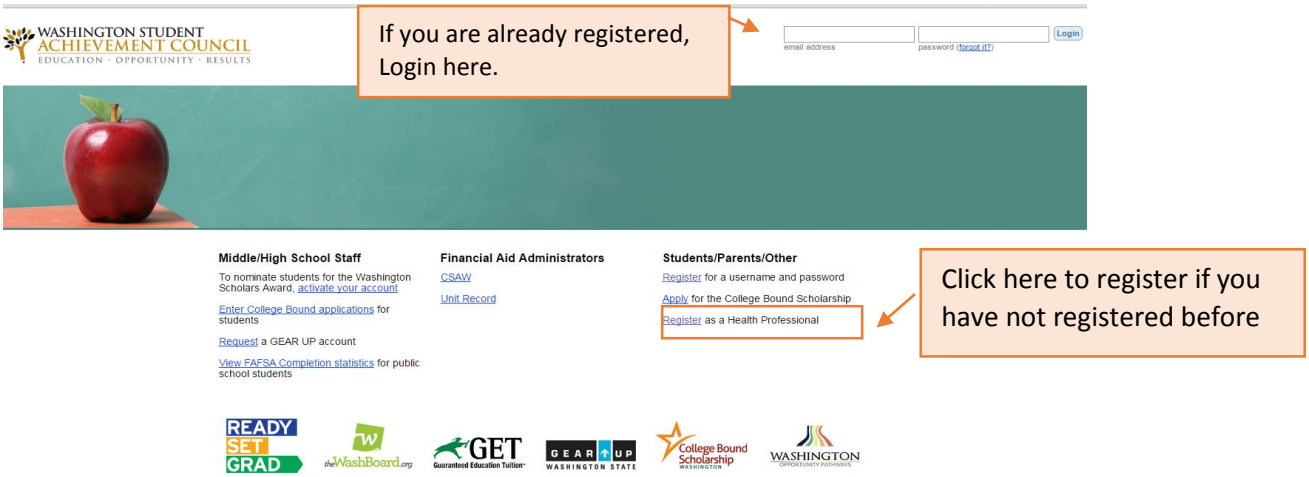
WSAC program staff will conduct on-site visits to provide technical assistance to answer questions and ensure compliance with program requirements. Once a date is agreed upon, staff may request documentation, policies on non-discrimination, sliding fee scale information, and the original copies of the provider's Quarterly Service Verification Forms. During the site visit, staff will meet separately with the site administrator and the providers (either individually or in a group if number is large). The discussion with the site administrator is focused on how the site is meeting expectations and requirements. Using a standard site visit tool, questions will be asked regarding the site's compliance which was submitted at time of application. This visit also provides the opportunity for the site to ask questions of the program and for staff to offer technical assistance. Interviews with the providers are a priority and are conducted with a dual focus of: 1) assuring providers are meeting program requirements, and; 2) making certain they are integrating into the community and experiencing a rewarding practice setting.

SECTION FIVE:
SCREENSHOTS OF THE APPLICATION PROCESS IN THE PORTAL

Go to: www.wsac.wa.gov-healthprofessionals
Click on each of the Site tabs under Site Information for details.
To start the application, click where the orange box indicates.



Create a User Log-in Account


WASHINGTON STUDENT ACHIEVEMENT COUNCIL
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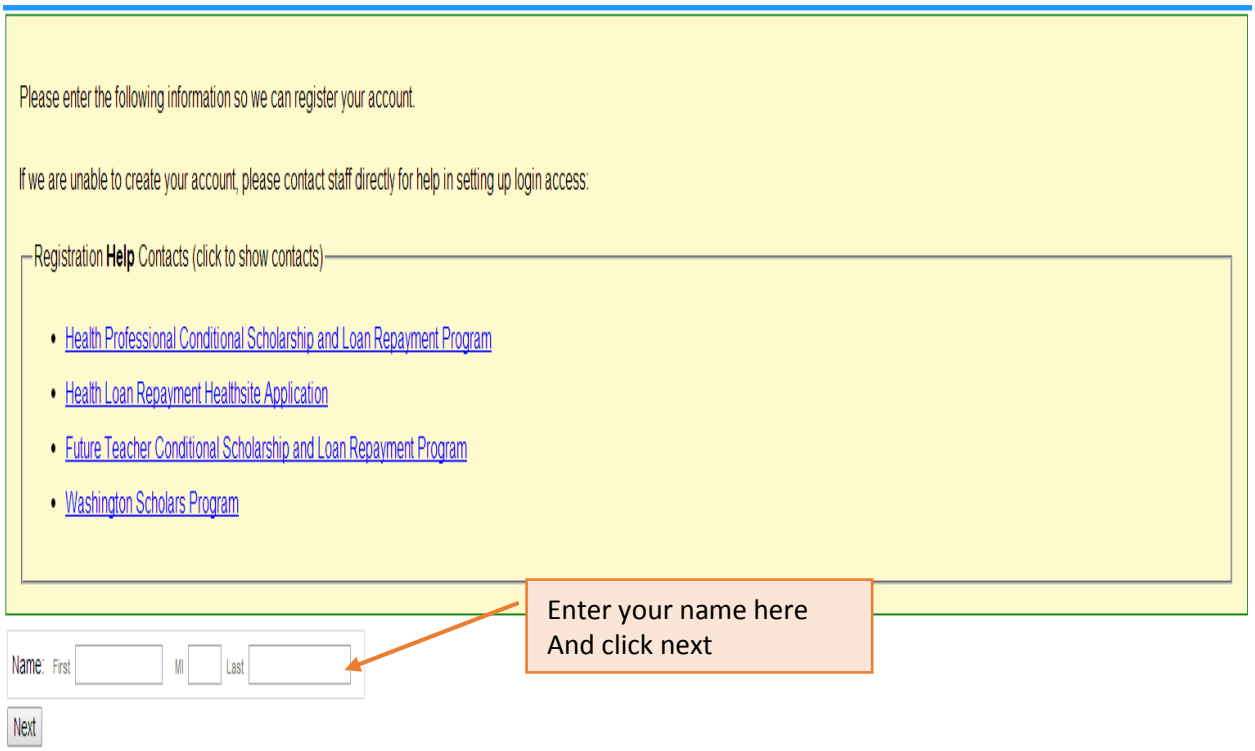
If you are already registered, Login here.
email address
password (forgot it?)
Login
Middle/High School Staff
To nominate students for the Washington Scholars Award, activate your account
Enter College Bound applications for students
Request a GEAR UP account
View FAFSA Completion statistics for public school 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
Click here to register if you have not registered before
READY SET GRAD
theWashBoard.org
GET
Guaranteed Education Tuition
GEAR UP WASHINGTON STATE
College Bound Scholarship
WASHINGTON


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
Enter your name here
And click next
Name: First MI Last
Next

Example of a Site Application in Process

Help/Contact Info

Login anytime to check the status of your application.

Health Site Name	Last Activity	Status	
Wilkins Medical Clinic	10/8/2015	Incomplete	View/Print not available for incomplete applications.

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)

☐ 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.

For HPLRP – the first two boxes must be checked.

For FSLRP – All four boxes must be checked.

Next

Guidelines → **Site Name and Address** → Contacts → Facility → License Types → Sliding Fee → Review

Loan Repayment - Health Site Application

2016-2017

Help/Contact Info

If your site is not listed, call 360-753-7794 for assistance.

- 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.

New this year – Pharmacy requires a separate application.

--Select a Site--

Please select a health site.

Previous Next

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

- 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.

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

Click "edit" to update information.

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

Previous Next

Guidelines → Site Name and Address → **Contacts** → Facility → License Types → Sliding Fee → Review

Loan Repayment - Health Site Application

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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			
Chris Wilkins	HEALTH	Edit	Delete

Click "edit" to add or update information.

Add New Contact

Previous Next

Guidelines → Site Name and Address → Contacts → **Facility** → License Types → Sliding Fee → Review

Loan Repayment - Health Site Application

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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.

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 Type

Medical Clinic
--Select Facility Type--
Dental Clinic
Hospital
Medical Clinic
Mental/Behavioral Health
Nursing Home
Pharmacy
State Institution

Facility Designation

--Select Designation that best describes your site-- The Facility Designation is required

Facility Designation

--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

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			Update	Cancel

Following directions above, fill in the correct numbers

Previous Next

Wilkins Medical Clinic

Status: Incomplete

Application Admin

elp/Contact Info

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 geriatric 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 ALLOWS 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**

Be sure to read this note.

Please Select a Provider License Type
(And keep selecting until all your provider license types are represented.)

--Select a Provider--

Please select a Provider Type from the dropdown list.

Previous Next

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

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 Discount 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

Previous Next

The Sliding Fee Schedule is required for FSLRP but not for the HPLRP.

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 Checkbox must be checked.

Previous Submit Application

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

SECTION SIX: GLOSSARY

GLOSSARY

Bureau of Health Workforce. The bureau within HRSA that helps build a health care workforce prepared to improve the public health by expanding access to health services and working to achieve health equity. The Bureau of Health Workforce was created in May 2014, integrating HRSA workforce programs previously housed in two bureaus: Health Professions and Clinician Recruitment and Service.

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

(1) outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility;
(2) 24 hour-a-day emergency care services;
(3) day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and
(4) screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission. Effective March 1, 2001, in the case of an entity operating in a State that by law precludes the entity from providing the screening services, the entity may provide for such service by contract with an approved organization or entity (as determined by the Secretary) that, among other things, meets applicable licensure or certification requirements for CMHCs in the State in which it is located. A CMHC may receive Medicare reimbursement for partial hospitalization services only if it demonstrates that it provides such services.

Comprehensive Primary Care (CPC) - The NHSC defines Comprehensive Primary Care (CPC) as the delivery of preventive, acute and chronic primary health services in an NHSC-approved specialty. NHSC-approved primary care specialties are adult, family, internal medicine, general pediatric, geriatrics, general psychiatry, mental and behavioral health, women's health, and obstetrics/gynecology. CPC is a continuum of care not focused or limited to gender, age, organ system, a particular illness, or categorical population (e. g. developmentally disabled or those with cancer). Comprehensive Primary Care should provide care for the whole person on an ongoing basis.

Correctional Facility – Clinics within state or federal prisons. Clinical sites within county and local prisons are not eligible. Federal prisons are clinical sites that are administered by the U.S. Department of Justice, Federal Bureau of Prisons (BOP). State prisons are clinical sites administered by the state.

Critical Access Hospital (CAH) – A non-profit facility that is (a) located in a State that has established with the Centers for Medicare and Medicaid Services (CMS) a Medicare rural hospital flexibility program; (b) designated by the State as a CAH; (c) certified by the CMS as a CAH; and (d) in compliance with all applicable CAH conditions of participation. For more information, please visit: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-NetworkMLN/MLNProducts/downloads/critaccesshospfctsht.pdf.

Federally-Qualified Health Centers (FQHC) – FQHCs include: (1) nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service (PHS) Act (i.e., health centers); (2) FQHC "Look-Alikes" which are nonprofit entities that are certified by the Secretary of HHS as meeting the requirements for receiving a grant under section 330 of the PHS Act but are not grantees; and (3) outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act.

FQHC Look-Alike – Health centers that have been identified by Health Resources and Services Administration (HRSA) and certified by the Centers for Medicare and Medicaid Services as meeting the definition of "health center" under Section 330 of the PHS Act, although they do not receive grant funding under Section 330. More information is available at http://bphc.hrsa.gov/about/apply.htm.

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

Full-Time Provider –A Provider working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year.

Health Professional Shortage Area (HPSA) – A HPSA is a geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of HHS to have a shortage of primary health care professionals. HPSAs may be identified on the basis of agency or individual requests for designation. Information considered when designating a primary care HPSA include health provider to population ratios, rates of poverty, and access to available primary health services. These HPSAs are designated by the Office of Shortage Designation, within HRSA's Bureau of Health Professions, pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

Health Resources and Services Administration (HRSA) – An operating agency of Health and Human Services (HHS). 25 National Health Service Corps Site Reference Guide U.S. Department of Health and Human Services Health Resources and Services Administration

Immigration Health Service Corps – Clinical sites administered by the U.S. Immigration, Customs, and Enforcement Agency with the Department of Homeland Security**.**

Indian Health Service, Tribal or Urban Indian Health Clinic (ITU) – A non-profit health care facility (whether operated directly by the Indian Health Service or by a tribe or tribal organization, contractor or grantee under the Indian Self-Determination Act, as described in 42 Code of Federal Regulations (CFR) Part 136, Subparts C and H, or by an urban Indian organization receiving funds under Title V of the Indian Heath Care Improvement Act) that is physically separated from a hospital, and which provides clinical treatment services on an outpatient basis to person of Indian or Alaskan Native descent as described in 42 CFR Section 136.12. For more information, please visit: http://www.ihs.gov.

Mobile Units/Clinics – Medical vehicles (e.g. mobile health vans) that travel to underserved rural and urban communities, providing primary care services to individuals located in a HPSA. Providers working within a mobile unit that functions as part of an approved site or through an alternative care setting (e.g. hospitals, nursing homes, shelters, etc.) will receive service credit for direct patient care, so long as the mobile unit is affiliated with an approved site and provides services to only the approved HPSA area and/or members of a HPSA.

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

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

Public Health Department Clinic – Primary or mental health clinics operated by a State, County or Local health departments.

Rural Health Clinic (RHC) – A facility certified by the Centers for Medicare and Medicaid Services under section 1861(aa)(2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. RHCs are located in a non-urbanized area with an insufficient number of health care practitioners and provide routine diagnostic and clinical laboratory services. RHCs have a nurse practitioner, a physician assistant, or a certified nurse midwife available to provide health care services not less than 50 percent of the time the clinic operates. There are two types of RHCs:

- Provider-Based: affiliated with a larger healthcare organization that is a Medicare certified provider.
- Independent: generally stand-alone clinics.

Sliding Fee Scale or Discounted Fee Schedule – A sliding fee scale or discount fee schedule is a set of discounts that is applied to your practice's schedule of charges for services, based upon a written policy that is non-discriminatory.

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

Tribal Health Program – An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service (IHS) through, or provided for in, a contract or compact with the IHS under the Indian Self-Determination and Education Assistance Act (25 USC 450 et. seq.).

SECTION SEVEN: SAMPLE COPY - MEMORANDUM OF AGREEMENT

Document in process

SECTION EIGHT: EXAMPLES OF FORMS

QUARTERLY SERVICE FORM
Sample Copy

This is an example of the Quarterly Service Verification Form that the Provider and Site complete at the end of each quarter. The site retains the original copy and submits a copy to WSAC for a payment to be processed for the provider. It is important that the site/provider go to the website each quarter to download the most current copy of the form.

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WASHINGTON STATE HEALTH PROFESSIONAL
LOAN REPAYMENT PROGRAM
Quarterly Service Verification Form

Do not leave blanks. Submit form **on or after** last day of quarter.

LOAN REPAYMENT RECIPIENT

2015 Quarter: ☐ Jan–Mar ☐ Apr–Jun ☐ Jul-Sep ☐ Oct-Dec

Name:

Address:

City: **State:** **Zip:**

Email:

I certify that I am serving at the site listed on the right, and that I have fully applied funds received from the previous quarter to my educational debt.

Signature:_____

Date:_____

☐ *My remaining debt is less than my normal payment. Adjust final payment to payoff amount: $ _____*

☐ *I have no remaining eligible loan debt; my loans are paid in full. I realize that my payments will cease but I am not released from my remaining service obligation.*

DEFINITION OF
"FULL TIME EMPLOYMENT"

For all health professionals, *At least 32 hours of the minimum 40 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours at an approved & eligible site as described on the Washington Health Professional Shortage Areas Listing. 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 part time, at least 20 hours of the minimum 24 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours at an approved and eligible site as described above for full time employment.

Participants with a State/Federal contract are only allowed a maximum of 35 days per contract year away from the clinic (July 1 – June 30) for any reason except FMLA.

PROGRAM INFORMATION

- Form is due in our office no later than 14 days after the end of the quarter.
- In January and July, you must submit payment history documentation.
- Allow 14- 20 business days for payment to be processed.

EMPLOYER SECTION

Site Name:

Address:

City: **Zip:**

I have reviewed the hours worked and certify that the loan repayment recipient: *(check all that apply):*

Was employed at this site for the quarter indicated and **WORKED:**

☐ **Full time** - a minimum of 40 hours per week

☐ **Less than 40 hours per week, but a minimum of 24 hours per week – fill in box below.**

☐ **Actual Hours Worked this quarter.**
(Include all paid hours – do not include on-call or overtime hours)
Also use this box to fill in hours if submitting as the final form before the end of the quarter or if participant was on extended leave.

☐ Is/was on extended leave from _____ to _____
due to_____
Indicate the reason for the extended leave and record paid hours worked in the Actual Hours Worked - box above)

Paid Leave Hours: ____ Unpaid Leave Hours: ____
Recipients may receive service credit for up to 35 days of paid leave during the contract year. They will not receive credit for unpaid leave or leave beyond the 35 day limit. FMLA recipients may arrange for a deferment by contacting program staff.

The certifications and information provided above are true, accurate and complete to the best of my knowledge and belief. I have read and understand the definition of "full time" employment. I understand that I must retain the original copy of this form.

Signature:

Printed Name:

Title:

Date:

Phone Number:

Email:

The administrator (not the recipient) may mail, fax, or scan and email the service form to:
Mail: WSAC PO Box 4340 Olympia WA 98504-3430 **Fax:** 360- 704-6242 **Email:** chrisw@wsac.wa.gov **Phone:** 360-753-7794

***REMEMBER FOR PAYMENT: It *is your responsibility to contact the Department of Enterprise Services (DES) to update any changes to your address, name or bank account information. Our office cannot make those changes for you.*
Contact DES at: (360) 407-8180 or email *payeehelpdesk@des.wa.gov*

PROVIDER APPLICATION
SITE ADMINISTRATOR CONFIRMATIONFORM
Sample Copy

This form is an example of the form that the provider asks the site to complete and they submit with their application packet. It confirms the provider's site location(s), hours and other employment verification. It is important that it be reviewed for completeness and accuracy before the provider submits the form.

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Health Professional Loan Repayment Program

2015-16 Site Administrator Confirmation Form

This form is to be completed by the appropriate site designee and must accompany the provider's application packet.

1. Applicant Name:	2. Applicant is a permanent employee: ☐Yes ☐ No
3. Applicant Employment Start date: **(date provider began seeing patients – not contract start date)**	4. Hours worked per week: ___ **(minimum 40 hours per week – see definition below) Do not count on-call hours as part of the 40 hours.**
5. Job Title:	6. License Type: *(Example MD, DO, NP)*:
7. Site Name: *(Use the clinic name where provider is working. If multiple locations, attach a separate sheet with information for each site.)*	
8. Site Address: City: Zip: *(Physical location where provider will work.)* ***Site cannot be stand-alone urgent care or a specialty center.***	
9. Site's has a: ☐ Federal Health Professional Shortage Area (HPSA) score. Score: ☐ Site does not have a HPSA score but is located in a HPSA designated area.	
10. Site/organization contributes toward this applicant's educational debt: ☐ No ☐ Yes If *yes, explain the terms of agreement and the amount paid.*	
11. Describe the typical type of care provided by this applicant *(specify any specialty work)*: How many patients does/will this provider see annually? _____	
12. Hours per week applicant spends in direct patient care: ___ In administrative work: ____ On call: _____	
13. Provider provides care to patients in another language: ☐ No ☐ Yes - Percent of Patients _____%	
14. Applicant provides care outside of the clinic or hospital: ☐ No ☐ Yes *If yes, explain:*	

15. ☐ **This site meets the following Eligibility Criteria:**

1. Site is a Public and/or non-profit private entities located in and providing health care services in HPSAs. "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. They must accept reimbursement from Medicare, Medicaid, and the Children's Health Insurance Program, utilize a sliding fee scale, and see all patients regardless of their ability to pay.
2. Site is located in federally-designated HPSA. Medically Underserved Areas (MUAs) or Populations and shortage areas designated by the State do not qualify.
3. Provider(s) is working in a HPSA that corresponds to their training and/or discipline. For example, psychiatrists and other mental health providers must serve in a mental health HPSA.
4. Site charges for professional services at the usual and customary prevailing rates.
5. Site provides discounts for individuals with limited incomes (i.e., use a sliding fee scale). For information about HHS Poverty Guidelines, please visit http://aspe.hhs.gov/poverty/13poverty.cfm.
• For those with annual incomes at or below 100 percent of the HHS Poverty Guidelines, site must provide services at no charge or at a nominal charge.
• For individuals between 100 and 200 percent of the HHS Poverty Guidelines, site must provide a schedule of discounts, which should reflect a nominal charge covered by a third party (either public or private). A State may allow sites to charge for services to the extent that payment will be made by a third party which is authorized or under legal obligation to pay the charges.
6. Site accepts Medicaid patients using A or B of Title XVIII of the Federal Social Security Act or a state plan for medical assistance approved under Title XIX of the Act.
7. Site accepts assignments from Medicare under the terms specified in Title XVIII of the federal Social Security Act, section 18.42 (b)(3)(B)(ii).
8. Site accepts reimbursement under Medicare, Medicaid and the Children's Health Insurance Program, as appropriate for providers designate discipline.
9. Site has been in business for a minimum of one year.

16. ☐ **I have read the Site Guidelines and Terms of Agreement and understand the site's responsibilities while participating in the Health Professional Loan Repayment Program. (Located at: www.wsac.wa.gov/health-professional)**

☐ **I acknowledge that the applicant named above has made a commitment to stay at this facility for a minimum of two years while participating in the Loan Repayment Program.**

☐ **I understand that it is the site's responsibility to validate that the provider worked and met the program's definition of the minimum 40 hours each week during the quarter and submit the Quarterly Service Verification Form with an authorized signature. Site is to retain original copy of the service form.**

☐ **The site will notify the Health Professional Loan Repayment Program staff of any changes to the provider's employment status, work location and substantial changes to job duties. *If Provider relocates to another clinic within your organization without preapproval it will place the provider in repayment default.***

Authorized Site Administrator Signature:	Date:
Printed Name:	Title:
Phone Number:	Email:
Direct Supervisor's Signature:	Date:
Printed Name:	Title:
Phone Number:	Email:

Program definition of Full Time employment:

Participants must be employed full time; a minimum of 40 hours each week (may not average hours over a pay period).

- 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 OB/GYNs, FPs practicing OB on a regular basis, providers of geriatric services, certified 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).*