



National Health Service Corps Site Reference Guide

U.S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Workforce
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Rockville, Maryland 20857

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PURPOSE

The purpose of the National Health Service Corps (NHSC) Site Reference Guide is to provide clarity on site eligibility requirements, qualification factors, compliance, roles and responsibilities, as well as a number of other key elements regarding becoming an NHSC-approved site. The NHSC Site Reference Guide serves as an additional resource to supplement the information contained in the online Site Application.

A site should review this document thoroughly prior to completing an NHSC Site Application or becoming an NHSC-approved site. Future modifications to the [NHSC Site Reference Guide](#), including updated web links, and governing NHSC statute and regulations, are subject to occur.

NHSC participants and current or eligible sites are requested to reference the online application and information available on the [NHSC website](#) for any program changes.

Paperwork Reduction Act Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for this collection of information is 0915-0127 and the expiration date is 02/29/2020. Public reporting burden for this collection of information is estimated to average ½ hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland 20857.

PROGRAM OVERVIEW

INTRODUCTION

What is the NHSC?

Since 1972, the NHSC has been building healthy communities by connecting NHSC participants to areas of the United States dedicated to ensuring access to health care for everyone, preventing disease and illness, and caring for the most vulnerable populations who may otherwise go without care. The NHSC programs provide scholarships and student loan repayment for health care professionals engaged in providing comprehensive primary care medical, dental, and behavioral health in areas across the country with a shortage of health care professionals. Today, 10,400 NHSC participants provide care at more than 5,000 NHSC-approved sites serving more than 11 million United States residents who live in rural, urban, and frontier communities. The NHSC participants fulfill their service requirement by working at NHSC-approved sites located in Health Professional Shortage Areas (HPSAs), which are communities with limited access to care.

The NHSC-eligible disciplines for the NHSC program include physicians, nurse practitioners, certified nurse-midwives, physician assistants, dentists, dental hygienists, psychiatrists, health service psychologists, licensed clinical social workers, psychiatric nurse specialists, marriage and family therapists, and licensed professional counselors.

The NHSC is a Federal government program administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Bureau of Health Workforce (BHW). The Division of Regional Operations (DRO) serves as the regional component of the BHW and specifically supports the Bureau by:

- 1) Completing NHSC site visits and providing technical assistance to sites;
- 2) Reviewing and approving/disapproving NHSC Site Applications and re-certifications;
- 3) Providing support for recruitment and retention of primary health care providers in HPSAs;
- 4) Managing the scholar placement process; and
- 5) Coordinating with state-level partners to support BHW programs.

What is an NHSC-approved site?

An NHSC-approved site is a health care facility that provides comprehensive outpatient, ambulatory, primary health care services to populations residing in HPSAs. To become an NHSC-approved site, most sites must submit an NHSC Site Application for review and approval (see the “Eligibility Requirements and Qualification Factors” section on page 6) and must apply for recertification every three years.

What are the benefits of becoming an NHSC-approved site?

There are several benefits to being an NHSC-approved site. These include:

- 1) **Recruitment and Retention Assistance.** By joining the NHSC, approved sites are able to recruit dedicated health care professionals to provide health care services to their communities.
 - a. Clinicians of eligible NHSC disciplines that work at NHSC-approved sites are eligible to apply to the NHSC Loan Repayment Program (LRP).
 - b. NHSC Scholars who have completed their training must work at an NHSC-approved site.
 - c. NHSC-approved sites are able to recruit clinicians through the [Health Workforce Connector](#) (formerly the NHSC Jobs Center), which enables clinicians to search and review a comprehensive list of NHSC-qualifying job openings across the nation. It also serves as a resource for NHSC applicants, participants, and partners. Each NHSC-approved site creates and maintains a [site profile](#) in the Health Workforce Connector, showcasing the location as a potential work site for the NHSC participant.
 - d. NHSC participants are also eligible to apply for additional financial support in return for extended service, which supports the retention of NHSC participants at NHSC-approved sites.
 - e. NHSC-approved sites are encouraged to participate in [Virtual Job Fairs](#), which are online versions of traditional job fairs, to connect with qualified job seekers.
- 2) **Technical Assistance.** NHSC-approved sites have direct access to State Primary Care Offices (PCOs), which are state-based offices that provide assistance to communities in order to increase access to primary and preventive health care services. The PCOs provide technical assistance to eligible sites submitting NHSC Site Applications, as well as to NHSC-approved sites seeking to address primary care needs in their community. NHSC-approved sites also receive technical assistance on program guidance to help them maintain their status as an approved site.
- 3) **Resources.** NHSC-approved sites receive e-blast updates that contain pertinent program information, primary care articles, and links to other helpful resources. Webinars designed especially for NHSC-approved sites include information on retention, recruitment, and other important topics.

ELIGIBILITY REQUIREMENTS AND QUALIFICATION FACTORS

Is my site eligible to become an NHSC-approved site?

The following types of sites may be eligible to become an NHSC-approved site (see the “Definitions” section on page 35 for complete descriptions of site types):

- 1) Federally-Qualified Health Centers (FQHCs);
 - a. Community Health Center
 - b. Migrant Health
 - c. Homeless Program
 - d. Public Housing Program
 - e. School-Based Program
 - f. Mobile Clinic

- 2) American Indian Health Facilities: Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITU);
 - a. Federal Indian Health Service (IHS)
 - b. Tribal/638 Health Facility
 - c. Dual-Funded (Tribal Health Clinic and FQHC Funded)
 - d. Urban Indian Health Program
 - e. IHS and Tribal Hospitals
- 3) FQHC Look-Alikes;
- 4) Correctional or Detention Facilities;
 - a. Federal Prison
 - b. State Prison
 - c. Immigration and Customs Enforcement (ICE) Health Service Corps
- 5) Centers for Medicare & Medicaid Services Certified Rural Health Clinics (RHC);
 - a. Provider-Based
 - b. Independent
- 6) Critical Access Hospitals (CAH);
- 7) Community Mental Health Centers (CMHC);
- 8) State or Local Health Departments;
 - a. State-run
 - b. Local-run
- 9) Community Outpatient Facilities;
 - a. Hospital Affiliated
 - b. Non-Hospital Affiliated
- 10) Private Practices;
 - a. Solo Practice
 - b. Group Practice
- 11) School-Based Clinics;
- 12) Mobile Units;
- 13) Free Clinics;

NOTE: IHS and HRSA recently announced that 27 additional IHS and tribal hospitals are eligible to participate as inpatient and outpatient sites as part of the NHSC program. This expands the current list of 12 IHS and tribal hospitals that participate as eligible inpatient and outpatient sites for NHSC member clinicians through the CAH designation. For more information about the IHS and Tribal Hospitals that were added to NHSC program, please visit the following link: [IHS National Health Service Corps Opportunities](#).

What is an Eligible Automatically-Approved (Auto-Approved) NHSC Site?

Eligible auto-approved NHSC sites are those sites that may be recognized by the NHSC as meeting all NHSC site requirements, and have reviewed and signed the NHSC Site Agreement, while remaining in compliance with their respective program requirements.

***The following may be eligible Auto-Approved NHSC sites:** 1) FQHCs, 2) FQHC Look-Alikes, 3) ITUs, 4) Federal Prisons, and 5) ICE Health Service Corps sites.

If an eligible auto-approved NHSC site has multiple sites located in HPSAs and would like all sites to be auto-approved NHSC sites, each site would need to be approved individually. **Site administrators with sites that may be eligible for NHSC auto-approval must contact the BHW [DRO](#) directly in order for the site to be added to NHSC system of record (see the “Application and Recertification Process” section on page 19).**

What are considered non-eligible NHSC-approved sites?

The following site types are not eligible to become NHSC-approved sites, even if they are located in a HPSA:

- 1) Inpatient Hospitals (EXCEPT for Medicare-approved CAHs and some IHS and tribal hospitals);
- 2) Clinics that limit care to Veterans and Active Duty Military Personal (including Veteran’s Health Administration Medical Centers, Hospitals, and Clinics; Military Bases, and Civilian Health Care Providers in the TRICARE Network);
- 3) Other types of Inpatient Facilities, Inpatient Hospital Settings, and Inpatient Rehabilitation Programs;
- 4) Residential Facilities;
- 5) Local County/Correctional Facilities;
- 6) Home-Based Health Care Settings of Patients or Clinicians;
- 7) Specialty clinics and/or service specific sites limited by gender, age, organ system, illness, or categorical population (e.g. sites that only provide crisis intervention and addiction treatment; sites that only have substance abuse treatment centers; clinics that only provide STD/HIV/TB services).

NHSC-approved sites can include both main and satellite sites. A main site is the primary clinical practice site for an organization. A satellite site is considered a secondary site, or an extension of the main site. These clinical practice locations are usually located in communities apart from the main site to offer health services in other parts of the city, county, or town. All sites applying to become an NHSC-approved site (each physical location) will need to complete a Site Application and certify compliance with the NHSC Site Agreement. **All site administrators are responsible for meeting all NHSC site requirements, and have reviewed and signed the NHSC Site Agreement. This should not be delegated to an NHSC LRP, NHSC Scholarship Program (SP), or NHSC Student to Service Loan Repayment Program (S2S LRP) applicant or existing NHSC participant.**

NOTE: If an organization has multiple sites located in HPSAs and would like all sites to be NHSC-approved, each location is required to submit a separate NHSC Site Application and must be approved individually. **Site administrators with sites that may be eligible for NHSC auto-approval must contact the BHW [DRO](#) directly in order to add the site to the NHSC system of record.**

Is my site qualified to be an NHSC-approved site?

To be qualified to participate as an NHSC-approved site, a site must meet all the requirements listed in the NHSC Site Agreement. This may not, in its entirety, be applicable to all eligible auto-

approved NHSC sites. The complete NHSC Site Agreement is available in Appendix A of this document (page 45).

An abbreviated NHSC Site Agreement version is summarized below. NHSC-approved sites must:

- 1) Be located in and treat patients from a Federally designated HPSA.
- 2) Not discriminate in the provision of services to an individual because the individual is unable to pay, because payment would be made under Medicare, Medicaid, or the Children's Health Insurance Plan (CHIP), or based upon the individual's race, color, sex, national origin, disability, religion, age,* or sexual orientation.
 - a. 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;
 - b. Use a Discounted/Sliding Fee Schedule (SFS) to ensure that no one who is unable to pay will be denied access to services;
 - c. Make every reasonable effort to secure payment in accordance with the schedule of fees;
 - d. Accept assignment for Medicare beneficiaries, and have an appropriate agreement with the applicable State agency for Medicaid and CHIP beneficiaries;
 - e. Prominently display a statement in common areas and on site's website that explicitly states that:
 - i. No one will be denied access to services due to inability to pay; and
 - ii. There is a Discounted/SFS available.
- 3) Provide culturally competent, comprehensive primary care services (medical, dental, and/or behavioral) that correspond to the designated HPSA type.
- 4) Use a clinician credentialing process that, at a minimum, includes reference review, licensure verification, and a query of the [National Practitioner Data Bank](#) (NPDB).
- 5) Function as part of a system of care that either offers or assures access to ancillary, inpatient, and specialty referrals.
- 6) Adhere to sound fiscal management policies and adopt clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
- 7) Agree not to reduce an NHSC clinician's salary due to NHSC support.
- 8) Allow NHSC clinicians to maintain a primary care clinical practice (full-time or half-time) as indicated in their contract with NHSC and must be knowledgeable of the clinician's specific NHSC service requirements.
- 9) Communicate to the NHSC any change in site or clinician employment status.
- 10) Support NHSC clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend or participate in NHSC-sponsored meetings, webinars, and other continuing education programs.
- 11) Maintain and make available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician.
- 12) Complete and submit a current six (6) months of continuous data on the NHSC Site Data Tables to the NHSC at time of Site Application, Recertification, and NHSC site visits.

13) Comply with requests for a site visit from the NHSC or the State PCO with adherence to all NHSC requirements.

***EXCEPTION:** “Age” is not an applicable discriminatory factor for pediatric, geriatric, or obstetrics/gynecology sites.

APPROPRIATE USE OF NHSC CLINICIANS: As mandated by NHSC Law, 42 U.S.C. § 254f, NHSC sites must make appropriate and efficient use of assigned NHSC clinicians. Evidence that the NHSC site has not made appropriate and efficient use of NHSC clinicians may be grounds for NHSC site disapproval and/or deactivation.

What is a HPSA and how can a site receive a HPSA designation?

In accordance with the NHSC Site Agreement items #1 and #3, and in order to be an NHSC-approved site, a site must be located in a HPSA. HPSAs are designated by the BHW Division of Policy and Shortage Designation (DPSD). Per Federal guidelines, these designations indicate health care provider shortages in primary medical care, dental health, or mental health, and may be shortages in geographic areas (e.g., county), population groups (e.g., low-income), or facilities. Additional information about shortage areas can be found on the [Shortage Designation website](#).

Sites should contact their State PCO when applying for the re-scoring of a HPSA designation. The PCO will determine whether a site currently possesses a geographic area, population group, or facility HPSA for primary, dental and/or mental health.

AUTOMATIC FACILITY HPSA DESIGNATIONS (Auto-HPSAs): Legislation was created in 2002 to mandate the automatic designation of certain facility types as HPSAs. The following sites are covered under the Auto-HPSA designation statute: 1) FQHCs, 2) FQHC Look-Alikes, 3) ITUs, and 4) RHCs that have both a completed certificate of eligibility on file with the BHW/DPSD and meet NHSC site requirements.

If a site is an RHC, then this site type is eligible for an “auto-HPSA designation” and may also be eligible for the NHSC. If an RHC is interested in becoming an eligible NHSC site, the RHC may:

- 1) Request an Auto-HPSA designation by submitting a “[Certificate of Eligibility](#)” form and a Sliding Fee Schedule (SFS) to HRSA; and
- 2) Request to become an eligible NHSC site by submitting a complete NHSC Site Application. In addition, an NHSC Recertification Application is required from an RHCs every three (3) years.

Please note that “auto-HPSA designations” and NHSC “auto-approval” for sites are two separate processes. For example, Federal prisons and ICE facilities are eligible for NHSC “auto-approval,” but are not eligible for an “auto-HPSA designation.”

There are three HPSA categories – primary care, dental health, and mental health. HPSAs are

developed for use by the NHSC in determining priorities for assignment of NHSC clinicians. In order to recruit an NHSC clinician, NHSC-approved sites must have a “designated” HPSA for the specific category under which an NHSC clinician would serve. For example, to recruit for an internal medicine physician, an NHSC-approved site would need to have a “Primary Care” HPSA designation; to recruit a psychiatrist, the site would need to have a “Mental Health” HPSA designation.

In addition to being designated as a HPSA, a geographic area, population group, 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 0 to 25 for primary care, from 0 to 25 for mental health, and from 0 to 26 for dental health. Since the NHSC statute requires that clinicians be placed in HPSAs of greatest need, this scoring system is used in determining priorities for the assignment of NHSC clinicians. The numerical score provided for a HPSA reflects the degree of need (i.e., the higher the score, the greater the need). The following table illustrates the types of HPSAs and factors that may influence their scoring.

Determining Factors of HPSA Score	Primary Care HPSA	Dental Health HPSA	Mental Health HPSA
Population to Provider Ratio	✓	✓	✓
% Below Poverty	✓	✓	✓
Travel Time/Distance to Nearest Source of Care	✓	✓	✓
Infant Mortality Rate/Low Birth Weight Rate	✓		
Access to Fluoridated Water		✓	
Youth and/or Elderly Ratios			✓
Substance and/or Alcohol Abuse Prevalence			✓

How does the NHSC define Comprehensive Primary Care (CPC)?

All NHSC-approved sites must provide comprehensive primary care. The NHSC defines comprehensive primary care, as 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). Care should be provided for the whole person on an ongoing delivery of preventive, acute and chronic primary health services in an NHSC-approved discipline. All patients, regardless of disease or diagnosis, must be treated fairly and receive a full range of primary care services when they walk in the door.

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. Also, some sites focus their efforts on a particular population defined by disease or diagnosis. Although the site may provide comprehensive primary care to that population, because it is not open to all patients of the HPSA it is therefore not considered to be “serving” the HPSA. For example, if a site specializes in a limited set of services within a specialty (e.g., immunization clinics; substance abuse treatment centers; STD/HIV/TB clinics), it is ineligible for NHSC site approval.

In accordance with the NHSC Site Agreement item #5, sites must provide documentation (e.g., memoranda of understanding, exchange of letters, or other documentation) and meaningful demonstration of appropriate referral networks for other preventive, acute, and chronic primary health services with other NHSC-approved sites or providers. In accordance with the NHSC Site Agreement items #2a-d, all sites and referral networks for primary care should offer NHSC-approved discounts to those with low incomes and agree to see all patients regardless of their ability to pay (including those ineligible for Medicaid, Medicare, or the Children’s Health Insurance Plan (CHIP)).

The following example is provided to illustrate the application of an appropriate primary care referral network to ensure comprehensive primary care for sites seeking eligibility by the NHSC:

A pediatric clinic offers preventive, acute, and chronic primary health services to its clients. The clinic does not provide immunizations on-site, but instead refers to another clinic that offers immunizations and adheres to NHSC site requirements (see “Eligibility Requirements and Qualification Factors” section on page 6). In this case, the pediatric clinic would be eligible to apply as an NHSC-approved site.

What services need to be offered by Primary Dental Care Health sites?

Dental facilities must be located in a dental HPSA and are required to offer comprehensive primary dental care services to all residents of the defined dental HPSA. For example, an orthodontic practice would not meet the definition of comprehensive primary care dental, as it is a specialty not approved by the NHSC.

What are the requirements for Primary Behavioral and Mental Health sites?

Behavioral and mental health facilities must be located in a mental health HPSA and are required to offer comprehensive primary behavioral health services to all residents of the defined mental health HPSA. For example, a mental health center that sees only individuals with developmental disabilities would be ineligible because they limit care to a specific population that is not a HPSA-designated population.

NHSC updated its policies for behavioral health participants and sites in FY 2016. This included changes to clinical practice requirements and clarification to comprehensive behavioral health service requirements. Sites interested in recruiting behavioral health clinicians through the NHSC

must complete and submit the “NHSC Comprehensive Behavioral Health Services Checklist” and all applicable formal affiliation agreements.

All non-exempt NHSC behavioral health service sites must verify (using the NHSC Behavioral Health Services Checklist and supporting documentation) that they offer comprehensive primary behavioral health care services including, but not limited to:

- 1) screening and assessment;
- 2) diagnosis;
- 3) treatment plans;
- 4) care coordination;
- 5) therapeutic services (including psychiatric medication prescribing and management, chronic disease management, and substance use disorder treatment);
- 6) crisis/emergency services (including 24-hour crisis call access);
- 7) consultative services; and
- 8) case management.

CORE BEHAVIORAL HEALTH SERVICES: NHSC-approved behavioral health sites must provide the following services directly, and not through affiliation or referral: 1) screening and assessment, 2) treatment plans, and 3) care coordination.

If the site does not provide all of the non-Core Behavioral Health Services, the site must demonstrate a formal affiliation with a comprehensive community-based primary behavioral health setting or facility to provide these services. Affiliation agreements must accompany the Checklist at time of submission.

- 1) Affiliation agreements must be signed both by the site and the affiliated entity.
- 2) Affiliated entities must provide accessible services and continuity of care to the clients of the certifying site.
- 3) Affiliated entities should accept public insurance and offer NHSC-approved discounts to those with low incomes and agree to see all clients regardless of their ability to pay.

Required elements of a formal affiliation agreement can be found in the definition of **Formal Affiliation Agreement** in the “Definitions” section on page 36. For examples of formal affiliation agreements, visit the [SAMHSA-HRSA Center for Integrated Health Solutions website](#).

The following example is provided to illustrate the application of an appropriate primary care referral network to ensure comprehensive primary behavioral health care for sites seeking eligibility by the NHSC:

A behavioral health clinic offers preventive, acute, and chronic primary health services to its clients. The clinic does not provide psychotherapy medications on-site, but instead refers to another clinic that offers psychotherapy medications and adheres to NHSC site

requirements (see “Eligibility Requirements and Qualification Factors” section on page 6). In this case, the behavioral health clinic would be eligible to apply as an NHSC-approved site.

All sites that provide behavioral health services must submit information included in the “NHSC Comprehensive Behavioral Health Services Checklist” according to the timeline below:

COMPREHENSIVE BEHAVIORAL HEALTH SERVICES CHECKLIST CERTIFICATION TIMELINES <i>(non-exempt sites)</i>		
Behavioral Health Practice Site	Certification Process	Timeline
All active sites with FY 2017 NHSC LRP applicants	Must submit the Checklist and supporting documentation through the Customer Service Portal and be certified by BHW before a clinician will be considered for an NHSC LRP award.	Submit by March 1, 2017
All active sites interested in hiring an NHSC Scholar or S2S LRP psychiatrist in 2017	Must submit the Checklist and supporting documentation through the Customer Service Portal and be certified by BHW before an NHSC clinician can be placed.	Submit by March 1, 2017
All new sites	Must submit the Checklist and supporting documentation as part of NHSC Site Application through the Customer Service Portal .	Submit by June 6, 2017 (New Site Application Deadline)
All active sites with FY 2018 NHSC LRP Continuation applicants	For sites with LRP participants who will submit a Continuation Application between August and December 2017:sites must submit the Checklist and supporting documentation through the Customer Service Portal and be certified by BHW before a clinician can be awarded for a continuation award. For a timeline of continuation contract application deadlines, visit the NHSC website .	Submit by September 1, 2017
All active sites expiring in 2017	Must submit the Checklist and supporting documentation as part of NHSC Site Recertification through the Customer Service Portal .	Submit by October 3, 2017 (Site Recertification Deadline)
Formerly approved sites that will reapply during 2017.	Must submit the Checklist and supporting documentation as part of NHSC Site Recertification through the Customer Service Portal .	Submit by October 3, 2017 (Site Recertification Deadline)
All active sites <i>(not included above)</i>	Must submit the Checklist and supporting documentation through the Customer Service Portal . NHSC behavioral health sites that do not submit by the deadline or are not certified by BHW will be inactivated by December 31, 2017.	Submit by October 4, 2017

All non-exempt NHSC-approved sites that provide behavioral health services must submit the information included in the NHSC Comprehensive Behavioral Health Services Checklist by following the instructions below:

New Sites, Active NHSC Sites Expiring in 2017, and Formerly Approved NHSC Sites:

- 1) Review the NHSC Behavioral Health Program Notification and Comprehensive Behavioral Health Services Certification requirements.
- 2) Prepare and sign documentation that verifies compliance with the Community-Based Comprehensive Behavioral Health Services Requirement. Sites may use:
 - a. The example “NHSC Comprehensive Behavioral Health Services Checklist,” or
 - b. Other documentation that verifies all information included in the Checklist.
- 3) Collect any applicable formal affiliation agreements.
- 4) Log in to your [Customer Service Portal](#).
 - a. Upload the documentation into NHSC New Site or Recertification Application verifying compliance with the NHSC Comprehensive Behavioral Health Services Requirement, including all applicable formal affiliation agreements.
 - b. Add as “Other Documentation Requested by the NHSC or State PCO.”
 - c. In the *Comment* section, type “Comprehensive Behavioral Health Services Certification” and any other relevant comments.

All Other Active NHSC Sites:

- 1) Review the NHSC Behavioral Health Program Notification and Comprehensive Behavioral Health Services Certification requirements.
- 2) Prepare and sign documentation that verifies compliance with the Community-Based Comprehensive Behavioral Health Services Requirement. Sites may use:
 - a. The example “NHSC Comprehensive Behavioral Health Services Checklist,” or
 - b. Other documentation that verifies all information included in the Checklist.
- 3) Collect any applicable formal affiliation agreements.
- 4) Log in to your [Customer Service Portal](#).
 - a. Click on the name of the applicable site (you must upload one certification for each site location).
 - b. Under *Need Assistance*, click on *Ask a Question about the NHSC*.
 - c. Under *Please select a category*, select *Behavioral Health Policy Certification* (or *General* if not available).
 - d. In the *Comment* section, type “Comprehensive Behavioral Health Services Certification” and any other relevant comments.

NHSC Site Inactivation:

Non-exempt behavioral health NHSC-approved sites that do not submit the information included in the “NHSC Comprehensive Behavioral Health Services Checklist” (the checklist may be used as an example) and supporting documentation, or are not verified by BHW [DRO](#) as meeting the new policy requirements, will be inactivated no later than **December 31, 2017**. Current NHSC participants, who are otherwise meeting the conditions of their

NHSC contract, will be allowed to remain at a site inactivated under this policy and complete their current service commitment. NHSC participants may not enter a new or continuation contract at, or transfer to, an inactive site.

NHSC Exempt Sites:

NHSC-approved sites that are exempt from the Comprehensive Behavioral Health Services Certification process will not be required to submit the NHSC Behavioral Health Services Checklist. However, exempt practice sites with NHSC behavioral health participants are expected to provide an appropriate practice setting and verify that NHSC behavioral health participants meet the Behavioral Health clinical practice requirements as outlined in this guide and the [NHSC LRP Application and Program Guidance](#).

EXCEPTION - The following NHSC-approved sites are EXEMPT from the Comprehensive Behavioral Health Services Certification process: 1) FQHCs, 2) FQHC Look-Alikes, 3) ITUs, 4) Federal Prisons, 5) *State Prisons (only for the purposes of the Behavioral Health Requirements)*; and 6) ICE Health Service Corps. Site administrators with sites that may be eligible for NHSC auto-approval must contact the BHW [DRO](#) directly to add new sites to the NHSC system of record.

What are the new NHSC behavioral health clinical practice requirements?

The NHSC updated its policies for NHSC behavioral health participants and sites in Fiscal Year 2016. This includes changes to clinical practice requirements and clarifying comprehensive behavioral health service requirements. Behavioral health providers applying to the NHSC must adhere to all requirements.

NHSC Primary Care Behavioral and Mental Health providers are required to practice in a community based setting that provides access to comprehensive behavioral health services as described in the “What are the requirements for Primary Behavioral and Mental Health sites?” section on page 12. All NHSC-approved sites must support behavioral health participants in meeting the new clinical practice requirements. For additional information, please refer to the “NHSC Comprehensive Behavioral Health Checklist” and the [NHSC LRP Application and Program Guidance](#).

- 1) **Full-Time** behavioral health providers must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing patient care at the approved service site(s); of which no more than 8 hours/week may be spent in a teaching capacity. The remaining 8 hours/week are spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), and as an extension of care at the approved site(s), or performing clinical-related administrative activities.
- 2) **Half-Time** behavioral health providers must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week are spent providing patient care at the approved service site(s); of which no more than 4 hours/week may be spent in a teaching capacity. The remaining 4 hours/week are spent providing patient care at the

approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), and as an extension of care at the approved site(s), or performing clinical-related administrative activities.

What are the requirements to use a SFS to provide free or discounted services to low-income patients?

In accordance with the NHSC Site Agreement items # 2a-d, NHSC-approved sites (with the exception of correctional facilities, most ITUs, and free clinics) are required to provide services for free or on a SFS or discounted fee schedule for low-income individuals. A SFS 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. NHSC-approved sites must be familiar with and abide by the Sliding Fee Discount Program guidelines as published in the NHSC [Sliding Fee Discount Program Information Package](#).

All front-line staff at the NHSC-approved site should be familiar with the Sliding Fee Discount Program and application process for patients. Front desk and phone operators must be prepared to offer information and answer basic questions about the Sliding Fee Discount Program and should present it as an option during a patient's initial visit. NHSC encourages sites to have patient applications for the program ready and available for patients at the front desk. In addition, the Sliding Fee Discount Program must be prominently advertised at the NHSC-approved site and on the site's page on the Health Workforce Connector (if applicable). Many NHSC-approved sites also post the Sliding Fee Discount Program application online for patients.

The SFS, or discounted fee schedule, is based on the Federal Poverty Guidelines, and patient eligibility is determined by annual income and family size. The annual income threshold is based on the earnings over a given period of time used to support an individual/family size unit. Specifically, for individuals with annual incomes at or below 100% of the Federal Poverty Guidelines (see the following table) NHSC-approved sites should provide services at no charge or at a nominal charge. For individuals between 101% and 200% of the Federal Poverty Guidelines, NHSC-approved sites should provide a schedule of discounts, which should reflect a nominal charge (see the following table). To the extent that a patient who otherwise meets the above criteria has insurance coverage from a third party (either public or private), an NHSC-approved site can charge for services to the extent that the third party will make payment.

NHSC-approved sites must submit Sliding Fee Discount Program documentation through the Site Application. These documents include a copy of the site's SFS, patient application for the Sliding Fee Discount Program, and the site's policies on the program (see the "What are the NHSC required supporting documents?" section on page 22). For more examples of a SFS, policy, or patient application, please refer to the NHSC [Sliding Fee Discount Program Information Package](#).

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Nominal Fee (\$5)	Charge				
		20% pay	40% pay	60% pay	80% pay	100% pay
1	0-\$12,060	\$12,061-\$15,075	\$15,076-\$18,090	\$18,091-\$21,105	\$21,106-\$24,120	\$24,121+
2	0-\$16,240	\$16,241-\$20,300	\$20,301-\$24,360	\$24,361-\$28,420	\$28,421-\$32,480	\$32,481+
3	0-\$20,420	\$20,421-\$25,525	\$25,526-\$30,630	\$30,631-\$35,735	\$35,736-\$40,840	\$40,841+
4	0-\$24,600	\$24,601-\$30,750	\$30,751-\$36,900	\$36,901-\$43,050	\$43,051-\$49,200	\$49,201+
5	0-\$28,780	\$28,781-\$35,975	\$35,976-\$43,170	\$43,171-\$50,365	\$50,366-\$57,560	\$57,561+
6	0-\$32,960	\$32,961-\$41,200	\$41,201-\$49,440	\$49,441-\$57,680	\$57,681-\$65,920	\$65,921+
7	0-\$37,140	\$37,141-\$46,425	\$46,426-\$55,710	\$55,711-\$64,995	\$64,996-\$74,280	\$74,281+
8	0-\$41,320	\$41,321-\$51,650	\$51,651-\$61,980	\$61,981-\$72,310	\$72,311-\$82,640	\$82,641+
For each additional person, add	\$4,180	\$5,225	\$6,270	\$7,315	\$8,360	\$8,360

*Based on 2017 [Federal Poverty Guidelines](#).

CALCULATING SFS DISCOUNTS: The SFS discounts are based only on annual income and family size. NHSC sites are expected to revise their SFS or discounted fee schedule annually with information from the updated Federal Poverty Guidelines. **NHSC-approved sites that deny or limit discounted services to individuals based on other factors such as their assets or citizenship status, regardless of their eligibility for discounts under the Federal Poverty Guidelines, will be considered noncompliant by the NHSC.**

EXCEPTIONS: To the extent that an NHSC-approved site does **not** charge or bill for any services (i.e. free clinic, correctional facility, most ITUs and some Indian and Tribal Hospitals), an NHSC site may not need a SFS. However, the NHSC site needs to provide the NHSC with documentation that no one is charged or billed for service.

CAHs must utilize the NHSC-approved SFS, at a minimum, for low-income patients in both the emergency room and the affiliated outpatient clinic. **CAHs that deny or limit discounted services to individuals based on other factors such as their assets or citizenship status, regardless of their eligibility for discounts under the Federal Poverty Guidelines, will be considered noncompliant by the NHSC.** This restriction does not extend to the CAH inpatient fee structure (i.e.: CAH in-house discounted fee schedule or charity care program for other settings).

What are the requirements for the Non-Discrimination Policy, Posted Notice, and the Recruitment and Retention Plan?

Non-Discrimination Policy and Posted Notice:

In accordance with the NHSC Site Agreement item #2, NHSC-approved sites must agree not to discriminate in the provision of services to an individual because the individual is unable to pay, because payment for those services would be made under Medicare, Medicaid, or CHIP, or based upon the individual's race, color, sex, national origin, disability, religion, age, or sexual orientation. All NHSC-approved sites must have written policies that clearly state that the site abides by these requirements.

In accordance with the NHSC Site Agreement item #2e, NHSC-approved sites must prominently display a statement/poster in common areas and on the site's website (if one exists) that explicitly states that no one will be denied access to services due to inability to pay and that discounts are available based on family size and income. In addition, the NHSC strongly encourages sites to clearly advertise that the site accepts Medicare, Medicaid, and CHIP. The statements should be translated into the appropriate language and/or dialect for the service area. To review an example of appropriate and downloadable signage, please visit the [NHSC website](#).

ITU EXCEPTION: At the request of a tribal health program (see the "Definitions" section on page 36), the services of an NHSC clinician 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.

Recruitment and Retention Plan:

The NHSC strongly recommends that all sites develop and maintain a plan to guide the recruitment and retention of clinicians to help ensure a viable NHSC-approved site. A recruitment and retention plan clearly states the policies and processes that a site will utilize to recruit and maintain clinical staffing levels needed to appropriately serve the community. NHSC-approved sites should keep a current copy of the plan onsite for review during NHSC site visits, and should periodically update the plan to address any factors that may have impacted the management of a site.

APPLICATION AND RECERTIFICATION PROCESS

What should sites know before applying?

Before a site applies to be an NHSC-approved site, the following steps should be taken:

- 1) Inquire to see if your site qualifies for NHSC Auto-Approval (see “What is an Eligible Automatically-Approved (Auto-Approved) NHSC Site?” on page 7):
 - a. NHSC Auto-Approved sites do not need to submit an application during an NHSC Site Application period.
 - b. Site administrators with sites that may be eligible for NHSC Auto-Approval **must** contact the BHW [DRO](#) directly and submit a signed NHSC Site Agreement in order for the site to be added to the NHSC system of record.
- 2) Determine if your site is located in a HPSA. The HPSAs may be a geographic area, a population group, or facility, with a shortage of primary care medical, dental, or mental and behavioral health providers. The HPSA must correspond to the services provided at that site (e.g., a site providing dental services must be in a designated dental HPSA).
 - a. Contact your local [State PCO](#) for questions about your HPSA designation and the application.
 - b. Search by [Site Address](#)
 - c. Search by [State and County](#)
- 3) Determine if your site meets **all** of the eligibility requirements listed in the NHSC Site Agreement (this may not, in its entirety, be applicable to all eligible auto-approved NHSC sites).
- 4) Review the requirements for behavioral health sites prescribed in the “What are the requirements for Primary Behavioral and Mental Health sites?” on page 12 and the “NHSC Comprehensive Behavioral Health Services Checklist.” These outline the updated requirements and timeline for behavioral health participants and sites, which impact all current and prospective NHSC sites that provide behavioral health services.
- 5) Review the NHSC Site Reference Guide in order to comply with the program requirements as listed in the NHSC Site Agreement in Appendix A on page 45.
- 6) Get your questions answered by contacting your State PCO, visiting the NHSC website, or contacting the BHW [DRO](#);
- 7) Gather **all** required documentation (this may not, in its entirety, be applicable to all eligible auto-approved NHSC sites) listed on page 22:
- 8) Apply online by creating an NHSC account via the [Customer Service Portal](#).
 - a. If an organization has multiple sites located in HPSAs and would like all sites (e.g., satellite site, mobile unit, etc.) to be NHSC-approved, each location **must** submit a separate Site Application and be approved individually.
 - b. Site administrators of Auto-Approved NHSC Sites must contact the BHW [DRO](#) directly to add new sites to the NHSC system of record.
 - c. Applications are generally processed within 6 to 8 weeks, but may take longer due to application volume, pre-approval site visit requirements, and the quality of submitted information.

SITES THAT REQUIRE A SITE VISIT PRIOR TO APPROVAL: Please be aware that a pre-approval site visit may be scheduled for any NHSC-eligible site type.

What are the NHSC Online Site Application sections?

Sites are required to complete each of the online sections (listed below) via the [Customer Service Portal](#) BEFORE submitting an online application.

- 1) **Site Eligibility.** This section assesses a site's eligibility. If a site applicant does not pass the pre-screening portion of the online application, they will not be able to continue with the Site Application. Please refer to the "Eligibility Requirements and Qualification Factors" section on page 6 to ensure that the site meets the appropriate requirements.
- 2) **General Information.** Answers to this section pertain to the site applicant's name, mailing and email addresses, and other contact information.
- 3) **Points of Contact (POC) Information.** Each site (with exception of Solo Private Practices) is required to list two (2) site contacts in this section. If approved, the recruitment contact's information will be visible to the public on the [Health Workforce Connector](#).
- 4) **Program Information.** In this section, site applicants will select the appropriate primary care services provided at their site, in addition to addressing questions regarding their SFS, accepted insurance, and the recruitment and retention plan.
- 5) **HPSA Score Suggestion.** A site applicant will determine their appropriate HPSA, and enter in their suggested HPSA score based on verified information found in the [HPSA Find Tool](#). NHSC and State PCO staff will verify this information and add all applicable HPSA IDs to the application during the review process. **This section is not required for a site to submit a Site Application; however, it is recommended that a site consult with their State PCO to verify their HPSA ID and score.**
- 6) **Supporting Documents.** Site applicants are expected to upload all required supporting documents (refer to the "What are the NHSC required supporting documents?" section on page 22) PRIOR to submission of the application. Please note that required supporting documents CANNOT be submitted electronically once the application is submitted.
- 7) **Agreement for NHSC Sites.** In the last section of the Site Application, sites will review and certify their compliance with the NHSC Site Agreement. A copy of the NHSC Site Agreement is included at the end of this document. **NOTE: The auto-approved NHSC sites must sign the NHSC Site Agreement. Site administrators with sites that may be eligible for auto-approval must contact the BHW [DRO](#) directly in order for the site to be added to the NHSC system of record.**

Is there an NHSC Site Application cycle?

Yes. The NHSC opens a **New Site Application cycle** and a **Site Recertification Application cycle** every year. Each respective NHSC Site Application cycle is generally open to accept submissions for approximately 6-8 weeks. However, the deadline submission time and the number of cycles for each fiscal year may be subject to change. Site applicants are encouraged to reference the [NHSC website](#) for the most current timeline for application cycles.

An online new NHSC Site Application is for sites defined as any site that does not have a previously approved Site Application on file with the NHSC. These are the only NHSC Site Applications that will be accepted during the **NHSC New Site Application cycle**.

An online NHSC Recertification Application is due for all NHSC sites that:

- 1) Have a previously approved NHSC Site Application on file with the NHSC;
- 2) Are either active with a future expiration date; or
- 3) Are currently inactive.

These sites should apply during the **NHSC Site Recertification Application cycle**.

Please read all [NHSC Site Application instructions](#) carefully before completing the NHSC Site Application. Each site administrator or designee will be held responsible for ensuring that **all** information reported on the NHSC Site Application is true and accurate. If documentation is missing or not legible, the Site Application will be deemed “incomplete” and may render the Site Application disapproved or automatically canceled. If answers provided in the Site Application do not match the supporting/supplemental documents, or if the documentation provided does not accurately verify the answers provided, this may render the Site Application disapproved.

Note that the NHSC Comprehensive Behavioral Health Services Certification requirement supplements the NHSC New and Recertification Application, in order for the NHSC to verify the provision of comprehensive behavioral health services. All **New NHSC Sites, Active NHSC Sites Expiring in 2017, and Formerly Approved NHSC Sites** that provide behavioral health services must certify (using the “NHSC Comprehensive Behavioral Health Services Checklist”) that they offer comprehensive primary behavioral health care services (see page 11 for more information).

During the open NHSC Site Application cycle, a site will have an opportunity to make edits to their Site Application, including the ability to upload new documents, cancel the application, and/or any relevant changes BEFORE the close of the application cycle. The NHSC Site Application may not be altered after submission. If a site has application-related questions, they are encouraged to contact their State PCO **PRIOR** to Site Application submission.

All supporting documentation for the Site Application must be uploaded **before** the site can submit a complete application package. With the exception of eligible auto-approved NHSC sites, this applies to every site seeking new site NHSC approval or NHSC recertification.

What are the NHSC required supporting documents?

It is the site’s responsibility to upload **all** supporting documents into the online application **PRIOR** to the submission of a complete Site Application package. Information contained in the supporting documentation should align with the answers provided in the online Site Application. The NHSC encourages sites to compile the required documentation well in advance of the application deadline to be sure the site is able to submit a complete application. Sites should keep a copy of the application package for their records.

A Site Application will not be considered complete, and may be disapproved, unless it contains **each** of the following required supporting documents:

- 1) **Policies on Non-Discrimination.** Upload a copy of the site’s policies on non-discrimination of patients based upon race, color, sex, national origin, disability, religion, age, or sexual orientation, in accordance with the NHSC Site Agreement item #2.
- 2) **Sliding Fee Discount Program Documents.** Upload all three documents (see list below) that describe the site’s Sliding Fee Discount Program, in accordance with the NHSC Site Agreement items #2a-2d. Before submitting these documents, please review the requirements and examples found in the [Sliding Fee Discount Program Information Package](#).
 - a. **SFS.** This document outlines discounts offered based on family size and income.
 - i. Reflects the most recent [Federal Poverty Guidelines](#)
 - ii. Offers a full (100%) discount to those at or below 100% of poverty
 - iii. Offers a sliding schedule of discounts up to 200% of poverty
 - iv. Although not required, attaching the schedule of fees or payments for basic services used at the site will help the review team in processing the Site Application.
 - b. **Patient Application for SFS.**
 - c. **Site’s Policy on the Sliding Fee Discount Program.** These policies should describe:
 - i. Patient eligibility for the program, including definitions of income and family size and frequency of re-evaluation of eligibility. [Ensure that the site’s SFS applies to all residents of the site’s HPSA(s).];
 - ii. Documentation and verification requirements and site procedures on determining patient eligibility;
 - iii. How the sliding fee discount program will be advertised to the patient population; and
 - iv. If the site chooses to collect a nominal charge, an explanation of the nominal charge.
 - v. If patients using the SFS will be sent to collections for outstanding debt, the site must submit a description of their collection policies.
- 3) **Required Signage.** Upload a photograph or copy of posted signage at the site that meets the requirements, in accordance with the NHSC Site Agreement item #2e. For an example of acceptable signage, please reference the [Site Policy Poster on the NHSC website](#). Please note that sites should refrain from using the NHSC poster and logo until after they are approved for NHSC.
- 4) **Proof of Access to Ancillary, Inpatient and Specialty Care.** Upload proof of referral arrangements for ancillary, inpatient, and specialty care that is not available on-site, in accordance with the NHSC Site Agreement # 5. Acceptable documents include Memorandums of Understanding (MOU), Memorandums of Agreement (MOA) or contracts with ancillary, inpatient, and specialty facilities. If formal referral arrangements do not exist, the site must provide a description of how it assures patient access to ancillary, inpatient, and specialty care.
- 5) **NHSC Site Data Tables.** Upload completed [NHSC Site Data Tables](#) with six (6) continuous months of data from the individual site location, in accordance with the NHSC Site Agreement item #12. Read all instructions carefully before completing the data tables.

6) **NHSC Comprehensive Behavioral Health Services Checklist and Supporting**

Documentation. All non-exempt sites that provide behavioral health services must certify that they provide comprehensive behavioral health services (see the “What are the requirements for Primary Behavioral and Mental Health sites?” section on page What are the new NHSC behavioral health clinical practice requirements?). Prepare and sign documentation that verifies compliance with the Community-Based Comprehensive Behavioral Health Services Requirement. Sites may use the example “NHSC Comprehensive Behavioral Health Services Checklist” or other documentation that verifies all information included in the Checklist. Upload the documentation into Site Application or Recertification, including all applicable formal affiliation agreements. Add as “Other Documentation Requested by NHSC or State PCO.” In the *Comment* section, type “Comprehensive Behavioral Health Services Certification” and any other relevant comments.

REQUIREMENT FOR SIX (6) CONTINUOUS MONTHS OF DATA: In order to demonstrate that sites can meet the terms of the NHSC Site Agreement, each individual site location must submit six (6) continuous months of data through the NHSC Site Data Tables. This helps ensure the NHSC that the site adheres to sound fiscal management policies and is able to allow potential NHSC clinicians to maintain a primary care clinical practice as indicated in their clinician NHSC participant award contract. If data tables are not applicable, a site must provide documentation with an explanation on letterhead to explain that services are provided free of charge and, therefore, that the site is not required to complete table two (2) of the form.

EXCEPTIONS: Free clinics and correctional facilities are EXEMPT from submitting certain required documents, including SFS documents and required signage, due to their inability to bill and charge for services.

Does the NHSC site approval period expire?

Yes, with the exception of eligible auto-approved NHSC sites. The NHSC Site Application approval is valid for three (3) years from the date of its approval, as long as the site remains in a HPSA and continues to meet the NHSC eligibility requirements and qualification factors. Auto-approved NHSC sites generally do not expire, unless they are no longer located in a HPSA; no longer meet all NHSC requirements; or are found to be noncompliant with their respective program requirements.

Is my site required to submit an NHSC Site Recertification, and if so, when?

After your site is approved, you can determine if your site will need to apply for recertification by logging into the [Customer Service Portal](#). If there is an “Expiration Date” listed under the NHSC Approved Sites section, then your site will need to recertify. NHSC-approved sites are required to apply for recertification every three (3) years. Sites that have previously approved Site Applications on file with the NHSC must apply during a Recertification Application cycle. In addition, an NHSC Site Recertification Application may also be submitted for sites that have already expired.

All sites with an expiration date **on or before December 31, 2017** are required to submit an NHSC Site Recertification Application during the 2017 Recertification Cycle. Failure of these NHSC sites to submit a complete and acceptable recertification PRIOR to their expiration date, will result in the inactivation of the NHSC site after the NHSC site's expiration date passes. In addition, behavioral health sites that do not submit the information included in the "NHSC Comprehensive Behavioral Health Services Checklist" and supporting documentation, will be inactivated no later than **December 31, 2017**. Please check the NHSC website for updates to the Site Application cycles.

How should I prepare for the NHSC Site Recertification cycle?

Prior to submitting the NHSC Site Recertification Application, NHSC sites should carefully review the "What should sites know before applying?" section on page 19.

It is the NHSC site's responsibility to upload all supporting documents into the online NHSC Site Recertification Application PRIOR to submission. Information contained in the supporting documentation is expected to align with the answers provided in the online Site Application.

An NHSC Site Recertification Application will not be considered complete, and may be disapproved, unless it contains each of the following required supporting documents. Refer to the "What are the Required Supporting Documents?" section on page 23 for more details.

How do I submit an NHSC Site Recertification Application?

The following steps should be followed to submit an NHSC Site Recertification Application:

- 1) Log into the [Customer Service Portal](#) during the open NHSC Site Recertification cycle.
- 2) Click on the name of the site for which you would like to submit an NHSC Site Recertification Application (Note: you may submit an NHSC Site Recertification Application for an "Approved" OR "Inactive" site, but not a "Terminated" site).
- 3) In the "Need Assistance?" box, under "I need to..." click on "Recertify."
- 4) Complete the NHSC Site Recertification Application, upload all required supporting documentation, and click 'Submit'.

What should NHSC sites expect after submitting the NHSC Site Application?

After a site representative submits the NHSC application, the State PCO and the BHW's [DRO](#) will review and evaluate the NHSC application. The DRO will make a final decision regarding the approval of the NHSC Site Application. The process generally takes 6 – 8 weeks to complete, but may take longer due to application volume, pre-approval site visit requirements, and the quality of submitted information.

Additionally, the DRO will work closely with the State PCO and may coordinate a pre-approval site visit (see the "Site Visits and Technical Assistance" section on page 32) to evaluate and confirm all NHSC Site Application information and responses prior to approving the application.

How does the NHSC determine which sites can be approved?

NHSC approval of a site is determined based on a site's ability to meet the eligibility criteria set forth in the NHSC Site Agreement and Site Application, and further evaluation by the State PCO and the DRO. NHSC-approved sites will receive a notice from the NHSC through the Customer Service Portal confirming their approval status. If a site has been approved, the site will be sent information regarding how to post job positions on the [Health Workforce Connector](#) (see the "Recruiting a NHSC Clinician" section on page 30).

SITE ROLES & RESPONSIBILITIES

What are the requirements for NHSC-approved sites?

The mission of the NHSC is to increase access to primary care services for the Nation's underserved populations. The NHSC-approved sites are the cornerstone of this mission. To that effect, all NHSC-approved sites must meet all site requirements listed in the NHSC Site Agreement, included at the end of this document, in order to maintain status as an NHSC-approved site. This also applies to all eligible auto-approved NHSC sites. All NHSC-approved sites are encouraged to continually review the NHSC Site Agreement and keep a copy for their reference.

In addition, all NHSC-approved sites must:

- 1) Activate and maintain a [Customer Service Portal](#) account for at least two site points of contact. The portal account creation is a two-step process and is not considered active until the point of contact responds to an email prompt from the system.
 - a. All NHSC-approved sites must have at least (2) NHSC points of contact, with a minimum of one person serving in each of the following NHSC roles: Administrator, Personnel Verifier, and Recruiter. Please note that one point of contact can have multiple roles and that **NHSC participants are discouraged from being a point of contact.**
 - b. To add a new point of contact, have them create and activate a [Customer Service Portal](#) account. Next, log into your Portal account and click on the name of the site. Under Self-Service click on "Manage Points of Contact" and then "Add Another Site POC."
 - c. NHSC Points of contact should periodically update their roles at the site by clicking on "Update My Program Portal Profile" under the "Need Assistance?" section at the bottom of the home screen.
- 2) Complete and continually update the online NHSC [Site Profile](#). The Site Profile is a recruiting tool, providing prospective clinicians with a site-specific overview, while they search for jobs at NHSC-approved sites. The NHSC [Site Profile](#) can be updated using the [Customer Service Portal](#). Upon completion, the NHSC site profile will be displayed on the Health Workforce Connector. Once the NHSC site profile is complete, the NHSC site can post open clinical vacancies through the [Customer Service Portal](#) to be displayed on the [Health Workforce Connector](#).

- 3) Post all NHSC-eligible clinical vacancies on [Health Workforce Connector](#). To post a vacancy, log into the [Customer Service Portal](#), click on the name of the site, and then under Self Service click on “Manage Current Job Openings.”
- 4) Contact the NHSC through the [Customer Service Portal](#) if there are any changes to the site including: NHSC points of contact, NHSC site location, ownership, or HPSA score. To notify the NHSC, log into your [Customer Service Portal](#), click on the name of the site and under Need Assistance, and then click on “Ask a Question...”
- 5) Continue to display the NHSC-approved site decal/and or tabletop sign and post the [NHSC site policy poster](#).
- 6) Continue to maintain the NHSC discounted SFS.
- 7) Participate in a site visit from the DRO.
- 8) Submit an NHSC Site Recertification Application every three (3) years, with the exception of eligible auto-approved NHSC sites.
- 9) Support NHSC participants as illustrated in the section below.

How can NHSC-approved sites assist NHSC participants in successfully fulfilling their service obligation?

The NHSC participants are responsible for meeting all NHSC requirements as a result of receiving their NHSC scholarship or loan repayment award contract. The NHSC LRP, NHSC S2S LRP, and the NHSC SP Application and Program Guidance, respectively, provide the details of the NHSC participant commitment. NHSC participants enter into a contractual agreement with the NHSC, thus it is required that NHSC-approved sites afford NHSC participants the opportunity to fulfill this agreement.

The NHSC expects sites to support NHSC participants in fulfilling their service obligation by:

- 1) Completing NHSC Employment Verification forms (EVF) through the [Customer Service Portal](#) for all NHSC sites.
- 2) Ensuring NHSC participants work at NHSC-approved and HPSA appropriate sites.
- 3) Ensuring each NHSC site is approved prior to the beginning of an NHSC participant assignment at that site.
- 4) Ensuring each NHSC participant is knowledgeable of the minimum HPSA score necessary for placement at an NHSC site.
- 5) Ensuring NHSC participants follow the NHSC minimum hourly and weekly NHSC clinical service requirements (the employment contract between the NHSC-approved site and NHSC participant may stipulate additional work hours).
- 6) Reporting leave on the NHSC online In-Service Verification forms (ISV). NHSC participants are allowed to spend no more than 7 weeks a year (35 full-time or 35 half-time workdays) away from clinical practice with the NHSC.
- 7) Verifying and reporting to the NHSC any time away from the site (e.g., vacation, holidays, continuing professional education, illness, or any other reason) taken by NHSC participants.
- 8) Allowing NHSC participants to participate in NHSC Continuing Education and NHSC program webinars and/or conferences.

- 9) Providing appropriate supervision to NHSC participants, as well as needed orientation, training and mentorship regarding the NHSC site's processes and procedures, client population, and primary care practice.
- 10) Facilitating an NHSC participant site transfer request, if applicable, by completing an online EVF through the [Customer Service Portal](#). **Prior to leaving a site, NHSC participants submit a transfer request via the [Customer Service Portal](#) to change his or her current site to another NHSC-approved site.** To ensure that NHSC-approved sites can continue to meet the needs of patients, the NHSC strongly encourages NHSC participants to discuss their plans with the NHSC site first. As part of the transfer process, the NHSC participant's current NHSC service site submits an EVF that includes:
 - a) Any clinical competency issues related to the NHSC participant while employed at the NHSC-approved site;
 - b) Any disciplinary action related to the NHSC participant while employed at the NHSC-approved site; and
 - c) Confirmation of the NHSC participant's last employment date at the NHSC-approved site.
 - d) Upon approval of the transfer request, the NHSC-approved site is responsible for reviewing online and confirming the NHSC participant reported leave for the period of time that the NHSC participant has been employed at the NHSC-approved site.
- 11) Making available for review an NHSC participant's personnel documents, communications, and/or practice related documents as needed. The NHSC continues to monitor an NHSC participant's compliance with NHSC service requirements and eligibility to work.

What are the NHSC participant's clinical service requirements for full-time and half-time service?

In order to maintain a successful partnership, NHSC participants and NHSC-approved sites should possess a firm understanding of the NHSC clinical service requirements. Please refer to the [NHSC LRP Application and Program Guidance](#) for more details, including requirements for patient care versus time spent in administrative and other activities, as well as restrictions to time spent providing tele-health and working at alternate sites.

- 1) **Full-time:** NHSC full-time participants are required to work a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year. The 40 hours per week should be compressed into no less than 4 days per week, with no more than 12 hours of work performed in any 24-hour period.
- 2) **Half-time:** NHSC half-time participants are required to work a minimum of 20 hours per week in a clinical practice (not to exceed 39 hours per week) for a minimum of 45 weeks per service year. The 20 hours per week should be compressed into no less than 2 days per week, with no more than 12 hours of work performed in any 24-hour period.

NOTE: NHSC participants exercising the Private Practice Option (PPO) ARE NOT eligible for half-time service. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in CAHs and IHS Hospitals, please refer to the [NHSC LRP Application and Program Guidance](#).

How do sites notify the NHSC regarding changes to site information?

All NHSC-approved sites are expected to maintain current, active status as a comprehensive primary care, dental, or mental health service delivery site by continually meeting the NHSC requirements outlined in the NHSC Site Agreement (located in Appendix A on page 45). In addition, NHSC-approved sites are also required to notify the NHSC if there are any changes to the NHSC participant employment status with the NHSC-approved site (e.g., termination, resignation, change in site allocation) and if the NHSC participant has resigned or is terminated, as well as complete the NHSC employment verification indicating the NHSC participant's last employment date seeing patients.

As indicated in the "What are the requirements for NHSC-approved sites?" section on page 27, all NHSC-approved sites must contact the NHSC through the [Customer Service Portal](#) if there are any changes to the site including: NHSC points of contact, NHSC site location, ownership, or HPSA score. The DRO can provide technical assistance; for example:

If an established site changes ownership:

The site must submit a new application in order to verify that the site and its new owners understand and are able to meet the NHSC program requirements. In addition, if a site has changed its name, the site may be required to provide documentation if site ownership has also changed. Sites are encouraged to contact the DRO for additional assistance.

If there is a change in site information:

Generally, a new application does not need to be submitted when a site changes its physical location or adds a change in scope to its services (e.g., adds dental services to a primary care site). However, the site should report such changes to the NHSC so the DRO can modify/update site records as necessary.

If a site moves to a new location and needs the address updated, the DRO will need to determine if the HPSA designation is impacted. A change in HPSA may impact the site's approval status and a change in HPSA score could impact NHSC participants associated with the site.

Can an NHSC-approved site become Inactivated or Terminated?

Yes. Inactivation of an NHSC-approved site can occur under the following situations:

- 1) When an approved NHSC site no longer meets the established eligibility requirements;
- 2) When a site electively decides not to be considered as an NHSC site; and
- 3) When a site misses the recertification deadline.

NHSC-approved sites that do not maintain the eligibility criteria as set forth in the NHSC Site Agreement are subject to having their NHSC status inactivated. Inactivated sites may reapply to become an NHSC site at some time in the future.

Sites that are no longer operational will be terminated. The site should report such changes to the NHSC so that the DRO can modify/update site records as necessary.

If participants at an inactivated or terminated site are not able to remain in compliance with the requirements of their contract, they may need to transfer to another eligible site.

RECRUITING AN NHSC CLINICIAN

What should sites know about the National Practitioner Data Bank (NPDB)?

As part of its mission to improve health care quality, protect the public, and reduce health care fraud and abuse in the United States, HRSA maintains the [NPDB](#).

In accordance with the NHSC Site Agreement item #4, **the NHSC requires that all NHSC-approved sites use, at a minimum, a clinician credentialing process including reference review, licensure verification, and a query of the NPDB of those clinicians for whom the NPDB maintains data.** This is especially important during the employment verification of a new NHSC applicant and those NHSC scholars assigned to NHSC-approved sites.

The NPDB is primarily a flagging system that serves to alert an NHSC-approved site that there may be a problem with the competency or conduct of an NHSC participant. When the NHSC-approved site receives a report from the NPDB, it is prudent that the NHSC-approved site use this alert to complete a more comprehensive review of the qualifications and background of the NHSC clinician. The NHSC strongly encourages NHSC-approved sites to utilize the NPDB information in combination with other sources in making determinations on employment, affiliation, clinical privileges, certification, or other decisions.

When can an NHSC-approved site hire an NHSC participant?

Once an NHSC site is approved, the NHSC site can post job positions through the [Health Workforce Connector](#) in order to recruit and hire an NHSC participant. NHSC-approved sites and NHSC participants should both be aware that if the NHSC participant begins his/her employment at an NHSC **unapproved** site, the time served will **NOT** count toward the NHSC participant's service obligation. NHSC creditable service time may begin only after an NHSC eligible site has been approved and the NHSC participant has been approved for participation in an NHSC program.

What is the Health Workforce Connector and how is it used?

The [Health Workforce Connector \(formerly the NHSC Jobs Center\)](#) is a quick and easy way to advertise current and open clinical job positions at NHSC-approved sites. The [Health Workforce Connector](#) is a searchable database of vacant positions at NHSC-approved sites and is updated daily. It is a sure way to reach thousands of clinicians who are actively seeking employment in underserved communities. Clinicians interested in a position located on the Health Workforce Connector should contact the listed NHSC Site Recruitment Contact directly to apply. NHSC-

approved sites may update their [Site Profile](#) on the [Health Workforce Connector](#) through the [Customer Service Portal](#).

How does an NHSC-approved site create an NHSC Site Profile in the [Health Workforce Connector](#)?

First, log into the “NHSC Site Administrator” section of the [Customer Service Portal](#). If you don't remember your password, click the “forgot your password” link and the Customer Care Center will automatically send you a new one right away. Once you are in the [Customer Service Portal](#), select a site from the “NHSC Approved Sites” section whose profile you would like to manage. Next, select the “Manage Site Profile” link under “Self Service.” Complete the six steps you see on the screen:

- **Step 1:** Describe your site (required)
- **Step 2:** Verify your points of contact (required)
- **Step 3:** Upload a PDF of your brochure (not required, but helpful for recruitment)
- **Step 4:** Provide site details (required: hours of service/operation, facility size, number of patients served annually, services provided, languages spoken by patients)
- **Step 5:** Provide other site information, such as specialty services provided and provider benefits (not required, but helpful for recruitment)
- **Step 6:** Upload photos or other images (not required, but helpful for recruitment)

Save and view your profile. At this point, you can also upload photos or other images by clicking “Save and Continue.” Click “Save and Finish.” The [Health Workforce Connector](#) will automatically show your NHSC site profile.

How do NHSC-approved sites post, remove or update a vacancy?

All NHSC-approved sites should use the [Customer Service Portal](#) to post, remove, and update job openings. These jobs may be filled by clinicians or NHSC participants and the changes are visible on the [Health Workforce Connector](#). For more information, visit the [BHW Portal User Guide for Site Points of Contact](#).

Are there limitations to the number of NHSC scholars or NHSC S2S LRP participants that may serve at any one NHSC-approved site?

Yes. The NHSC SP allows one (1) NHSC Scholar per discipline to serve at a given NHSC-approved site within a yearly placement cycle. The NHSC will consider requests from NHSC- approved sites for up to one (1) additional scholar placement per discipline per placement cycle on an exceptional/case- by- case basis. NHSC scholars do not count against the number of allowed NHSC S2S LRP participants at a given site.

The NHSC S2S LRP program allows one (1) S2S LRP participant to serve at a given NHSC-approved site within a yearly placement cycle. The NHSC will consider requests from an NHSC-approved site for up to one (1) additional NHSC S2S LRP participant per placement cycle on an exceptional/case-by-case basis. The NHSC S2S LRP participants do not count against the number of NHSC scholars allowed at any given site.

Additional NHSC Scholar or NHSC S2S LRP participant requests must demonstrate special circumstances that prevent the NHSC-approved site from effectively meeting the health care needs of its community, such as the need for the expansion of services. To make a request for an additional NHSC scholar or NHSC S2S LRP participant, please review, complete, and submit the [Additional Scholar Request Form](#).

In order for the NHSC-approved site to qualify for an NHSC Scholar or NHSC S2S LRP participant, the NHSC-approved site must meet the published HPSA score threshold for the Scholar's applicable placement year. Each year, the NHSC will notify sites what the minimum required HPSA score is to recruit an NHSC scholar. Please refer to the [NHSC website](#) for updates regarding this information.

If an NHSC site offers a job to an NHSC Scholar or NHSC S2S LRP participant, the site job offer letter must:

- 1) Be printed on company letterhead;
- 2) Be signed by the NHSC site or personnel representative;
- 3) Include the name and address of the NHSC site(s) where the NHSC participant will be working;
- 4) Indicate the number of hours the NHSC participant will work at each NHSC site;
- 5) Include the anticipated start of employment date;
- 6) State whether the NHSC site will pay for the NHSC clinician malpractice and tail coverage.

SITE VISITS AND TECHNICAL ASSISTANCE

What is an NHSC site visit?

The purpose of the NHSC site visit is to identify at-risk sites, provide opportunities to address technical assistance needs that will promote sustainability, and increase NHSC program compliance. Additionally, site visits serve to support NHSC participants by improving the sites' understanding and compliance with NHSC participant clinical service requirements. These visits help to strengthen the relationships between NHSC program personnel, NHSC participants, and NHSC sites to address specific site needs. All NHSC-approved sites should expect periodic site visits while participating in the NHSC program to ensure adherence to all NHSC site requirements. Certain site types, such as private practices, may be site visited as a part of the Site Application review. A pre-approval site visit may be scheduled for any NHSC eligible site type. BHW's [DRO](#) performs site visits in coordination with the State PCO.

What should NHSC sites expect during a site visit?

All NHSC-approved sites are evaluated according to their understanding and implementation of NHSC site and NHSC participant requirements as written in the NHSC Site Agreement and NHSC Site Reference Guide. During a visit, the DRO staff will also provide needed technical assistance to answer an NHSC site's questions and ensure compliance so the site may remain an NHSC-approved site.

The DRO staff initiates site visits in collaboration with the NHSC site and the State PCO. Notifications for most visits are sent through the [Customer Service Portal](#). Once a date is set, the DRO staff will request the list of required supporting documents as noted in the section entitled, “What are the NHSC required supporting documents?” on page 23. These materials are reviewed by the DRO staff in advance of the actual site visit.

The following eligible Auto-Approved NHSC Sites ARE NOT required to submit the NHSC Site Data Tables: 1) FQHCs, and 2) FQHC Look-Alikes. The standard HRSA Uniform Data System (UDS) report will be reviewed in place of the data tables.

The following eligible Auto-Approved NHSC sites ARE required to complete the NHSC Site Data Tables, specifically, the General Site Information and Table #4: 1) ITUs, 2) Federal Prisons, and 3) ICE Health Service Corps sites.

During the NHSC site visit, the DRO staff will meet separately with the NHSC site administrator and NHSC clinicians (the latter either individually or in a group if number is large). The discussion with the NHSC site administrator follows a standard site visit tool and centers around the NHSC Site Agreement (see Appendix A on page 45). The NHSC visit also provides the opportunity for NHSC site administrators to ask questions of the NHSC program and for the DRO staff and the State PCOs to offer technical assistance.

Interviews with the NHSC clinicians are a priority and are conducted with a dual focus of: 1) assuring NHSC clinicians are meeting NHSC requirements, and 2) evaluating how the NHSC site supports the NHSC clinician’s retention at the site.

ADDITIONAL MATERIALS

RESOURCES FOR SITES

BHW DRO

DRO is responsible for providing approval/disapproval of Site Applications; conducting NHSC site visits; offering NHSC program specific assistance; supporting clinician recruitment and retention; promoting the development of networks, partnerships and collaborations; supporting NHSC participant and scholar networking; and providing in-school NHSC scholar support. Specific regional contact information for BHW DRO staff may be found on the “[Resources in Your Community Fact Sheet](#)” on the NHSC website.

State PCOs

The [PCOs](#) are state-based offices that provide assistance to communities seeking HPSA designations and recruitment assistance as NHSC-approved sites. The primary responsibilities of PCOs include the following:

- 1) Improving organizational effectiveness among stakeholders and fostering collaboration with Primary Care Associations, State Offices of Rural Health, Area Health Education Centers, and other entities to address primary care needs;
- 2) Providing technical assistance to organizations and communities wishing to expand access to primary care for underserved populations;
- 3) Assessing needs and sharing data with the public;
- 4) Conducting workforce development activities for the NHSC and the safety net and health center network;
- 5) Coordinating HPSA and Medically Underserved Areas and Populations (MUA/P) designation process within states.

NHSC-Approved Sites

All currently approved NHSC sites are listed by state [here](#). Under the “Reports” tab, choose “National Health Service Corps (NHSC) Approved Sites List” from the “Report (on-screen viewing format)” section. Listed sites may or may not have current job opportunities eligible for NHSC participants.

Health Workforce Connector

The [Health Workforce Connector](#) contains a searchable database of vacant positions that have been posted by NHSC-approved sites.

Customer Service Portal

The [Customer Service Portal](#) is used to post and update job positions, view NHSC participants currently under obligation, update NHSC site contact information, ask the NHSC questions, and more.

HPSA Find

All NHSC participants and NHSC-approved sites serve in a HPSA.

- <http://hpsafind.hrsa.gov>
- <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

Need Help?

For more information or questions regarding NHSC sites, please contact the [DRO](#).

DEFINITIONS

Bureau of Health Workforce (BHW) – The Bureau within HRSA that administers the NHSC. For more information, please click [here](#).

Centers for Medicare & Medicaid Services (CMS) – An operating agency of HHS. For more information, please click [here](#).

CMS Certified Rural Health Clinic (RHC) – The NHSC recognizes RHCs as an entity that has been certified by CMS. An RHC is a facility certified by CMS under section 1861(aa)(2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. An RHC provides outpatient primary care services and routine diagnostic and laboratory services to a non-urbanized area with an insufficient number of health care practitioners. RHCs have a nurse practitioner, a physician assistant, or a certified nurse-midwife available to furnish patient care services not less than 50 percent of the time the clinic operates. For more information, please click [here](#). If an RHC is interested in becoming an eligible NHSC site, the CMS Certified RHC may:

- 1) Request an Auto-HPSA designation by submitting a “[Certificate of Eligibility](#)” form and a SFS to HRSA and
- 2) Request to become an eligible NHSC site by submitting a complete NHSC Site Application.

In addition, an NHSC Recertification Application is required from RHCs every three (3) years. For more information about the designation process, please click [here](#).

Clinical-Related Administrative, Management or Other Activities – May include charting, care coordination, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure, and other non-treatment related activities pertaining to the participant’s approved NHSC practice. Any time spent in a management role (e.g., medical director) is also considered an administrative activity.

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 provides 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 Community-Based Primary Behavioral Health Setting or Facility – A site that provides comprehensive primary behavioral health care services as defined by NHSC. The site must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The site must offer or ensure access to ancillary, inpatient, and specialty referrals.

Comprehensive Primary Behavioral Health Services – Include, but are not limited to: screening and assessment; diagnosis; treatment plans; care coordination; therapeutic services (including psychiatric medication prescribing and management, chronic disease management, and substance use disorder treatment); crisis/emergency services (including 24-hour crisis call access); consultative services; and case management.

Comprehensive Primary Care (CPC) – The NHSC defines comprehensive primary care as 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). Care should be provided for the whole person on an ongoing delivery of preventive, acute, and chronic primary health services in an NHSC-approved discipline. All patients, regardless of disease or diagnosis must be treated fairly and have access to a full range of primary care services when they walk in the door.

Core Comprehensive Primary Behavioral Health Services – NHSC sites must provide the following services onsite and not through affiliation agreements: screening and assessment, treatment plans, and care coordination.

Correctional Facility – The NHSC recognizes State and Federal prisons. State prisons are clinical sites administered by the state. Federal prisons are designated institutions and/or facilities from the U.S. Department of Justice, Federal Bureau of Prisons (BOP). Federal prisons may be eligible as auto-approved if these facilities continue to provide comprehensive primary medical, dental, and behavioral and mental health care services, and meet the NHSC requirements. For more information about Federal prisons, please click [here](#). **Clinical sites within county and local prisons are not eligible as an NHSC-approved site.**

Critical Access Hospital (CAH) – A facility certified by CMS under section 1820 of the Social Security Act. A CAH must be located in a rural area in a state that has a Medicare Rural Hospital Flexibility Program, have no more than 25 inpatient beds, have an average annual length of stay of 96 hours or less, furnish 24-hour emergency care services 7 days a week, and be located

either more than a 35-mile drive from the nearest hospital or CAH, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads. For more information, please click [here](#). The NHSC recognizes the entire CAH as a service delivery site (to include the Emergency Room (ER), swing bed unit, and skilled nursing facility (SNF)). The CAH must provide comprehensive primary care and related inpatient services. The CAH must also demonstrate an affiliation (either through direct ownership or affiliation agreements) with an outpatient, primary care clinic. Both the CAH and affiliated primary care clinic must submit separate Site Applications during the same application cycle and certify compliance with the NHSC Site Agreement. NHSC clinical practice requirements vary for NHSC clinicians working at CAHs. For additional information, please refer to the [NHSC LRP Application and Program Guidance](#).

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

Division of Policy and Shortage Designation (DPSD) – One of several divisions within BHW; consists of two branches that serve as the focal point for the development of BHW programs and policies by leading and coordinating the analysis, development, and drafting of policies impacting BHW programs, recommending and approving shortage designation requests, overseeing cooperative agreements to State PCOs, and supporting other BHW activities. For more information about shortage designation, please click [here](#).

Division of Regional Operations (DRO) – One of several divisions within BHW; consists of 10 regional HRSA offices that are primarily responsible for promoting BHW programs, conducting NHSC site visits, approving NHSC Site Applications, and supporting other BHW activities. For more information, please click [here](#).

Federal Poverty Guidelines – The Federal [Poverty Guidelines](#) are the other version of the Federal poverty measure. They are issued each year in the *Federal Register* by HHS. The Guidelines are a simplification of the poverty thresholds for use for administrative purposes — for instance, determining financial eligibility for certain Federal programs.

Federally-Qualified Health Centers (FQHC) – Includes organizations receiving grants under section 330 of the Public Health Service Act, look-alikes, and certain tribal organizations. (Section 1861(aa)(4)(B) and section 1905(l)(2)(B) of the SSA). For more information, please click [here](#).

FQHC Look-Alikes – Organizations that do not receive a Health Center Program Federal award but are designated by HRSA as meeting Health Center Program requirements. (Section 1861(aa)(4)(B) and section 1905(l)(2)(B) of the SSA). For more information, please click [here](#).

Formal Affiliation Agreement – Written agreement that sets forth the terms and conditions under which two organizations agree to furnish integrated services to better meet patient and client needs. All affiliated entities for primary behavioral health care should accept applicable public insurance and offer NHSC-approved discounts to those with low incomes and agree to see all patients regardless of their ability to pay. Affiliation agreements must include the following:

- 1) Signatures from both parties and a description of the formal relationship.
- 2) Process for sharing pertinent medical information through a shared electronic health record or other administrative process. Entities should utilize signed authorizations for release of information.
- 3) Demonstration of continuity of care through: a) Written procedures and/or assigned personnel for care coordination and case management; b) Processes for tracking and follow-up of referral appointments; and c) Processes for scheduling consultation or care coordination meetings with affiliated site providers.
- 4) Assurance that the affiliated entity is accessible to clients of the site (affordability, accepting new patients, etc.).

For examples of formal affiliation agreements, visit the [SAMHSA-HRSA Center for Integrated Health Solutions](#) website.

Free Clinic – A medical facility offering community health care 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 NHSC Participant – An NHSC participant working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year. For a more detailed explanation of the full-time clinical practice requirement, please refer to the “Service Requirements” section of the [NHSC LRP Application and Program Guidance](#).

Half-Time NHSC Participant – An NHSC participant working a minimum of 20 hours per week in a clinical practice, not to exceed 39 hours per week, for a minimum of 45 weeks per service year. For a more detailed explanation of the half-time clinical practice requirement, please refer to the “Service Requirements” section of the [NHSC LRP Application and Program Guidance](#).

Health Centers – HRSA funds health centers in communities, providing access to high quality, family oriented, comprehensive primary and preventive health care for people who are low income, uninsured, or living where health care is scarce. Health centers are public and private non-profit health care organizations that comply with Federal requirements to:

- 1) Serve a medically underserved population,
- 2) Provide appropriate and necessary services with fees adjusted on patients’ ability to pay,
- 3) Demonstrate sound clinical and financial management, and
- 4) Be governed by a board, a majority of which includes health center patients.

Health Center Awardees use Federal grant funding to offset the costs of uncompensated care, enabling services and other operational costs. Many also gain access to medical malpractice

coverage under Federal Tort Claims Act (FTCA), and some receive Federal loan guarantees for capital improvements.

For purposes of this guide, this applies to all health centers that apply for or receive Federal award funds under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) (“section 330”), as amended (including sections 330(e), (g), (h), and (i)), as well as sub-recipient organizations and Health Center Program look-alikes. Look-alikes do not receive Federal funding under section 330 of the PHS Act; however, to receive look-alike designation and associated Federal benefits, look-alikes must meet the Health Center Program requirements. The term “health center” refers to entities that apply for or receive a Federal award under section 330 of the PHS Act (including section 330 (e), (g), (h) and (i)), section 330 subrecipients, and organizations designated as look-alikes.

All health centers, including look-alikes, gain access to programs, which include the: 1) FQHC Prospective Payment System reimbursement for services to Medicare and Medicaid patients; 2) 340B Drug Pricing Program discounts for pharmaceutical products; 3) free vaccines for uninsured children through the Vaccines for Children Program; and 4) assistance in the recruitment and retention of primary care providers through the NHSC. For more information, visit the [HRSA: Bureau of Primary Health Care](#) website.

Health Professional Shortage Area (HPSA) – A geographic area, population group, or other 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 DPSD, within BHW at HRSA, and is pursuant to Section 332 of the Public Health Service Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5). For more information, visit the [HRSA: Shortage Designation](#) website.

Health Resources and Services Administration (HRSA) – An operating agency of HHS. For more information, for mother information, visit [HRSA: Program Areas](#).

Health Workforce Connector – An online list of NHSC-approved sites, which includes those sites with job vacancies. NHSC-approved sites are encouraged to use the [Health Workforce Connector](#) to post jobs.

Immigration and Customs Enforcement (ICE) Health Service Corps sites– Clinical sites administered by the Immigration, Customs, and Enforcement Agency, U.S. Department of Homeland Security. ICE health service corps sites may be eligible as auto-approved if these sites continue to provide comprehensive primary medical, dental and behavioral and mental health care services, and meet the NHSC requirements. For more information, visit [ICE Health Service Corps](#).

Indian Health Service, Tribal or Urban Indian Health Clinic (ITU) – A non-profit health care facility (whether operated directly by the Indian Health Service (IHS) 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 Health 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. HRSA creates opportunities for collaboration between Federal IHS facilities and tribal organizations to improve access to care for American Indians and Alaska Natives. These natural partners provide comprehensive, culturally acceptable, accessible, affordable health care to improve the lives of tribal populations. HRSA supports ITU facilities by:

- 1) Increasing Urban Indian Health participation in the Health Center Program;
- 2) Improving usage of HPSA designation to tribal populations which include members of Indian tribes that are automatically designated as population HPSAs and 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, are considered FQHCs, and thus automatically designated HPSAs;
- 3) Supporting the workforce through health professions programs and the NHSC;
- 4) Enhancing participation in the HRSA competitive grants process; and
- 5) Providing greater technical assistance from HRSA regional offices.

For more information, visit the [Indian Health Service](#) website.

Mobile Units/Clinics – NHSC recognizes Mobile Units/Clinic as medical vehicles (e.g., mobile health vans) that travel to underserved rural and urban communities, providing a majority (>50%) of primary care services to individuals located in a HPSA. NHSC participants working within a mobile unit that functions as part of an NHSC-approved site or through an alternative care setting (e.g., hospitals, nursing homes, shelters, etc.) will receive service credit for patient care, so long as the mobile unit is affiliated with an NHSC-approved site and provides a majority (>50%) of services to only the approved HPSA area and/or residents of a HPSA.

National Health Service Corps (NHSC) – A program within HHS, established by “The Emergency Health Personnel Act of 1970,” Public Law 91-623 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. For more information, please visit the [National Health Service Corps](#) website.

NHSC-Approved Site – A site that has requested and been granted approval as an NHSC service site. In order for a site to be eligible for NHSC approval, it must meet the requirements listed in the NHSC Site Agreement (see Appendix A on page 45) throughout the approval period.

NHSC Loan Repayment Program (LRP) – A competitive program authorized by Sections 338B and 331(i) of the Public Health Service Act, as amended. Under the NHSC LRP, participants provide full-time or half-time primary health care services for a 2-year service commitment in NHSC-approved service sites located in HPSAs in exchange for funds for the repayment of their qualifying educational loans. The NHSC LRP selects fully trained and licensed primary health care professionals dedicated to meeting the health care needs of medically underserved HPSA communities. For more information, please visit the [NHSC Loan Repayment Program \(LRP\)](#) website.

NHSC Scholarship Program (SP) – A competitive Federal program that awards scholarships to students pursuing primary care health professions training. In return for each school year or partial school year of NHSC scholarship support received, students agree to provide full-time primary care services for one (1) year in an NHSC-approved service site located in a HPSA. For each school year or partial school year of scholarship support received, there is a minimum 2-year service commitment with a maximum 4-year commitment. For more information, please visit the [NHSC Scholarship Program \(SP\)](#) website.

NHSC Site Data Tables – A site reporting requirement used by the NHSC to collect the Site Data Tables information from sites at time of application, recertification, and NHSC site visits. For more information, please visit the [NHSC Downloadable Resources](#) website.

NHSC Students-to-Service Loan Repayment Program (S2S LRP) – A competitive Federal program that provides loan repayment awards to medical and dental students in their final year of school. In exchange for loan repayment, these individuals agree to provide primary health care services for a 3-year service commitment at NHSC-approved service sites located in HPSAs. For more information, please visit the [NHSC Students to Service Program](#) website.

National Practitioner Data Bank (NPDB) – The NPDB is a confidential information clearinghouse with the primary goals of improving health care quality, protecting the public, and reducing health care fraud and abuse in the United States. This health workforce tool provides eligible health care entities information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers. For more information, please visit the [National Practitioner Data Bank \(NPDB\)](#) website.

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

Primary Care Associations (PCAs) – Private, non-profit organizations that provide training and technical assistance to NHSC-approved sites, support the development of sites in their state, and enhance the sites' operations and performance. For more information, please visit the [HRSA Primary Care Associations](#) website.

Public Health Department Clinic – Primary or mental health clinics operated by a state, county or local health department.

School-Based Clinics – In order to ensure that NHSC participants are able to meet the clinical practice requirements set forth in their NHSC award contracts, the NHSC requires that school-based clinics be open year-round, or be part of a larger system of care with available sites for NHSC participants to serve during school holidays and summer vacations. For additional information, please refer to the [NHSC LRP Application and Program Guidance](#).

Sliding Fee Scale (SFS) or Discounted Fee Schedule – 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. For more information, please refer to the [NHSC Sliding Fee Discount Program Information Package](#).

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.

State 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 health status of underserved and vulnerable populations. For more information, please visit the [HRSA State Primary Care Offices](#) website.

Teaching Health Center (THC) – The NHSC recognizes a THC as an entity that:

- 1) receives HRSA grant funds;
- 2) is a community based, ambulatory patient care center; and
- 3) operates a primary care residency program (i.e., an approved graduate medical residency training program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, or geriatrics).

THCs may be located in FQHCs; community mental health centers; RHCs; health centers operated by the IHS, an Indian tribe or tribal organization, or an urban Indian organization; and Title X family planning programs. For more information, please refer to the [NHSC LRP Application and Program Guidance](#).

Telemedicine site – The NHSC recognizes both the originating site (location of patient) and the distant site (the NHSC-approved site where the NHSC participant works) must be located in a HPSA. Both the originating site and the distant site must meet the HPSA requirements set forth in their clinician’s NHSC participant award contract. For additional information, please refer to the [NHSC LRP Application and Program Guidance](#).

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 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.).

U.S. Department of Health and Human Services (HHS) – A cabinet-level department of the U.S. Federal Government with the goal of protecting the health of all Americans and providing essential human services.

APPENDIX A:



National Health Service Corps

SITE AGREEMENT

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

1. Is located in and treats patients from a Federally designated [Health Professional Shortage Area \(HPSA\)](#).
2. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, or sexual orientation. *[May or may not be applicable to Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITUs)].*
 - a. Uses a schedule of fees or payments for services consistent with locally prevailing rates or charges and designed to cover the site's reasonable costs of operation. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
 - b. Uses a [discounted/sliding fee schedule](#) to ensure that no one who is unable to pay will be denied access to services. This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines (only nominal fees may be charged). Therefore, those with incomes between 100% and 200% of the [Federal Poverty Guidelines](#) must be charged in accordance with a sliding discount policy based on family size and income. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
 - c. Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party. *(May or may not be applicable to ITUs, free clinics, or prisons.)*

- d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and CHIP beneficiaries. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
 - e. Prominently displays a statement in common areas and on site's website (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay; and (ii) there is a discounted/sliding fee schedule available. When applicable, this statement should be translated into the appropriate language/dialect. *(May or may not be applicable to free clinics, or prisons.)*
3. Provides culturally competent, comprehensive primary care services (medical, dental, and/or behavioral) which correspond to the designated HPSA type.
4. Uses a credentialing process which, at a minimum, includes reference review, licensure verification, and a query of the [National Practitioner Data Bank \(NPDB\)](#) of those clinicians for whom the NPDB maintains data.
5. Functions as part of a system of care that either offers or assures access to ancillary, inpatient, and specialty referrals.
6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
7. Maintains a clinician recruitment and retention plan, keeps a current copy of the plan onsite for review, and adopts recruitment policies to maintain clinical staffing levels needed to appropriately serve the community.
8. Does not reduce the salary of NHSC clinicians because they receive or have received benefits under the NHSC Loan Repayment or Scholarship programs.
9. Requires NHSC clinicians to maintain a primary care clinical practice (full-time or half-time) as indicated in their contract with NHSC and described in part below. **The site administrator must review and know the clinician's specific NHSC service requirements.** Time spent on call will not count toward a clinician's NHSC work hours. Participants do not receive service credit hours worked over the required hours per week, and excess hours cannot be applied to any other work week. Clinicians must apply for a suspension if their absences per year are greater than those allowed by NHSC. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. Please refer to the [NHSC Loan Repayment Program Application and Program Guidance](#) for definitions of NHSC service requirements.
10. Communicates to the NHSC any change in site or clinician employment status for full-time and half-time, including moving an NHSC clinician to a satellite site for any or all of their hour work week, termination, etc.
11. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC-sponsored meetings, webinars, and other continuing education programs.
12. Maintains and makes available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation that contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.
13. Completes and submits [NHSC Site Data Tables](#) (requires six continuous months of data) to NHSC at time of site application, recertification, and NHSC site visits.

14. Complies with requests for a site visit from NHSC or the State Primary Care Office with adherence to all NHSC requirements.

Site Official's Signature: _____ Date: _____

Site Official's Title: _____

