WASHINGTON STUDENT ACHIEVEMENT COUNCIL
EDUCATION · OPPORTUNITY · RESULTS

2017-18
Federal-State Loan Repayment Program
FSLRP SITE REFERENCE GUIDE

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

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

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

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

The program is administered by the Washington Student Achievement Council (WSAC) in collaboration with the Department of Health (DOH), as authorized by RCW 28B.115. A planning committee provides expertise related to their professional field. The loan repayment program has helped to recruit and retain over 1,000 providers throughout the state.

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

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

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

SECTION ONE: PROGRAM OVERVIEW

PROGRAM OVERVIEW

	FSLRP - 50% Federal Funds/50% State Funds
Site Eligibility	• Must apply annually. • Must have a federal Health Professional Shortage Area (HPSA) designation or be located in HPSA geographic area • Must be a "not-for-profit" • Must have a posted and implemented sliding fee schedule
Provider Eligibility	• Must work full time (minimum 40 hours per week) • Minimum two-year service obligation • Applicants are not guaranteed an award – it is a competitive process, based on score • Additional Eligibility Criteria outlined in Provider Reference Guide (Available in January 2017)
Funding	• Current FSLRP award for Washington State is $525,000 federal grant dollars per year matched with $525,000 state dollars.
Provider Award	• $70,000 for two-year contract*, not to exceed provider's individual loan debt* • Possible extension based on funds available and provider's remaining eligible debt
Eligible Professions	Determined by Federal HPSA designations. • Physician (MD/DO), Family Medicine, Women's Health, General Internal Medicine, Geriatrics, General Pediatrics • General Psychiatrist (MD/DO) (must meet the qualifications for physicians above AND serve exclusively in mental health HPSAs) • Physician Assistant (Adult, Family, Pediatric, Geriatrics, and Women's Health) • Psychiatric Physician Assistant • Nurse Practitioner (Adult, Family; Pediatric, Geriatrics, and Women's Health) • Psychiatric Nurse Practitioner • Registered Nurse • Certified Nurse Midwife • Dentist (DDS, DMD) • Dental Hygienist • Pharmacist: : Must work as a **general staff** pharmacist, filling and dispensing prescriptions, and working as part of a managed care team. Time spent on educational classes, working with specialty patients (such as warfarin, diabetes) would be subject to the same 8 hour rule limitation as the other professions.

- Full-time service is defined as a minimum of 40 hours per week. The provider must spend a minimum of 32 hours in scheduled appointment patient contact hours providing primary care. The provider is allowed 8 hours of the 40 hour week for administrative or other work. ***See page eleven for full definition of full time and part time.***
- No more than 7.14 weeks or approximately 35.7 days per year can be spent away from the approved site for any reason including holidays, vacation, sick leave, continuing education, leave without pay or any other leave.
- Registered Nurses working at hospitals, and Pharmacists must work the minimum hours described above with the understanding they do not have scheduled appointment hours.

PROGRAM CALENDAR
2017-18 Application Cycle

There is one application cycle for the site and one application cycle for the provider. It will include applications for both the HPLRP and the FSLRP.

	Applications Time Line
October 21, 2016	Site Application Opens – One Application for Both Programs
November 30, 2016	Site Application Closes
December, 2016	Site receives notification of application request status
January, 2017	Provider Application Cycle for both Programs Opens
April 14, 2017	Provider Application Cycle for both Programs Closes
June 2017	Applicants receive notification of application status
July 1, 2017	New contract for both program awards begin

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

ELIGIBLE FSLRP SITE TYPES:

Sites approved by the FSLRP program are health care facilities that provide comprehensive outpatient, ambulatory, primary health care services including Critical Access Hospitals, state Mental Health Hospitals, Nursing Homes, and clinics who are located in or have a federal Health Professional Shortage Area (HPSA) designation. To become approved, the site must submit an online application **each year** during the open site application cycle. Dates are posted annually on our website: www.wsac.wa.gov/health-professionals. The site application cycle for 2017-18 opened in October and closes on November 30, 2016.

HPSA Designation:

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

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

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

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

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

Comprehensive Primary Care (CPC) Definition:

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

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

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

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

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

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

The following site types are eligible for the FSLRP Program:

1. Federally Qualified Health Centers (FQHCs)
    - Community Health Centers (CHCs)
    - Migrant Health Centers
2. FQHC Look-A-Likes
3. Centers for Medicare & Medicaid Services Certified Rural Health Clinics (RHCs)
4. Other Health Facilities
    - Community Outpatient Facilities
    - Community Mental Health Facilities
    - State and County Health Department Primary Care Clinics
    - Free Clinics
    - Mobile Units
    - Critical Access Hospitals (CAH) affiliated with a qualified outpatient clinic
    - Long-term Care Facilities
    - State Residential Facilities
5. Indian Health Service Facilities:
    - Federal Indian Health Service (IHS) Clinical Practice Sites
    - Tribal/638 Health Clinics
    - Urban Indian Health Program
6. Correctional or Detention Facilities
    - State Prisons
7. Private Practices (Solo or Group) as with all other FSLRP practice sites, solo or group practices must be a public or private non-profit entity.

8. Walk-in clinic **if** attached to an approved eligible medical site and used to see patients who cannot be scheduled for appointments or for after-hours and weekends. Site cannot be a stand-alone urgent-care or walk-in clinic that is not attached to a medical clinic.

FSLRP SITE ELIGIBILITY CRITERIA:

1. Public and non-profit private entities located in and providing health care services in HPSAs. "**Non-profit private entity means an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose" (42 C.F.R. 62.52). For-profit health facilities operated by non-profit organizations must follow the same guidelines as all other FSLRP sites. They must accept reimbursement from Medicare, Medicaid, and the Children's Health Insurance Program, utilize a sliding fee scale, and see all patients regardless of their ability to pay.**
2. All sites must be located in federally-designated HPSAs or have a HPSA designation.
3. Providers must work in a HPSA that corresponds to their training and/or discipline. For example, psychiatrists and other mental health providers must serve in a mental health HPSA.
4. Eligible sites must charge for professional services at the usual and customary prevailing rates.
5. Hospital must be a Critical Access Hospital to be eligible.
6. For hospitals (CAH), Registered Nurses and Pharmacists are the only provider types eligible for loan repayment. Nurses must be providing direct patient services and not working in an administrative role.
7. The site understands and agrees that no aspect of the provider's employer-provided wage and/or benefit(s) will be reduced in any way as a result of the provider's receipt of the Health Professional Loan Repayment Program award.
8. The site application is to be completed by an authorized HR staff or other site personnel. The provider is not allowed to complete the site application. This is a conflict of interest. If during the provider application it is found that the provider completed both – the provider will be disqualified. The exception to this requirement is a solo provider owned business, they may submit these forms on their own behalf. However, a site visit may be conducted prior to site approval or provider awarding.
9. If the site has a pay-back clause of any kind in the employment agreement/contract (such as a sign-on bonus or moving expense allowance that has a pay-back clause if the provider leaves before a specified time) it will make the provider ineligible for the program, unless that obligation has been fulfilled prior to the provider applying for the loan repayment program or the contract has a null and void statement in which the provider does not have to pay back the obligation if they are awarded loan repayment.
10. Site must have been in business and have patient data for a minimum of **one** year prior to submitting the site application.
11. Site cannot promise loan repayment to an employee or when recruiting for an employee. The provider application process is competitive and there are no guarantees that a provider will be awarded even if the site has been approved.
12. Site may receive only one provider award per profession - per recruitment or retention - per year.

- **Retention** status means that the site submitted the site application for someone who began working on or before June 30, 2016.
- **Recruitment s**tatus means the provider was hired or will be hired on or after July 1, 2016.
- *The exception to this rule is Eastern and Western State Hospital's request for Psychiatrists and mental health Nurse Practitioners. These providers have legislative priority in receiving awards.*

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

15. The site must:

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

16. Site must accept assignment for Medicaid/Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and CHIP beneficiaries;
17. Site must provide culturally competent, comprehensive primary care services (medical, dental, and/or behavioral) which correspond to the designated HPSA type.
18. Site must function as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.
19. Site must use a provider credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) (http://www.npdbhipdb.hrsa.gov).
20. Site will adhere to sound fiscal management policies and adopts provider recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
21. Site will communicate to WSAC any change in site or provider employment status within five business days.
22. Site must sign a Memorandum of Agreement with WSAC.

Sliding Fee Schedule:

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

FOR EXAMPLE USE ONLY:

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	**At or Below 100%**	**125%**	**150%**	**175%**	**200%**	**Above 200%**
		Charge				
Family Size	**Nominal Fee ($5)**	**20% pay**	**40% pay**	**60% pay**	**80% pay**	**100% pay**
1	0-$11,880	$11,881-$14,850	$14,851-$17,820	$17,821-$20,790	$20,791-$23,760	$23,761+
2	0-$16,020	$16,021-$20,025	$20,026-$24,030	$24,031-$28,035	$28,036-$32,040	$32,041+
3	0-$20,160	$20,161-$25,200	$25,201-$30,240	$30,241-$35,280	$35,281-$40,320	$40,321+
4	0-$24,300	$24,301-$30,375	$30,376-$36,450	$36,451-$42,525	$42,526-$48,600	$48,601+
5	0-$28,440	$28,441-$35,500	$35,501-$42,660	$42,661-$49,770	$49,771-$56,880	$56,881+
6	0-$32,580	$32,581-$40,625	$40,626-$48,870	$48,871-$57,015	$57,016-$65,160	$65,161+
7	0-$36,730	$36,731-$45,913	$45,914-$55,095	$55,096-$64,278	$64,279-$73,460	$73,461+
8	0-$40,890	$40,891-$51,113	$51,114-$61,335	$61,336-$71,558	$71,559-$81,780	$81,781+
For each additional person, add	$4,160	$5,200	$6,240	$7,280	$8,320	$8,320

* Based on 2016 Federal Poverty Guidelines (http://aspe.hhs.gov/poverty)

Please Note: Pharmacy is required to have its own Sliding Fee Schedule to check the SFS box on the application. The pharmacy cannot submit the medical or dental clinic's SFS.

Non-Discrimination Notice:

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

To review a sample of the appropriate and downloadable signage, please visit the NHSC website: (http://nhsc.hrsa.gov/currentmembers/membersites/downloadableresources/index.html)

The site will be required to submit two photos of the Non-Discrimination Notice, a close up with readable language and a distance photo showing the notice being displayed from **each** physical site.

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

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

SECTION TWO: SITE APPLICATION PROCESS

APPLICATION PROCESS

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

For each individual Site:

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

  Do not request retention for employees who are not eligible for or not interested in loan repayment. You must survey your employees for those who are interested/eligible and submit their names in order for them to be eligible to apply as a retention applicant. We will be verifying these names are eligible candidates.

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

SITE APPROVAL AND NOTIFICATION

The Site Application Cycle will open in October and close November 30, 2016. Sites are notified by the end of December, 2016 of their application status.

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

SECTION THREE: PROVIDER SELECTION INFORMATION

PROVIDER SELECTION

The Provider Application Cycle is scheduled to open in early **January, 2017 and closes April 14, 2017**. The provider must be either working at or have a contract to begin working (seeing patients) at one of the sites listed on the Eligible Site List no later than July 1, 2017. The provider's application is scored and that score is added to the Site Score to create a Total Score. This places the provider in rank order among others in their profession. Please note that provider scoring elements are based on the data and questions included on the provider's application.

The provider will have the option to select to apply to the FSLRP and/or the HPLRP. Award selection will be made first to the FSLRP and those not awarded FSLRP will be considered for the HPLRP until funding is exhausted.

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

SECTION FOUR: SITE ROLE AND EXPECTATIONS

SITE ROLE AND EXPECTATIONS

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

- At the end of each quarter the provider will submit a Quarterly Service Verification Form to their supervisor to verify the hours they worked. It is the site's responsibility to verify the hours and to retain the original copy of the form. They are reviewed during site visits.
- The site is to verify the number of days the provider has been on any kind of paid or unpaid leave, vacation, holiday, sick, continuing education, leave without pay or any other leave. It is the site's responsibility to let the provider know when they are nearing the 35.7 day maximum limit so they do not exceed it. If the provider exceeds the maximum limit it will put them in default on their contract. The site is responsible for contacting WSAC if the provider is in jeopardy of exceeding or exceeds the limit.
- The site is to either: fax, mail or email a scanned copy of the form to our office so a payment can be processed for the recipient.
- The form is to be signed by someone who has signature authority to verify the hours of the provider.
- Form cannot be signed or dated before the last day of the quarter. Forms dated before the end of the quarter will not be accepted.
- The Quarterly Service Verification Form is posted at the council website: www.wsac.wa.gov/health-professions.
- We expect the provider to complete their minimum two-year contract at the site where they applied and were approved. If your organization has multiple clinics, the provider **cannot** move from one clinic to another without going through a pre-approved transfer process. The provider was approved for the site they applied at and will not get service credit for hours worked at another site.
- If the provider falls below the required 40 hours per week at the approved site, the provider will go into repayment default.

  Definition of "full time" employment:

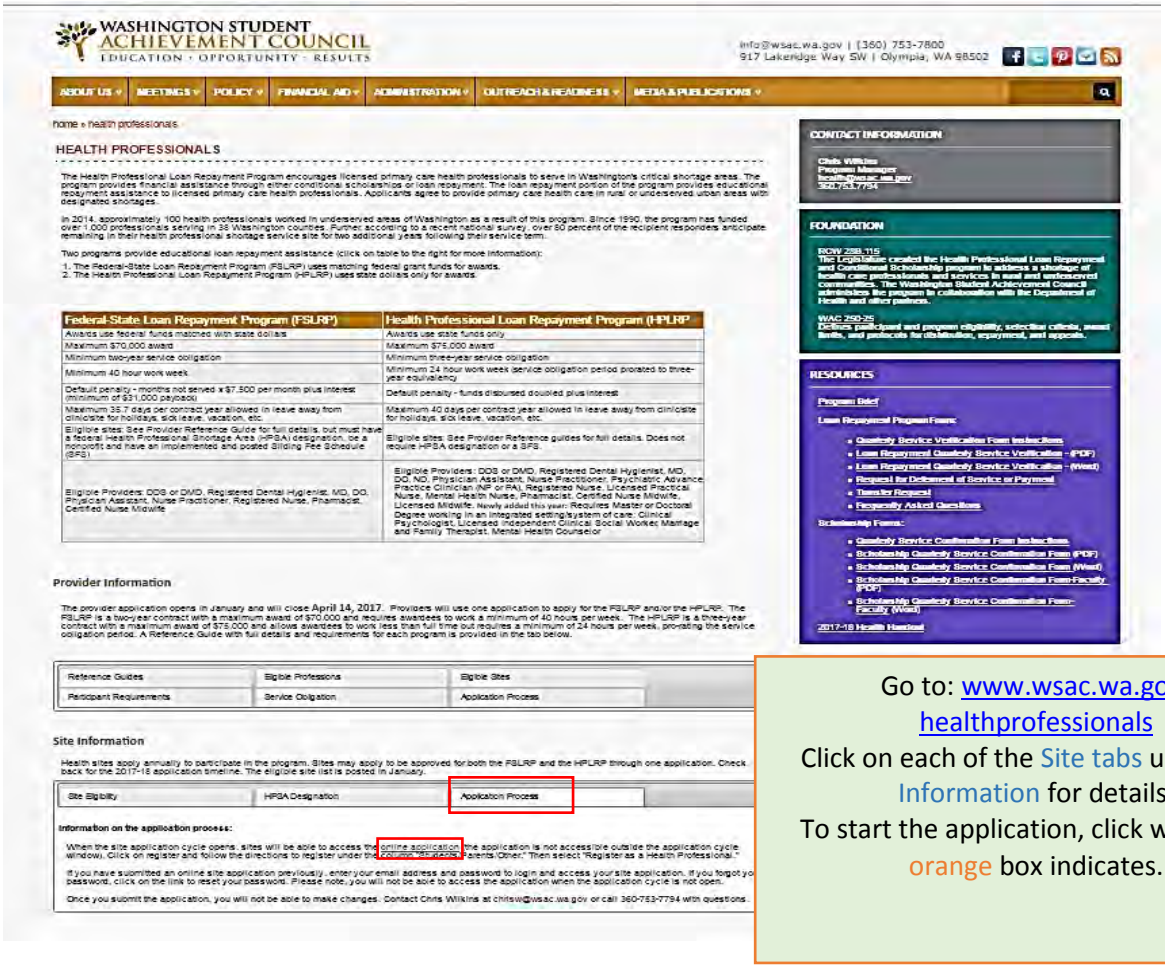
  For all health professionals, except as noted below*: At least 32 hours of the minimum 40 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s). The remaining 8 hours per week is/will be spent providing clinical services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

- The site assumes an obligation for the two-year contract period. The site should take into consideration the provider's contract and obligation when looking at staffing changes.
- The site is required to contact our office within five business days if the provider:
  - is terminated for any reason,
  - has their license suspended
  - has a disciplinary action brought against them, or
  - no longer has a valid license to practice

SITE VISITS

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

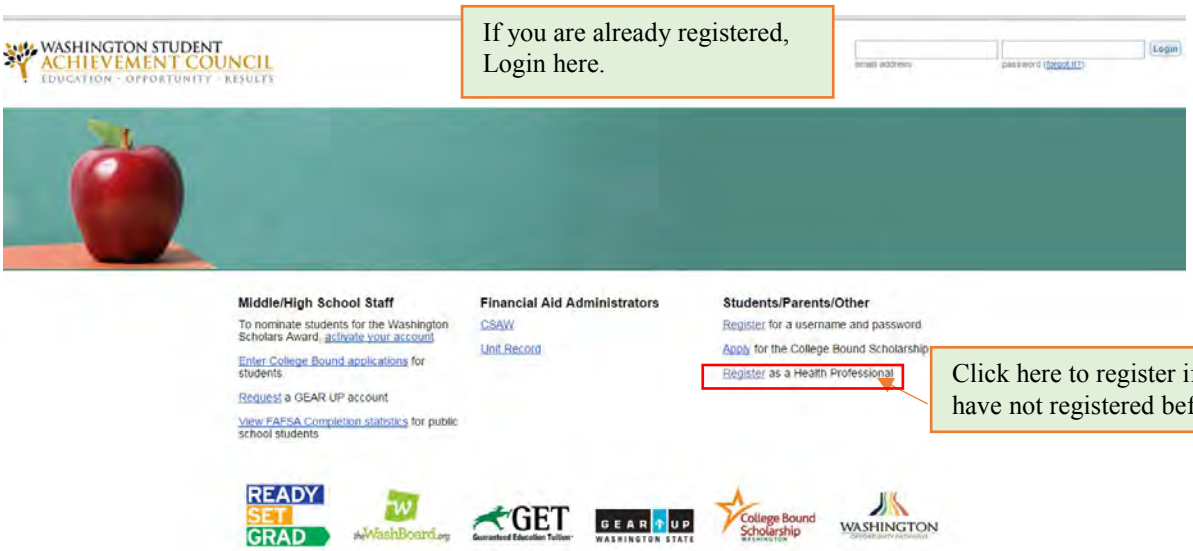
SECTION FIVE:
SCREENSHOTS OF THE APPLICATION PROCESS IN THE PORTAL

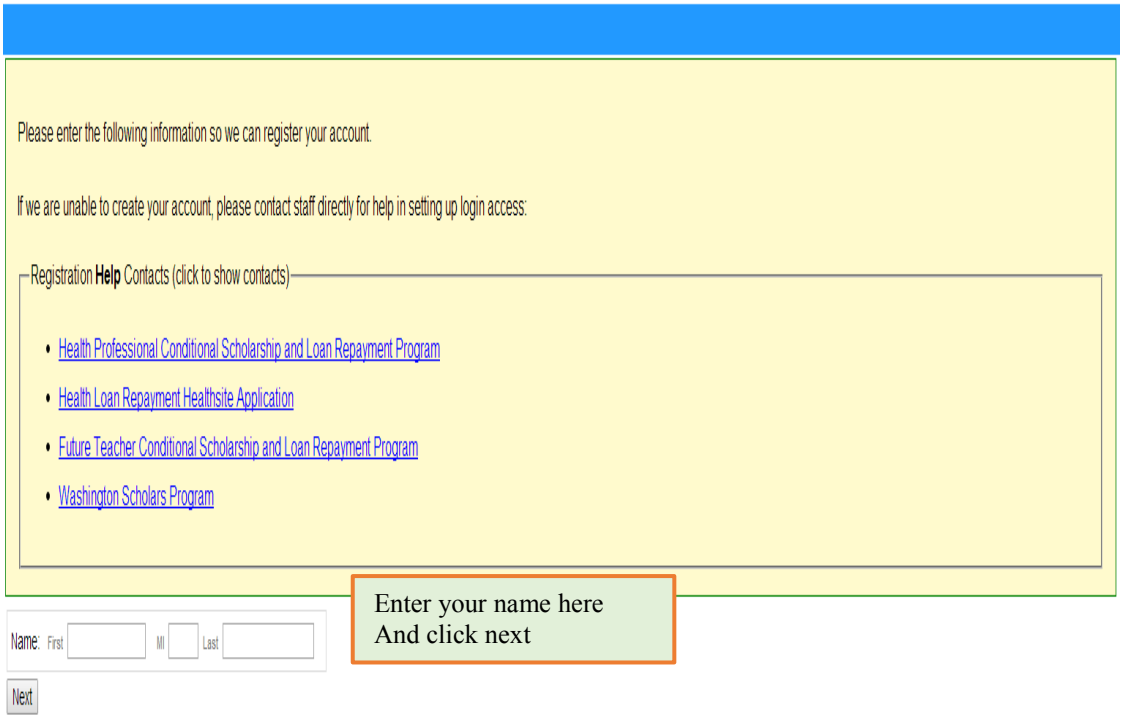


Go to: www.wsac.wa.gov-healthprofessionals

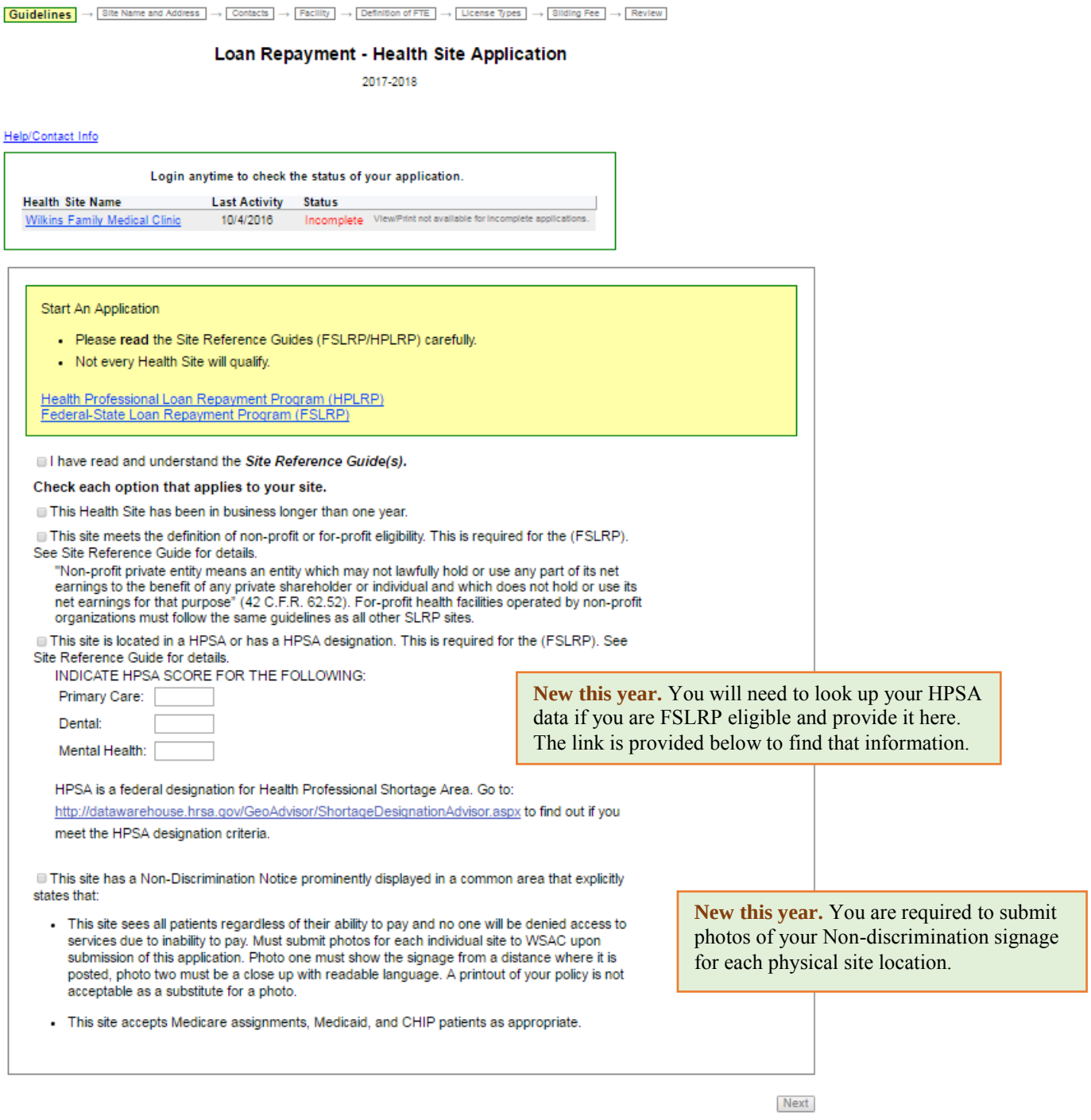
Click on each of the Site tabs under Site Information for details.

To start the application, click where the orange box indicates.


WASHINGTON STUDENT ACHIEVEMENT COUNCIL
EDUCATION · OPPORTUNITY · RESULTS
If you are already registered, Login here.
Login
Middle/High School Staff
To nominate students for the Washington Scholars Award, activate your account
Enter College Bound applications for students
Request a GEAR UP account
View FAFSA Completion statistics for public school students
Financial Aid Administrators
CSAW
Unit Record
Students/Parents/Other
Register for a username and password
Apply for the College Bound Scholarship
Register as a Health Professional
Click here to register if you have not registered before
READY SET GRAD
GET
GEAR UP WASHINGTON STATE
College Bound Scholarship
WASHINGTON


Please enter the following information so we can register your account.
If we are unable to create your account, please contact staff directly for help in setting up login access:
Registration Help Contacts (click to show contacts)
Health Professional Conditional Scholarship and Loan Repayment Program
Health Loan Repayment Healthsite Application
Future Teacher Conditional Scholarship and Loan Repayment Program
Washington Scholars Program
Enter your name here And click next
Name: First MI Last
Next

Example of a Site Application in Process



Guidelines → Site Name and Address → Contacts → Facility → Definition of FTE → License Types → Billing Fee → Review

Loan Repayment - Health Site Application

2017-2018

Help/Contact Info

Login anytime to check the status of your application.

Health Site Name	Last Activity	Status
Wilkins Family Medical Clinic	10/4/2016	Incomplete View/Print not available for incomplete applications.

Start An Application

- Please **read** the Site Reference Guides (FSLRP/HPLRP) carefully.
- Not every Health Site will qualify.

Health Professional Loan Repayment Program (HPLRP)
Federal-State Loan Repayment Program (FSLRP)

I have read and understand the ***Site Reference Guide(s).***

Check each option that applies to your site.

This Health Site has been in business longer than one year.

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

This site is located in a HPSA or has a HPSA designation. This is required for the (FSLRP). See Site Reference Guide for details.
INDICATE HPSA SCORE FOR THE FOLLOWING:
Primary Care:
Dental:
Mental Health:

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

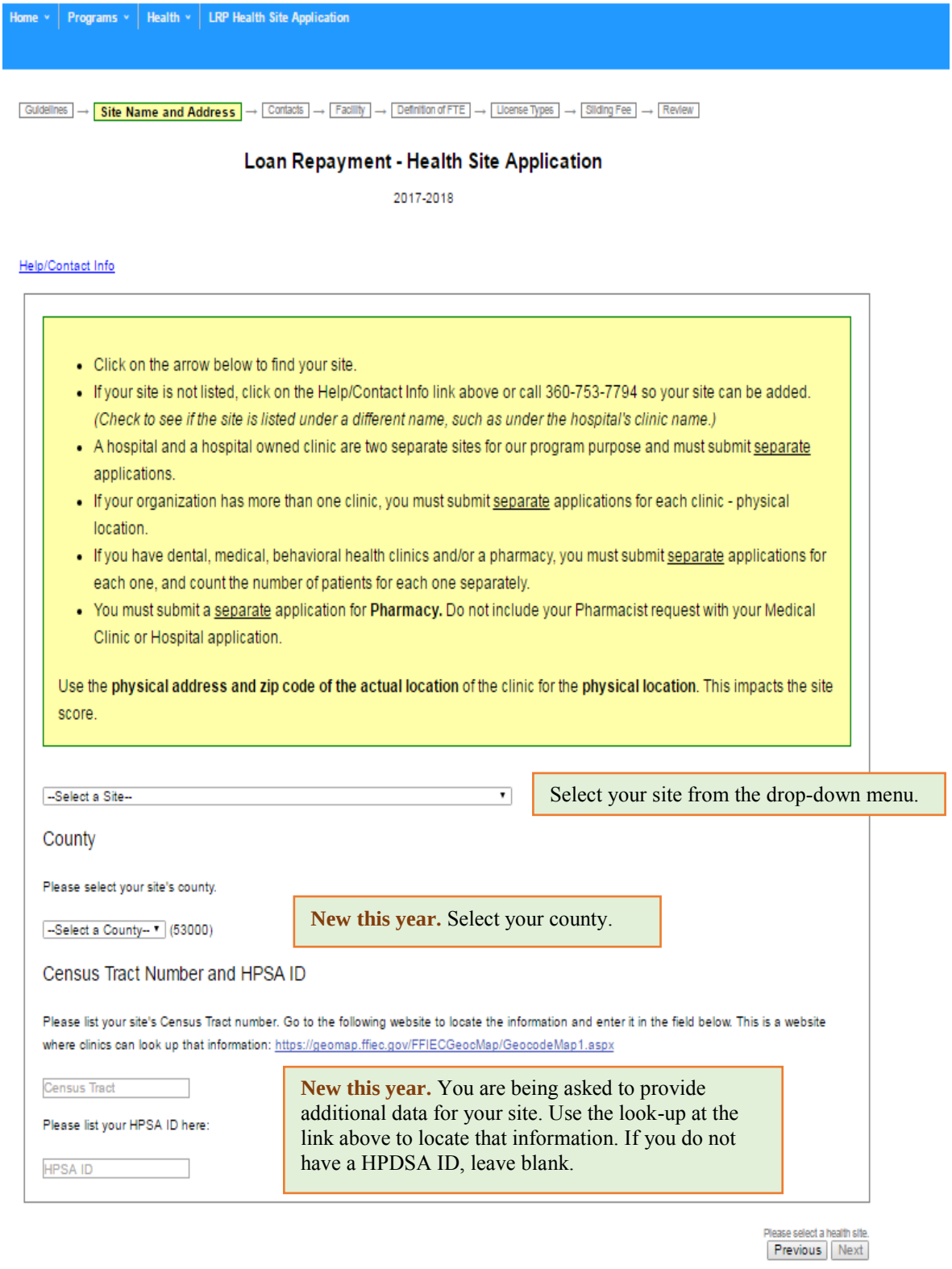
This site has a Non-Discrimination Notice prominently displayed in a common area that explicitly states that:

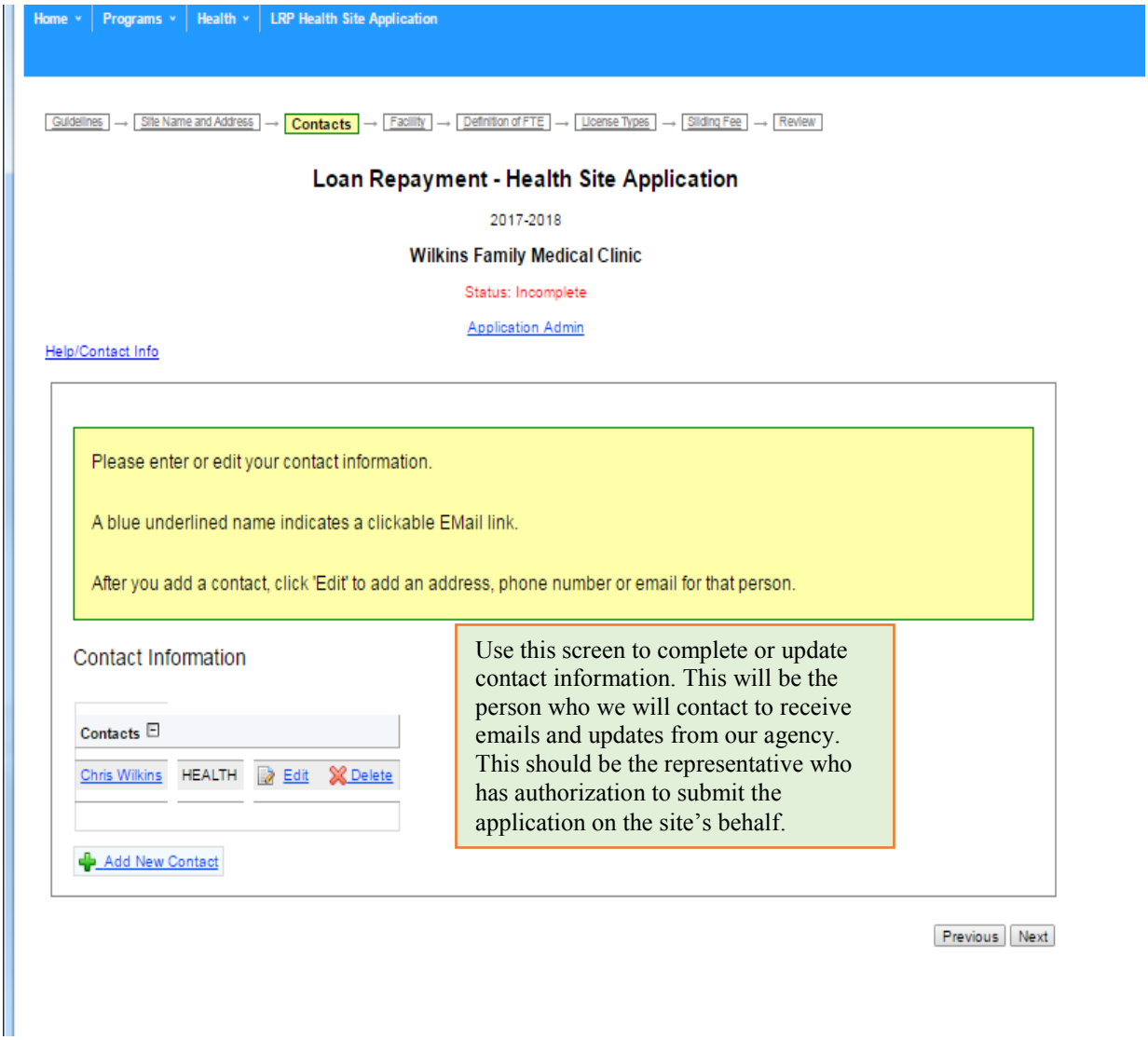
- This site sees all patients regardless of their ability to pay and no one will be denied access to services due to inability to pay. Must submit photos for each individual site to WSAC upon submission of this application. Photo one must show the signage from a distance where it is posted, photo two must be a close up with readable language. A printout of your policy is not acceptable as a substitute for a photo.
- This site accepts Medicare assignments, Medicaid, and CHIP patients as appropriate.

Next

New this year. You will need to look up your HPSA data if you are FSLRP eligible and provide it here. The link is provided below to find that information.

New this year. You are required to submit photos of your Non-discrimination signage for each physical site location.


Home
Programs
Health
LRP Health Site Application
Guidelines → Site Name and Address → Contacts → Facility → Definition of FTE → License Types → Sliding Fee → Review
Loan Repayment - Health Site Application
2017-2018
Help/Contact Info
Click on the arrow below to find your site.
If your site is not listed, click on the Help/Contact Info link above or call 360-753-7794 so your site can be added. (Check to see if the site is listed under a different name, such as under the hospital's clinic name.)
A hospital and a hospital owned clinic are two separate sites for our program purpose and must submit separate applications.
If your organization has more than one clinic, you must submit separate applications for each clinic - physical location.
If you have dental, medical, behavioral health clinics and/or a pharmacy, you must submit separate applications for each one, and count the number of patients for each one separately.
You must submit a separate application for Pharmacy. Do not include your Pharmacist request with your Medical Clinic or Hospital application.
Use the physical address and zip code of the actual location of the clinic for the physical location. This impacts the site score.
--Select a Site--
Select your site from the drop-down menu.
County
Please select your site's county.
--Select a County-- (53000)
New this year. Select your county.
Census Tract Number and HPSA ID
Please list your site's Census Tract number. Go to the following website to locate the information and enter it in the field below. This is a website where clinics can look up that information: https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx
Census Tract
Please list your HPSA ID here:
HPSA ID
New this year. You are being asked to provide additional data for your site. Use the look-up at the link above to locate that information. If you do not have a HPDSA ID, leave blank.
Please select a health site.
Previous
Next


Home
Programs
Health
LRP Health Site Application
Guidelines
Site Name and Address
Contacts
Facility
Definition of FTE
License Types
Sliding Fee
Review
Loan Repayment - Health Site Application
2017-2018
Wilkins Family Medical Clinic
Status: Incomplete
Application Admin
Help/Contact Info
Please enter or edit your contact information.
A blue underlined name indicates a clickable EMail link.
After you add a contact, click 'Edit' to add an address, phone number or email for that person.
Contact Information
Contacts
Chris Wilkins
HEALTH
Edit
Delete
Add New Contact
Use this screen to complete or update contact information. This will be the person who we will contact to receive emails and updates from our agency. This should be the representative who has authorization to submit the application on the site's behalf.
Previous
Next

Loan Repayment - Health Site Application

2017-2018

Wilkins Family Medical Clinic

Status: Incomplete

Application Admin

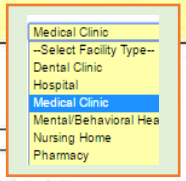
Help/Contact Info

Provide the following patient numbers for:

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

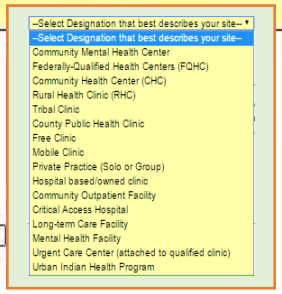
We will ask for patient days or number of unduplicated patients, depending on the type of site you are.

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



Facility Type

Medical Clinic



Facility Designation

--Select Designation that best describes your site--

Patient Profile Data

A. Total Underserved Patient Count: Total annual unduplicated active Medicare, Medicaid, CHIP, uninsured, charity patients, sliding fee schedule.
B. Total All Patient Count: Total annual unduplicated active patients.

Facility Type	A. Underserved Patients	B. All Patients		
Medical Clinic	1000.00	2000.00	Edit	Delete

Following directions above, fill in the correct numbers

Previous Next

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

Loan Repayment - Health Site Application

2017-2018

Wilkins Family Medical Clinic

Status: Incomplete

Application Admin

Help/Contact Info

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

FSLRP REQUIRES PROVIDERS TO WORK FULL TIME:

Definition of "full time" employment:

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

HPLRP ALLOWS PROVIDERS TO WORK LESS THAN FULL TIME BUT NOT LESS THAN 24 HOURS PER WEEK:

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

For FSLRP

- No more than 7 weeks (35.7 work days) per service year can be used for vacation, holiday, continuing education, illness, leave without pay or any other reason.
- The site supervisor must notify our office immediately if a participant exceeds the 35.7 day limit as this is a breach of contract.

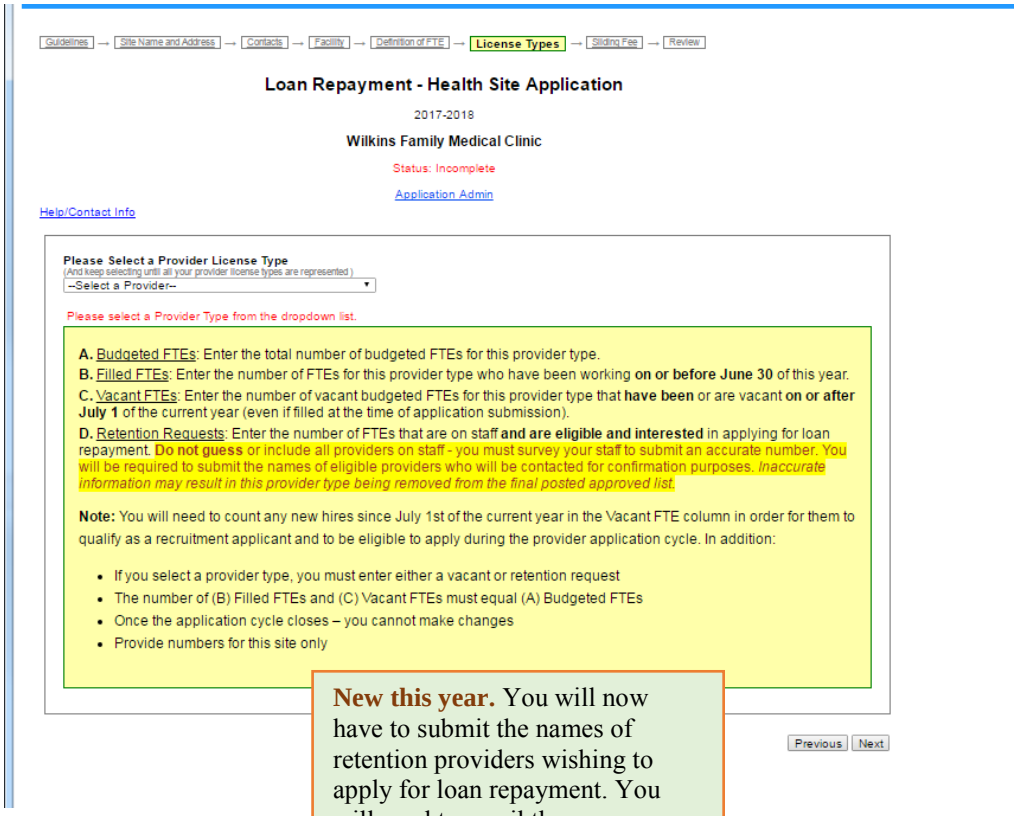
For HPLRP

- No more than 8 weeks (40 work days) per service year can be used for vacation, holiday, continuing education, illness, leave without pay or any other reason.
- The site supervisor must notify our office immediately if a participant exceeds the 40-day limit as this is a breach of contract.

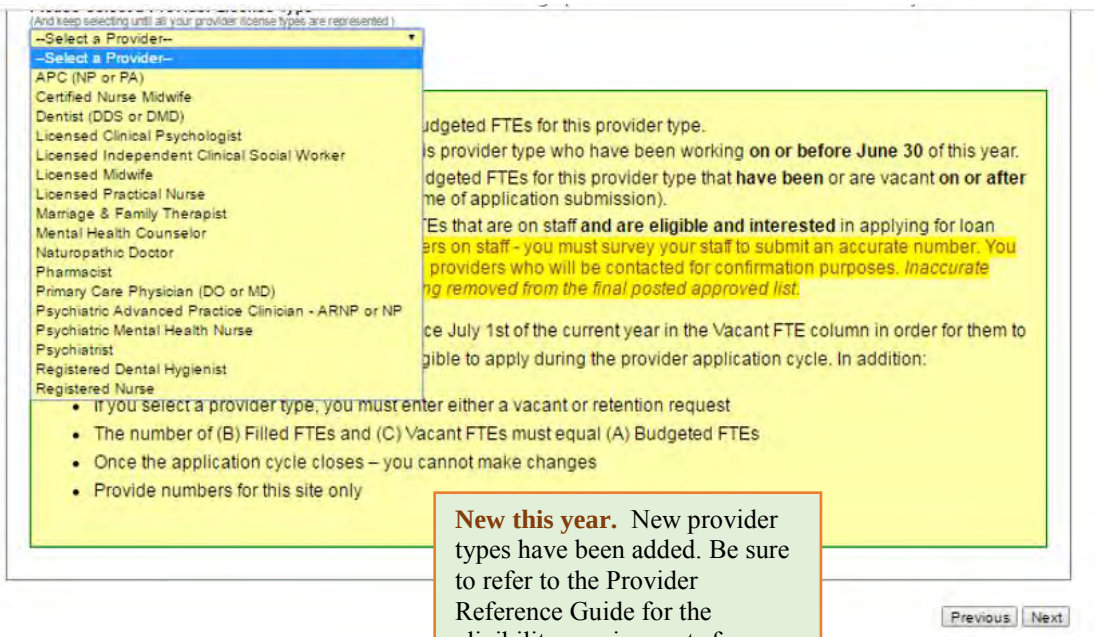
Previous Next

New this year.
HPLRP providers are limited to 40 days of leave away from the site. Exceeding this limit will place them in default on their contract.

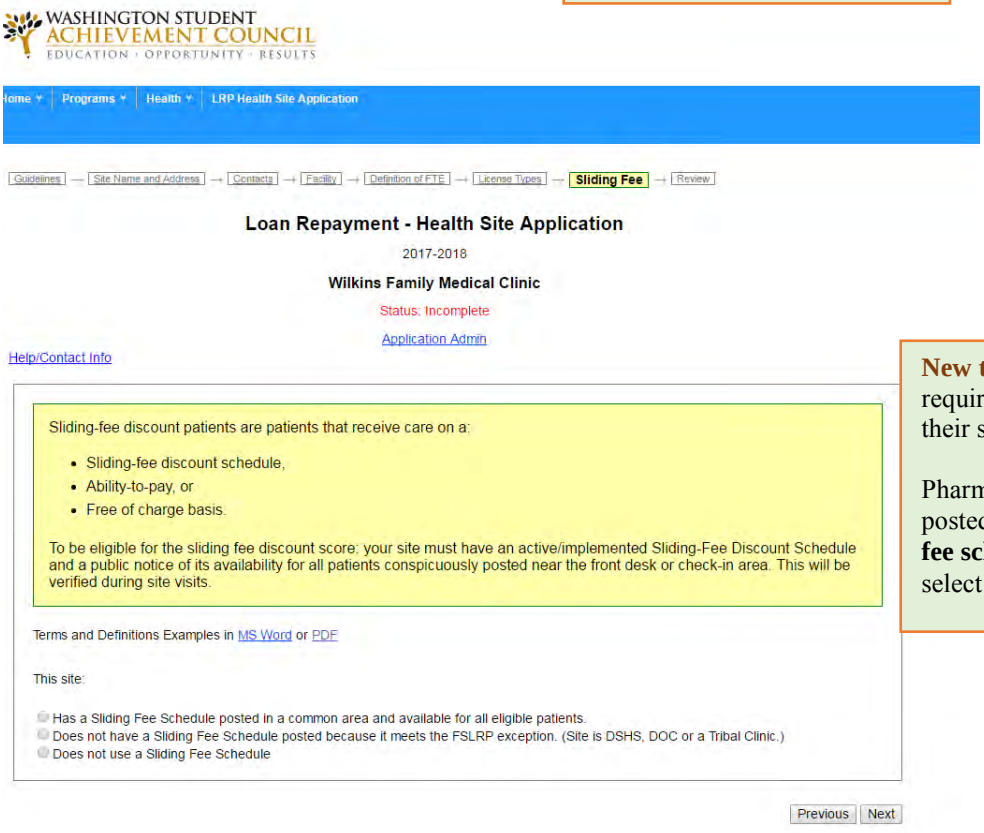
FSLRP providers continue to have a 35.7 day leave limit per contract year.



New this year. You will now have to submit the names of retention providers wishing to apply for loan repayment. You will need to email those names after submitting your application.



New this year. New provider types have been added. Be sure to refer to the Provider Reference Guide for the eligibility requirements for those providers.



New this year. Sites will be required to submit a copy of their sliding fee schedule.

Pharmacies must have a posted – implemented **sliding fee schedule** in order to select this option.

SECTION SIX: GLOSSARY

GLOSSARY

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

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

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

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

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

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

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

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

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

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

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

Health Resources and Services Administration (HRSA) – An operating agency of the U.S. Department Health and Human Services (HHS).

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

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

Integrated Setting/System of Care – The care that results from a practice team of primary care and behavioral health clinicians working with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.

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

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

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

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

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

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

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

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

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

SECTION SEVEN: SAMPLE COPY - MEMORANDUM OF AGREEMENT

WASHINGTON STUDENT ACHIEVEMENT COUNCIL
EDUCATION · OPPORTUNITY · RESULTS

MEMORANDUM OF AGREEMENT

Between the
Washington Student Achievement Council
and the «site»

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

PURPOSE

The purpose of this MOA is to:

(1) Increase the availability of primary health care providers in health professional shortage areas (HPSA) in conjunction with the Health Resources and Services Administration (HRSA), Grants to States for Loan Repayment Program (FSLRP) (CFDA No. 93.165).

(2) Identify the roles and responsibilities of WSAC and the «site» (Site) as they relate to the FSLRP. This agreement acknowledges and supports the autonomy of the parties to carry out their separate responsibilities.

THEREFORE, IT IS MUTUALLY AGREED THAT:

A. WSAC will:

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

Page 1 of 4

B. Site will:

1. Complete the annual site application during the site application cycle if it wishes to allow new providers the opportunity to apply;
2. Identify a staff liaison between WSAC loan repayment staff and providers;
3. Make available such information as may be required to ensure initial and ongoing HPLRP program compliance of providers and the site;
4. Notify WSAC of any change in work location. Unless otherwise agreed in writing, the provider must complete their minimum two-year contract or the one-year extension contract at the site where they applied and were approved. If Site has multiple clinics, the provider cannot move from one clinic to another without going through a pre-approval transfer process. The provider was approved for the site they applied at and will not get service credit for hours worked at another site.
5. Notify WSAC if the provider fails to meet the full-time requirement. If the provider falls below the required 40 hours per week at the approved site, it will cause the provider to go into repayment default. (See 2016-17 Site Reference Guide for definition of "Full Time" employment requirements.);
6. Take on the obligation to the provider, when submitting a Site application, to provide a minimum of 40 hours employment per week for the minimum two-year contract period or the one-year contract extension. The Site will take into consideration the provider's contract and obligation when looking at staffing changes;
7. Be required to notify WSAC within one business week if the provider's employment ceases for any reason;
8. Submit at the end of each quarter the Quarterly Service Confirmation Form to verify the hours worked by the provider. It is the Site's responsibility to verify the hours. The Site is to either: fax, email, or mail a copy of the form to WSAC so a payment can be processed for the recipient.
9. Retain the original copy of the Quarterly Service Verification Form and provide the original copy to program staff on request for purposes of verification;
10. Monitor providers leave of absences (including holidays, sick leave, vacation, continuing education, leave without pay or any other leave) and notify provider when they are within five days of the 35.7 day limit per contract year, and notify WSAC **and** the provider if the provider exceeds the 35.7 day limit. (See 2016-17 Site Reference Guide for details.);
11. Ensure the Quarterly Service Verification form is signed by a Site employee with signature authority to verify the hours of the provider; and
12. Download the most current Quarterly Service Verification Form that is posted at the council website: www.wsac.wa.gov/health-professions. (See 2016-17 Site Reference Guide for details.)

C. PERIOD OF PERFORMANCE

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

D. GOVERNING LAW

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

E. MODIFICATION/TERMINATION

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

E. MODIFICATION/TERMINATION

This agreement will be reviewed at least annually and may be modified in writing by consent of the parties. This agreement shall remain in effect until June 30, 2021, or until the commitments for providers receiving repayment from the FSLRP are fulfilled or unless such provider(s) defaults, whichever occurs first.

F. INDEMNIFICATION CLAUSE:

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

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

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

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

Student Financial Assistance Director Signature Washington Student Achievement Council PO Box 43430 Olympia WA 98504-3430	Date
Authorized Site Administrator Signature	Date
Printed Name	Title

Site Name: **«site»**
Site Address: «s_address» «s_city» «s_state» «s_zip»

SITE CERTIFICATIONS AND ASSURANCES:

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

1. I/we agree that salaries for health professionals employed by this site and participating in the FSLRP are based on prevailing rates in the area, and that FSLRP contracts have and will not be used as a salary offset.

2. I/we understand that the WSAC will not reimburse me/us for any costs incurred in administering this agreement.

3. I/we certify that I/we am/are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

4. If there are exceptions to these certifications and assurances, I/we have described them in full detail on a separate page attached to this document.

5. I/we are providing primary health care services in a federally designated Health Professional Shortage Area (HPSA). (See Site Reference Guide for definition of Primary Care.)

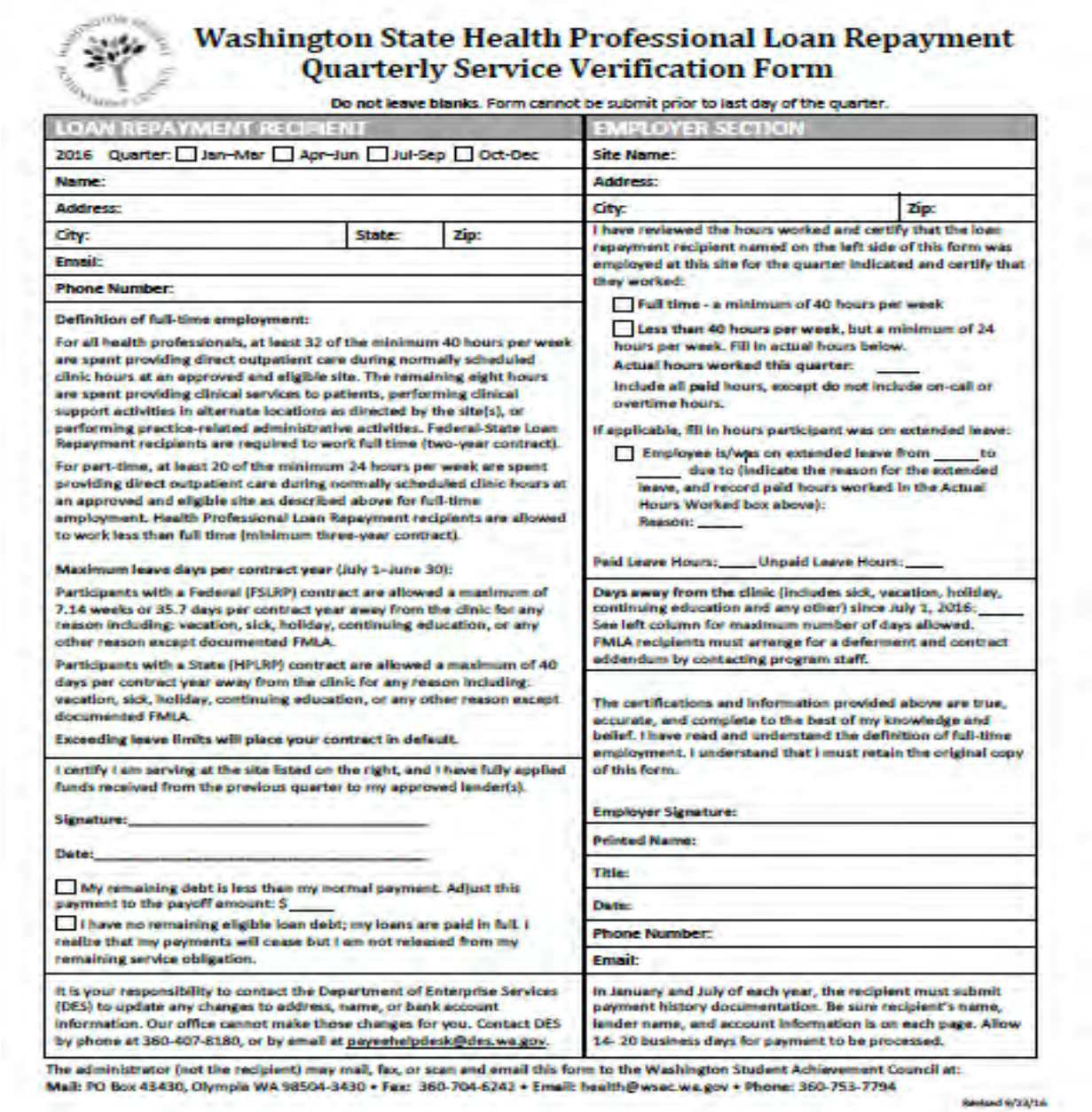
On behalf of the «site» (Site) signing the agreement to which this is attached, my name below warrants and attests to the accuracy of the above statements.

_____	_____
Student Financial Assistance Director	Date
_____	_____
Authorized Site Administrator	Date
_____	_____
Printed Name	Title

SECTION EIGHT: EXAMPLES OF FORMS

QUARTERLY SERVICE FORM
Sample Copy

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



Washington State Health Professional Loan Repayment
Quarterly Service Verification Form

Do not leave blanks. Form cannot be submit prior to last day of the quarter.

LOAN REPAYMENT RECIPIENT

2016 Quarter: ☐ Jan–Mar ☐ Apr–Jun ☐ Jul-Sep ☐ Oct-Dec

Name:

Address:

City: | State: | Zip:

Email:

Phone Number:

Definition of full-time employment:

For all health professionals, at least 32 of the minimum 40 hours per week are spent providing direct outpatient care during normally scheduled clinic hours at an approved and eligible site. The remaining eight hours are spent providing clinical services to patients, performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities. Federal-State Loan Repayment recipients are required to work full time (two-year contract).

For part-time, at least 20 of the minimum 24 hours per week are spent providing direct outpatient care during normally scheduled clinic hours at an approved and eligible site as described above for full-time employment. Health Professional Loan Repayment recipients are allowed to work less than full time (minimum three-year contract).

Maximum leave days per contract year (July 1–June 30):

Participants with a Federal (FSLRP) contract are allowed a maximum of 7.14 weeks or 35.7 days per contract year away from the clinic for any reason including: vacation, sick, holiday, continuing education, or any other reason except documented FMLA.

Participants with a State (HPLRP) contract are allowed a maximum of 40 days per contract year away from the clinic for any reason including: vacation, sick, holiday, continuing education, or any other reason except documented FMLA.

Exceeding leave limits will place your contract in default.

I certify I am serving at the site listed on the right, and I have fully applied funds received from the previous quarter to my approved lender(s).

Signature:_____

Date:_____

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

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

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

EMPLOYER SECTION

Site Name:

Address:

City: | Zip:

I have reviewed the hours worked and certify that the loan repayment recipient named on the left side of this form was employed at this site for the quarter indicated and certify that they worked:

☐ Full time - a minimum of 40 hours per week

☐ Less than 40 hours per week, but a minimum of 24 hours per week. Fill in actual hours below.

Actual hours worked this quarter: _____

Include all paid hours, except do not include on-call or overtime hours.

If applicable, fill in hours participant was on extended leave:

☐ Employee is/was on extended leave from _____ to _____ due to (indicate the reason for the extended leave, and record paid hours worked in the Actual Hours Worked box above):

Reason: _____

Paid Leave Hours:_____ Unpaid Leave Hours:_____

Days away from the clinic (includes sick, vacation, holiday, continuing education and any other) since July 1, 2016: _____
See left column for maximum number of days allowed. FMLA recipients must arrange for a deferment and contract addendum by contacting program staff.

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

Employer Signature:

Printed Name:

Title:

Date:

Phone Number:

Email:

In January and July of each year, the recipient must submit payment history documentation. Be sure recipient's name, lender name, and account information is on each page. Allow 14- 20 business days for payment to be processed.

The administrator (not the recipient) may mail, fax, or scan and email this form to the Washington Student Achievement Council at:
Mail: PO Box 43430, Olympia WA 98504-3430 • Fax: 360-704-6242 • Email: health@wsac.wa.gov • Phone: 360-753-7794

Revised 9/22/16

Washington State Health Professional Loan Repayment Quarterly Service Verification Form Instructions

LOAN REPAYMENT RECIPIENT (to be completed by the recipient)

- If you work at multiple sites, you must submit a separate form for each site.
- Identify the quarter that you just completed.
- Your signature is a legal certification that you have worked at the eligible loan repayment site as identified on your form, and that you have fully applied program funds to the eligible lender(s) identified in your online application.
- You must sign and date the form on or after the last day of the quarter.
- If your loan balance is less than your normal payment, you must designate the payoff amount. Your payment will be adjusted accordingly. If your loans are paid in full, you must indicate this.

DEFINITION OF FULL-TIME EMPLOYMENT

- Use the *full-time employment* definition included on the Service Verification Form.
- Federal contract recipients (FSLRP) are limited to a **maximum of 35.7 days per contract year** away from the clinic.
- State contract recipients (HPLRP) are limited to a **maximum of 40 days per contract year** away from the clinic.
- Days away from clinic include all leave: holidays, vacations, sick leave, training, and any other leave. If you exceed that limit your account will go into default status. Approved FMLA recipients are put on a deferment and receive a contract amendment.
- Contract year is July 1–June 30 (or whatever is stated on your individual contract).

EMPLOYER SECTION (to be completed by the site administrator)

- **Site Name**: the physical site where recipient works. If recipient works at more than one site, submit a separate form for each site.
- Site administrator is responsible for reviewing and certifying the hours worked.
- Check the **"Full time"** box if the recipient was scheduled for and worked 40 hours every week during the quarter.
- Check the **"Less than 40 hours per week"** box if the number of actual hours worked during the quarter by the recipient is less than full time; if recipient is submitting their final form before the end of the quarter; or if recipient normally works full time but was on extended leave during the quarter.
  - Recipients with a state/federal contract (FSLRP) must work a minimum of 40 hours per week. Recipients with a state contract (HPLRP) must work a minimum of 24 hours per week.
  - When calculating hours for the quarter, count the number of scheduled/paid hours. Do not count overtime or on-call hours.
- **Is/was on extended leave:**
  - Enter the dates the recipient went on leave and the date they returned or are expected to return to work.
  - Identify the number of hours of paid leave or unpaid leave for the quarter.
- You must enter days away from the clinic. This includes all leave: sick, vacation, holiday, continuing education, FMLA and other.
- The administrator should complete/sign/date the form after the recipient has signed/dated.
- The administrator is required to keep the original copy of the service form. When program staff performs site visits, we will review these forms and compare them to the copies the office received.

ADDITIONAL PROGRAM INFORMATION

- Forms must be mailed, faxed, or scanned and emailed within 14 days after the end of the completed quarter by the administrator, not the recipient. Allow 14-20 business days for the payment to be processed.
- If the form is received more than 30 days after the end of the quarter, the processing time might be extended and payment will be delayed accordingly. Payments are made in batches, not individually.
- It is the recipient's responsibility to contact DES (see form for details) for any changes to name, address, or bank account information. If the account information is not current with DES, it will cause the payment to be delayed. Program staff cannot make these changes; the recipient must contact DES directly.
- Occasionally you will receive a paper check even if you have direct deposit. The reason for this is the state is required to verify your banking information every 90 days. During that period, while DES is contacting your bank, they "freeze" the direct deposit option. If a payment is processed during this period, a paper check will be issued. That is why you must make sure you have updated DES with your current address. Otherwise the check will be delayed in getting to you.
- Twice a year, in January and July, the recipient is required to submit monthly payment history documentation showing that all programs funds have been fully applied to the approved lender(s) listed in your online application. You will need to submit the last six months' payment history to cover the last two payments that have been issued.
- If your payment history is not equal to or greater than the amount of funds disbursed, your account will be suspended until brought current. If not brought current within 30 days, your account will be declared in repayment default.
- Forms delinquent more than 90 days will cause your account to go into repayment default.
- **Recipients are required to contact the program immediately if there is any change to employment status. Failure to do so will cause your account to go into default.**