



# Washington Health Corps Reference Guide

## Behavioral Health

### Conditional Scholarship

The Program Reference Guide provides information about the **Conditional Scholarship** applicant eligibility requirements, eligible employment location sites, applicant responsibilities, compliance, roles. It is the responsibility of the applicant to **review this document prior to completing the online application.**

Updated: 3/1/2025

Website: [www.wsac.wa.gov/health](http://www.wsac.wa.gov/health)

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# Section 1: General Information

## Program Overview

The Behavioral Health Conditional Scholarship program was established in the 2024 Legislative Session as HB 1946 to address health care workforce shortage issues and to encourage more health professionals to practice in rural and underserved urban communities. The Behavioral Health Conditional Scholarship is administered by the Washington Student Achievement Council (WSAC).

The Behavioral Health Conditional Scholarship (BHCS) helps qualifying graduate students pursuing an eligible behavioral health-care degree receive financial assistance in exchange for a post-graduation employment service obligation (PGSO). The conditional scholarship, grants can cover tuition and fees at approved colleges in Washington, as well as a portion of books and supplies.

If selected for an award, recipients must be enrolled, attending, and meeting Satisfactory Academic Progress (SAP) standards to receive their quarterly award. There will be an enrollment verification process that occurs each term depending on your institutions calendar. Recipients are encouraged to contact their Financial Aid Administrator if they expect to reduce their enrollment levels from what was indicated on their application, if they plan not to enroll for the next quarter/semester or have any questions on how the scholarship may impact other aid in their award package.

Recipients commit to a post-graduation employment service obligation (PGSO) for three years, not to exceed five years at an approved employment location site. A list can be located on the BHCS website under eligible location sites.

Recipients will transition to a six-month grace period after graduating from their program to search for placement at an eligible location site to fulfill their employment service obligation. The recipient must submit proof of employment for the service to be credited towards their obligation. Those who do not provide proof of employment after the six-month grace period are in risk of defaulting and the conditional scholarship converting into a loan and must contact [health@wsac.wa.gov](mailto:health@wsac.wa.gov) immediately.

Those interested are encouraged to reach out to their education office for further information on the impact of receiving the scholarship or WSAC [health@wsac.wa.gov](mailto:health@wsac.wa.gov) for further information on program eligibility requirements/responsibilities.

# Program Updates and Announcements

For the most up-to-date information about program changes, or the status of our application and awarding priorities, please visit the [WSAC](#) website.

## Post Graduation Service Obligation

Program rules require that participants be providing behavioral/mental health care services. Services include but are not limited to: screening and assessment; diagnosis; treatment plans; therapeutic services, and care coordination. The participants must practice under their corresponding licensure type.

All practitioners must provide services within the approved disciplines and specialties and under their specific licensure option types.

- For example, a graduate in mental health counseling would be required to offer behavioral/mental health care services under full licensure or as an associate licensed mental health practitioner.
- A graduate in Marriage and Family Therapy would be required to offer behavioral/mental health care services under full licensure or as an associate licensed Marriage and Family practitioner.
- A graduate in Social Work would be required to offer behavioral/mental health care services under one of the four licensure types described below and on page 10 -11.

The selection of program participants is designed to ensure that the program is meeting its intent. The Behavioral Health Conditional Scholarship is intended to address critical health care access and delivery shortages across the State of Washington by recruiting and retaining primary health care professionals to provide service to the state's rural and underserved urban populations.

## Discipline- Specific Programs

**Master of Social Work** (LASW, LICSW, LSWAA, LSWAIC) Those pursuing Master of Social Work are eligible to apply for the BHCS. Recipients are required to perform services as one of the four categories to fulfill their PGSO.

**Master of Marriage and Family Therapy** (LMFT or LMFT-A) Those pursuing Master of Marriage and Family Therapy are eligible to apply for the BHCS. Recipients are required to perform services as one of the two categories to fulfill their PGSO. (MFT, MFT-A) Those pursuing Master of Marriage and Family Therapy are eligible to apply for the BHCS. Recipients transition into a six-month grace period following the first day of the following month from their graduation to start their PGSO. Recipients are required to perform services as one of the two categories to fulfill their PGSO.

**Master of Mental Health Counseling Therapy (LMHC or LMHC-A)** Those pursuing Master of Mental Health Counseling are eligible to apply for the BHCS. Recipients are required to perform services as one of the two categories to fulfill their PGSO.

\*Advanced Standing students from each program are eligible to apply. PGSO remains to be fulfilled within three years, not to exceed five years.

## Section 2: Program Eligibility

### Applicant Eligibility Requirements

All Recipients must meet the following:

1. The Recipient must maintain satisfactory academic progress towards an eligible graduate program listed in the Behavioral Health Conditional Scholarship application.
2. Be enrolled, attending, and meeting SAP standards for the graduate program indicated on their application.
3. The Recipient must provide services from which they attained a degree from in an eligible site upon graduation.
4. Serve for no less than three years and no longer than five years at an eligible health clinic site listed on the WSAC website.
5. Provide proof of employment status while serving their post-graduation service obligation.
6. Contact WSAC for any changes in their name, address, institution, enrollment, location site, including any other pertinent information that may affect their ability to fulfill their requirements.
7. Be a Washington state resident and fulfill their post-graduation service obligation in Washington State.

All Recipients **CANNOT**:

- Be in unsatisfactory standing with SAP or institution policies.
- Owe a repayment to any state or federal program.
- Be in default on a state or federal student loan.
- Be in a program that is not indicated as an eligible program type.

- Fulfill their post-graduation service obligation in a site that is not in a Medically Underserved Area (MUA), Health Professional Shortage Area (HSPA) or listed as an eligible location site per WHC website.

## Application

Applicants must submit an application prior to the deadline to be considered for an award. Applicants can review eligibility requirements, eligible location sites, participating institutions, and more on the [BHCS website](#).

- Our online Portal is where you will submit your application and accept your award if selected. It is important that you use an email you will have easy access to, we highly recommend you use a personal email when registering for an account.
- Any applications that have incomplete information such as FAFSA/WASFA will be considered incomplete after the deadline and will not be reviewed.
- Notifications of award and non-award, as well as all general program communication, will go out by email. It is important that you add our address ([health@wsac.wa.gov](mailto:health@wsac.wa.gov)) to your emails account safe sender list. If the email address provided changes after completion of the application, it is the providers responsibility to notify program staff.

To be eligible, applicant must meet the following criteria:

- Complete the program application.
- Be enrolling for the first term of their graduate studies.
- Reside and fulfill post-graduation employment service obligation in Washington State.
- Submit a FAFSA/WASFA.
- Must be accepted into and maintain enrollment at an eligible institution leading to a degree in an approved behavioral health program.
- Intend to pursue employment at an eligible location site to fulfill their post-graduation employment service obligation.
  - Highest preference will be given to students that indicate intent to serving in an underserved community or rural area on their application.

### Other Information:

- Participants who enlist in any of the Armed Forces and incur an active-duty military obligation before completing their contract obligation are subject to the deferment provision of their contracts.

- Individuals in a Reserve component of the Armed Forces, including the National Guard, are eligible to participate in the program. Military training or other duty performed by reservists will not satisfy the service commitment.
- After submission, program staff will review the application for errors and contact the applicant for clarification. If an applicant realizes there are errors, please contact [health@wsac.wa.gov](mailto:health@wsac.wa.gov) immediately to resolve before application close date.

<b>Tentative Application Timeline</b> Check announcements box at top of the WHC webpage* for current status and timeline updates.	
March 1, 2025	Eligible students entering Fall 2025 may begin to apply.
March 31, 2025	Application closes for the 2025 Cohort.
April & May 2025	BHCS staff will begin reviewing and scoring applications.
June 2025	Preliminary selection of applications will begin. The applicant's institution will be contacted to verify enrollment for Fall 2025.
July 2025	Upon the receipt of enrollment verification, BHCS staff will begin notifying applicants of selection.
August-September	After applicant accepts & signs promissory note, payment for Fall term will be electronically transferred to the institution.

\*Additional application information is available on the [WSAC](http://wsac.wa.gov) website.

## Section 3: Site Eligibility and Program Information

### Site Eligibility Criteria:

To be eligible, sites must meet the following criteria:

- Reside in Washington State and be registered with the State’s Department of Revenue
- Provide Comprehensive Primary Care and function as part of a system of care that either offers or ensures access to ancillary, inpatient, and specialty referrals.
- Understand and agree that no aspect of the participants employer-provided wage will be reduced in any way because of the participants receipt of the Behavioral Health Conditional Scholarship
- Have been in business and have patient data for a minimum of one year prior to submitting a site application
- Use a provider credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank
- Adhere to sound fiscal management policies and adopt provider recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
- Charge for professional services at usual and customary prevailing rates unless it is a Free Clinic.
- Agree to accept assignment for Medicaid/Medicare beneficiaries and have entered into an appropriate agreement with the applicable state agency for Medicaid and CHIP beneficiaries.
- Not discriminate in the provision of services to an individual: a) because 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 on a person’s race, creed, color, sex, sexual orientation, gender identity, national origin, disability, use of a dog guide or service animal, status as a breastfeeding mother, and honorably discharged veteran or military status.
- Prominently display a statement—in a common area and, if applicable, on the site’s website— that explicitly states that no one will be denied access to services due to method of payment or inability to pay. In addition, the signage should clearly communicate that the site accepts Medicare, Medicaid, and CHIP. (Free clinics are exempt from the Medicare, Medicaid, and CHIP statement.) The statement should be translated into the appropriate language(s) and/or dialect(s) for the service area.

## Site Program Requirements

The site must sign a Memorandum of Agreement detailing the site’s responsibilities:

- If an organization has multiple sites, the participant cannot move or add an additional site without going through a preapproved site change process.
- The site is responsible for reporting if the participant falls below the required contract days per year.
- The site must monitor the participants’ leaves of absence (including holidays, sick leave, or any other leave) and notify WSAC if the participant exceeds their maximum days away per their PGSO contract.



- The site is required to contact WSAC within seven business days if the participant for any reason, has their license suspended, has disciplinary action brought against them, or no longer has a valid license to practice.
- The site is required to verify the hours reported by the participant on the annual *Service Verification Form*. It is the site's responsibility to verify the hours and to retain the original copy of the form. The participant should also retain a copy of the original form.

## Eligible Site Types

Sites approved by the program are health care facilities that provide comprehensive outpatient, ambulatory, primary health care services (see example list below).

To be preapproved, the site must submit a preapproval application. A site's preapproval status is contingent upon the site continuing to meet minimum qualifications. Dates for the site preapproval application, as well as other timeline-specific notifications, are posted on the WSAC website.

The following list includes examples of eligible site types but is not all-inclusive. In addition to being one of these types, the site must meet all other eligibility criteria outlined below:

1. Federally Qualified Health Centers (FQHCs)
  - ❖ Community Health Centers (CHCs)
  - ❖ Migrant Health Centers
2. Centers for Medicare & Medicaid Services Certified Rural Health Clinics (RHCs)
3. Indian Health Service (IHS) Facilities
  - ❖ Federal Indian Health Service (IHS) Clinical Practice Sites
  - ❖ Tribal Contract or Compact Health Centers (also called a 638 contract or compact)
  - ❖ Urban Indian Health Centers
4. MUA or HSPA designated areas qualify as eligible location sites.
5. Private Practices

- ❖ May require a site visit before the application review is completed, and must meet a minimum threshold of 40% Medicare, Medicaid, uninsured, charity, and sliding fee schedule patients.

6. Correctional Facilities
7. Behavioral Health Facilities

- ❖ Community Outpatient Facilities
- ❖ Community Mental Health Facilities
- ❖ State Mental Health Facilities

## PGSO Location Sites

- Program location sites is subject to change yearly. Eligible sites will be updated annually on the BHCS website.
- Location sites not listed on the website may be considered if the location submits a **site application**.
- Preference will be given to applicants that intend to provide services in a Medically Underserved Area or a Health Professional Shortage Area.

### Federal

A HPSA is designated by the Bureau of Health Workforce as an area having shortages of primary 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. To be designated as a HPSA, communities or facilities apply for designations by providing the required data on 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 (the higher the score, the greater the need). Currently, sites must have a HPSA score of 1 or higher to be eligible to apply.

Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, Indian Health Service (IHS), and Tribal Clinics 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 the [Washington Department of Health Primary Care Office](#) at 360-236-2800 or [ruralhealth@doh.wa.gov](mailto:ruralhealth@doh.wa.gov). Applicants may also search for this information [by state and county](#) or by [site address](#). The following list includes examples of **ineligible post-graduation employment sites for Behavioral Health Conditional Scholarship** but is not all-inclusive.

- ❖ Specialty clinics
- ❖ K-12 school-based clinics
- ❖ Placement/staffing agencies
- ❖ Clinics that see members only
- ❖ Non-state operated inpatient facilities
- ❖ Stand-alone urgent care or walk-in clinics
- ❖ Private practice sites that serve less than 40% Medicare, Medicaid, uninsured, charity, and sliding fee schedule patients

### **Sliding Fee Schedule**

The sliding fee schedule, or discounted fee schedule, is based upon the federal poverty guidelines. Patient eligibility is determined by annual income and family size. Specifically, for individuals with annual incomes at or below 100% of the Department of Health and Human Services (HHS) Poverty Guidelines, 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. 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. Note: Qualifying SHP and BHP sites are not required to have sliding fee schedules; however, sites with sliding fee schedules may be given preference.

To meet the sliding fee discount eligibility criterion, the site must have an implemented sliding fee discount schedule and a public notice of its availability for all patients clearly posted near the front desk or check-in area. The sliding fee schedule should be available for all eligible patients and be applicable to all services provided at the site (for example, pharmacies should have a separate sliding fee schedule).

## **Section 4: Site Application**

### **Application Process:**

The program uses an application process to add new locations requested by recipients. If a site location is not on our list of eligible sites, an applicant may request the site to submit a Site application form. It is recommended that the recipient of the BHCS communicate to the location site as soon as possible as the process may delay their PGSO.

Sites apply and request preapproval status. WSAC reviews site applications. Site preapproval status is contingent on the site continuing to meet minimum qualifications.

### **Site Preapproval Application**

The site must submit a [online application](#) for a site preapproval. Sites should submit one application per physical location. If a clinic includes medical, dental, mental health, and/or a pharmacy at one location, the site does not have to submit separate applications. An authorized HR staff or other site personnel with appropriate authority to submit the application on behalf of the employer/organization is to complete the site

application. The site representative is the point of contact for important program communications.

**Providers are not to complete the site application**, except in the case of applying for a solo private practice owned by the provider.

## Offer Letter

If selected, the applicant will receive an offer letter. The applicant will be granted seven business days to respond before the offer is expired and offered to another applicant. Should the applicant accept, they must sign a Promissory Note detailing their responsibilities, expectations, and related program information. The applicant **must** read the Promissory note in detail as it is a contract before signing and accepting.

- The promissory note is binding and cannot be altered once accepted.
- The recipient will be responsible for fulfilling their responsibilities detailed in Section II and III in the promissory note.
- If the applicant has any questions or concerns regarding their promissory note, they must contact [health@wsac.wa.gov](mailto:health@wsac.wa.gov) immediately.
- If there are changes to institutions, enrollment levels, or location site the recipient must contact [health@wsac.wa.gov](mailto:health@wsac.wa.gov) immediately.
- The recipient is responsible for fulfilling a minimum of three years not to exceed five years of employment at an eligible site location.
- The recipient will receive a payment no later than two weeks from the start of the term.

### Quarterly Enrollment Verification Form:

- The initial *Enrollment Verification Form* is to verify student enrollment and room for an award.
- The amount of the academic term payment may vary depending on the total award amount and enrollment level indicated on the verification form.
- The recipient must meet Satisfactory Academic Progress (SAP) standards on an annual basis.
- The academic term payment will be proportionate to the enrollment level. Payment may be reduced if there has been a decrease in the enrollment level. Should the enrollment level increase or otherwise differ from the initial verification, the payment amount shall remain unchanged.
- Recipient is encouraged to contact their Financial Aid Administrator (FAA) at the end of the quarter or semester and request their Enrollment Verification Form be submitted.

- WSAC staff shall issue the academic term payment following the review and verification of the Enrollment Verification Form which must be completed and submitted by the FAA.

## Section 5: Award Amounts & Disbursement

Awards are based on financial need. The FAA will provide details of the student's financial aid information from the FAFSA/WSFA and enrollment. Awards will be divided into term-by-term payments each year during the academic year.

- Payments are made after the completion of each academic term and upon receipt, review, and approval of each *Enrollment Service Verification Form*.
- Awards will be divided into term payments each year during the academic year.
- Participant must be enrolled and attending to receive their term payments.
- Participant must meet Satisfactory Academic Progress (SAP) to continue receiving their term payments.
- Payments will be suspended during periods of non-enrollment approved by WSAC.

### Behavioral Health Conditional Scholarship

The maximum award amount is \$51,000, not to exceed \$25,500 for students in an advanced standing program. This award requires full-time or part-time employment as a behavioral health professional that corresponds with their graduate degree at an approved site for a minimum of three years not to surpass five years. Award amount will vary based on financial need and enrollment level.

### Disbursement Schedule

WSAC disburses term-by-term payments based on enrollment after an FAA completes enrollment verification. Payments are sent via electronic funds transfer (EFT) to the institution's business office. Notification will be sent to the FAA and business office contacts on file when payments are sent.

## Section 6: Post Graduation Service Obligation (PGSO) License Requirements

### Practitioner License Types

Participants must obtain one of the following licensures according to program type meet the following criteria:

# Master of Social Work

## Approved Licenses and Specialties

Eligible Licenses	Specialties
<ul style="list-style-type: none"><li>• Licensed Social Work Associate-Advanced (LSWAA)</li><li>• Licensed Associate Social Worker-Independent Clinical (LSWAIC)</li><li>• Licensed Advanced Social Worker (LASW)</li><li>• Licensed Independent Clinical Social Worker (LICSW)</li><li>• Agency Affiliated Counselor</li></ul>	<ul style="list-style-type: none"><li>• Clinical Social Work</li><li>• Child and Family Social Work</li><li>• Geriatric Social Work</li><li>• Health Care Social Work</li><li>• Criminal Justice Social Work</li><li>• Mental Health &amp; Substance Abuse Social Work</li></ul>
<p>More information on Licensing can be found on the Washington State Department of Health Website:</p> <p><a href="https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/social-worker-and-social-worker-associate/licensing-information">https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/social-worker-and-social-worker-associate/licensing-information</a></p> <p>More information of Agency Affiliated Counselor License can be found on the Washington State Department of Health Website:</p> <p><a href="https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/agency-affiliated-counselor/frequently-asked-questions">https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/agency-affiliated-counselor/frequently-asked-questions</a></p>	

# Master of Marriage & Family Therapy

## Approved Licenses and Specialties

Eligible Licenses	Specialties
<ul style="list-style-type: none"><li><input type="checkbox"/> Licensed Marriage and Family Therapist (LMFT)</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Couple Therapy</li><li><input type="checkbox"/> Child and Adolescent Therapy</li></ul>

- Licenses Marriage and Family Therapist – Associate (LMFT-A)
- Family Systems Therapy
- Agency Affiliated Counselor

More information on Licensing can be found on the Washington State Department of Health Website:

<https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/marriage-and-family-therapist/licensing-information>

More information of Agency Affiliated Counselor License can be found on the Washington State Department of Health Website:

<https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/agency-affiliated-counselor/frequently-asked-questions>

## Master of Mental Health Counseling

### Approved Licenses and Specialties

Eligible Licenses	Specialties
<ul style="list-style-type: none"> <li>• Licensed Mental Health Counselor (LMHC)</li> <li>• Licensed Mental Health Counselor – Associate (LMHC-A)</li> <li>• Agency Affiliated Counselor</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health Counseling</li> </ul>

More information on Licensing can be found on the Washington State Department of Health Website:

<https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/mental-health-counselor/licensing-information>

More information of Agency Affiliated Counselor License can be found on the Washington State Department of Health Website:

<https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/agency-affiliated-counselor/frequently-asked-questions>

### **Requirements For each Program Type -BHCS**

- Be a United States citizen or be eligible to work in Washington State.
- Work in an eligible location site in WA state providing services under one of the license types that corresponds to their discipline.
- Not have a current default on any federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, federal income tax liabilities, Federal Housing Authority (FHA) loans, etc.), even if the creditor now considers them to be in good standing.
- Not have breached a prior service obligation to the federal/state/local government or other entity, even if the obligation was subsequently satisfied.
- Not have had any federal or non-federal debt written off as uncollectible or received a waiver of any federal service or payment obligation.
- Not have a judgment lien(s) against property for a debt to the United States.
- To qualify for credit towards PGSO work hours must be spent providing patient care as a licensed, associate, or agency affiliated practitioner.

## **Post Graduation Service Obligation (PGSO) Requirements**

To qualify for credit towards PGSO work hours must be spent providing patient care as a licensed, associate, or agency affiliated practitioner. Participants may receive credit for up to 270 days per service year. Overtime beyond the 40-hour work week does not count toward fulfilling the service obligation. Time spent “on call” does not count toward the minimum hours’ requirement.

### **Participants must meet the following criteria:**

- Work in an [eligible profession](#), and if applicable, an eligible specialty (see pages 11-12).



- Have and maintain a current, full, permanent, unrestricted, and unencumbered health professional license in Washington State for the entire duration of the service obligation period. An unencumbered license means that it has not been revoked, suspended, or made probationary or conditional by the State licensing authority as the result of disciplinary action. Please note that applicants can hold an **associate, agency affiliated, or be fully licensed** so long as they meet all other criteria to fulfilling their PGSO
- Provide services under any applicable licensure types that correspond with their graduate program.
- Be employed at an eligible site and providing services no later than the first day of the following month after the six-month grace period.

**Example 1:** Participant graduates in June of 2027. Grace period begins on July 1, 2027, service must begin by January 31<sup>st</sup>, 2028 or the recipient risks the scholarship converting to a loan.

**Example 2:** Participant graduates June 2027 and placed at an eligible location site September 1, 2027. Participant must notify [health@wsac.wa.gov](mailto:health@wsac.wa.gov) of placement so that obligation may commence, and credit can be applied.

- Participant will need to be on a regular schedule as a part-time or full-time employee.
- Provide WSAC staff with their credential number as a Licensed, Associate, or Agency Affiliated practitioner.
- The Participant must seek preapproval from WSAC for any change or dismissal at a site location, regardless of whether the site location is within the same organization (i.e. an organization with multiple sites or satellites).
- Participant may not be working on an as-needed or on- call basis, or as a float.
- Not have an outstanding contractual service obligation to the federal government, or to a state or other entity, unless that service obligation will be completely satisfied before the effective date of the contract. Providers must have completed any service obligation by the time they begin a contract with WSAC, but they can be in contract when they apply.
  - Certain provisions in employment contracts can create a service obligation (for example, a recruitment bonus in return for a provider's agreement to work at that site for a certain time). These employment contracts can be in effect concurrently to the WHC contract and do not make an applicant ineligible.
  - Individuals in the Reserve Component of the U.S. Armed Forces or National Guard are eligible to apply for the BHCS. If the participant's military training or service, in combination with the participant's site absence or enrollment, the service obligation will be extended to compensate for the break in service.

**Please note:** Washington residency is requirement for eligibility. Applicants should apply only if they are confident in their ability to fulfill the PGSO requirement and avoid monetary repayment

## Visits

WSAC program staff may conduct on-site visits to provide technical assistance, answer questions, and ensure compliance with program requirements. Staff may request documentation of participants employment, services provided, licensure, and the original copies of the participant's *Service Verification Forms* for review during the site visit. During the site visit, staff may meet separately with the site administrator and with participants (individually or in a group)

## PGSO Service Verification Form: Responsibility

At the end of each year, the participant must submit a *Service Verification Form (SVF)* that will be provided upon the transition from student to PGSO status. This form documents service details by verifying employment status for the year, including days worked, and is to be signed by the supervisor of the clinic.

Both the participant and the site supervisor are responsible for verifying employment status by signing the Service Verification Form(SVF). The site and participant verify this information on or after the last day of the year from which they began their PGSO. The participant must submit the signed SVF to [health@wsac.wa.gov](mailto:health@wsac.wa.gov).

- A service verification form cannot be processed if WSAC has not received the form from the prior year.

• **Six Month Grace Period Example:** Participant graduates May 2027. The grace period begins on June 1st, 2027-November 30th, 2027. Participant must begin their PGSO on December 1<sup>st</sup>, 2027 and submit their SVF on or by December 31<sup>st</sup>, 2028.

• **Immediate Placement:** Participants that are employed within the grace period may begin their service immediately. Their service year will begin the first day they are employed at an eligible site. Participant will need to provide the SVF on or by the year anniversary of their employment.

## Deferment of Service

Participants must fulfill their service obligation without extended absences or significant interruptions in service. A deferment of the service obligation may be granted if the participant's compliance with the obligation is temporarily impossible or an extreme hardship (e.g., leave of absence for medical reasons, FMLA, or call to active duty). Deferments should be requested in advance and be

preapproved. Periods of approved deferment may extend the participant's service obligation end date.

## Site Change Policy

All program participants must complete their entire service commitment at the preapproved site(s). There may be circumstances when a participant and health shortage area would benefit from a site change. Participants must seek preapproval to request to transfer to a new site or to add a site, regardless of whether the sites are within the same health care organization (i.e., an organization or health care system with multiple delivery sites or satellites).

**Failure to obtain approval prior to leaving the preapproved site may result in non-application of service credit towards their PGSO.**

### Approval Criteria for a Site Change:

- Participant is in compliance with their contract.
- Participant's license or certification has not been revoked, suspended, or restricted, and no disciplinary action is pending.
- Participant has not been terminated by the site for documented cause.
- Participant has worked a minimum of one pay period at current site prior to request.

The participant will not receive service credit during the gap in service between the last day providing patient care at the prior service site and resumption of service at the transfer site. The participant will also not receive credit for any time spent working at a new site prior to receiving approval. The participant may qualify for a deferment of service for the gap in service time.

Approval of changes to the participant's eligible loan repayment site(s) by WSAC does not alter any local employment contract requirements in any manner.

### Participant Preapproval Process

To request to transfer to a new site or to add a site:

- Participant must submit a request for the change, in advance.
- If a signed Memorandum of Agreement (MOA) is not already on file, WSAC will require one for the new site.
- WSAC will require a signed Contract Amendment for the participant.

Participants who have concerns about fulfilling their service obligation at their approved site are encouraged to contact program staff immediately to discuss options and receive prior approval to add or transfer to another preapproved site. It is the participant's responsibility to obtain employment at a preapproved site.

Participants who are interested in learning more about recruitment resources should review the [Washington State Department of Health, Office of Community Health Systems](#), and [Rural Health Section](#) websites. They provide direct recruitment services

## Repayment Status

The period for repayment shall coincide with the required service obligation, with payments of principal and interest commencing no later than six months from the date the participant completes or discontinues the course of study.

Interest begins accruing on the principal balance when the participant enters repayment status to include a loan equalization fee, and any other fees. The interest rate will be on the notification letter sent at the time of entering default repayment. The interest rate will not exceed 2%.

The Recipient is responsible for making payments on time even if the Recipient does not receive a bill or repayment notice.

## Additional Principal Payments:

Recipients may make additional principal payments at any time while in repayment. Such payments will reduce the repayment term and interest owed.

All payments will be applied in the following order: repayment fees first, outstanding interest second, and outstanding principal last.

## Other Fees

**Late Fee:** A late charge of 5% of the payment due may be charged on any payment received later than 20 days after the due date.

**Insufficient Funds:** Up to \$25 (does not include any fees charged by banks or other institutions). This applies to credit card, electronic fund transfers, ACH, checks, and any other type of payments made on the account that fail to clear due to insufficient funds.

**Collection and Legal Fees:** Any necessary expenses for collection of any amount not paid when due (to the extent permitted by law) including attorney fees, regardless of whether legal proceedings have begun.

## Default Repayment

Default occurs when the Recipient fails to file cancellation or deferment forms, or to make a scheduled repayment within 90 days of a loan payment due date.

### Under default:

1. The Recipient will lose all rights to deferments, forbearance, or service credit.
2. WSAC may institute legal action to enforce repayment and recover the costs of collection.
3. Upon default, WSAC may report the failure to pay to a credit bureau, which may inject the Recipient's credit rating.

## Section 6: Definitions

### Approved Alternative Setting

Alternative settings include any setting in a HPSA at which the practitioner is directed to provide care by the approved site (e.g., hospitals, nursing homes, and shelters). The alternative setting must provide services to a HPSA that is appropriate for the discipline and specialty of the clinician and the services provided. Services at alternative settings must be an extension of the comprehensive primary care provided at the approved site.

### Ambulatory Setting

Ambulatory care or outpatient care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services.

### Care Coordination

For purposes of these programs, Care Coordination is the deliberate organization of patient care activities between two or more providers (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information

among providers responsible for different aspects of care. Care coordination is considered direct patient care and counts towards a participant's service obligation.

### **Commercial or Private Student Loans**

Also known as college loans, educational loans, or alternative student loans. These are nongovernmental loans made by a private lender specifically for graduate or undergraduate education expenses, such as tuition, room, board, books, and other associated educational costs. These loans are made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions that are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the State in which the lender has its principal place of business. These are unsecured loans with various options for repayment and may offer forbearance and deferral options.

### **Comprehensive Primary Behavioral/ Mental Health Services**

Services that include, but are not limited to: screening and assessment, diagnosis, treatment plans, therapeutic services including access to medication prescribing and management, crisis care including 24-hour call access, consultative services, care coordination, and case management. Sites providing such services must function as part of a system of care to ensure continuity of patient centered, comprehensive, and coordinated care. The site must also offer or ensure access to ancillary, inpatient, and specialty referrals.

### **Comprehensive Primary Care (CPC)**

The delivery of comprehensive primary medical care, behavioral/mental health, and/or dental services. Approved primary care specialties are adult, family, internal medicine, general pediatric, geriatrics, general psychiatry, behavioral health, women's health, and obstetrics/gynecology. CPC is a continuum of care not focused on or limited to gender, age, organ system, a particular illness, or categorical population (e.g., individuals with developmental disabilities, or people 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 or populations they serve. Please note that an exception is made for sites that primarily employ Forensic Pathologists such as the coroner's office. The services provided at these sites meet our eligibility criteria.

### **Comprehensive Community-Based Primary Behavioral Health Setting or Facility**

A site that provides comprehensive primary behavioral health care services. 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.

### **Critical Access Hospital (CAH)**

A facility certified by Centers for Medicare and Medicaid Services (CMS) under section 1820 of the Social Security Act. WSAC recognizes the entire CAH as a service delivery site, including 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 with an outpatient, primary care clinic, either through direct ownership or affiliation agreements. The CAH and affiliated primary care clinic must each be approved program sites.

## **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.

## **Federal Health Professional Shortage Area (HPSA)**

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 based on agency or individual requests for designation. Information considered when designating a primary care HPSA includes health provider to population ratios, rates of poverty, and access to available primary health services. 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, and Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

## **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," defined below; 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 the 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 on the [HRSA](#) 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.

## **HPSA ID**

The main identifier for a HPSA as a complete unit in the source data system. Found on the [HRSA](#) website.

## **Health Resources and Services Administration (HRSA)**

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

## **Integrated Care**

Team-based care provided to individuals of all ages, families, and their caregivers in a whole person oriented setting or settings by licensed primary care providers, behavioral health clinicians, and other care team members working together to address one or more of the following: mental illness, substance use disorders, health behaviors that contribute to chronic illness, life stressors and crises, developmental risks/conditions, stress-related physical symptoms, preventive care, and ineffective patterns of health care utilization.

## **Indian Health Service (IHS) Hospitals**

A collective term that includes hospitals that are both IHS-owned and IHS-operated, or IHS-owned and tribally operated (i.e., a federal facility operated by a tribe or tribal organization contracting with the IHS pursuant to the Indian Self-Determination and Education Assistance Act), which provide both inpatient and outpatient clinical treatment services to eligible American Indians and Alaska Natives. This term does not include hospitals that are both tribally owned and tribally operated.

## **Indian Health Service, Tribal or Urban Indian Health Clinic (ITU)**

A health care facility—operated directly by the Indian Health Service; or by a tribe or tribal organization contracting with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act, codified at 25 U.S.C. 450 et seq.; or by an urban Indian organization receiving funds under Subchapter IV of the Indian Health Care Improvement Act, codified at 25 U.S.C. 1651 et seq.—which provides clinical treatment services to eligible American Indians and Alaska Natives on an outpatient basis.

## **Local Health Jurisdictions (Departments/Districts)**

Washington has 31 county health departments, three multi-county health districts, and two city-county health departments. These are referred to as local health jurisdictions. They are local government agencies, not satellite offices of the State Department of Health or the State Board of Health. Local health jurisdictions carry out a wide variety of programs to promote health, help prevent disease, and build



healthy communities. The DOH website provides [links to local health jurisdiction websites](#).

## **Memorandum of Agreement**

For the purposes of Behavioral Health Conditional Scholarship, it is the document that outlines the continuation of the roles and responsibilities in the case of a PGSO site location change. It is signed and agreed to by the participant.

## **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.

## **Non-Discrimination Notice**

A prominently displayed statement or 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 method of payment or inability to pay, and that discounts are available based on family size and income. In addition, the signage should clearly communicate that the site accepts Medicare, Medicaid, and CHIP. The statement should be translated into the appropriate language(s) and/or dialect(s) for the service area.

## **Non-Discrimination Policy**

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 on a person's race, creed, color, sex, sexual orientation, gender identity, national origin, disability, use of a dog guide or service animal, status as a breastfeeding mother, and honorably discharged veteran or military status. All WSAC-approved sites must have written policies that clearly state that the site abides by these requirements.

## **Nonprofit**

Nonprofit 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 nonprofit organizations must follow the same guidelines as all other FHP sites.

## **Primary Care Offices (PCOs)**

State-based offices that provide assistance to communities seeking HPSA designations. PCOs work collaboratively with Primary Care Associations and the

National Health Service Corp Program to increase access to primary and preventive health care and to improve the status of underserved and vulnerable populations.

## **Primary Health Services**

Health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health that are provided by physicians or other health professionals.

## **Public Health Department Clinic**

Primary or mental health clinics operated by state, county, or local health departments.

## **Public Hospital**

A public hospital, or government hospital, is owned by a government and receives government funding.

## **Private Hospital**

A private hospital is owned by a for-profit company or a nonprofit organization, and privately funded through payment for medical services by patients themselves, by insurers, or by governments through national health insurance programs.

## **Rural**

[RCW 82.14.370](#) was revised to include a rural county definition based on population density. In this legislation, "rural county" was defined as "a county with a population density less than 100 persons per square mile." Subsequent legislation expanded the definition to include "a county smaller than two hundred twenty-five square miles."

## **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.

## **Tribal Health Program**

An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility that is 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.).

## **Urgent Care Center**

Urgent Care Centers provide acute episodic care on a walk-in basis to assist patients with an illness or injury that does not appear to be limb or life threatening and is beyond either the scope or availability of the typical primary care practice.

## **Washington State Department of Health**

The Department of Health was formed in 1989 to promote and protect public health, monitor health care costs, maintain standards for quality health care delivery, and plan activities related to the health of Washington citizens. The Secretary of Health is appointed by the Governor. The statutory authority for the Department of Health is in [RCW 43.70.020](#).