

**Public Burden Statement:** The purpose of this information collection is to obtain information through the National Health Service Corps (NHSC) Loan Repayment Program (LRP), NHSC Substance Use Disorder (SUD) Workforce LRP, and the NHSC Rural Community LRP applications, which are used to assess an LRP applicant's eligibility and qualifications for the LRP and to obtain information for NHSC site applicants. Clinicians interested in participating in a NHSC LRP must submit an application to the NHSC to participate in one of the NHSC programs, and health care facilities must submit an NHSC Site Application and Site Recertification Application to determine the eligibility of sites to participate in the NHSC as an approved service site. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0127 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit (Section 333 [254f] (a)(1) of the Public Health Service Act). Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).



## **NHSC COMPREHENSIVE BEHAVIORAL HEALTH SERVICES CHECKLIST**

Attach all signed affiliation agreements for any service elements not provided onsite.

**\*\*Only NHSC Site Administrators are permitted to submit certification documents\*\***

Name of Site \_\_\_\_\_

Address \_\_\_\_\_

<b>Section I. Core Comprehensive Behavioral Health Service Elements</b> The following three sets of services <i>must</i> be provided onsite; these services cannot be offered through affiliation.	<b><u>Provided Onsite</u></b>	
	<b>(Select One)</b>	
	<b>Yes</b>	<b>No</b>
<b>1. Screening and Assessment:</b> <i>Screening</i> is the <a href="#">practice</a> of determining the presence of risk factors, early behaviors, and biomarkers which enables early identification of behavioral health disorders (e.g., warning signs for suicide, substance abuse, depression) and early access to care. <i>Assessment</i> is a structured clinical examination that analyzes patient bio-psych-social information to evaluate a behavioral health complaint.	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Treatment Plan:</b> A formalized, written document that details a patient's current clinical symptoms, diagnosis, and outlines the therapeutic strategies and goals that will assist the patient in reducing clinical symptoms and overcoming his or her behavioral health issues. The plan also identifies, where indicated, clinical care needs and treatment(s) to be provided by affiliated health and behavioral health care providers and settings.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Care Coordination:</b> <i>Care Coordination</i> is the practice of navigating and integrating the efforts primary care, specialty health care and social service providers to support a patient's health, wellness and independence.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Section II. Additional Comprehensive Behavioral Health Service Elements</b> The following four sets of services <i>may</i> be provided onsite or through formal affiliation. Signed affiliation agreements must be uploaded to the <a href="#">BHW Customer Service Portal</a> for any services not provided onsite.	<b><u>Provided Onsite</u></b>	
	<b>(Select One)</b>	
	<b>Yes</b>	<b>No</b>
<b>1. Diagnosis:</b> The practice of determining a patient's emotional, socio-emotional, behavioral or mental symptoms as a diagnosable disorder in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM; most current edition) and International Classification of Disease (ICD; most current edition).	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Therapeutic Services (including, but not limited to, psychiatric medication prescribing and management, chronic disease management, and Substance Use Disorder Treatment):</b> Broad range of evidence-based or promising behavioral health practice(s) with the primary goal of reducing or ameliorating behavioral health symptoms, improve functioning, and restore/maintain a patient's health (e.g., individual, family, and group psychotherapy/ counseling; psychopharmacology; and short/long-term hospitalization).		

<b>Section II. Additional Comprehensive Behavioral Health Service Elements</b> The following four sets of services <i>may</i> be provided onsite or through formal affiliation. Signed affiliation agreements must be uploaded to the <a href="#">BHW Customer Service Portal</a> for any services not provided onsite.	<b>Provided Onsite (Select One)</b>	
	<b>Yes</b>	<b>No</b>
a. Psychiatric Medication Prescribing and Management  b. Substance Use Disorder Treatment  c. Short/long-term hospitalization	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>
d. Other (Please list) _____   e. Other (Please list) _____	<input type="checkbox"/>   <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>
<b>3. <u>Crisis/Emergency Services</u> (including, but not limited to, 24-hour crisis call access):</b> The method(s) used to offer immediate, short-term help to individuals who experience an event that produces emotional, mental, physical, and behavioral distress or problems. In some instances, a crisis may constitute an imminent threat or danger to self, to others, or grave disability. <i>(Note: generic hotline, hospital emergency room referral, or 911 is not sufficient).</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. <u>Consultative Services:</u></b> The practice of collaborating with health care and other social service providers ( <i>e.g., education, child welfare, and housing</i> ) to identify the biological, psychological, medical and social causes of behavioral health distress, to determine treatment approach(s), and to improve patient functioning.	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. <u>Case Management:</u></b> The practice of assisting and supporting patients in developing their skills to gain access to needed health care, housing, employment, social, educational and other services essential to meeting basic human needs and consistent with their health care treatment, symptom management, recovery and independent functioning.	<input type="checkbox"/>	<input type="checkbox"/>

**Section III. Affiliation Agreements for Off-Site Behavioral Health Services**

For each of the services under Section II that are provided off-site, a formal affiliation agreement(s) must be uploaded to the [BHW Customer Service Portal](#). Under this section, the NHSC-approved site must provide basic information for each entity with which a formal affiliation is in place.

<p><b>Affiliated Entity:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Services Covered Under Affiliation:</b> _____</p> <p><b>Date Affiliation Agreement Executed:</b> _____</p> <p>Services available under this agreement are offered to all without regard for the ability to pay? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Affiliated Entity:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Services Covered Under Affiliation:</b> _____</p> <p><b>Date Affiliation Agreement Executed:</b> _____</p> <p>Services available under this agreement are offered to all without regard for the ability to pay? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Affiliated Entity:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Services Covered Under Affiliation:</b> _____</p> <p><b>Date Affiliation Agreement Executed:</b> _____</p> <p>Services available under this agreement are offered to all without regard for the ability to pay? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Affiliated Entity:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Services Covered Under Affiliation:</b> _____</p> <p><b>Date Affiliation Agreement Executed:</b> _____</p> <p>Services available under this agreement are offered to all without regard for the ability to pay? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p><b>Section IV. Certification of Compliance with Behavioral Health Clinical Practice Requirements</b></p> <p>Certify that the behavioral health site adheres to the clinical practice requirements for behavioral health providers under the NHSC and supports NHSC participants in meeting their obligation related to the clinical practice requirements.</p>	<p><b>Site Meets</b></p> <p><b>Criteria</b></p> <p><b>(Select One)</b></p> <p><b>Yes                  No</b></p>		
<p><b>Full-time:</b> The site offers employment opportunities that adhere to the NHSC definition of full-time clinical practice. Full-time clinical practice for behavioral health providers means a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 20 hours/week must be spent providing patient care at the approved service site(s). Of the minimum 20 hours spent providing patient care, no more than 8 hours/week may be spent in a teaching capacity, performing clinical-related administrative activities, or in an alternative setting (e.g., hospitals, nursing homes, and shelters) as directed by the approved sites. The remaining 20 hours/week must be spent providing patient care at the approved service site(s) or performing service as a behavioral or mental health professional in schools or other community-based settings when directed by the approved sites(s).</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 50%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		

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<p><b>Half-time:</b> The site offers employment opportunities that adhere to the NHSC definition of half-time clinical practice. Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 10 hours/week are spent providing patient care at the approved service site(s). Of the minimum 10 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity, performing clinical-related administrative activities, or in an alternative setting (e.g., hospital, nursing home, and shelter), as directed by the approved site(s). The remaining 10 hours/week may be spent providing patient care at the approved service site(s) or performing service as a behavioral or mental health professional in schools or other community-based settings when directed by the approved site(s).</p>	<p align="center"><input type="checkbox"/></p>	<p align="center"><input type="checkbox"/></p>

<p><b>Section V. Site Certification:</b></p> <p>By signing below, the NHSC Site Administrator is affirming the truthfulness and accuracy of the information in this document.</p>	
<p>I, _____, hereby certify that the information provided above, and all supporting information, is true and accurate. I understand that this information is subject to verification by the NHSC.</p>	
<p>_____ Signature</p>	<p>_____ Date</p>

<p><b>OFFICIAL NHSC USE ONLY</b></p>		
<p>Recommended By:</p>	<p><input type="checkbox"/> Certified</p>	<p><input type="checkbox"/> Not Certified</p>
<p>Comments:</p>		