

# FY2021 Site Application Draft

## Table of Contents

- POC Portal..... 2
- Start STARSite Application..... 3
- Section 1. General Information..... 7
- Section 2. Site Location..... 8
- Section 3. POC Information..... 10
- Section 4. STAR Information..... 12
- Section 5. HPSA Scores..... 14
- Section 6. Support Documents..... 15
- Section 7. STAR Site Agreement..... 17
- Site Application Messages sent to POCs..... 18
- Site POC Site Application Information..... 21
- Appendix..... 25
  - 1. Site Type/ Sub Site Type drop-down options..... 26
  - 2. STAR Site Agreement..... 28

## Public Burden Statement:

The purpose of this information collection is to obtain information through the Substance Use Disorder Treatment and Recover (STAR) Loan Repayment Program (LRP), which is used to assess an LRP applicant's eligibility and qualifications for the LRP and to obtain information for STAR site applicants. Clinicians interested in participating in a STAR LRP must submit an application to the STAR to participate in the STAR program, and health care facilities must submit an STAR Site Application and Site Recertification Application to determine the eligibility of sites to participate in the STAR 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-xxxx and it is valid until xx/xx/xxxx. 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).

## New Site Applications

### NHSC Applications

[Apply for a new NHSC Site](#)

Please submit an NHSC Site Application if your practice site has **never been approved** by the NHSC. If your site was approved in the past, please submit an NHSC Site Recertification during the open recertification cycle by clicking on the site name and choosing the "Recertify" option. Visit the [NHSC website](#) for more information about becoming an NHSC approved site. You may call the number below under Contact Us if you are unsure of a previous approval or if you represent an auto-approved site.

The NHSC Site Recertification cycle is now closed. The next cycle for recertifying a site will begin in the fall of 2018. Please visit the [NHSC website](#) for information about being an NHSC approved site.

### NURSE Corps Applications

Eligible [NURSE Corps](#) Sites do not need to submit a site application. If you believe your facility may qualify as a Critical Shortage Facility or an eligible school of nursing, please contact us at the number listed below.

# Start STAR Site Application

Home > NHSC Site Application

## Start NHSC Site Application

*\* required field*

### INSTRUCTIONS


Welcome to the NHSC Online Application. Before you begin, carefully review the [NHSC website](#), the [NHSC Site Reference Guide](#), and the NHSC Site Agreement (located in the appendix of the NHSC Reference Guide) to ensure your site meets all eligibility and program requirements. Sites must meet all requirements listed in the NHSC Site Agreement at time of application. If you have questions about the general application process or program requirements, contact your [State Primary Care Office](#). For technical issues in completing the application contact the NHSC Call Center at 1-800-221-9393 or [Contact Us](#).

If you are applying on behalf of multiple clinical site locations, please complete the main/administrative site application first. Each site location must submit a separate application and meet the same eligibility criteria in order to be approved by the NHSC. In order for NHSC obligated clinicians to receive service credit for time spent at any clinical service site location, each clinical service site must obtain written approval from the NHSC. Please note that approval of the main/administrative site does not indicate approval for affiliated satellite sites.

#### OMB Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0127 and the expiration date is 02/29/2020. Public reporting burden for this collection is estimated to average 0 hour(s) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10C-03, Rockville, Maryland.

OMB No. 0915-0127 Expiration Date: 02/29

Type of Site \* 

Site SubType \*

Select

- Federally Qualified Health Centers (FQHC)
- Federally Qualified Health Center (FQHC) Look-Alike
- Certified Rural Health Clinic (RHC)
- American Indian Health Facility
- Correctional Facility
- Private Practice
- Critical Access Hospital (CAH)
- School Based Clinic
- Community Outpatient Facility
- State or Local Health Department
- Community Mental Health Center (CMHC)
- Mobile Unit
- Free Clinic
- VA Hospital
- Inpatient Hospital or Facility
- Substance Use Disorder Facility

[CONTINUE](#)

Portal User Guide (3MB) | Privacy Policy | Version 12.4.0-SNAPSHO

Type of Site Tool Tip-

Please see the Site Application Instructions for descriptions of the site types.

This table is used to show the different site types/ sub site types and their eligibility. This is NOT displayed in the application

Site Type	Site Sub Type
3 Federally Qualified Health Centers (FQHC)	Community Health Center (CHC) Migrant Health Homeless Program Public Housing Program School Based Program Mobile Clinic
3 FQHC Look-Alike	N/A
1 Certified Rural Health Clinic (RHC)	Provider-based Independent
3 American Indian Health Facility	Federal Indian Health Service Tribal/638 Health Facility Dual Funded Urban Indian Health Program
→ Correctional Facility	3 Federal Prison 1 State Prison 1 Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) 2 County/Local Prison
1 Private Practice	Solo Practice Group Practice
1 Critical Access Hospital (CAH)	N/A
1 School Based Clinic	N/A
1 Community Outpatient Facility	Hospital Affiliated Non Hospital Affiliated
1 State or Local Health Department	Locally Run State Run
1 Community Mental Health Center (CMHC)	N/A
1 Mobile Unit	N/A
1 Free Clinic	N/A
2 VA Hospital	N/A
2 Inpatient Hospital or Facility	N/A
1 Substance Use Disorder Facility	Certified Opioid Treatment Program (OTP) Facility
	Office-based Opioid Treatment (OBOT) Facility
	Non-Opioid Substance use Disorder Facility

Table: Site Type & Sub Site Type Eligibility

Note: See [appendix](#) to view all Site Type/ Sub Site Type Drop down menus

Based on the site type and/or sub site type will determine if the site is:

- 1 - Eligible
- 2 - Not Eligible
- 3 - Eligible for automatic approval

Eligible sites will display a section of questions


Not Eligible sites will display a “This site is not Eligible Message”

Eligible for automatic approval will display a “Eligible for automatic approval Message”


### Eligible Site Type/Sub Site Type Questions

**NHSC SITE ELIGIBILITY QUESTIONS**


As an official representative of the applying site, please answer each of the following questions. For more information on NHSC member site eligibility requirements, please visit the NHSC Sites [website](#).

As an official representative of the applying site, have you read the [NHSC Site Reference Guide](#)  and do you understand the program requirements as listed in the NHSC Site Agreement included at the end of the Reference Guide?


Yes  No

Is your site physically located in and does it serve the population of a [Health Professional Shortage Area](#) (HPSA) which corresponds to the services provided at the site? 

Yes  No

Is your site a Primary Care Outpatient Facility, as defined below, or a CMS-certified Critical Access Hospital? 

Yes  No

Does your site utilize a qualified [discounted/sliding fee schedule](#) and has it been in place for at least 6 months? 

Yes  No

Does your site deny services to an individual based on inability to pay or enrollment in Medicare, Medicaid or your state's Children's Health Insurance Program (CHIP)?

Yes  No

Does your site utilize a credentialing process which, at a minimum, includes reference review, licensure verification, and a query of the [National Practitioner Data Bank](#) (NPDB)?

Yes  No

Does your site prominently display a statement in common areas (and on site's Web site if applicable) that explicitly states that 1) no one will be denied access to services due to inability to pay and 2) there is a discounted/sliding fee schedule available? *Examples of acceptable sign and website language are located in the Downloadable Resources section of the NHSC [website](#) under "Site Policy Poster".*

Yes  No

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**CONTINUE**

Not Eligible sites will display a “This site is not Eligible Message”

Due to the type of facility of your site, this location is not an eligible service site for the National Health Service Corps (NHSC). A listing of eligible site types is available on the [NHSC website](#). If you have additional questions, please contact your [State Primary Care Office](#) or the NHSC Call Center at 1-800-221-9393 or [Contact Us](#).

OMB No. 0915-0127 Expiration Date: 02/29/2020

CONTINUE

### Eligible for automatic approval Message

Please Note: If your site is 1) a *Federally Qualified Health Center* funded under Section 330 of the Public Health Service Act, 2) a *Federally Qualified Health Center Look-Alike*, 3) an *Indian Health Service Site* funded through IHS, or 4) a *Federal Prison*, you do not need to submit a site application as your site may receive automatic approval through the National Health Service Corps (NHSC). If you cannot see this site in the "NHSC Approved Sites" section of the portal, please contact us at 1-800-221-9393 or [Contact Us](#).

OMB No. 0915-0127 Expiration Date: 02/29/2020

CONTINUE

Message displays when answering "Yes" to the question #5 regarding denying services to an individual based on inability to pay

Does your site deny services to an individual based on inability to pay or enrollment in Medicare, Medicaid or your state's Children's Health Insurance Program (CHIP)?

Yes  No

### Eligibility Information

Based on the responses to the previous questions, this site is not eligible for participation in the National Health Service Corps (NHSC). For more information on NHSC site eligibility and program requirements, please review our [website](#) and the [NHSC Site Reference Guide](#). If you have additional questions, please contact your [State Primary Care Office](#) or the NHSC Call Center at 1-800-221-9393 or [Contact Us](#).

BACK TO PORTAL

The Tool Tips for the Instructions Page is the same of all applications that display these questions

Is your site physically located in and does it serve the population of a [Health Professional Shortage Area](#) (HPSA) which corresponds to the services provided at the site?

Yes  No

For more information on HPSAs and to verify your address visit the HPSA website.

Is your site a Primary Care Outpatient Facility, as defined below, or a CMS-certified Critical Access Hospital?

Yes  No

A Primary Care Outpatient Facility is a facility that offers comprehensive outpatient, ambulatory, preventive, acute and chronic primary medical, dental and/or behavioral health services without requiring an overnight stay.

Does your site utilize a qualified [discounted/sliding fee schedule](#) and has it been in place for at least 6 months?

Yes  No

For more information on qualified discount/sliding fee schedules, visit our Discounted Fee Schedule website.

# Section 1. General Information

1 General Information   2 Site Location   3 POC Information   4 NHSC Information   5 HPSA Scores   6 Supporting Documents   7 Agreement

## General Information

\* required field

Please enter information pertaining to the clinical site where NHSC clinicians will serve. Organizations with more than one site location (i.e. satellites) must submit an NHSC application for each clinical service site where NHSC clinicians may practice.

**PRACTICE SITE NAME AND LOCATION** (Where the NHSC clinician will serve their obligation)

Site Name \*

Also Known as/Doing Business as Alias

Address Line 1 \*

Address Line 2

City \*

State/Province/Region/Territory \*

Zip/Postal Code \*

County \*

Site Phone Number \*

Site Fax Number

Site E-mail Address \*

Site Web Address

Site Classification \*

**Mailing Address**

Mailing Address is Same as Site Location

Address Line 1 \*

Address Line 2

City \*

State or Territory \*

Zip/Postal Code \*

**Dropdown Menu:**

- Select
- Public-Fed
- Public-City
- Public-State
- Public-Local
- Group Private Non-Profit
- Group Private For-Profit
- Solo Private Non-Profit
- Solo Private For-Profit

**CONTINUE**

### Site Name Tool Tip-

Provide the full, legal name of the site, no abbreviations.

### Also Known as/Doing Business as Alias Tool Tip-

An alternate or colloquial name of the site.

### Site Web Address Tool Tip-

NHSC sites must prominently display a statement on the site's website (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay; and (ii) there is a discounted/sliding fee schedule available. When applicable, this statement should be translated into the appropriate language/dialect. For an example of acceptable signage, please reference the "Site Policy Poster" on the downloadable resources page on our website.  
<http://www.nhsc.hrsa.gov/currentmembers/membersites/downloadablereources/index.html>

## Section 2. Site Location



**Similar Sites Found**

BMISS has identified one or more sites that are similar to the site information that you have entered. Please review the list of sites below to ensure that you are not creating a duplicate site. If the site you are attempting to create is listing in the table below, please select the site from the list.

**Matching Sites**

Site Name	Address	
<a href="#">Cayuga Centers</a>	1916 Park Avenue, Harlem, New York, NY 10451	<a href="#">This is My Site</a>

[MY SITE IS NOT LISTED](#)

Screen below appears when selecting “This is My Site”

## Site Match Identified

The site below has been identified as a match for the site information you entered on the site application. Because the site already exists in our system, your application has been canceled. Below is the site information we have in our records:

**Cayuga Centers**  
 1916 Park Avenue  
 Harlem, NY 10451

Please reach out to an existing BHW Point of Contact (POC) at your site to be added as an additional POC. Once you have been added as a POC at this site, the site will appear in your "My Sites" list on the portal homepage. Below is a list of identified POCs at your site:

Name	Email

If you are unable to reach any of the listed POCs at your site or the site information displayed is incorrect, please contact your [BHW Division of Regional Operations \(DRO\) state lead](#) .

[RETURN TO PORTAL HOMEPAGE](#)

This screen is displayed when selecting “My Site is Not Listed”

Home > NHSC Site Application

1 General Information   2 Site Location   3 POC Information   4 NHSC Information   5 HPSA Scores   6 Supporting Documents   7 Agreement

## Site Location

**Warning:** You have indicated the Site Location Geocoded Information is incorrect. Please verify before proceeding to the next page.

Standardized Address: Maryland Ave, Gaithersburg, Maryland, 20877  
 Latitude/Longitude: 39.14610894,-77.20072360  
 Is this information correct? \*  Yes  No  
 Comment:

SAVE FOR LATER   CONTINUE

The Comment box for question “Is this information correct” only appears if answered “No”.

Comment is required

Please provide a comment.

Site Location Tool Tip-

Geocoding results indicate that your location is geographically positioned at the coordinates and position shown. This is just an approximation. If you believe the position shown is accurate for your site, please select yes. If you are unsure or disagree with the coordinates shown, please select no and provide a comment for analyst review.

## Section 3. POC Information

## Points of Contact (POC) Information

We encourage each service site to provide a minimum of two points of contact (with the exception of solo private practices). At least one of these contacts must serve as a "Recruitment Contact." If approved as a site, the "Recruitment Contact" will be listed on the [Health Workforce Connector](#).

Please note: You may only edit information for a site point of contact after they have confirmed their association with your site.

### Site Points of Contact

Name	Address	Phone	Email	Status	Roles
Alisa Jones	123 Anywhere St. Anytown, PA 19348	(000) 000-0000	Portal Email: 464649FBB854BD6823@EXAMPLE.com Work Email: 464649FBB854BD6823@EXAMPLE.com	Active	<ul style="list-style-type: none"><li>NHSC Administrator</li><li>NHSC Recruiter</li><li>NHSC Personnel Verifier</li><li>NURSE Corps Personnel Verifier</li><li>NURSE Corps Administrator</li><li>NURSE Corps Recruiter</li></ul>

[Add Another Site POC](#)

[SAVE FOR LATER](#)

[CONTINUE](#)

The screen below appears when the POC selects "Add another POC" button.

## Add POC From NHSC Database

[← Back to POC Main](#)

To search for your Point Of Contact in the list of existing Site Portal users, please enter one or more of the following criteria.

POC First Name

POC Last Name

POC Primary Email

POC Primary Phone Number

**Search**

We found potential matches to the information you provided in the NHSC Database.

**Potential Matching Persons**

Name	Address	Phone	Email	
John Smith	123 Anywhere St., Anytown, MI 48127	0000000000	3E30EEC9FACB238BE8@EXAMPLE.com	<a href="#">Add ▶</a>
john smith	123 Anywhere St., Anytown, MO 64831	0000000000	0F7ED917C31CEBB620@EXAMPLE.com	<a href="#">Add ▶</a>
Johnny Smith	123 Anywhere St., Anytown, OK 74354	0000000000	E0B11AEBEEDA0AFD1E@EXAMPLE.com	<a href="#">Add ▶</a>
John Smith	123 Anywhere St., Anytown, AL 11111-1111	0000000000	E0977E114E9F0E0182@EXAMPLE.com	<a href="#">Add ▶</a>

No, my POC is not listed in these matches.

**Enter New POC**

OMB No. 0915-0127 Expiration Date: 02/29/2020

The screen below will appear if the POC checks the “No, my POC is not listed in these matches” question and clicks Enter New POC. The Button will turn yellow after checking off the question.

## Enter New POC Information

\* required field

[← Back to POC Main](#)

Please enter the following information regarding your new POC.

**PERSONAL INFORMATION**

First Name \*

Last Name \*

Work Email \*

**PROGRAM AFFILIATIONS**

Please select all programs for which this user is affiliated. \*

NHSC

NURSE Corps

**ROLES**

Please select all roles which this user has access to. \*

Administrator

Recruiter

Personnel Verifier

**SEND INVITE**

## Section 4. STAR Information

1 General Information   2 Site Location   3 POC Information   4 **NHSC Information**   5 HPSA Scores   6 Supporting Documents   7 Agreement

## NHSC Program Information


\* required field


Please enter information pertaining to the clinical site where NHSC clinicians will serve. Organizations with more than one site location (i.e. satellites) must submit an NHSC application for each clinical service site where NHSC clinicians may practice.

**Primary Care Services Provided (check all that apply) \***

Verify the type of outpatient, ambulatory (or certified Critical Access Hospital) primary care services provided by the site by checking all services below provided at the applying site. In order to be approved through NHSC, the site must be located in a primary care, mental health, or dental **Health Professional Shortage Area (HPSA)** which corresponds to the services provided by the site.


Primary Medical Care	Primary Behavioral Health Care	Primary Dental Care
<input type="checkbox"/> General Primary Care	<input type="checkbox"/> General Mental Health Care	<input type="checkbox"/> General Dentistry
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> General Substance Use Disorder Treatment	<input type="checkbox"/> Pediatric Dentistry
<input type="checkbox"/> General Internal Medicine	<input type="checkbox"/> Medication Assisted Treatment (MAT) Program	
<input type="checkbox"/> General Pediatrics	<input type="checkbox"/> Opioid Treatment Program (OTP)	
<input type="checkbox"/> Geriatrics		
<input type="checkbox"/> Obstetrics/Gynecology		
<input type="checkbox"/> Women's Health		

According to the site's **discounted/sliding fee schedule**, what is the nominal fee (maximum amount charged to a qualifying patient who is at 100% of poverty)? \* 

Does your site accept **Medicare**  ? \*


Yes  No

Medicare Number \*

Does your site accept **Medicaid**  ? \*


Yes  No

Medicaid Number \*

Does your site accept the state's **Children's Health Insurance Program**  (CHIP)? \*

Yes  No

CHIP Number \*

Does the applying site have a current **clinical recruitment and retention plan** on file and available for NHSC review upon request? \* 

Yes  No

Please provide any additional information that you feel would be useful in the review of your NHSC Site Application.

The Number fields only appear if you answer “yes” to the questions.

Error message will display if the text boxes are empty if applicant tries on continue.



Please enter a value for Medicare Number.

Please enter a value for Medicaid Number.

Please enter a value for CHIP Number.

Please select if your site utilizes telehealth.



Discounted/sliding fee schedule Tool Tip-

Clinical Recruitment and retention plan Tool Tip-

All NHSC sites must use a discounted/sliding fee schedule to ensure that no one who is unable to pay will be denied access to services. This system must provide a FULL discount to individuals and families with annual incomes at or below 100% of the federal poverty guidelines (only nominal fees may be charged). Therefore those with incomes between 100% and 200% of the federal poverty guidelines must be charged in accordance with a sliding discount policy based on family size and income. For more information on federal poverty guidelines, please reference <http://aspe.hhs.gov/poverty/index>.

NHSC sites must maintain a clinical recruitment and retention plan, keep a current copy of the plan onsite for review, and adopt recruitment policies to maintain clinical staffing levels needed to appropriately serve the community. The link displayed contains additional information on recruitment and retention of providers.


**Telehealth Questions**


Does your site utilize telehealth for the provision of comprehensive primary care (including medical, dental, or behavioral health)? \*  No 

Additional Fields will appear if you answer “Yes” or “I Don’t Know” to the first Telehealth Question

Additional questions will appear if you answer “Distant and/or Originating” to the third Telehealth Question

**Telehealth Questions**


Does your site utilize telehealth for the provision of comprehensive primary care (including medical, dental, or behavioral health)? \* 

Yes   
Select  
Yes  
No  
I Don't Know

If so, please specify which one(s) from the following:\*

Medical  Dental  Behavioral

If your site utilizes telehealth, is it a distant or an originating site?\*

Distant and Originating   
Select  
Distant  
Originating  
Distant and Originating  
Not Applicable

If your site is an originating site, which site serves as the distant site (i.e. name of site and address)?\*

If your site is a distant site, which site serves as an originating site (i.e. name of site and address)?\*

SAVE FOR LATER

CONTINUE

**Telehealth Question Tool Tip-**

Telehealth - The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

## Section 5. HPSA Scores

## HPSA Score Suggestion

### SUGGEST A HPSA

You may suggest Health Professional Shortage Area (HPSA) IDs which are applicable to test and based on verified information found in the [HPSA Find](#) tool. The HPSA score must correspond to the services (primary care, mental health, and/or dental) provided at this site location. This field is not required for submission of the NHSC Site Application. NHSC and State Primary Care Office staff will verify this information and add all applicable HPSA IDs to the application during the review process. If no HPSA exists for the physical location of the applying site, the site application will be denied. For additional assistance in identifying the HPSA ID, contact your [State Primary Care Office](#).

Enter the HPSA ID

*Note: The NHSC system updates HPSA scores annually on January 1st. If this field does not recognize a designated HPSA from the [HPSA Find](#) database, please continue with the application. The application will be held and processed after the January 1st HPSA update if the application meets all other requirements.*

### HPSAs Suggested by the Site

No HPSAs have been suggested by the site.

OMB No. 0915-0127 Expiration Date: 02/29/2020

## HPSA Score Suggestion

### SUGGEST A HPSA

You may suggest Health Professional Shortage Area (HPSA) IDs which are applicable to test and based on verified information found in the [HPSA Find](#) tool. The HPSA score must correspond to the services (primary care, mental health, and/or dental) provided at this site location. This field is not required for submission of the NHSC Site Application. NHSC and State Primary Care Office staff will verify this information and add all applicable HPSA IDs to the application during the review process. If no HPSA exists for the physical location of the applying site, the site application will be denied. For additional assistance in identifying the HPSA ID, contact your [State Primary Care Office](#).

Enter the HPSA ID

*Note: The NHSC system updates HPSA scores annually on January 1st. If this field does not recognize a designated HPSA from the [HPSA Find](#) database, please continue with the application. The application will be held and processed after the January 1st HPSA update if the application meets all other requirements.*

### HPSAs Suggested by the Site

HPSA ID	Name	Auto-HPSA	Score	HPSA Discipline	Status	
124999240F	Mobile Medical Care, Inc.	Yes	12	Primary Care	Designated	<input type="button" value="Delete"/>

OMB No. 0915-0127 Expiration Date: 02/29/2020

## Section 6. Support Documents

## Supporting Documents

\* required field

Please upload the required documents listed below pertaining to the clinical site where NHSC clinicians will serve. Organizations with more than one site location (i.e. satellites) must submit an NHSC application for each clinical service site where NHSC clinicians may practice. For additional assistance, contact your [State Primary Care Office](#).

### DOCUMENT INSTRUCTIONS

#### Policies on Non-Discrimination

Submit a copy of the practice site's policies on non-discrimination of patients based upon race, color, sex, national origin, disability, religion, age, or sexual orientation

*REQUIREMENT:* NHSC sites do not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid or the Children's Health Insurance Program (CHIP); or (ii) based upon the individual's race, color, sex, national origin, disability, religion, or sexual orientation.

#### Sliding Fee Schedule Documents

Submit the following documentation of the site's sliding fee schedule (SFS). For examples and more information on the SFS requirement, visit our [website](#) and download the [SFS Information Package](#). Additional SFS information is included in the [NHSC Site Reference Guide](#).

##### 1. DISCOUNTED/SLIDING FEE SCHEDULE (SFS)

Ensure the SFS:

- Reflects the most recent [Federal Poverty Guidelines](#)
- Offers a full (100%) discount to those at or below 100% of poverty
- Offers a sliding schedule of discounts up to 200% of poverty

##### 2. PATIENT APPLICATION FOR THE SFS.

Note: Discounts shall be based on family size and income.

##### 3. SITE'S POLICIES ON THE SFS.

These policies shall describe how the SFS is implemented at the site, including how the SFS will be advertised, procedures for patients to apply, and site's policies and procedures on processing applications. Ensure that the site's SFS applies to all residents of the site's [HPSA\(s\)](#).

*REQUIREMENT:* NHSC sites use a discounted/sliding fee schedule to ensure that no one who is unable to pay will be denied access to services. This system must provide a full discount to individuals and families with annual incomes at or below 100% of the federal poverty guidelines (only nominal fees may be charged). Therefore those with incomes between 100% and 200% of the federal poverty guidelines must be charged in accordance with a sliding discount policy based on family size and income.

#### Required Signage

Submit a photograph or copy of posted signage that meets the requirements of the NHSC Site Agreement. For an example of acceptable signage, please reference the [Site Policy Poster](#) on the NHSC website.

*REQUIREMENT:* NHSC sites prominently display statements in common areas and on site's website (if one exists) that explicitly state that (i) no one will be denied access to services due to inability to pay; and (ii) there is a discounted/sliding fee schedule available. When applicable, this statement should be translated into the appropriate language/dialect

#### Proof of Access to Ancillary, Inpatient or Specialty Care

Attach proof of referral arrangements for ancillary, inpatient, and specialty care. Acceptable documents include Memorandums of Understanding (MOU), Memorandums of Agreement (MOA) or contracts with ancillary, specialty, and inpatient facilities.

*REQUIREMENT:* NHSC sites function as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.

#### NHSC Site Data Tables

Attach completed [NHSC Site Data Tables](#) with information on the individual site location. Read all instructions carefully before completing the Tables.

*REQUIREMENT:* NHSC sites complete and submit the NHSC Site Data Tables upon request, including at time of NHSC Site Application, Recertification, and prior to site visits.



## UPLOAD DOCUMENTS

More information about required documents, including samples or templates can be found on the [Apply to Become an NHSC Site Page](#).

Select document type(s):

<input type="checkbox"/>	Policies on Non-Discrimination*
<input type="checkbox"/>	Discounted/Sliding Fee Schedule*
<input type="checkbox"/>	Patient Application for the Discounted/Sliding Fee Schedule*
<input type="checkbox"/>	Discounted/Sliding Fee Schedule Policies*
<input type="checkbox"/>	Photograph of Posted Signage*
<input type="checkbox"/>	Proof of Access to Ancillary, Inpatient, or Specialty Care*
<input type="checkbox"/>	NHSC Site Data Tables*
<input type="checkbox"/>	Other Documentation Requested by NHSC or State Primary Care Office

Comment

Note: Please submit all documents listed to facilitate an efficient review of your application. Although you might have submitted some or all of these documents to the NHSC with a previous application, the NHSC is requesting all document types to ensure your site records remain current.

## UPLOADED DOCUMENTS

File Name	Document Types	Comments
<a href="#">TEST.docx</a>	<ul style="list-style-type: none"><li>● Policies on Non-Discrimination</li><li>● Discounted/Sliding Fee Schedule</li><li>● Patient Application for the Discounted/Sliding Fee Schedule</li><li>● Discounted/Sliding Fee Schedule Policies</li><li>● Photograph of Posted Signage</li><li>● Proof of Access to Ancillary, Inpatient, or Specialty Care</li><li>● NHSC Site Data Tables</li></ul>	<input type="button" value="Delete"/>

# Section 7. STAR Site Agreement

Home > NHSC Site Recertification

1 General Information   2 Site Location   3 POC Information   4 NHSC Information   5 HPSA Scores   6 Supporting Documents   7 Agreement

## Agreement For All Participating NHSC Sites

\* required field

### NHSC SITE AGREEMENT

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

This Agreement certifies that the site named on this application meets all NHSC requirements as outlined below, and I, Andrea Smith am authorized to provide such certification for the above named site.

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

I certify that Detroit Wayne Mental Health Authority-Arab American & Chaldean Council Temple currently meets all requirements listed in the NHSC Site Agreement above and will continue to meet these requirements in order to maintain status as an NHSC-approved service site. I also verify that all the information given in this NHSC Site Application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and certify that the information given in this request is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79). I understand that submitting my request does not guarantee its approval, and that it requires review for compliance with my obligation and program policies.

I certify that I am an official representative of Detroit Wayne Mental Health Authority-Arab American & Chaldean Council Temple.

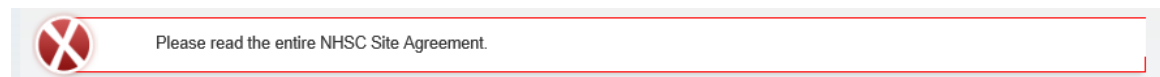
**PLEASE ENTER YOUR LOG-IN PASSWORD TO CONFIRM YOUR AGREEMENT:**

Sign with your password \*

**SUBMIT**

OMB No. 0915-0127 Expiration Date: 02/29/2020

POC must scroll through the Site Agreement or they will receive an error message



Note: See [appendix](#) for NIH Site Agreement

# Site Application Messages sent to POCs

## Site Application Submitted for test test

Actions

This message was sent on 04/22/2019.

This is a notification that your National Health Service Corps (NHSC) Site Application has successfully been submitted for review. You will be notified when a decision is made regarding your site's eligibility. If you have any questions or concerns, please call 1-800-221-9393 or contact the NHSC through your Customer Service Portal.

If you have questions regarding this message [Contact Us](#) or call 1-800-221-9393 (TTY: 1-877-897-9910) Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET.

[Home](#) > [My Messages](#) > NHSC Site Application Canceled - Duplicate Site Identified for NATIONAL NAVAL MEDICAL CENTER

## NHSC Site Application Canceled - Duplicate Site Identified for NATIONAL NAVAL MEDICAL CENTER

Actions


This message was sent on 12/12/2019.

The site below has been identified as a match for the site information you entered on the site application. Because the site already exists in our system, your application has been canceled. Below is the site information we have in our records:

**NATIONAL NAVAL MEDICAL CENTER**  
8901 WISCONSIN AVENUE  
BETHESDA, MD, 20889

Please reach out to an existing BHW Point of Contact (POC) at your site to be added as an additional POC. Once you have been added as a POC at this site, the site will appear in your "My Sites" list on the portal homepage. Below is a list of identified POCs at your site:

Name	Email
------	-------

If you are unable to reach any of the listed POCs at your site or the site information displayed is incorrect, please contact your [BHW Division of Regional Operations \(DRO\) state lead](#) .

## Site Application Approved for ARISE at Solvay High School

Actions

This message was sent on 08/02/2019.

We are pleased to advise you that your National Health Service Corps (NHSC) Site Application for the following site has been APPROVED. We welcome you to the NHSC and look forward to a successful partnership.

ARISE at Solvay High School

ARISE at Solvay High School  
600 Gertrude Ave  
Solvay, NY 13209

The NHSC's mission is to build healthy communities by supporting qualified health care providers dedicated to working in underserved areas. Below are several immediate steps sites must take to ensure they are meeting the mission and intent of the NHSC. Additional information is provided in the NHSC Welcome Kit, available on our website.

Ensure all site points of contact have created and activated their [Portal Account](#). The portal is critical for conducting business with the NHSC, posting and updating job openings, viewing program information, updating site information, communicating with the NHSC, and more.

Complete your NHSC site profile -- As an NHSC site, your site profile is visible to the public through the [Health Workforce Connector](#). Robust profiles are critical for successful recruitment of NHSC providers

Post job openings on the Health Workforce Connector -- After sites create profiles, they are able to use their portal account to post openings on the Health Workforce Connector, which is regularly reviewed by NHSC providers and applicants.

Display required NHSC signage -- NHSC approved sites are required to display signage as directed in the NHSC Site Agreement. For examples of approved signs, see the [Site Policy Posters](#) in the NHSC Welcome Kit.

Ensure that your site remains compliant with NHSC program requirements -- NHSC approved sites must continue to comply with the NHSC Site Agreement, which was signed by your site at the time of approval. The Site Agreement --and additional helpful information about site roles and responsibilities, monitoring and technical assistance, and provider recruitment-- is available in the [NHSC Site Reference Guide](#). Please save a copy of this document for your records.

Thank you for your commitment to improving the health of the Nation's underserved. We wish your site success in meeting the health care needs of your community and look forward to working with you.

If you have questions regarding this message [Contact Us](#) or call 1-800-221-9393 (TTY: 1-877-897-9910) Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET.

# Recertification Application Denied for Wegierek Psychology Center, Inc.

Actions 

This message was sent on 11/26/2019.

Thank you for your interest in the National Health Service Corps (NHSC). We regret to inform you NHSC Recertification Application for the following site has been disapproved.

Wegierek Psychology Center, Inc.

Wegierek Psychology Center, Inc.  
3022 North Harlem Avenue, #1N  
Chicago, IL 60634

Based on the review of your application, the applying site does not currently meet all terms of the NHSC Site Agreement. NHSC-approved sites must meet several requirements, including:

Be located in an appropriate federally-designated Health Professional Shortage Area (HPSA) and treat patients that come from or reside in the HPSA.

Not discriminate in the provision of services to an individual because the individual is unable to pay; because the payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program; or based upon the individual's race, color, sex, national origin, disability religion, or sexual orientation.

Utilize an appropriate sliding fee schedule to ensure that no one who is unable to pay will be denied access to services.

Accept assignment for Medicare beneficiaries and have entered into an appropriate agreement with the applicable State agency for Medicaid and the Children's Health Insurance Program.

Prominently display signage/posted notices in common areas and on the site's website (if one exists) stating that no one will be denied access to serviced based on inability to pay and that discounts are available based on family size and income.

Provide culturally competent, comprehensive primary care (medical, dental, and/or behavioral), as appropriate to the approved HPSA for the site.

Function as a part of a system of care, having referral arrangements for ancillary, specialty and inpatient care.

Not reduce the salary of NHSC clinicians because they receive NHSC benefits.

Utilize a clinician credentialing process that includes reference review, licensure verification and a query of the National Practitioner Data Bank.

Permit NHSC clinicians to maintain a primary care clinical practice as indicated in their NHSC contract, including the ability to meet the specified work hours.

For a complete listing of NHSC site requirements and additional information on the requirements listed above, please review the [NHSC Site Reference Guide](#), and the NHSC Site Agreement, located at the end of the Guide. If you site is able to meet all terms of the NHSC Site Agreement, the site is welcome to apply to the NHSC again at a later date.

Thank you again for your interest in the NHSC.

If you have questions regarding this message [Contact Us](#) or call 1-800-221-9393 (TTY: 1-877-897-9910) Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET.

# Site POC Site Application Information

## Requests

### Open Requests

REQUEST ID	REQUEST TYPE	SITE NAME	STATUS	LAST UPDATED
100047	Application	Substance Abuse Clinic Maryland	In Progress	12/13/2019

### Completed Requests

REQUEST ID	REQUEST TYPE	SITE NAME	STATUS	LAST UPDATED
64416	Application	ARISE Integrated Care Program at Upstate Pediatric and Adolescent Center	Approved	

## Site Application

ID#	Status	Submitted On	Date Approved	Date Closed
64416	Approved	08/02/2015	09/02/2015	09/02/2015

### SITE INFORMATION

Site Name	ARISE Integrated Care Program at Upstate Pediatric and Adolescent Center
Also Known as/Doing Business as Alias	
Address Line 1	90 Presidential Plaza
Address Line 2	
City	Syracuse
State/Province/Region/Territory	New York
Zip/Postal Code	13202
County	Onondaga
Site Phone Number	(000) 000-0000
Site Fax Number	
Site E-mail Address	41A70FCDE3C70845CA@EXAMPLE.com
Site Web Address	http://www.ariseinc.org
Site Classification	Group Private Non-Profit
Mailing Address Line 1	635 James St
Mailing Address Line 2	
Mailing Address City	Syracuse
Mailing Address State	New York
Mailing Address Zip/Postal Code	13203

**POINTS OF CONTACT**

Name	Address	Phone	Email	Status
Karen Lynch	123 Anywhere St. Anytown, NY 13203	(000) 000-0000	Portal Email: 715AB8733DD5189C51@EXAMPLE.com Work Email: 715AB8733DD5189C51@EXAMPLE.com	Active
Denise Brown	123 Anywhere St. Anytown,	(000) 000-0000	Work Email: C7C1A159C80DD1540D@EXAMPLE.com	No Account
Kristen Miguel	123 Anywhere St. Anytown, NY 13203	(000) 000-0000	Portal Email: 41A70FCDE3C70845CA@EXAMPLE.com Work Email: 41A70FCDE3C70845CA@EXAMPLE.com	Active
Deborah Flynn	123 Anywhere St. Anytown, NY 13203	(000) 000-0000	Portal Email: 3E323AEC963EAB1CC2@EXAMPLE.com Work Email: 3E323AEC963EAB1CC2@EXAMPLE.com	Idle
Laura Jones	123 Anywhere St. Anytown, NY 13203	(000) 000-0000	Portal Email: 3021292346FEE79D13@EXAMPLE.com Work Email: 3021292346FEE79D13@EXAMPLE.com	Active

**NHSC PROGRAM INFORMATION**

Type of Site	Community Outpatient Facility
Site SubType	Non Hospital Affiliated
Primary Care Services Provided	
Primary Medical Care	None
Primary Behavioral Health Care	General Mental Health Care, General Substance Use Disorder Treatment
Primary Dental Care	None
According to the site's <a href="#">discounted/sliding fee schedule</a> , what is the nominal fee (maximum amount charged to a qualifying patient who is at 100% of poverty)? <a href="#">i</a>	\$11.00
Does your site accept <a href="#">Medicare</a> <a href="#">?</a>	Yes
Medicare Number *	AA0898
Does your site accept <a href="#">Medicaid</a> <a href="#">?</a>	Yes
Medicaid Number *	01649605
Does your site accept the state's <a href="#">Children's Health Insurance Program</a> <a href="#">?</a> (CHIP)?	Yes
CHIP Number *	01649605
Does the applying site have a current <a href="#">clinical recruitment and retention plan</a> on file and available for NHSC review upon request? <a href="#">i</a>	Yes
Please provide any additional information that you feel would be useful in the review of your NHSC Site Application.	

**SUPPORTING DOCUMENTS**

File Name	Document Types	Comments
<a href="#">HealthConnections Agreement.pdf</a>	● Proof of Access to Ancillary, Inpatient, or Specialty Care	
<a href="#">Liberty Resources HIV Service Linkage Agreement.pdf</a>	● Proof of Access to Ancillary, Inpatient, or Specialty Care	
<a href="#">OMH certificates 2015 07 23.pdf</a>	● Other Documentation Requested by NHSC or State Primary Care Office	Op Certs
<a href="#">sign UPAC.jpg</a>	● Photograph of Posted Signage	
<a href="#">UPAC.pdf</a>	● NHSC Site Data Tables	
<a href="#">Central New York Services Inc. Agreement.pdf</a>	● Proof of Access to Ancillary, Inpatient, or Specialty Care	
<a href="#">AIDS Law Project of CNY Referral Linkage Agreement.pdf</a>	● Proof of Access to Ancillary, Inpatient, or Specialty Care	
<a href="#">ARISE sliding fee discount app form 2015 05 22.docx</a>	● Patient Application for the Discounted/Sliding Fee Schedule	
<a href="#">Huntington Family Centers Agreement.pdf</a>	● Proof of Access to Ancillary, Inpatient, or Specialty Care	
<a href="#">NHSC poc roles 2015 07 23 per Tom.pdf</a>	● Other Documentation Requested by NHSC or State Primary Care Office	POC roles designations
<a href="#">ARISE Mental Health Clinic Business Office Policies rev 2015 06 02.docx</a>	● Discounted/Sliding Fee Schedule Policies	
<a href="#">Copy of Sliding Fee Scale-Self Pay.xlsx</a>	● Discounted/Sliding Fee Schedule	
<a href="#">Huntington Family Centers Agreement.pdf</a>	● Proof of Access to Ancillary, Inpatient, or Specialty Care	
<a href="#">Health Homes Of Upstate NY MOU.pdf</a>	● Proof of Access to Ancillary, Inpatient, or Specialty Care	
<a href="#">ARISE Mental Health Clinic Business Office Policies non discrimination.docx</a>	● Policies on Non-Discrimination	

**SITE HPSA INFORMATION**

**Assigned HPSAs**

HPSA ID	Name	Auto-HPSA	Score	HPSA Discipline	Status
7361850390	Me - City of Syracuse	No	16	Mental Health	Designated

**HPSAs Suggested by the Site**

HPSA ID	Name	Auto-HPSA	Score	HPSA Discipline	Status
736999380U	Medicaid Eligible - City of Syracuse	No	17	Mental Health	Withdrawn












## Appendix

1. Site Type / Sub Site Type drop down options
2. STAR Site Agreement

# 1. Site Type/ Sub Site Type drop-down options

See

Type of Site * 	Federally Qualified Health Center ▾	
Site SubType *	<div style="border: 1px solid black; padding: 2px;"><b>Select</b> Community Health Center (CHC) Migrant Health Homeless Program Public Housing Program School Based Program Mobile Clinic</div>	<input type="button" value="CONTINUE"/>
<small>OMB No. 0915-0127 Expiration Date: 02/29/2020</small>		
<hr/>		
Type of Site * 	Federally Qualified Health Center ▾	
Type of Site * 	Certified Rural Health Clinic (RHC) ▾	
Site SubType *	<div style="border: 1px solid black; padding: 2px;"><b>Select</b> Provider-based Independent</div>	<input type="button" value="CONTINUE"/>
<small>OMB No. 0915-0127 Expiration Date: 02/29/2020</small>		
Type of Site * 	American Indian Health Facility ▾	
Site SubType *	<div style="border: 1px solid black; padding: 2px;"><b>Select</b> Federal Indian Health Service Tribal/638 Health Facility Dual Funded Urban Indian Health Program</div>	<input type="button" value="CONTINUE"/>
<small>OMB No. 0915-0127 Expiration Date: 02/29/2020</small>		
Type of Site * 	Correctional Facility ▾	
Site SubType *	<div style="border: 1px solid black; padding: 2px;"><b>Select</b> Federal Prison State Prison Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) County/Local Prison</div>	<input type="button" value="CONTINUE"/>
<small>OMB No. 0915-0127 Expiration Date: 02/29/2020</small>		
Type of Site * 	Private Practice ▾	
Site SubType *	<div style="border: 1px solid black; padding: 2px;"><b>Select</b> Solo Practice Group Practice</div>	<input type="button" value="CONTINUE"/>
<small>OMB No. 0915-0127 Expiration Date: 02/29/2020</small>		
Type of Site * 	Critical Access Hospital (CAH) ▾	
Type of Site * 	School Based Clinic ▾	
Type of Site * 	Community Outpatient Facility ▾	
Site SubType *	<div style="border: 1px solid black; padding: 2px;"><b>Select</b> Hospital Affiliated Non Hospital Affiliated</div>	<input type="button" value="CONTINUE"/>
<small>OMB No. 0915-0127 Expiration Date: 02/29/2020</small>		

Type of Site \*  State or Local Health Department

Site SubType \*


CONTINUE

OMB No. 0915-0127 Expiration Date: 02/29/2020

Type of Site \*  Community Mental Health Center

Type of Site \*  Mobile Unit

Type of Site \*  Free Clinic

Type of Site \*  VA Hospital

Due to the type of facility of your site, this location is not an eligible service site for the National Health Service Corps (NHSC). A listing of eligible site types is available on the [NHSC website](#). If you have additional questions, please contact your [State Primary Care Office](#) or the NHSC Call Center at 1-800-221-9393 or [Contact Us](#).

Type of Site \*  Inpatient Hospital or Facility

Due to the type of facility of your site, this location is not an eligible service site for the National Health Service Corps (NHSC). A listing of eligible site types is available on the [NHSC website](#). If you have additional questions, please contact your [State Primary Care Office](#) or the NHSC Call Center at 1-800-221-9393 or [Contact Us](#).

Type of Site \*  Substance Use Disorder Facility

Site SubType \*

CONTINUE



OMB No. 0915-0127 Expiration Date: 02/29/2020

## 2. STAR Site Agreement

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

This Agreement certifies that the site named on this application meets all STAR requirements as outlined below, and I, Karen Lynch am authorized to provide such certification for the above named site.

1. Is located in and treats patients from a federally-designated **Health Professional Shortage Area (HPSA)**.
2. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, or sexual orientation. *[May or may not be applicable to Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITUs)].*
1. Uses a schedule of fees or payments for services consistent with locally prevailing rates or charges and designed to cover the site's reasonable costs of operation. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
2. Uses a **discounted/sliding fee schedule** to ensure that no one who is unable to pay will be denied access to services. This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines (only nominal fees may be charged). Therefore, those with incomes between 100% and 200% of the **Federal Poverty Guideline** must be charged in accordance with a sliding discount policy based on family size and income. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
3. Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
4. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and CHIP beneficiaries. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
5. Prominently displays a statement in common areas and on site's website (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay; and (ii) there is a discounted/sliding fee schedule available. When applicable, this statement should be translated into the appropriate language/dialect. *(May or may not be applicable to ITUs, free clinics, or prisons.)*
- %2. Provides culturally competent, comprehensive primary care services (medical, dental, and/or behavioral) which correspond to the designated HPSA type.

- %2. Uses a credentialing process which, at a minimum, includes reference review, licensure verification, and a query of the [National Practitioner Data Bank \(NPDB\)](#) of those clinicians for whom the NPDB maintains data.
- %2. Functions as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.
- %2. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
- %2. Maintains a clinician recruitment and retention plan, keeps a current copy of the plan onsite for review, and adopts recruitment policies to maintain clinical staffing levels needed to appropriately serve the community.
- %2. Does not reduce the salary of STAR clinicians because they receive or have received benefits under the STAR Loan Repayment or Scholarship programs.
- %2. Requires STAR clinicians to maintain a primary care clinical practice (full-time or half-time) as indicated in their contract with STAR and described in part below. **The site administrator must review and know the clinician's specific STAR service requirements.** Time spent on call will not count toward a clinician's STAR work hours. Participants do not receive service credit hours worked over the required hours per week, and excess hours cannot be applied to any other work week. Clinicians must apply for a suspension if their absences per year are greater than those allowed by STAR. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. Please refer to the [STAR Loan Repayment Program Application and Program Guidance](#)  for definitions of STAR service requirements.
- %2. Communicates to the STAR any change in site or clinician employment status for full-time and half-time, including moving an STAR clinician to a satellite site for any or all of their hour work week, termination, etc.
- %2. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend STAR-sponsored meetings, webinars, and other continuing education programs.
- %2. Maintains and makes available for review by STAR representatives all personnel and practice records associated with an STAR clinician including documentation which contains such information that the Department may need to determine if the individual and/or site has complied with STAR requirements.
- %2. Completes and submits [STAR Site Data Tables](#)  to STAR at time of site application, recertification, and STAR site visits.
- %2. Complies with requests for a site visit from STAR or the State Primary Care Office with adherence to all STAR requirements.

