



SITE ELIGIBILITY APPLICATION FOR ALL STATE INCENTIVE PROGRAMS

The Oregon Office of Rural Health works to support you in your recruitment and retention efforts.

This application determines practice site eligibility for the following programs:

The Oregon Medicaid Primary Care Loan Repayment Program (MPCLRP),

The Oregon Partnership State Loan Repayment Program (SLRP),

The Oregon Behavioral Health Loan Repayment Program (BHLRP),

The Primary Health Care Loan Forgiveness Program (PCLF) and the Scholars for Healthy Oregon Program (SHOI).

Please complete this form and we will work with you to find a program that best meets your needs. Questions 1-6 are required in order to determine eligibility, all incomplete and/or handwritten applications will be returned.

Questions about these programs or this application should be directed to the Rural Workforce Team, ruralworkforce@ohsu.edu or 503.494.4450.

1. Name of Practice Site: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Phone Number: _____ Fax: _____
 Practice Site Contact: _____ Title: _____
 Phone Number: _____ Fax: _____ Site Contact Email: _____

2. Name of Parent Organization (if applicable): _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Executive Director: _____
 Phone Number: _____ Fax: _____
 Executive Director Email: _____

3. HPSA Type (please check all the apply)
 Primary Medical Care: _____ Score: _____
 Mental Health Care: _____ Score: _____
 Dental Care: _____ Score: _____
 (HPSA information available at: <http://hpsafind.hrsa.gov/HPSASearch.aspx>)
 Name of Practice Site's CCO: _____

4. Is this practice site located in a designated rural area of Oregon?

_____ Yes

_____ No

(To download a list of Oregon zip codes and their ORH Urban/Rural definition, please visit:
<http://www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/index.cfm>)

5. **Type of Organization:**

Please select one: _____ For Profit _____ Nonprofit

Please select one: _____ Private _____ Public

Please select one: _____ RHC _____ FQHC/CHC

_____ CAH _____ Mental Health Facility

_____ Other, specify: _____

6. **Practice Site Patient Information:**

Date range of patient data (minimum 3 months): _____

Total number of unduplicated patient encounters at site for this date range: _____

Percentage of sliding fee patients: _____

Percentage of Medicaid patients: _____

Percentage of Medicare patients: _____

Percentage of patients below 200% poverty (if available): _____

7. Is your site a designated student preceptor site? If so, what type of student(s) and educational programs are you affiliated with?

Questions 8-12 are optional; if applying for the State Partnership Loan Repayment Program question 13 is required.

8. How many clinicians do you plan to recruit in the next year? Please indicate the number and discipline of new clinicians you anticipate recruiting. (Example: 2-Family Physicians; 1-FNP)

9. If you currently have vacant positions, how long have they been vacant?

10. Do you have a written recruitment and retention plan? **(If yes, please attach)**

_____ Yes

_____ No

11. Do you have a facility leadership and governance plan? **(If yes, please attach)**

_____ Yes

_____ No

12. **Please attach a brief explanation** (no more than 1-2 pages total) of the challenges your site experiences with the following issues and how participation in the loan repayment programs will impact: 1) Recruitment and retention of providers; 2) Barriers for patient access to care; 3) Health disparities of the patient population; and 4) Poor patient health outcomes.

13. **Assurances** (Executive Director or legal representative must initial applicable assurances.)

This question is required if you are applying for SLRP eligibility

_____ A. We do not discriminate in the provision of services to an individual (i) because the individual is unable to pay or because payment for those services would be made under Medicare, Medicaid or the State Children's Health Insurance Program or (ii) based upon the individual's race, color, gender, sexual orientation, national origin, disability or religion. **(Please include a copy of these policies with the application.)**

_____ B. We use a schedule of fees or payments for the site's services that is consistent with locally prevailing rates or charges and is designed to cover the site's reasonable cost of operation.

_____ C. We have a policy to accept all patients regardless of their ability to pay. The policy includes an implemented schedule of discounts (sliding fee scale) for patients whose income is under 200 percent of federal poverty guidelines. We do not conduct asset testing to determine discounts* **(Please include a copy of this policy with the application.)**

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

_____ E. We provide culturally appropriate ambulatory primary health, dental health, and/or mental health care services and function as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.

_____ F. We assure that the salaries for health professionals participating in these loan repayment programs are based on prevailing rates in the area and that the loan repayment contracts will not be used as a salary offset.

_____ G. We are aware of the clinician requirements for the loan repayment awardees and will require participants to maintain a full-time or part-time primary care out-patient clinical practice (in accordance with their service agreement).

_____ H. We have a documented record of sound fiscal management.

14. Signature of Executive Director or other legal representative of practice site (required):

Name _____

Date _____

Please submit the completed application via email, mail, or fax:

Email: ruralworkforce@ohsu.edu

Fax: (503) 494-4798

Address: Oregon Office of Rural Health, L593
Oregon Health & Science University
3181 SW Sam Jackson Park Road
Portland, OR 97239

** The State Partnership Loan Repayment Program follows the NHSC statute, at 42 U.S.C. § 254g(b)(1)(b), which states that a schedule of discounts must be based on an individual's "ability to pay." The pertinent NHSC regulation defines ability to pay in terms of income, not assets. Under 42 C.F.R. § 23.9(c)(1), no charge or nominal charge will be made for health services provided by clinicians to individuals within the HPSA with annual incomes . . . at or below the Income Poverty Guidelines. Annual income is also the sole criterion for determining what discounts are available to those who do not make in excess of 200% of the Income Poverty Guidelines.*

For ORH office use only:

SLRP PCLF PCPCH Tier: 1 2 3 Date Received: _____
 MPCLRP SHOI Rural
 BHLRP