

How to Apply to Become a National Health Service Corps Site – 04/13/22

Kristine Sande:

I'd like to welcome everyone to today's webinar, How to Apply to Become a National Health Service Corps Site. I'm Kristine Sande and I'm the program director of the RHlhub. And now it's my pleasure to introduce our speakers. Tom Morris is associate administrator for Rural Health Policy at the Health Resources and Services Administration where he directs the federal office of Rural Health Policy.

Our next speaker will be Mike Shimmens who is the executive director for 3RNET, the nation's trusted resource for health professionals seeking careers in rural and underserved communities. Mike has led 3RNET since 2012. Mike works with a nine-member board of directors, leads a staff of four and empowers the National Rural Recruitment and Retention Network of 54 organizational members to further 3RNET's mission to improve rural and underserved communities' access to quality healthcare through the recruitment and retention of quality healthcare professionals.

Our final speaker will be Clark Conover. Clark has worked with the Health Resources and Services Administration for 23 years. He's currently serving as the supervisor of the Bureau of Health Workforce, Division of Regional Operations, Kansas City office. Prior to working for the federal government, Mr. Conover was employed for years with a state public policy group in Des Moines in Iowa working with nonprofit state associations. At this point, I'll turn it over to Tom.

Tom Morris:

Great. Thank you, Kris, and thank you RHlhub for hosting. And I really also want to thank Alexa Ofori from the Rural Office for all the planning and leadership she's had and all her effort to really make sure that folks are aware of the opportunities with the National Health Service Corps and particularly for this year and really want to thank Mike and Clark for their partnership on this effort. I think all of us on this call know the value of the National Health Service Corps to rural areas. Workforce is one of the constant challenges for all small communities and the loan repayment that the National Health Service Corps offers is probably one of the most important recruitment and retention tools out there and it's been a lifeline for rural communities since its inception. At its high point it could be field strength, it can be anywhere from 30% to 50% of the clinicians practicing in a rural area. And that's pretty amazing when you consider that's representing only about 15 to 20% of the population.

So, for doctors and nurses, nurse practitioners, mental health providers, the rural health clinics, community health centers, critical access hospitals, it really is just an incredibly important resource. The reason we're gathering today is because the American Rescue Plan provided a significant increase in the amount of funds for the National Health Service Corps, and what that means is that there's more funding available than there is through the regular appropriations process and that will drive down the qualifying HPSA score. And Clark will go over more of this in details, but it's much more of an attainable opportunity, I think, for a range of clinicians particularly for the coming year. And we'll see what happens in the subsequent years, but a clinician can't get those dollars in your clinic if you're not certified as a National Health Service Corps site.

So today what I really wanted to do was just really promote the idea that let's get as many rural sites qualified under the National Health Service Corps as we possibly can so that when they do the competition for the awards later this year, probably early January, many of the clinicians in these rural places will then be able to apply for and because of the low qualifying score be able to get loan repayment, and I think that's really important. And so, where you can, we hope we can enlist the state offices of rural health and primary care associations, primary care offices, anybody that you know to help us get the word out because the clock is ticking on how long the

application phase is open for sites to be able to apply to become a service location. And so, we don't want to waste any of that.

We also know and really understand that becoming a site is not without its own challenges. There are a host of federal regulations that Clark will explain in greater detail that you have to jump through those hoops in order to become a site, for instance, the sliding fee scale is a good example and we know that that can take a little bit of a work if you have to align it with your existing charity care policy. But we have help in that regard. I know that we in the Federal Office of Rural Policy just updated our sliding fee scale. We did that in collaboration with Bureau of Health Workforce. We've shared that with the state offices of rural health. So that's available.

Mike and 3RNET and RHihub will all have it also. Mike and his group can also be a big help in terms of navigating this process and he'll talk about that. And then Clark oversees with a bunch of his colleagues at BHW, a host of resources to help people get qualified. I think it speaks to the partnership we've had with the Bureau of Health Workforce because they have jumped on this opportunity and the need to promote it more to rural communities and it's really a fantastic opportunity. We've got currently about 1300 of the 4700 rural health clinics already signed up as eligible sites, and that's good but we can do a lot more there.

And BHW has done a fantastic job, I think, over the years really working with communities because you got to do it on a site by site basis. It's no small thing. We were really happy when BHW joined us to add the critical access hospitals to the eligibility list. This is no small thing because the wheels get really wrapped around the axle so to speak on like, well, it's supposed to serve only these things like primary care and substance use and mental health services and dental services. You don't know. That hospital may not qualify.

But we were able to work with BHW to convince them that critical access hospitals are primarily outpatient focus, primarily an ambulatory site. And so now they're eligible and that's great. But only 225 of the more than 1300 critical access hospitals are currently signed up to be sites. And so, our big challenge this year is getting as many of those sites and anybody else who wants to be a host to a scholar or a loan repayer, get them signed up so that when the time comes to apply and their clinician comes and says, "Can you give us any help in terms of loan repayment?" They said, "Yeah, let's sign you up for the National Health Service Corps." This is the exact perfect year to do that because the HPSA score really is much more attainable than it is.

Again, this is the time to do it and I just appreciate all of you who've taken time to be on this call. It's going to be recorded. So please promote it to your friends and your colleagues. We want to leave no stone unturned because we know that workforce is an ongoing issue. Here's a year where we have an abundance of resources. And how often in rural health can you say that we have an abundance of resources? But this is one of those years, but if we don't get the site signed up, it's going to be a real missed opportunity. So, with that, just thank you for the time. I'll turn it over to Mike and Clark.

Mike Shimmens:

Hi. Thank you so much, Tom. You did a great job of setting the stage here. And again, I'll be very brief in my comments. Clark has the details to really listen in on, but I'll echo Tom in that 3RNET sees this is a wonderful opportunity. This doesn't come along very often, actually just yearly even to become a site and certainly this is a unique year.

If you haven't contacted or just don't know where to even start but yet you post jobs on 3RNET or you may know your 3RNET network coordinator, please use them as maybe an entry point to

help get information. There are lots of names here and lots of resources that we've talked about. The primary care office being probably the key one here Clark's going to go into as well as the state offices of rural health and all the others that Tom mentioned. Please consider your 3RNET coordinator as one of those people you can reach out to if you happen to be in contact with them. If not, you can always go to our website, 3RNET.org and scroll down to the bottom. There's a long header down there or footer down there that's got state contacts.

You can go to an individual state. So, if you happen to be in South Dakota, you can click on there and talk to our network coordinator there and they may be able to help you get to resources that you need because the process is fraught with information. Again, Clark's going to go through all of that, but this is a perfect time to have people hold your hand through the whole process and get you to the end result because I think the bottom line the way I see this is anytime we're talking to healthcare facilities, whether they be rural health clinics or critical access hospitals or even federally qualified health centers in rural areas, we always tell them one of the first things we ask is, are you certified as a National Health Service Corps site because that's such a vital part of your overall recruitment or retention package. If you don't have that done, you're going to be at a disadvantage.

So, the door is open now to do that, please do so. And there should be a lot of information put out there on how you do that next. But just know the 3RNET is there as another resource for you if you have questions, or need somebody to reach out to you to help you with the process. We're ready to do that. And as we know, the workforce right now is not getting better, it's getting tighter. We see many, many more jobs posted on 3RNET, fewer and fewer candidates because of just the way the workforce has been. We do know that'll correct over time, but we're definitely seeing a pinch. So again, every tool that you have in your toolbox you want to use. National Health Service Corps site being certified with that is a very vital part of that in your rural package.

We certainly look forward to hearing more from Clark here about the process. We're ready if you have questions. I'll be here at the back end too if anybody has any questions and appreciate the opportunity. So, I think I'll hand it over to Clark for him to give you all the great details. And thanks again for joining us today.

Clark Conover:

Well, I would like to absolutely thank associate administrator Morris and Mike Shimmens from the 3RNET network for those warm remarks and from the warm introduction. My name is Clark Conover. I'm the supervisor for the Bureau of Health Workforce in the Kansas City office right in the heart of rural health clinic and critical access hospital country. This is a real passion for me. This is the fifth time we've presented this and a commitment that Dr. Padilla, our associate administrator, has made that rural health clinics and critical access hospitals are in focused this year to increase the numbers of sites in the National Health Service Corps and Nurse Corp programming.

I was actually born in a critical access hospital, United Grove, Iowa. My folks in their 80s are still on the farm back home in Iowa and are patients of an independent Medicare certified rural health clinic there. So, for myself personally this is a passion project and a commitment that we really want to get all of you into this program. Real briefly, there's the agenda where we'll walk over those bullet points. I take you to the fourth bullet point, which is the site application cycle and how you can become a National Health Service Corps site. BHW, Bureau Health Workforce's mission is to improve the health of underserved populations. Certainly education, training and service. Add our link there at BHW and we'll have all the links at the end of this presentation.

There is the rural training programs that we provide funding support for. Very, very important to us and Dr. Padilla who's made numerous conversations and points to this. Very important that we train rural providers in rural training programs, in rural communities to then practice, settle down and be retained in rural communities. In the chats, certainly my colleague Amishi Shah, who is with our division of external affairs and Kelly Duke who is the Missouri State lead here in our Kansas City office will be providing information as you do ask in chat. So, thank you to Amishi and Kelly in advance.

Strategies for success, certainly that slide there will give you where we're looking at, some opportunities to expand the program, and we'll talk about some of those coming in, but I really want you to focus on the important investment and associate administrator Morris talked about it. The American Rescue Plan provided significant resources for the National Health Service Corps Bureau of Health Workforce Programming including 800 million for the National Health Service Corps. Tom mentioned that we were able to fund down to single digits and HPSA scores, we'll explain what that means, but I do want you to note, this is a tremendous opportunity when our next application cycle opens in FY 2023. It'll open in January of 2023 for rural Americans and rural clinics to get rural providers signed up for the National Health Service Corps Program with a focus on retention.

It is our 50th anniversary this year. 1974 we were founded. 1972 we were founded. My math is off. Very, very excited about this and there'll be a lot of information coming. So please at the end of this presentation you'll be able to see how to sign up for all of our social media sites and we'll get you more information on this. National Health Service Corps now has 20,000 providers currently in the National Health Service Corps Program. There's a huge commitment to behavioral health today. That's our partners at the community mental health centers. We'll talk about how we've increased assets and funding to mental health providers in rural health clinics. Certainly, we know that the opioid epidemic, aging populations, returning veterans and a lot of other subsets of your patients are experiencing substance abuse disorder and behavioral health needs. We want to be a partner in that.

You'll see that significant numbers there have gone to our primary care providers of all categories, our dental providers and certified nurse midwives, and this year new, some pharmacists and those pharmacists are either in substance abuse disorder or rural community programming. And we have a couple slides that talks about that, but rural pharmacists have been a very good and advantageous expansion of this program in rural America. Our traditional program is the National Health Service Corps Program. This has been around since 1972, 50 years. \$50,000 for two years of service. This is our keystone program. These are the traditional program as we call it. These are the ones you're probably most familiar with. This provides tax free loan repayment for two years initially and then you can re-up year by year on top of the provider compensation and competitive salary that you offer your providers.

This is about paying off the student debts, having your providers put down roots in your rural community and staying in your rural communities. I talked about, we have two new programs this year, the substance abuse disorder and loan repayment program. This is for sites that are offering behavioral health and substance abuse disorder programming. There's a behavioral checklist you'll fill out. \$75,000 for a three-year commitment. It's non-renewable. So, it's just \$75,000 for three years. You must be trained and licensed to provide assisted treatment. We know that law on medical assisted treatment programs are now coming in. The DATA 2000 waiver are coming into rural communities and this is supporting that.

We also have an additional specified rural community program that will focus on just rural communities. Now, one nuance of this program, you must be defined a rural community by the United States Department of Agriculture, not by CMS. So, some of the communities may not qualify as rural even though you know and I know you're rural. It's just how the legislation was written. When this application cycle comes out in FY '23, in January 2023, the \$100,000 award for three-year service commitment. And this is again where your pharmacist can apply for part of your system. A lot of critical access hospitals do have them part of the system. There'll be a link on there. So, you can see if your "rural" or not by USDA.

We offer a couple opportunities to provide resources in advance of the completion of the training. The student to service program is \$120,000 and tax-free loan repayment for a three-year service obligation. This is very popular with fourth year medical students, fourth year dental students and second year nurse practitioners, nurse midwives and physician assistant students. This provides after the training or after the residency program, after the fellowships, a three-year service commitment at a HPSA of 14 or above. We've really had an impact I know in the Midwest here in the four States we cover Iowa, Nebraska, Missouri, Kansas, with getting some of these folks. We've hit hard. Our medical training schools all over the country in a rural primary care residency programs and the rural practice sites for dentists, nurse practitioners and PAs. So, this is a real advantageous program.

Scholarship programs been around since 1972 as well. Here's all the disciplines it covers. We pay year for year with a minimum of two years, maximum of four years. We pay for their schooling. So, we'll send a medical student to school with no cap on how much that tuition is for four-year commitment, for four years of paid service and return for a four-year commitment. We encourage you to take this information now. The application cycle closes on 5th of May. If you know anyone in your communities that's going to medical, dental, nurse practitioner, or PA school please have them apply for this program.

I'd be remiss if I didn't promote our state partners, the state primary care offices, state offices of rural health, all are involved in the state loan repayment programs. Clearly these are important programs and they're run by the State Primary Care Office. I'll give you those links in just a little bit. The health professional shortage areas though are the "keys to the kingdom." These are the cornerstones of the funding preferences for National Health Service Corps.

HPSAs are used in four different federal agencies for about 27 programs. National Health Service Corps is the only program that the score matters. And associate administrator Morris talked about we were able to get down to low HPSA scores and a zero to 25 scoring for primary care. We were able to get down to single digits and reach your rural and frontier communities this year. Now there's a difference between the medically underserved population and HPSA. That's expounded upon on our website. And you could also talk to your primary care office contacts. The link is here. These are the experts in HPSA and I would refer you to them for both questions on HPSA and the state loan repayment and state scholarship programs. These are truly the experts in your field in your state.

National Health Service Corps is committed a partnership with rural America. Here is five different ways of doing that across a myriad of federal programs. We'll let you read this slide at your leisure because really the focus we want to talk about is how to become an NHSC approved rural health center. The application cycle for new sites is open between now and midnight May 10th eastern time. National Health Service Corps sites will have slides detailing each of these

upcoming, provide outpatient primary care healthcare services, provide people who reside in HPSA.

Now, keep in mind rural health clinics are eligible for what's called facility HPSAs. These are HPSAs that you own. So, if your county does not have a HPSA, because those HPSAs are done by population census tract or county area you are still eligible for the program once you receive that National Health Service Corps site approval, you can then talk to your primary care office. We listed the contacts earlier and they are in the chat. You can then apply to become a facility HPSA that you own. No one else has access to this. This is your own HPSA. It's your personal keys to the kingdom.

Participants are across all spectrums and live in rural urban frontier and of course our tribal communities. Eligible site types, we offer wide net to eligible site types, highlighted in red, what we're talking about today, certified rural health clinics and the corresponding critical access hospitals. We have a customer service portal here. Once you are approved as a site you can go in and do our free online workforce advertisement system. You can put any vacancy on there, whether it's a phlebotomist to a physician assistant, to an LPN, anyone you want to advertise in that site you can. You can boutique that clinic link to your local school district, link to your local community development folks, however you want to boutique that system.

And online recruit. We know providers now are absolutely going online to look at your site. Required documentation. You have to have policies and non-discrimination. You have to have a site fees discount program and we'll talk about that a little more in depth. Access to ancillary and patient specialty care, that's access to your critical access hospital. We know these are symbiotic system of care. It's an easy hurdle on that documentation to cover. Site data table, three-page document that you'll be able to pull from your EHR this data, at least six months of data. If it's easier to supply your data, that's fine however your EHR is set up.

If you're interested in the side of rural community loan repayment program you will have to fill out a behavioral health checklist. If you do not offer behavioral health or substance abuse disorder, medically assisted treatment at your rural health clinic, you can skip over the SUD and the behavioral checklist documentation. We also require you to have a recruitment retention plan. Now, our staff will work with you on that if you don't, it's just something we are requiring this year. It's a low bar. For those of you who do not have one very clearly, it's something that we want to help you develop. For some sites you have your own recruiting system as part of your network of care with the hospital. Again, this is just a document that you'll upload. This shows that you're looking how to retain providers. We know retention is the key to recruitment.

Every NHSC site must have required a sliding fee discount program. The requirements stipulate the entity shall prepare a schedule of discounts. They shall advertise that schedule of discounts and they should apply it equally across all individuals that come into your clinic regardless of ability to pay. And there's the link. And we'll put the link in the chat of where to go for the sites and eligibility requirements that you can then reference as part of this presentation. What a discount program must have. You must have a schedule fees for service. You must have a corresponding discount for eligible patients based on their ability to pay, an XY graph, family size and income. You must have policies and procedures in place, standard operating procedures, which all of you already have. You must have that policies and procedures available for how the discount program is calculated and how it's administered and be able to present that to your clients, your patients.

Now, the three cannots. You cannot take into account assets or credit card balances when determining eligibility, income and family size. You cannot request proof of citizenship. So that means social security numbers and you cannot require Medicaid denial letters as part of a sliding fee scale discount program. We strongly encourage our sites to provide all necessary assistance to apply for Medicaid and other charity care programs at your critical access hospital your county or your State may provide including Medicare advantage and any other public HMO program. You just cannot require a denial letter as part of the requirement of sliding fee scale.

Critical Access Hospitals, a real focus this year. We want to call and the RHC to come in. We understand that it's a symbiotic relationship. And because of that in 2012 we worked with our friends at Federal Office of Rural Policy to bring in critical access hospitals both community based and tribally based to being NHSC approved sites. What are required to become a CAH? You must be in HPSA. So, you must be in a health professional shortage area for that county, that geographic area, that population. You must utilize a sliding fee scale. You must provide a minimum co-pays folks who walk in your emergency room and you must have a National Health Service Corps approved outpatient clinic, either one you own, or one you affiliate with. That can be a rural health clinic, that can be a provider-based clinic, that can be a federally qualified health center.

Requirements do not extend to the inpatient fee structure, that's under your charity care program. And there's no necessary to meet Medicare certification requirements. The key to this is the calmest demonstrate affiliation either through direct ownership or some agreement with a outpatient ambulatory care clinic. Essentially, that means that you're providing either a direct linkage for the transfer of patients in or admission of privileges to those providers in that outpatient clinic. What we do not want is the clinic to say that their referral policy is to your critical access hospital or emergency room. That's what all of us including yourself, are working hard to not have that as the primary entrance to primary care. We want that entrance to the primary care clinic and then the critical access hospital is certainly the key length into the sustainability of patient health outcomes.

Eligible providers for the CAH RHC pilot program, physicians, PAs, nurse practitioners, certified nurse midwives, all types of physicians including psychiatry. We have two options to work. We have a 40 hour per week, which means they must work a minimum of 16 hours in the critical access... I'm sorry, in the rural health clinic or outpatient clinic. The other 24 can be spent doing anything either the rural health clinic, primary care outpatient clinic or in the hospital, skilled nursing, swing bed, emergency room, teaching, which they can do up to eight hours or as administrative function, again, up to eight hours.

Very popular among our critical access hospital partners this year in this last cycle has been the part-time or halftime participant program. We just worked with the site in Kansas, very innovative. They opened up a new primary care clinic that's certified as a Medicare rural health clinic. That provider is working there part-time, eight hours a week. In that primary care clinic, the other 42 hours a week. So, for the part-time we talk about here in the 20 hours that is outside of the purview of the part-time halftime program in the emergency room.

This was able for this rural health clinic, critical access hospital in Kansas to get a provider in our part-time program. At the same time, provide ER coverage four days a week for that facility. I will note that time spent on call does not count toward the service requirements. Biggest question we get, why are federally qualified health centers auto approved and rural health clinics are not? We just want to tackle that one head on. Clearly the FQHCs for many of you do

not know, receive 330 grant funding, direct funding from the federal government with governance requirements that 51% of their board of directors must be patients. They receive Federal Tort Claims act, 340B and a lot of others.

They have to be nonprofit. Our rural health clinics and critical access hospitals can be for profit and a lot of other pieces. The FQHCs do step into a federal oversight box which is why they are auto approved. Rural health clinics remain independent, community owned, county owned or provider owned and they have not stepped into that box, which is why once every three years they must go through this process.

The commitment of our National Health Service Corps regional office staff is that we're going to help you get to yes. We want rural health clinics, critical access hospitals in our program in advance of January 2023. Absolutely, we want you in. Here's the link to the contacts. Our state leads are there to help you between now and May 5 of this year. Get those applications there. My contact information is there. You can call me directly, email me. I'll provide the information to you or I'll get you in contact with the folks in your region that can answer that question directly. The website link to our BHW site that has all the information and all the other training programs that we offer and information on the Nurse Corp program.

I'd be remiss if I did not talk a little bit about our Nurse Corp Program. That provides opportunities for nurse practitioners, certified nurse midwives and our registered nurses to participate in a loan repayment and scholarship program. All critical access hospitals and rural health clinics are auto approved into that program. I believe there's a slide earlier I may have slipped over when my slides jumped that's in this presentation. One of the real key areas of outreach besides rural health clinics for that program this year is our county health departments that I know are key players in all rural counties. These are the unsung heroes of a lot of public health in your community. They're also, as you know, county employees in most all cases.

So, we want to have these registered nurses, these nurse practitioners that are working in your county health departments and you could help us expound the program, not only for Nurse Corps to your system for those county-based systems to get these RNs in our communities in, get 80% of the loans paid off and help them retain in these very important public health jobs.

It's time for questions now, but there's all our social media. We tweet. We have Instagram. We have LinkedIn and all other ways that the cool kids today are connecting with the National Health Service Corps and how the providers that are in training right now are going to impact and how they're going to connect with you. So, let's go to questions now. I know we had one earlier about recruitment retention plan. Our state leads can share those plans with you. Absolutely, the state lead link was in there for your division of regional operations State contact and we'll allow them to provide those plans to you.

Application pack available to send out to an organization's RHC. If you go to our website, you can download the information and the application packet. It's an online process that each site has to be individually applied for. But clearly the application packet is on our website. Kristine, over to you.

Kristine Sande:

All right. So, at this point we will have some question and answer. It looks like there's at least one question in the Q and A, but now it would be a great time for everyone to enter any questions you have. So, we'll start with the first question, which is, can you talk a little more about mental health providers applying for this?

Clark Conover: Absolutely. Licensed professional counselors, PA, nurse practitioner and physician, psychiatric professionals, licensed medical social workers, nurse and family therapists, doctoral level psychologists are all eligible for the National Health Service Corps Program, the traditional program, The SUD and the RCORP Program has some additional opportunities for folks who may be in the mental health through SUD treatment to apply. And I'll refer you to those programs because there is some specificity that gets into state certification.

We have really seen an uptick of rural health clinics who are hiring, especially licensed medical social workers... I'm sorry, licensed mental health social workers in a medical clinic and are providing symbiotic care where they're providing both mental health and primary care in an office setting where that one office they bring the providers in and reducing stigma of mental health care in this country and providing that the care coordination occurs between primary care and behavioral healthcare. We want to reward an anticipation of that increase of that program. We want to reward primary care clinics, your rural health clinics, your critical access hospitals who are going to that model by making available the loan repayment to those behavioral health professionals.

We even have an example in Iowa of a critical access hospital who partnered with a community mental health center to hire a psychiatrist, to have the psychiatrist work eight hours a week rounding in their critical access hospital and 12 hours a week working in the mental health center and then the other 20 hours was a halftime award they were working in the inpatient facility at the regional hospital. Very creative program that we were more than happy to support and help that critical access hospital work out that relationship. So, we are open to all models even ones we can't think about. Call us. We want to get what's working in your community into our program. I hope that answers the question.

Kristine Sande: All right. Thank you. Let's see. On the licensed social worker, psychologist front, would child advocacy centers that have those services available on staff be available to qualify?

Clark Conover: Potentially, yes. The first area qualification is a HPSA, health professional shortage area. They have to have a mental health professional shortage area. So clearly that is the first thing that has to occur. Then the second thing is we've worked with child advocacy centers in the past. We have examples. I can aim with specificity that we've worked very closely within our four states and others across the country, but yes, those child advocacy centers have been approvable. What's not approvable is the foster care and adoptive services, for example, if you're only doing that. If you're only doing something that is directed towards a specific population that restricts eligibility, so let's say only children with special care needs are allowed in. It must be universal for admission into the program, it cannot be just specified to one diagnosis, it must be the pediatrics in general.

Kristine Sande: All right. Now it looks like a couple other eligibility questions. So, would residential treatment or psychiatric residential treatment providers be eligible?

Clark Conover: Again, the example we gave in Iowa was a very creative example because this was a residential treatment facility provider psychiatrist that then worked eight hours a week in the primary care clinic of the community mental health center and then 12 hours a week rounding in the hospital and 20 hours a week then in the inpatient facility for the halftime award. We're open to those creative relationships. If you're just working in the inpatient setting at the inpatient facility, no you're not eligible. This is an outpatient program. However, your RNs, your psychiatric nurses are eligible as part of the Nurse Corps Loan Repayment Program. And I'd refer you to that

application process. That program will open around November 2022 for the FY '23 cycle. So, the RNs and certified... Sorry, nurse practitioners, psychiatrists, NP psychs and your PA psychs are eligible. The MDs and DOs are not.

Kristine Sande: All right. So, this person asks, is a nonprofit behavioral health center eligible for applying as opposed to the individual counselor who is delivering the services?

Clark Conover: There's numerous models we've seen in Missouri especially as we were working right now to get these sites in of what a practice looks like. I'd refer you first to your state lead for DRO because each of these mental health prep sites we know can kind of look a little bit different as far as how they're organized as a S Corps. In generality the site has to apply, not the individual provider. The site applies for eligibility. That's impacted. All providers in that practice must provide a sliding fee scale in the mental health setting, in the mental health organization or mental health company, not just the provider that's in the National Health Service Corps Program. It's called two door policy where folks with insurance walk through one door and folks without insurance or on Medicaid walk through another door. The program is established so we do not allow that.

Kristine Sande: All right. So how many years is each approval period for National Health Service Corps? Is it two years?

Clark Conover: The traditional program is a two-year award for National Health Service Corps. You then can re-up year for year, for year. The dollar amounts do decrease a little bit by year. I think the record we've had is someone who was in for 13 years. The awards at that time was about \$5,000 to get started at the bottom end, I believe. Again, that chart is on our site. It's tax exempt. For the SUD and the RCORP program. Those are three-year awards. And then for the Nurse Corps program I'd refer you to the website for the requirements and how that program works. That program's not tax exempt. So, it does have some limitations as far as debt to salary ratio and some of these things.

We want you in and we want you to stay and be retained, join the school board, become a little league coach, become a pillar of your community and provide care for the next 20 to 30 years and be those doctors that stay like the one that delivered me. He was there for 45 years. So that's what we want to encourage.

Kristine Sande: Right. I think the doctor who delivered me was very similar. So definitely part of the community, and that's great. So, the next question is, let's see. So, you answered, I think, how many years is the approval for the site? And then do you have to reapply to be an approved site each time the application renews?

Clark Conover: It's a three-year approval. So, sites that are up for renewal this year do not come in during this current cycle. There's a special recertification cycle that opens in August every year that we will then allow sites with recertification to come in. It's a truncated piece. You still have to do the data table. You still have to provide the basic documentation. It's all online. Clearly, you've built this relationship now with your state lead. So, there's that comfort level to ask questions with your State Primary Care Office. You start to become a little bit of an old hat in this. We've had some sites that are rural health clinics have been with us for 30, 40 years and for them at the recertification cycle it's become a pretty simple piece.

Now, I will say, a lot of your rural clinics may be part of a system of care, for example, Mercy, which is out in Springfield, which has been a great partner, has about 50 some of their rural health clinics and critical access hospitals in our program, has really utilized the program to provide dozens and dozens of awards going back many, many years as has the CAH system in Springfield, just to be fair to both.

Their clinic management and their central office fill those applications out. We go down and visit them once a year, do a training, just make sure we have all those documents that are boiler plates such as the non-discrimination policy, what the signages look like, those things that are in every application and try to make it as easy as possible for recertification.

Kristine Sande: Great. So, for eligibility, does it matter if the HPSA designation is a population HPSA versus a geographic HPSA?

Clark Conover: It does not, it can be either or it can be the facility HPSA. When the cycle opened up in March you either had to have a HPSA that was approved or HPSA that was proposed for withdrawal, which means your state primary care office is working to see if the HPSA can be renewed. I'd refer you to the State Primary Care Office for those questions, but it does not matter any of the seven types of HPSA. It just has to be either approved or currently in the proposed for withdrawal, which is the proposed for review stage. And really, I want to leave you all with this point. We want you in the program. Please spread the word to your colleagues all across the country. We want your rural health clinics, critical access hospitals in the program. And please as a person to please spread the word on the Nurse Corp Program to our partners at the County Health Department. We want those RN supply and they really are, as you know, ground level for public health in your community.

I saw a question in the chats that says, I've heard the volume of participants in the program has been so high that it limits the number of new approved applicants. Has this changed? I'd refer you the opening statement that Tom Morris, the associate administrator for Federal Office of Rural Health Policy gave. The funding and the 800 million that I said in, I think, slide four that we've received through the American Recovery Act has changed this. We got down. We still have high volume, but we have a high number of awards this year. We've gotten down to those single digit HSPAs that in previous years we were not able to get down into. We are able this year to fund more rural health clinic, critical access hospital, rural community mental health center and rural community providers across our traditional SUD, RCORP and nursing programs than we ever have before.

So that has been a change this year due to the Biden-Harris Administration and congressional leadership.

Kristine Sande: Great. Thank you, Tom or Mike? Any final comments?

Tom Morris: I think it's great. And I was able to jump on for the last part and it sounds like it's been a good discussion and we've got a nice number of folks. I'd just repeat one thing, which is basically, please help us amplify this great information that Clark was able to provide by sending the link of the recording once RHHub has it out. But just really appreciate the opportunity to talk about this opportunity.

Kristine Sande: All right.

Mike Shimmens: Thanks again for the opportunity to speaking of the role of 3RNET plays in helping and assisting with this process. Definitely needed and greatly appreciated the expansion of the program. It's vital to rural areas and we certainly appreciate the efforts of HRSA for putting out and BHW and of course Clark's work and spreading the word. So, spread the word and look forward to seeing how it plays out in the future. So, thanks again.

Clark Conover: Thank you from associate administrator Padilla. Certainly, dear old leadership, Jeff Jordan and Anne Venner and all the state leads who really are your friends in this program. We thank you for the opportunity. And again, as Tom expertly said, please amplify this message.

Kristine Sande: Great.

Clark Conover: And thank you to Mike for all your years of friendship and participation. 3RNET has been instrumental in getting rural providers into rural America.