

Practice Site Application and Declaration of Intent
 Michigan State Loan Repayment Program (MSLRP)
 Michigan Department of Community Health

Sponsoring Agency	Provider's Name (If Applicable)	Application Date
Instructions		

- We ask that you type into the appropriate fields in this pdf form and then print. The tab key will move the cursor to the next field.
- This application **must be completed by the employer**, not by the individual medical provider-referred to as “provider”, who is applying for participation in MSLRP. The administrator expected to sign any future MSLRP contracts must complete and sign this document as certification of Practice Site compliance with Michigan SLR Program requirements.
- A new and updated MSLRP Practice Site Application & Declaration of Intent must be included as part of each MSLRP candidate’s complete application package.
- You may also submit this application as part of your recruitment and retention planning for staffing vacancies you hope to fill at some future date. MSLRP plans on using this information to create an online Vacancy Posting for MSLRP eligible sites.

You must attach the following

- Additional Parts B if more than three practice sites:** If the MSLRP applicant identified in Part B will practice in more than three practice sites you must complete an additional **Part B**.
- Certificate of 501(c)(3)** for the Practice Site or Sponsoring Organization
- Sliding Fee Scale**, based on federal poverty levels, or **Charity Policy**, which clearly precludes the Practice Site’s employees from having to turn away any individual seeking care and allows them to provide medically necessary health care services to those individuals.

Please give this application to the MSLRP applicant identified in Part D-1, so they can include it as part of their complete single submission application package, which must be mailed to:

Ken Miller, MSA
 Departmental Specialist, State Loan Repayment Program
 Health Policy, Planning and Access
 Michigan Department of Community Health
 Capitol View Building, 7th Floor
 201 Townsend
 Lansing, MI 48913

If you have question about completing the MSLRP Site Application and Declaration of Intent, please contact Ken Miller at (517) 241-9946 or at MillerK3@michigan.gov.

Part A: Sponsoring Agency Information:

Please enter only information about the health care system or organization that owns or otherwise operates the Practice Sites described in Part B of this application. The administrator identified in this section must be the person who will sign the certification statement in Part C, as well as any future MSLRP contracts.

Name of Sponsoring Agency			Federal ID #		
Address					
City		State	Zip	County	
Administrator Last Name:		First:		Title (CFO etc.)	
Administrator Contact Info:	Email	Phone		Fax	
Type of Sponsoring Agency					

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Part B: Practice Site Information

Practice Site 1

Please enter only information specific to the clinic, department, or other type of entity **at which you intend any current or future MSLRP applicant** identified in Part D to practice. If the MSLRP applicant will practice in more than three Practice Sites owned or otherwise operated by the Sponsoring Agency, you must complete an additional **Part B**.

Name of Practice Site:

Address (No P.O. Box):

City	State	Zip	County
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If this practice site is under construction, please provide its estimated opening date:

Name of Practice Site Manager: (Last) _____ (First) _____

Manager Contact Info:	Email	Phone	Fax
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Check ALL of the following that describe the Practice Site:

- | | |
|--|---|
| <input type="checkbox"/> Certified Rural Health Clinic (CRHC) | <input type="checkbox"/> Hospital-Affiliated Primary Care Clinic |
| <input type="checkbox"/> Certified Rural Health Clinic designated as a facility HPSA (CRHC/HPSA) | <input type="checkbox"/> Local Health Department |
| <input type="checkbox"/> Critical Access Hospital (CAH)-Affiliated Primary Care Clinic | <input type="checkbox"/> Private/Not for Profit Primary Care Clinic |
| <input type="checkbox"/> Community Mental Health Clinic (CMH) | <input type="checkbox"/> State/Federal Correctional Facility |
| <input type="checkbox"/> For-Profit Private Clinic (Not eligible as MSLRP Practice Site) | <input type="checkbox"/> State Psychiatric Hospital |
| <input type="checkbox"/> Federally Qualified Health Center (FQHC) or FQHC "Look-Alike" | <input type="checkbox"/> Tribal-Affiliated Primary Care Clinic |

A Qualified Health Plan (QHP) is a managed health care plan, such as an HMO or PPO, which is enrolled as a provider with the Michigan Medicaid Program. Each eligible Practice Site must participate with a sufficient number of QHPs to provide access to primary care for a reasonable percentage of the Medicaid recipients residing in that county. **Please list the QHPs with which this Practice Site participates:**

Practice Site 2 (If applicable)

Name of Practice Site:

Address:

City	State	Zip	County
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If this practice site is under construction, please provide its estimated opening date:

Name of Practice Site Manager: (Last) _____ (First) _____

Manager Contact Info:	Email	Phone	Fax
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Check ALL of the following that describe the Practice Site:

- | | |
|--|---|
| <input type="checkbox"/> Certified Rural Health Clinic (CRHC) | <input type="checkbox"/> Hospital-Affiliated Primary Care Clinic |
| <input type="checkbox"/> Certified Rural Health Clinic designated as a facility HPSA (CRHC/HPSA) | <input type="checkbox"/> Local Health Department |
| <input type="checkbox"/> Critical Access Hospital (CAH)-Affiliated Primary Care Clinic | <input type="checkbox"/> Private/Not for Profit Primary Care Clinic |
| <input type="checkbox"/> Community Mental Health Clinic (CMH) | <input type="checkbox"/> State/Federal Correctional Facility |
| <input type="checkbox"/> For-Profit Private Clinic (Not eligible as MSLRP Practice Site) | <input type="checkbox"/> State Psychiatric Hospital |
| <input type="checkbox"/> Federally Qualified Health Center (FQHC) or FQHC "Look-Alike" | <input type="checkbox"/> Tribal-Affiliated Primary Care Clinic |

Please list the QHPs with which this Practice Site participates:

Practice Site 3 (If applicable)

Name of Practice Site :

Address:

City	State	Zip	County
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If this practice site is under construction, please provide its estimated opening date:

Name of Practice Site Manager: (Last) _____ (First) _____

Manager Contact Info:	Email	Phone	Fax
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Check ALL of the following that describe the Practice Site:

- | | |
|--|---|
| <input type="checkbox"/> Certified Rural Health Clinic (CRHC) | <input type="checkbox"/> Hospital-Affiliated Primary Care Clinic |
| <input type="checkbox"/> Certified Rural Health Clinic designated as a facility HPSA (CRHC/HPSA) | <input type="checkbox"/> Local Health Department |
| <input type="checkbox"/> Critical Access Hospital (CAH)-Affiliated Primary Care Clinic | <input type="checkbox"/> Private/Not for Profit Primary Care Clinic |
| <input type="checkbox"/> Community Mental Health Clinic (CMH) | <input type="checkbox"/> State/Federal Correctional Facility |
| <input type="checkbox"/> For-Profit Private Clinic (Not eligible as MSLRP Practice Site) | <input type="checkbox"/> State Psychiatric Hospital |
| <input type="checkbox"/> Federally Qualified Health Center (FQHC) or FQHC "Look-Alike" | <input type="checkbox"/> Tribal-Affiliated Primary Care Clinic |

Please list the QHPs with which this Practice Site participates:

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Part C: Certification of Practice Site(s) Compliance with Program Requirements

This is to certify that the Practice Sites, identified above in Part B, currently meet all Michigan State Loan Repayment Program requirements as outlined below, and that you are authorized to provide such certification for the above named sites. Please be advised that each certification statement is a potential item for State and Federal Program Audits. You must provide all requested certification statement documentation to ensure a complete MSLRP Practice Site Application. Only complete applications will be reviewed. Practice Sites must meet all requirements at the time of application.

Certification Statement:

I certify that each of the Practice Sites, identified above in Part B, meet all of the following Michigan State Loan Repayment Program Requirements:

Practice Site Regulations

The Practice Site, identified above, is incorporated to do business in Michigan with a current and appropriate IRS status as a Not-For-Profit agency under the Internal Revenue Code 501(c)(3). **You must attach a copy of your 501(c)(3) certificate for the Practice Site or Sponsoring Organization.**

The Practice Site does 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, sex, national origin, disability, or religion.

- The Practice Site uses 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.
- The Practice Site either uses a sliding fee scale to charge for medical services, which is based on federal poverty guidelines (Notification of the sliding fee scale's availability is clearly posted in view of those seeking medical services) or has an established and prominently advertised charity policy that will preclude its employees from having to turn away any individual seeking care and that will allow them to provide medically necessary health care services to those individuals. **You must provide a copy of the Practice Site's sliding fee scale or its charity policy, as described above, with this application.**
- The Practice Site accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the Michigan Medicaid Program for Medicaid and State Children's Health Insurance Program beneficiaries.

Employment Regulations

The Practice Site will not reduce the salary of MSLRP providers because they receive benefits under the Michigan State Loan Repayment Program.

For all medical providers, except obstetrician/gynecologists (OB/GYN) physicians, family practice physicians who do OB consistently, and certified nurse midwives (CNMs), at least 32 of the minimum of 40 hours per week must be spent providing direct primary care clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care clinics of the Practice Site. For OB/GYN physicians, family practice physicians who do OB consistently, and CNMs, at least 21 hours of the minimum 40-hour week must be spent providing clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care clinic(s) of the Practice Site. The remaining hours must be spent providing inpatient care to patients of that clinic and/or performing practice-related administrative activities, with administrative activities not to exceed 8 hours of the 40-hour week.

The required 40 hours per week may be compressed into not less than 4 days per week, with no more than 12 hours of work performed in any 24-hour period. Time spent in "on-call" status will not count toward the 40-hour week. Hours worked in excess of 40 hours per week will not be applied to any other workweek. Michigan SLRP providers can spend no more than 7 weeks (35 workdays) per contract year away from the practice for vacation, holidays, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in a Michigan SLRP contract year will extend the service obligation end date. The Practice Site, or its Sponsoring Agency identified in Part A, must inform the Michigan SLRP Office when a Michigan SLRP provider goes on extended medical leave or exceeds their 35-day allowance.

The Practice Site will communicate with the Michigan State Loan Repayment Office about any change in Practice Site or Michigan SLRP provider employment status, including the provider moving to another Practice Site for any or all of their 40-hour workweek, termination, etc. The Practice Site will maintain and make available for review by Michigan Department of Community Health representatives all personnel and other administrative records associated with a Michigan SLRP provider including documentation which contains such information that the Department may need to determine if the individual and/or Practice Site has complied with Michigan SLRP Requirements.

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Neither the Practice Site, nor its Sponsoring Agency has been investigated for, or convicted of Medicaid or Medicare fraud. If this is not true, please provide a brief explanation of when this occurred and the nature and outcome of the investigation:

The signature of the Sponsoring Agency Official below certifies that: 1) the information provided in Parts A through D are true and correct; and 2) signifies that the Practice Sites, identified above, agree to comply with the requirements set forth in Part C of this application.

Signature of Administrator

Date

Title

Part D: Provider and Contract Information (You may fill out sections 1, 2, or both depending on your current needs.)

1. A Provider You Are Recruiting or An Employee You Want to Retain

Please enter information about a medical provider you intend to employ or one you currently employ, who is applying for, or intends to apply for MSLRP, and on whose behalf you are submitting this MSLRP Practice Site Application. You must submit a separate application for each provider. Eligible primary care provider disciplines and specialties include: Physicians- M.D., D.O., in Family Practice, Internal Medicine, Pediatrics, OB/GYN, Psychiatry; Dentists; Physician Assistants; Nurse Practitioners; Certified Nurse Midwives; Clinical Social Workers; MA/Ph.D. Clinical or Counseling Psychologists; and, Psychiatric Nurse Practitioners. If not applicable, leave Part D, Number 1 blank.

Medical Provider's Name (Last)	(First)	(Middle)
Professional Title (MD, PA etc.)	Practice Discipline/Specialty:	
Work Phone:	Work Email:	

Employee Since: _____ or Under Recruitment, Expected Start Date: _____

All of the selections you make below regarding *Application Period*, *Type of Contract* and *Length of Contract Requested* **must be the same as those selected by your employee** on the *Provider Application Part A*. Initial contracts must be 2-4 years with preference given to longer contracts.

Application Period and Type of Contract Applied For (Check only one box.):

Annual January – May Application Period (contracts generally start the following October 1st):

- 20% Employer Contribution, Competitive Contract
- 50% Employer Contribution, Local Match Contract

First-Come, First-Served Application Period (contracts may start as soon as one month after eligibility determination and employment but no later than August 1st):

- 50% Employer Contribution, Sign - On Bonus Loan Repayment Contract
- 50% Employer Contribution, Provider Retention Loan Repayment Contract

Length of Contract (Check only one box.): 4 years 3 years 2 years 1 year

Declaration of Intent:

As administrator for the Sponsoring Agency identified in Part A, **I affirm our intention to employ the MSLRP applicant identified in Part D-1 above, throughout the health care provider's MSLRP contract**, should the provider's application prove successful. The provider will be employed full-time at the Practice Sites identified above in Part B of this application. The provider will provide direct primary care to an ambulatory population throughout the term of their MSLRP Contract. I understand that the provider must spend at least 32 of the minimum of 40-hour workweek providing direct primary care clinical services, except for obstetrician/gynecologists (OB/GYN) physicians, family practice physicians who do OB consistently, and certified nurse midwives (CNMs), as described under Part C of this application. I also understand that Federal Program Guidelines do not consider services provided in an Emergency Room/Department or Trauma Center to be primary care.

If there are any changes in the provider's clinical assignment, Practice Site locations or employment status, I agree to contact the Michigan SLRP Office within 10 working days to inform the office of any of these changes. **I understand that if the Sponsoring Agency fails to employ the provider throughout the loan repayment period without adequate justification, the Sponsoring Agency may jeopardize the opportunity to use the State Loan Repayment Program in the future.**

This Declaration of Intent Requires the signature of the administrator whose name and signature appears in Part A and Part C respectively, and who will complete and sign any future MSLRP contracts.

Signature

Date

