

Practice Site Application and Declaration of Intent Instructions

Michigan State Loan Repayment Program
Michigan Department of Health and Human Services

This application **must be completed by the employer**, not by the individual medical provider the employer is sponsoring to participate in MSLRP. A complete and signed MSLRP Practice Site Application and Declaration of Intent must be included as part of each MSLRP candidate's complete application package along with the required attachments. **Please do not include these instructions in the final application package.**

This application is divided into four sections. Please carefully refer to the following instructions while completing this form.

Section 1: Sponsoring Agency Information

Please enter information about the healthcare system or organization that owns or operates the practice sites in which the provider will be providing care.

The administrator identified must be the business official that will sign the certification documents in this form and future MSLRP Agreements. Any future employer agreements will be mailed to the address for that administrator.

For the "Name & Email of an Administrative Assistant, Human Resource Staff, or recruiter" box, only include information for an individual who will be copied on all correspondence directed to the administrator. Do not list the practice site manager in this box. The person listed in this box will receive all emails regarding providers from this employer.

Section 2: Provider Agreement Information

Employers are required to make contributions to loan repayment agreements awarded to their healthcare providers. Non-profit employers contribute 20 percent of their providers' agreement amount. For-profit employers placing providers in non-profit practice sites, such as state prisons, contribute 50 percent.

MSLRP loan repayment agreements require two-year service obligations, which will begin October 1 following each application period. Applicants must have educational debt sufficient to warrant an initial two-year, \$20,000 loan repayment agreement to participate. You will find more information on the *Funding and Loan Repayment Agreement* section of the [MSLRP website](#).

The northern Obstetric provider designation includes all obstetric service providers working at practice sites in, or north of, Mason, Lake, Osceola, Clare, Gladwin, and Arenac Counties. Obstetrics is the branch of medicine that deals with the care of women during pregnancy and during and following childbirth. This includes OB/GYN physicians and certified nurse midwives, as well as family medicine physicians, nurse practitioners, and physician assistants who provide obstetric services on a regular basis at both hospital and non-hospital-based clinics. Clinicians who provide prenatal care, but do not perform deliveries, may also receive priority status.

To receive priority status, be sure to send in your complete application early in the application cycle. All applications, even those with a priority status, will be reviewed according to the review process found on the [MSLRP website](#) under *Selection Criteria, Review Process and Final Phase Procedure*.

Practice Site Application and Declaration of Intent Instructions

Michigan State Loan Repayment Program
Michigan Department of Health and Human Services

Section 3: Practice Site Information

Please enter information specific to the practice site(s) at which you intent the MSLRP applicant to provide care. If the applicant will practice in more than five practice sites, you must complete an additional page.

Employers, except those at Community Health Centers, must make sure they include all practice sites at which the applicant may complete their MSLRP service obligation. The practice site and hours worked information must match the information the applicant provides on the MSLRP Provider Application Part A. Loan repayment agreements can only be awarded for practice sites included in original applications. Providers or Employers that request to include additional practice sites after the application has been received will void the application and need to reapply in a subsequent application period.

Employers may enter zero (0) for the “Hours Worked Per Week” for practices sites in which the applicant is not currently working but may potentially work during their service obligation. Hours of employment must total at least 40 hours of employment per week and must be the same sites listed by the provider in the Provider Application, Part A.

Community Health Center Exception:

Employers of applicants working at Community Health centers and Federally-Qualified Health Center Look-Alikes do not need to include all practice sites at which applicants may complete their MSLRP service obligation. However, they must include sufficient practice sites to show that they are or will be working at least 40 hours per week by October 1 following the application period.

If you select Certified Rural Health Center (CRHC) with a facility Health Professional Shortage Area (HPSA) as a practice site type, **you must include a HPSA-Find printout with this application form that shows your clinic listed as a CRHC/facility HPSA for your county.** To obtain your proof of facility HPSA designation, follow the instructions below.

1. Go to <http://hpsafind.hrsa.gov/>, ‘Find Shortage Areas: HPSA by State & County’.
2. Select ‘Michigan’ as your state, your county, and the correct ‘Discipline’ for the type of service the MSLRP applicant will provide.
3. Print the results and look for your clinic listed as a Rural Health Clinic.
4. If your clinic is not listed, it is not a CRHC/HPSA, and you will need to select ‘Certified Rural Health Clinic not designated as a facility HPSA’ as the correct practice site type. CRHC’s are not considered CRHC/HPSAs until they appear on HRSA-Find each January 1st.
5. If your clinic is listed under the same name that appears on this application form, highlight it and include the HPSA-Find printout as part of the application package.
6. If your CRHC/HPSA is listed, but under a different name than what appears on this application form, you must include a detailed explanation on a separate piece of paper along with this form.

Practice Site Application and Declaration of Intent Instructions

Michigan State Loan Repayment Program
Michigan Department of Health and Human Services

Section 4: Certification of Compliance and Declaration of Intent

This section is to certify that the practice site(s) identified in this application currently meet all of the Michigan State Loan Repayment Program requirements as outlined in the form, and that you are authorized to provide such certifications for the named sites. Please be advised that each certification statement is a potential item for state and federal program audits.

****BE SURE TO SIGN THE CERTIFICATION OF COMPLIANCE AND DECLARATION OF INTENT ON PAGE 8 OF THIS Practice Site Application.****

Required Attachments:

- **Proof of Tax Exempt Status:** You must attach your Certificate of 501(c)(3), Michigan Sales and Use Tax Certificate of Exemption, or other document proving your organization's tax exempt status.
- **Discounted/Sliding Fee Schedule and Discount Fee Policy:** You must attach your Discounted/Sliding Fee Schedule that complies with the National Health Service Corps (NHSC) requirements, along with your Discount Fee Policy.
 - You will find more information on NHSC-approved Discounted/Sliding Fee Schedules and Discount Fee Policies at: <http://nhsc.hrsa.gov/downloads/discountfeeschedule.pdf>
 - **Notice must be posted:** MSLRP, like the NHSC, requires that practice sites have a notice posted in a clearly visible location, such as the front office or waiting room, and on the site's website (if applicable). The notice explicitly states that no one will be denied access to services due to inability to pay; and there is a discounted/sliding fee schedule available. Sites do not have to post details of the policy or the actual fee schedule. When applicable, this statement should be translated into the appropriate "language/dialect."
 - **Applies to all patients and providers:** As with the NHSC, by accepting MSLRP clinicians into your practice, you are agreeing to apply the discounted/sliding fee schedule equally, consistently, and on a continuous basis to all recipients of services in your practice site without regard to the particular clinician that treats them.

Practice Site Application and Declaration of Intent Instructions

Michigan State Loan Repayment Program
Michigan Department of Health and Human Services

- **Discounted/Sliding Fee Scale & Discount Fee Policy Continued:**

- **Exceptions:** The Discounted/Sliding Fee Schedules and Discounted Fee Policies of certain types of practice sites have already been approved by the NHSC and employers are not required to resubmit them to MSLRP. Other practice sites are exempt from this requirement because of the specific populations they serve. You must, however, submit Discounted/Sliding Fee Schedules and Discounted Fee Policies for any sites not included in the list of practice site exceptions that follow:

- Community Health Center (CHCs)
- Federally Qualified Health Center Look-Alike
- Rural Health Clinic with HPSA facility designation
- Local Health Department Clinic
- State/Federal Correctional Facility
- State Psychiatric Hospital
- Community Mental Health Agencies