Michigan Department of Community Health
State Conrad 30/J-1 Visa Waiver Program
FY2015

Purpose: The Michigan Department of Community Health (MDCH) Health Planning and Access to Care (HPAC) Section administers the State Conrad 30/J-1 Visa Waiver Program. The program goal is to improve access to health care services, and to address health disparities, within federally designated health professional shortage areas (HPSAs) and medically underserved areas/populations (MUAs/MUPs).

Note: The application for FY2015 has been revised. Please follow the instructions carefully. The information provided in this application is used to evaluate each application, which will affect the final determination. Sponsorship approval determinations are made at the discretion of MDCH and are final.

General Guidelines:

- Up to 30 waivers will be recommended from October 1 through September 30 of each year.
- Applicants who meet the U.S. Department of Health and Human Services requirements, but submitted an application after the application window, will be requested to apply for a waiver through the U.S. DHHS J-1 Visa Waiver Program.
- A physician must practice clinical medicine in a HPSA or MUA/P for the required three (3) year obligation period.
- Employment must be full-time (not less than 40 hours a week) for three years. The required 40 hours per week are exclusive of time that is spent on-call, on inpatient care (unless working as a Hospitalist), on hospital rounds, on emergency room duties, or on travel. ***Exceptions***: **Up to** 8 hours per week may be providing follow-up care for the physician's **own** patients in the hospital. **OB** physicians must provide a minimum of **21 hours per week** in a clinical outpatient setting.
- Physicians granted a J-1 visa waiver may not transfer from one site to another without prior written approval by MDCH.
- The **facility**, upon recommendation of waiver application, must: accept Medicaid/Medicare clients; employ a discounted/sliding fee schedule for low-income clients or post a notice in a conspicuous place in the waiting area that all clients will be seen regardless of their ability to pay. It is expected that within one year of the J-1 physician placement, the facility's total patient visits should consist of (*at a minimum*) 30 percent combined Medicaid, discounted/sliding fee schedule and uncompensated care.
- MDCH has the *discretion* to limit the number of waiver recommendations for employers who submit multiple applications. Safety-net providers are exempt. (see Definitions)
- There are no restrictions regarding the type of subspecialists allowed, with the exception of those subspecialists involved in care that is not medically essential, such as cosmetic surgery.
- Past compliance with the program guidelines will be considered.

Program Preference/Priority Criteria:

- Priority is given to safety net providers. Safety-net providers include: county health departments, federally qualified health centers (and look-alikes), community mental health centers, free clinics, critical access hospitals and associated clinics; state correction and psychiatric facilities; and certified rural health clinics.

- Priority is given to applications for full-time primary care in a federally designated shortage area. For the purpose of this program, primary care specialties are: Family Medicine, Pediatrics, Internal Medicine, Obstetrics/ Gynecology, and Psychiatry.

- Preference is given to placements in Health Professional Shortage Areas (HPSAs), which has greater unmet need for primary care physicians than medically underserved areas or non-designated areas. Unmet need is the number of primary care physicians needed to cause the HPSA to no longer meet the threshold ratio for designation.

Additional Guidelines - Specialist Waivers

- Of the 30 waivers, waivers for specialists are only available if there are unused slots after they have been allocated to all primary care applicants in a federally designated shortage area.

- Of the 40-hour work week, the physician may provide clinical services in an outpatient clinic, a hospital setting, or a combination.

- Specialist and Hospitalist applicants must prove need for their specialty, as detailed in the application.

- The physician may be board certified or board eligible in any specialty/sub-specialty, but must provide clinical services. J-1 Visa providers seeking waivers for the purposes of research will be directed to apply for a waiver through U.S. Health and Human Service Exchange Visitor Program: http://www.globalhealth.gov/global-programs-and-initiatives/exchange-visitor-program/. A letter of support or acknowledgement from the Michigan Department of Community Health (MDCH) must accompany the request. Please call Amber Myers at MDCH, 517-241-2659 for more information.

Additional Guidelines - Non-HPSA-MUA/P (FLEX) Waivers

- Revisions to Federal Law (Public Law 108-441) allow State Health Departments to make recommendations for placements in facilities that are not located in a designated area (HPSA, MUA/P), but serve the population that resides in neighboring designated areas.

- Of the 30 waivers, up to ten *may be* available for non-HPSA-MUA/MUP locations. The physician must provide clinical services. The clinical services may be primary care or specialty care.

- In the event that the application is split between a designated site (HPSA or MUA/P) and a non-designated site, the application will be considered for a FLEX slot, unless the application documents that up to 35 of 40 hours will be at the site in the designated area providing outpatient clinical care (excluding those applying as Hospitalists).

- Of the 30 waivers, waivers for FLEX spots are only available if there are unused slots after they have been allocated to all applicants in a federally designated shortage area. Only FLEX applications received by the established deadline will be considered.

Definitions:

- Primary Care Provider: a physician practicing general/family medicine, general internal medicine, general pediatrics, and general ob/gyn. For mental health: a primary care provider is a general psychiatrist. For the J-1 Visa Waiver program: all applicants granted primary care provider status must be 100 percent outpatient/clinical providers. Also, for the purpose of this program, all primary care providers treating institutionalized populations (i.e., prisons or psychiatric hospitals) will also be counted as primary care providers.

- Hospitalist: a physician who treats patients exclusively in the hospital setting, 100 percent inpatient provider. Hospitalist applicants will be accepted but may be limited depending on the number of primary care outpatient provider applications.

- Specialist: all other specialties not listed as a primary care providers. Applications for specialists will be accepted but may be limited depending on the number of primary care provider applications.

- Safety Net Providers: county health departments, federally qualified health centers (and look-alikes), community mental health centers, free clinics, critical access hospitals and associated clinics; state correction and psychiatric facilities; and certified rural health clinics. If the J-1 physician will work at a site which qualifies as a safety net provider, the application must include documentation to verify each work site.

  Acceptable forms of documentation to verify a Safety Net Provider include:

  County Health Department: Michigan Department of Community Health website: http://michigan.gov/mdch/0,1607,7-132--96747--,00.html. Click on the county from the map or the list for a print out and include in the application packet for each location that qualifies.

  Federally Qualified Health Centers (and look-alikes): Health Resources and Services Administration website: http://datawarehouse.hrsa.gov/HGDWReports/OneClickRptFilter.aspx?rptName=FAHCSiteList&rptFormat=PDF. Select the state of Michigan and click 'Generate Report'. Only print and include the page(s) of the report identifying the relevant site(s).

  Community Mental Health Centers: Michigan Department of Community Health website: http://www.michigan.gov/documents/cmh_8_1_02_37492_7.PDF. Only print and include the page(s) of the report identifying the relevant site(s).

  Free Clinics: Free Clinics of Michigan website: http://www.fcomi.org/clinics-by-county.html. Select the county of the free clinic and include the page(s) identifying the relevant site(s).

  Critical Access Hospitals (CAH) and associated clinics: Michigan Center for Rural Health website: http://www.mcrh.msu.edu/cahlist.aspx. Include the print out of the CAH List in the application packet.

  State Correction Facilities: Michigan Department of Corrections website: http://michigan.gov/corrections/0,4551,7-119-1381_1385---,00.html. Click on the correctional facility link(s) and include the print out in the application packet for each relevant site(s).

  Psychiatric Facilities: Michigan Department of Community Health website: http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_4896-14451--,00.html. Print page and include in the application packet.

Certified Rural Health Clinics (CRHC): Contact Steve Shotwell, Michigan Center for Rural Health, at (517) 355-7758 to secure documentation that the clinical site is a CRHC and include the print out in the application packet for the qualified site(s).

- Federally Designated Shortage Areas: includes Health Professional Shortage Areas, Medically Underserved Areas/Populations, and Facility HPSAs. Michigan's shortage areas are listed on MDCH's website: http://www.michigan.gov/hpsa. To search for shortage areas by address, go to: http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx. Please include a print out of this report in your application packet for each location that the J-1 physician will be working in.

- Rural/Urban: employers in both urban and rural areas are eligible to participate in Michigan's Conrad 30 program. Applicants will need to determine if their location(s) is located in a rural or urban area and indicate this on their application. This information can be obtained from the Rural Assistance Center's website: http://ims2.missouri.edu/rac/amirural/. Begin by entering the address for each location (one at a time) that the J-1 physician will be working in. In Step #2 of the identification process, select only the "**CMS – Rural Health Clinics Program**" box. Finish by clicking the "**AM I RURAL**" button at the bottom of the screen. A separate window will open with a report indicating whether or not your location is classified as rural. Please include a print out of this report in your application packet for each location that the J-1 physician will be working in.

- Letters of recommendation: should be secured from a professional organization or individual knowledgeable and familiar with the medical knowledge and professional performance of the J-1 physician. Checklists and letters from other parties will not meet this requirement.

Procedures for Submission and Review of Applications

The Michigan FY2015 J-1 Visa Waiver application window is October 1, 2014 through October 31, 2014. Applications will be accepted through the end of the business day of the established deadline. Applications received after the deadline will not be considered. All documentation must be received by MDCH at the time of application in order to be considered for this application cycle.

If MDCH does not receive enough eligible applicants to fill all 30 waiver slots a second application window may be announced.

Please note sponsorship determinations are NOT made on a first-come, first-serve basis.

Final determinations are made on the basis of the eligibility requirements and selection criteria specified. Applicants will be notified of the decision to recommend or not recommend their application in writing by MDCH. **Application status cannot be provided by phone or email.**

MDCH will forward one entire application packet to the United States Department of State (USDOS). Applicants will receive notification that the application has been forwarded. Applicants will be notified directly from the USDOS of their approval/denial. MDCH approval does not guarantee approval from the USDOS or the Bureau of Citizenship and Immigration Services (USCIS).

NOTE: The J-1 Physician must secure a US Department of State Waiver Review File Number prior to the submission of the completed application to MDCH. A Waiver Review File Number can be requested online at http://travel.state.gov/visa/temp/info/info_1296.html.

A completed application will include all required documentation, be printed on one single side with numbered pages, presented unbound and limited to 100 pages (per copy).

Submit **one original** and **two copies** of the application to:

Michigan Health Council
J-1 Visa Waiver Program
2410 Woodlake Drive
Okemos, Michigan 48864

For information, call:
(800) 479-1666

Required Documents

All documents MUST be legible, otherwise the application will be deemed incomplete. The following items are required and must be included with the application. Please note, the original application must include original signatures on the completed application signature page, on the original employment contract and on all letters of recommendation.

1) **Letter of Waiver Request from Employer** that indicates a desire to hire physician and failed recruitment efforts

2) **Application Packet Cover Sheet**

3) **Completed Application,** signed by Physician and Sponsoring Employer

4) **Employment Contract** - Contract Requirements:
   - The physician and the head of the health care facility must sign the contract
   - The date that the contract is signed should be included in the contract
   - A minimum of a 40-hour work week providing direct patient care
   - A three-year term of employment
   - A salary/wage meeting the Department of Labor Standards
   - The physician must practice at the waiver approved facility. Name and address of each facility where physician will practice must be provided within the contract.
   - The physician must agree to begin employment within 90 days of receiving a waiver.
   - The physician will provide services for 100 percent of the contract for the specialty declared in the application.

5) **Data Sheet DS-3035** Assurance from the bank that the $215 processing fee was paid to the U.S. Department of State directly (form DS-3035 can be found at: http://travel.state.gov/pdf/ds3035.pdf).

6) **Form G-28** or letterhead from law office (*if attorney represents applicant*)

7) **Employer Attestation** (see Attachment 1)

8) **Third Party Attestation,** if applicable (see Attachment 2)

9) **Employer Waiver Policy Agreement** (see Attachment 3A)

10) **Physician Waiver Policy Agreement (**see Attachment 3B)

11) **IAP-66/DS-2019 Forms** Must be submitted in chronological order with the "Beginning a new program" first.

12) **Passage of USMLE 1, 2, & 3,** the USMLE testing must be completed prior to the submission deadline, October 31, 2014.

13) **I-94 Entry and Departure Cards** Photocopies front and back for physician, spouse and dependents as applicable.

14) **Michigan Medical License or proof of eligibility,** which includes receipt for application of Michigan Medical License or a valid license from another state in the U.S.

15) **Safety Net Provider Documentation,** if applicable: county health departments, federally qualified health centers (and look-alikes), community mental health centers, free clinics, critical access hospitals and associated clinics; state correction and psychiatric facilities; and certified rural health clinics. If the location(s) that the J-1 physician will be working in qualify as a safety net provider, please include proof in the application packet for each location that qualifies.

    Acceptable forms of documentation are outlined in the "Definitions" section on page 3.

16) **Shortage Area Designation Documentation,** if applicable. Documentation needed for Health Professional Shortage Areas (HPSAs), HPSA Facility Designations, Medically Underserved Areas (MUAs), and Medically Underserved Populations (MUPs). Go to http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx. Please include a print out of this report in the application packet for each relevant site(s).

17) **Rural/Urban Designation Report** for each practice site that the J-1 physician will be working at. This report can be obtained from the Rural Assistance Center's website: http://ims2.missouri.edu/rac/amirural/. For directions on how to complete this verification process and obtain the designation report, refer to the "Definitions" section for Rural/Urban on page 3. of this document. Include a print out of this report in the application packet for each relevant site(s).

18) **An Area-wage Study** to show the equivalent wages/salaries in the area for that specialization. (This information can be obtained through the U.S. Department of Labor, or a special study can be conducted through the Michigan Department of Licensing and Regulatory Affairs. Studies from other sources may be accepted with prior approval from MDCH.)

19) **Hospitalist & Specialist Waiver Addendum,** if applicable.

20) **Flex Slot Waiver Addendum,** if applicable.

21) **A "No Objection" Statement** from the visitor's government *if* foreign government funding is involved, or a waiver of the no objection statement. (see Attachment 4)

    The physician must request a copy of the "No-Objection" letter and must include a copy of the "No-Objection" letter with the application. The "No-Objection" letter must reference Public Law 103-416. The following text is ***recommended for this letter:***

    > *Pursuant to Public Law 103-416, the government of (Name of Country) has no objections if (Name of physician, address, date of birth), does not return to (Name of Country) to satisfy the two-year foreign residency requirement of Section 212(e) of the Immigration and Nationality Act.*

22) **Curriculum Vitae (J-1 physician)**

23) **Two (2) letters of recommendation from an American professional organization or individual must be included.**

24) **A $200 fee must accompany the application.** Payment should be made out to the Michigan Health Council. The fee covers the cost of accepting and reviewing your application and is nonrefundable.

25) **A $1,200 fee must accompany the application.** Payment should be made out to the Michigan Health Council. This fee covers the cost of processing the waiver and is only refundable if the application is not selected for support by MDCH. The fee will not be refunded if the application is withdrawn or rejected by another agency for any reason after being processed and accepted.

(Payment may be made in one combined amount of the total $1,400 – all checks are deposited promptly. Refund checks for $1,200 will be issued to those not selected for a waiver.) ***Please do not staple checks to the application.***

Please note: upon completion of the application packet, please review the enclosed checklist, verify all items are completed, sign and date, and return with the application. All INCOMPLETE applications will be returned without consideration.

EMPLOYERS PLEASE NOTE: ***IF A WAIVER IS GRANTED FOR A J-1 PHYSICIAN AT YOUR FACILITY, YOU MUST PROVIDE THE STATE OF MICHIGAN WITH THE COMPLETED ANNUAL EMPLOYMENT VERIFICATION FORM EACH YEAR OF THE WAIVER CONTRACT AGREEMENT. THE VERIFICATION FORM WILL BE MAILED TO THE ADDRESS ON THE ORIGINAL APPLICATION UNLESS OTHERWISE NOTIFIED.***

Application Withdrawal or Cancellation Guidelines:

Cancellation and Withdrawal Policies

Due to the amount of work involved in this application process, not all funds will be refunded for a withdrawn or cancelled application. In order to receive a refund, the MHC must receive written and signed notification of the withdrawal or cancellation. The refunds will be issued as follows:

- Prior to the application deadline, if an application is withdrawn from consideration, the applicant will receive 100 percent refund of the $1,200 review/processing fee.
- Prior to final approvals of the applications by MDCH, the applicant will receive up to a 50 percent refund of the $1,200 review/processing fee for a withdrawn or cancelled application.
- Once the final decisions have been issued by the Director of MDCH, a cancelled or withdrawn application will not receive a refund.

Since USDOS will only issue one J-1 Visa Waiver for an applicant, if the applicant changes his/her mind about the Waiver once the application has been sent to USDOS, it is recommended that the applicant request a cancellation of sponsorship. This is a time intensive request, but necessary for the applicant to pursue future waiver opportunities. Therefore, Michigan charges an additional fee of $1,500 to get the appropriate cancellation from the USDOS and USCIS.

If the applicant chose to submit parallel applications (such as hardship or persecution), and the other application has been approved prior to Michigan's Conrad 30 application, please notify us of this immediately.

Michigan Conrad 30 J-1 Waiver Application Checklist

The MDCH checklist is provided to ensure applications are submitted in order and include all required documentation. Please review the checklist to avoid delays in processing and determinations.

- Applicants must submit three packets - one original and two copies.
- Each packet must include each of the items listed below.

Please submit the application packet to:

Michigan Health Council
J-1 Visa Waiver Program
2410 Woodlake Drive
Okemos, Michigan 48864-3997

REQUIRED CRITERIA, DOCUMENTS, & FORMS

Check application to verify all of the following items are included **in order as listed on checklist:**

- ☐ Checks – ***PLEASE DO NOT STAPLE*** (Payment can be made in one check.)
  - a) $200 - application fee made payable to the Michigan Health Council (non-refundable fee)
  - b) $1,200 - processing fee made payable to the Michigan Health Council
- ☐ Application checklist - SIGNED
- ☐ Application Cover Sheet
- ☐ Completed application
- ☐ Each application page is numbered and includes applicant's USDS number
- ☐ The entire application is unbound and 100 pages or less
- ☐ Signed G28 Form
- ☐ Data Sheet DS3035

Verify that the LETTER OF WAIVER REQUEST from the head of the medical facility at which the physician will be employed states each of the following:

- ☐ Directed to Elizabeth Hertel, Director of the Office of Health Policy and Innovation, Michigan Department of Community Health
- ☐ Requests that the MDCH recommend a waiver of the foreign residency requirement for the J-1 Visa physician.
- ☐ Summarizes how the medical facility has unsuccessfully attempted to locate qualified US physicians (narrative must be limited to one paragraph).
- ☐ Includes a description of the physician's qualifications.
- ☐ States the HPSA Identification number and Census Tract number (if applicable).
- ☐ States unequivocally that the medical facility is offering the physician at least three years of employment within 90 days of obtaining a waiver.
- ☐ States the medical facility accepts Medicaid/Medicare eligible patients and medically indigent patients.
- ☐ Summarizes the effect on the service area of a waiver denial.
- ☐ Specifies which specialty the physician will practice for 100 percent of the contract.
- ☐ Verifies that the physician meets all medical licensure requirements of the state of Michigan.
- ☐ Must state that the facility will notify the MHC within 30 days of a J-1 Visa physician's breech of the three-year contract.

Verify that the COMPLETE CONTRACT specifies the following:

- ☐ The physician must agree to work 40 hours or more at the medical facility in which he/she will be employed for a total of not less than three years.
- ☐ The physician must practice at the waiver approved facility. Name and address must be provided within the contract.
- ☐ The physician must agree to begin employment within 90 days of receiving a waiver.
- ☐ The physician will provide services only for specialty stated for 100 percent of the contract.

Michigan Application Documentation:

- ☐ Employer Forms - read and signed
  - a) State of Michigan Employer Attestation (Attachment 1)
  - b) State of Michigan 3rd Party Attestation (Attachment 2)
  - c) State of Michigan Waiver Policy Agreement - Employer (Attachment 3A)
  - d) Area Wage Study – the documentation that shows the salary meets the US Department of Labor wage requirements.
- ☐ Physician Forms - read, completed and signed
  - a) State of Michigan Waiver Policy Agreement - Employee (Attachment 3B)
- ☐ Documentation that the facility is a Safety Net Provider (if applicable)
- ☐ Documentation that the facility is in a HPSA or MUA/MUP, or serves a population in a HPSA or MUA/MUP.
- ☐ Rural/Urban Designation Report
- ☐ Hospitalist & Specialist Waiver Addendum (if applicable)
- ☐ Non-HPSA/MUA/MUP FLEX Waiver Addendum (if applicable)

Verify that the physician includes:

- ☐ Proof of Michigan Medical License or eligibility
- ☐ Copies of all DS-2019 (Formerly IAP-66) "Certificate of Eligibility for Exchange Visitor (J-1) Status"
- ☐ I-94 forms for physician and family members
- ☐ Proof of passage for examinations required by USCIS (e.g., USMLE - Steps 1, 2 and 3)
- ☐ Copy of the physicians CV
- ☐ Two letters of recommendation from an American professional or organization or individual
- ☐ "No-Objection" letter from home country (if the physician is financially sponsored by his/her home country), otherwise, include a signed statement from the physician that he/she was not financially sponsored by his/her home country (Attachment 4). [No Objection Form (Attachment 4) or No Objection Letter.]

RECOMMENDED BUT NOT REQUIRED CRITERIA, DOCUMENTS, & FORMS

Verify that the physician includes:

- ☐ Letter from the employer assuring commitment to apply the discounted/sliding fee schedule
- ☐ A copy of the discounted/sliding fee schedule
- ☐ A copy of the public notice regarding the discounted/sliding fee schedule

The original application must include legible originals of all required items. Items must be in the order indicated above, each page must be numbered and must include the U.S. Department of State case number.

The individual submitting the final application to MDCH should sign below (attorney, employer, or physician).

I have read the checklist and believe this application to be complete to the best of my knowledge. I acknowledge that if this application is found to be incomplete by the Waiver Review Staff, it will be returned to me.

Signature _____

Date _____

Title _____

Monitoring and Reporting Requirements

Notification of waiver status and commencement of employment must be submitted to the Michigan Department of Community Health (MDCH) upon receipt of written notification of approval from the Bureau of Citizenship and Immigration Service (BCIS). This notification must include the date the 3-year obligation commences.

The Michigan Department of Community Health (or representative) will conduct periodic monitoring of the J-1 Visa Waiver physicians and the practice sites through site visits, telephone calls, or requests for written reports. Violation of any of the agreed upon conditions by the employer may result in denial of future requests for J-1 Visa Waivers. Violation of any of the agreed upon conditions by the physician may result in referral of the physician to the appropriate USCIS Office.

The physician and/or employer shall, upon reasonable notice and during normal business hours, grant MDCH representatives, who shall maintain full confidentiality and comply with HIPAA regulations, reasonable access to all records maintained by the physicians' practice, which are pertinent to ascertaining compliance with these guidelines. MDCH representatives may perform audits for compliance of these guidelines.

Other primary care providers of indigent care in the community/county may be notified of the J-1 physician placement. The physician name and practice location may be posted on the MDCH website as a provider of primary health care that accepts Medicare, Medicaid and utilizes a discounted/sliding fee schedule for the uninsured population.

Contract changes which result in termination of employment, change in practice scope, and/or relocation from a site approved in the application request to a new site must be presented in writing to MDCH at least 30 days prior to the change.