

Michigan Department of Health and Human Services  
**Conrad State 30/J-1 Visa Waiver Program FY2020**

**Purpose:** The Michigan Department of Health and Human Services (MDHHS) Planning Office administers the Conrad State 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 FY2020 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 MDHHS 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 United States Exchange Visitor Program – Clinical Care requirements should apply for a waiver through the United States Exchange Visitor Program – Clinical Care, not the Conrad State 30 Program. Please visit the United States Exchange Visitor Program website for application instructions: <https://www.hhs.gov/about/agencies/oga/about-oga/what-we-do/exchange-visitor-program/index.html>.
- 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 MDHHS.
- 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.
- MDHHS 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 United States Exchange Visitor Program – Research: <https://www.hhs.gov/about/agencies/oga/about-oga/what-we-do/exchange-visitor-program/index.html>.

**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.

**HOSPITALIST & SPECIALIST WAIVER ADDENDUM** – *Fill out the form provided in the application.* Applicants submitting an application for a Hospitalist or Specialist waiver must demonstrate a need for that physician specialty. Need is to be demonstrated by sufficient documentation that indicates the specialty is critical to the delivery of services in the community, the specialist is in high demand and the specialist will serve the needs of the community's Medicaid, Medicare and uninsured populations. *Demonstrate a need for the specialty by addressing one of the following three need criteria:*

- 1) The physician specialty is needed to address a major health problem in the facility service area.
  - a) Identify the health problem and how this specialty will address it.
  - b) Describe the service area for this specialty and provide data on the number of patients affected and how many are Medicaid beneficiaries, uninsured or under-insured.
  - c) Describe the availability of this specialty in the community and identify the nearest location where this specialty service can be obtained.
  - d) Describe how the addition of this physician specialty will improve services and outcomes for the community.

OR

- 2) The physician specialty is needed to address population-to-physician ratio because the current ratio does not meet national standards.
  - a) Provide the population-to-physician ratio for the specialty, include source for data provided.
  - b) Provide the number of physicians (FTE) practicing this specialty in the same health professional shortage area/facility service area.
  - c) Provide the distance to the nearest physician practicing the same specialty.
  - d) Describe how the demand for the specialty has been handled in the past and how the addition of this provider will improve services and outcomes for the community.

OR

- 3) The physician specialty is needed to meet state or federal health care facility regulations, for example to maintain the hospital trauma designation level.
  - a) Identify the regulation.
  - b) Address how the facility is currently meeting this regulation.
  - c) Describe how the addition of the physician specialty will improve services and outcomes for the community.

**NON-HPSA-MUA/P (FLEX) WAIVER ADDENDUM** – *Fill out the form provided in the application.*

Applicants submitting an application for a Non-HPSA-MUA/P waiver must demonstrate a need by addressing all of the following need criteria:

- 1) Provide a summary of data describing a minimum of 30 percent of the employer's current patient base resides in a neighboring HPSA or MUA/P.
- 2) Provide a summary of data the facility serves a disproportionate share of Medicaid beneficiaries, uninsured and/or under-insured recipients (data on the number of patients affected and how many are Medicaid beneficiaries, uninsured or under-insured).
- 3) If this service is not available in the community, identify the nearest location where this service can be obtained.

## 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 40 hours/week 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. **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.
- **Hospitalist:** a physician who treats patients exclusively in the hospital setting. 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 Health and Human Services 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&amp;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 Health and Human Services website: [http://www.michigan.gov/documents/cmh\\_8\\_1\\_02\\_37492\\_7.PDF](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/find-a-clinic.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/programs/CAH/CAHListforWebsiteUpdated.pdf>. Include the print out of the CAH List in the application packet.

State Correctional Facilities: Michigan Department of Corrections website: [http://michigan.gov/corrections/0,4551,7-119-1381\\_1385---,00.html](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 Health and Human Services website: [http://www.michigan.gov/mdch/0,4612,7-132-2941\\_4868\\_4896-14451--,00.html](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 Rachel Ruddock, Michigan Center for Rural Health, at (517) 355-7758 or [rachel.ruddock@hc.msu.edu](mailto:rachel.ruddock@hc.msu.edu) to obtain written verification the clinical site is a CRHC and include documentation in the application for the qualified site(s).

**Additional Documentation:**

- Federally Designated Shortage Areas: includes Health Professional Shortage Areas, Medically Underserved Areas/Populations, and Facility HPSAs. 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 State 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: <https://www.ruralhealthinfo.org/am-i-rural>. Begin by entering the address for each location (one at a time) that the J-1 physician will be working in. A report will open 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. Letters must be addressed to Elizabeth Nagel, Planning Office Administrator. Letters must be included in the application packet, not mailed separately. Original signatures are required for one copy. Checklists and letters from other parties will not meet this requirement.

## Procedures for Submission and Review of Applications

The Michigan FY2019 J-1 Visa Waiver application window is September 3, 2019 through November 1, 2019. 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 MDHHS at the time of application in order to be considered for this application cycle.

If MDHHS 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 MDHHS.

MDHHS 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. MDHHS approval does not guarantee approval from the USDOS or the United States 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 MDHHS. A Waiver Review File Number can be requested online at <https://travel.state.gov/content/visas/en/study-exchange/student/residency-waiver/ds-3035-instructions.html#health>.

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 **one copy** of the application to:

Michigan Department of Health and Human Services  
Policy and Planning  
J-1 Visa Waiver Program  
P.O. Box 30195  
Lansing, Michigan 48909

For information, please contact Megan Linton at:  
(517) 335-6713 or [LintonM3@michigan.gov](mailto:LintonM3@michigan.gov)

**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 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 EMPLOYMENT VERIFICATION MUST BE COMPLETED BY THE EMPLOYER, NOT AN ATTORNEY OR OTHER REPRESENTATIVE.**

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 MDHHS 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 two packets - one original and one copy.
- Each packet must include each of the items listed below.

Please submit the application packet to:

Michigan Department of Health and Human Services  
Policy and Planning  
J-1 Visa Waiver Program  
P.O. Box 30195  
Lansing, Michigan 48909

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.**

### **REQUIRED CRITERIA, DOCUMENTS, & FORMS**

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

- Application checklist - SIGNED
- Completed application - signed by Physician and Sponsoring Employer (**original signatures**)
- Hospitalist & Specialist Waiver Addendum Form (*if applicable*)
- Non-HPSA/MUA/MUP FLEX Waiver Addendum Form (*if applicable*)
- Each application page is numbered and includes applicant's USDOS number
- The entire application is unbound and 100 pages or less
- Signed G28 form or letterhead from law office (*if attorney represents applicant*)
- Data Sheet DS-3035
  - Complete DS-3035
  - Copy of the check or money order drawn on a bank or other institution located in the United States showing the processing fee was made payable in U.S. currency to the U.S. Department of State (form DS-3035 can be found at: <https://j1visawaiverrecommendation.state.gov/accessController.asp?page=1>).

Verify 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 Nagel, Planning Office Administrator, Michigan Department of Health and Human Services.
- Requests the MDHHS 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). Do not include detailed recruitment activity documentation in the application.
- 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 the physician meets all medical licensure requirements of the state of Michigan.

- Must state that the facility will notify the Michigan Department of Health and Human Services within 30 days of a J-1 Visa physician's breach of the three-year contract.

Verify the COMPLETE EMPLOYMENT CONTRACT specifies the following (**original signatures**):

- The physician and the head of the health care facility must sign the contract
- The date the contract is signed should be included in the contract
- The salary/wage meets the Department of Labor Standards
- 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 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 only for the specialty declared in the application 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 3<sup>rd</sup> Party Attestation, if applicable (Attachment 2)
  - c) State of Michigan Waiver Policy Agreement - Employer (Attachment 3A)
- 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). 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 pages 4 and 5.
- Documentation that the facility is in a HPSA or MUA/MUP; or serves a population in a HPSA or MUA/MUP, if applicable. Go to <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>. Please include a print out of this report in the application packet for each location that the J-1 physician will be working in.
- 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: <https://www.ruralhealthinfo.org/am-i-rural>. For directions on how to complete this verification process and obtain the designation report, refer to the "Definitions" section for Rural/Urban on page 5 of this document. Include a print out of this report in the application packet for each site(s).

Verify the physician includes:

- Proof of 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.
- Copies of all DS-2019 (Formerly IAP-66) "Certificate of Eligibility for Exchange Visitor (J-1) Status". Must be submitted in chronological order with the "Beginning a new program" first.
- I-94 Entry and Departure Cards. Photocopies front and back for physician, spouse and dependents as applicable.
- Proof of passage for examinations required by USCIS (e.g., USMLE - Steps 1, 2 and 3). The USMLE testing must be completed **prior to** the submission deadline, November 1, 2018.
- Copy of the J-1 physicians Curriculum Vitae
- Two (2) letters of recommendation from an American professional organization or individual (**original signatures**)
- "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  or No Objection Letter.] *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.*

The complete original application must include legible originals of all required items and original signatures. 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 MDHHS 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**

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**Date**

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**Title**

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## **Monitoring and Reporting Requirements**

The Michigan Department of Health and Human Services 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 MDHHS 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. MDHHS 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.

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 MDHHS at least 30 days prior to the change.