

TITLE 9. HEALTH SERVICES
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ARTICLE 1. GENERAL

R9-15-101. Definitions

In addition to the definitions in A.R.S. §§ 36-401 and 36-2171, the following definitions apply in this Chapter unless otherwise stated:

1. “Administrative completeness review time-frame” has the same meaning as in A.R.S. § 41-1072.
2. “Applicant” means an individual who submits to the Department an application for approval to participate in a loan repayment program.
- ~~2.3.~~ “Application” means the information and documents submitted to the Department by a primary care provider an individual requesting to participate in the Loan Repayment Program a loan repayment program.
- ~~3.4.~~ “Arizona Health Care Cost Containment System” or “AHCCCS” means the Arizona state agency established by A.R.S. Title 36, Chapter 29 to administer 42 U.S.C. 1396-1, Title XIX health care programs.
4. ~~“Arizona medically underserved area” or “AzMUA” means a primary care area where access to primary care service is limited as designated according to A.R.S. § 36-2352.~~
5. “Arizona State Hospital” has the same meaning as in A.R.S. § 36-202.
6. “Awardee” means an individual who has been approved by the Department to participate in a loan repayment program.
7. “AzMUA” means an Arizona medically underserved area, a primary care area where access to primary care service is limited, as designated according to A.R.S. § 36-2352.
8. “Behavioral health care provider” has the same meaning as “behavioral health provider” in A.R.S. § 36-2171.
9. “Behavioral health facility” has the same meaning as in A.A.C. R9-10-101.
10. “Behavioral health hospital” means:
 - a. A special hospital, as defined in A.A.C. R9-10-101, that is only licensed to provide behavioral health services; or
 - b. A facility, operated as a hospital in this state by the United States federal government or by a sovereign tribal nation, that only provides behavioral health services.
11. “Behavioral health specialized transitional facility” has the same meaning as in A.A.C. R9-10-101.
12. “Behavioral health technician” has the same meaning as in A.A.C. R9-10-101.

- ~~5.13.~~ “Calendar day” means each day, not excluding the day of the act, event, or default from which a designated period of time begins to run and including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
- ~~6.14.~~ “Calendar year” means the period of 365 days starting from the first day of January.
- ~~7.15.~~ “Cancellation” means the discharge of ~~a primary care provider~~ an awardee’s loan repayment contract based on one of the ~~following:~~ criteria in R9-15-108.
- a. ~~A primary care provider requests a discharge of the primary care provider’s loan repayment contract as allowed by this Chapter; or~~
 - b. ~~The Department determines:~~
 - i. ~~There are no loan repayment funds available;~~
 - ii. ~~A primary care provider is not complying with the requirements in A.R.S. Title 36, Chapter 21 or this Chapter;~~
 - iii. ~~A primary care provider’s service site is not complying with the requirements in A.R.S. Title 36, Chapter 21 or this Chapter; or~~
 - iv. ~~A primary care provider fails to meet the terms of the primary care provider’s loan repayment contract with the Department.~~
- ~~8.~~ “Certified nurse midwife” means ~~a registered nurse practitioner approved by the Arizona State Board of Nursing to provide primary care services during pregnancy, childbirth, and the postpartum period.~~
- ~~9.~~ “Clinical social worker” means ~~an individual licensed under A.R.S. § 32-3293.~~
- ~~10.16.~~ “Critical access hospital” means a facility certified by the Centers for Medicare & Medicaid Services under Section 1820 of the Social Security Act.
- ~~11.~~ “Denial” means ~~the Department’s determination that a primary care provider is not approved to:~~
- a. ~~Participate in the LRP;~~
 - b. ~~Renew a loan repayment contract,~~
 - e. ~~Suspend or cancel a loan repayment contract, or~~
 - d. ~~Waive liquidated damages owed by the primary care provider for failure to comply with A.R.S. Title 36, Chapter 21 and this Chapter.~~
- ~~12.17.~~ “Dental services” means the same as “dentistry” in A.R.S. § 32-1201.
- ~~13.18.~~ “Dentist” means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.

- ~~14-19.~~ “Direct patient care” means medical services, dental services, pharmaceutical services, or behavioral health services provided to a specific individual by a primary care provider and for services provided by the primary care provider to or for the specific individual including:
- a. Documenting the services in the specific individual’s medical records,
 - b. Consulting with other health care professionals about the specific individual’s need for services, and
 - c. Researching information specific to the individual’s need for services.
- ~~15-20.~~ “Educational expenses” has the same meaning as in 42 C.F.R. § 62.22.
- ~~16-21.~~ “Encounter” means a face-to-face visit, which may include a visit using telemedicine, between a patient and ~~a primary care provider~~ an awardee during which primary care services or behavioral health services, as applicable, are provided.
- ~~17-22.~~ “Family unit” means a group of individuals residing together who are related by birth, marriage, or adoption or an individual who does not reside with another individual to whom the individual is related by birth, marriage, or adoption.
- ~~18-23.~~ “Federal prison” means a secure facility, managed and run by or on behalf of the Federal Bureau of Prisons, that confines an individual convicted of a crime.
- ~~19-24.~~ “Full-time” means working at least 40 hours per week for at least 45 weeks per service year.
- ~~20-25.~~ “Free-clinic” means a facility that provides primary care services, on an outpatient basis, to individuals at no charge.
- ~~26.~~ “Governing authority” has the same meaning as in A.R.S. § 36-401.
- ~~21.~~ ~~“Government student loan” means an advance of money made by a federal, state, county, or city agency that is authorized by law to make the advance of money.~~
- ~~22-27.~~ “Half-time” means working at least 20 hours per week, but not more than 39 hours per week, for at least 45 weeks per service year.
- ~~23-28.~~ “Health professional school” has the same meaning as “school” in 42 C.F.R. § 62.2.
- ~~24-29.~~ “Health professional service obligation” means a legal commitment in which ~~a primary care provider~~ an individual agrees to provide primary care services or behavioral health services for a specified period of time in a designated area or through a designated service site.
- ~~25.~~ ~~“Health professional shortage area” or “HPSA” means a geographic region, population group, or public or non-profit private medical facility or other public facility determined~~

~~by the U.S. Department of Health and Human Services to have an inadequate number of primary care providers under 42 U.S.C. § 254e.~~

- ~~26.~~30. “Health service experience to a medically underserved population” means at least 500 clock hours of medical services, dental services, pharmaceutical services, or behavioral health services provided by ~~a primary care provider~~ an individual, including clock hours completed during the ~~primary care provider’s~~ individual’s residency or graduate education:
- a. Under the direction of a governmental agency, an accredited educational institution, or a non-profit organization; and
 - b. At a service site located in:
 - i. ~~A medically underserved area designated by a federal or state agency~~ the U.S. Department of Health and Human Services according to 42 CFR § 51c.102, ~~or~~
 - ii. A medically underserved population,
 - iii. An AzMUA, or
 - ~~iv.~~ A HPSA.
- ~~27.~~31. “Health service priority” means the number assigned by the Department to an initial application or renewal application and used to determine whether loan repayment funds are allocated to ~~a primary care provider~~ an applicant requesting approval to participate in ~~the LRP~~ a loan repayment program.
32. “HPSA” means a health professional shortage area, a geographic region, population group, or public or non-profit private medical facility or other public facility determined by the U.S. Department of Health and Human Services under 42 U.S.C. § 254e to have an inadequate number of providers of medical services, dental services, or behavioral health services.
- ~~28.~~33. “Immediate family” means an individual in any of the following relationships to ~~a primary care provider~~ an awardee:
- a. Spouse;
 - b. Natural, adopted, foster, or stepchild;
 - c. Natural, adoptive, or stepparent;
 - d. Brother or sister;
 - e. Stepbrother or stepsister;
 - f. Grandparent or spouse of a grandparent;
 - g. Grandchild or spouse of a grandchild;

- h. Father-in-law or mother-in-law;
 - i. Brother-in-law or sister-in-law; or
 - j. Son-in-law or daughter-in-law.
29. ~~“Licensee” means:~~
- a. ~~An owner approved by the Department to operate a health care institution, or~~
 - b. ~~An individual licensed under A.R.S. Title 32.~~
- 30.34. ~~“Living expenses” has the same meaning as in 42 C.F.R. § 62.22.~~
- 31.35. ~~“Loan repayment funds” means:~~
- a. ~~State loan repayment funds, Monies provided to the Department from the U.S. Department of Health and Human Services, Health Resources and Services Administration for use in a loan repayment program;~~
 - b. ~~State appropriated funds, Monies specified by the Arizona State Legislature and provided to the Department for use in a loan repayment program; or~~
 - c. ~~Monies donated to the Department and designated for use by the LRP as part of a loan repayment program.~~
32. ~~“Loan Repayment Program” or “LRP” means the unit in the Department that implements the Primary Care Provider Loan Repayment Program, established according to A.R.S. § 36-2172, and the Rural Private Primary Care Provider Loan Repayment Program, established according to A.R.S. § 36-2174.~~
36. ~~“Loan repayment program” means one of the following, according to this Chapter:~~
- a. ~~The Primary Care Provider Loan Repayment Program, established according to A.R.S. § 36-2172;~~
 - b. ~~The Rural Private Primary Care Provider Loan Repayment Program, established according to A.R.S. § 36-2174; or~~
 - c. ~~The Behavioral Health Care Provider Loan Repayment Program, established according to A.R.S. § 36-2175.~~
33. ~~“Marriage and family therapist” means an individual licensed under A.R.S. § 32-3311.~~
37. ~~“Medically underserved population” means a group of individuals who have limited access to health services, as designated by the U.S. Department of Health and Human Services under 42 CFR § 51c.102.~~
- 34.38. ~~“Newly employed” means when that a primary care provider’s first-time employee start date with a service site or employer identified in an initial application occurred within 12 months before the primary care provider’s initial application submission date.~~

35. ~~“Non-government student loan” means an advance of money made by a bank, credit union, savings and loan association, insurance company, school, or other financial or credit institution that is subject to examination and supervision in its capacity as a lender by an agency of the federal government or of the state in which the lender has its principle place of business.~~
- 36.39. “Overall time-frame” has the same meaning as in A.R.S. § 41-1072.
- 37.40. “Pharmaceutical services” ~~means~~ has the same meaning as “practice of pharmacy” in A.R.S. § 32-1901.
- 38.41. “Pharmacist” has the same meaning as in A.R.S. § 32-1901.
- 39.42. “Physician” has the same meaning as in A.R.S. § 36-2351.
- 40.43. “Physician assistant” has the same meaning as in A.R.S. § 32-2501.
- 41.44. “Population” means the total number of permanent residents according to the most recent decennial census published by the U.S. Census Bureau or according to the most recent Population Estimates for Arizona’s Counties and Incorporated Places published by the Arizona Department of Economic Security.
- 42.45. “Poverty level” means a measure of income, issued annually by the U.S. Department of Health and Human Services and published in the Federal Register.
- 43.46. “Primary care area” has the same meaning as in A.A.C. R9-24-201.
44. ~~“Primary care loan” means a long term, low interest rate financial contract between the U.S. Department of Health and Human Services, Health Resources and Services Administration and a full time student pursuing a degree in allopathic or osteopathic medicine.~~
47. “Primary care provider” means one of the following providing direct patient care:
- a. A physician practicing:
 - i. Family medicine,
 - ii. Internal medicine,
 - iii. Pediatrics,
 - iv. Geriatrics,
 - v. Obstetrics-gynecology, or
 - vi. Psychiatry;
 - b. A physician assistant practicing:
 - i. Adult medicine,
 - ii. Family medicine,
 - iii. Pediatrics,

- iv. Geriatrics,
 - v. Women’s health, or
 - vi. Behavioral health;
 - c. A registered nurse practitioner practicing:
 - i. Adult medicine,
 - ii. Family medicine,
 - iii. Pediatrics,
 - iv. Geriatrics,
 - v. Women’s health, or
 - vi. Behavioral health;
 - d. A certified nurse midwife, a registered nurse practitioner approved by the Arizona State Board of Nursing to provide primary care services during pregnancy, childbirth, and the postpartum period;
 - e. A dentist practicing:
 - i. General dentistry,
 - ii. Geriatric dentistry, or
 - iii. Pediatric dentistry;
 - f. A pharmacist; or
 - g. A behavioral health care provider practicing as:
 - ~~i. A psychologist,~~
 - ~~ii. A clinical social worker,~~
 - ~~iii. A marriage and family therapist, or~~
 - ~~iv. A professional counselor.~~
48. “Primary care ~~service~~ services” means medical services, dental services, pharmaceutical services, or behavioral health services provided on an outpatient basis by a primary care provider.
49. “Private practice” means an individual or entity in which:
- a. One or more primary care providers provide primary care services; and
 - b. Each primary care provider is an owner who can be held personally responsible for the primary care services provided by any of the primary care providers.
- ~~48. “Professional counselor” means an individual licensed under A.R.S. § 32-3301.~~
- ~~49. “Psychiatrist” means a physician who is board certified or board eligible to provide behavioral health services.~~
- ~~50. “Psychologist” has the same meaning as in A.R.S. § 32-2061.~~

51. “Public” means any:
- a. State or local government; or
 - b. Department, agency, special purpose district, or other unit of a state or local government, including the legislature.
- ~~52.~~50. “Qualifying educational loan” means ~~a government or a non-government student loan~~ an advance of money:
- a. Used for the actual costs paid for educational expenses and living expenses that occurred during the undergraduate or graduate education of ~~a primary care provider~~ an applicant, and
 - b. Obtained before the submission of an initial application.
- ~~53.~~51. “Qualifying health plan” means health insurance coverage provided to a consumer through the Arizona State Health Insurance Marketplace established by 42 U.S.C.A. § 18001 (2010).
- ~~54.~~52. “Registered nurse practitioner” has the same meaning as in A.R.S. § 32-1601.
- ~~55.~~53. “Service site” means a health care institution that provides primary care services or behavioral health services, as applicable, at a specific location.
- ~~56.~~ “~~Service verification form~~” means ~~a document confirming a primary care provider’s full-time or half-time continuous employment at the primary care provider’s approved service site.~~
- ~~57.~~54. “Sliding-fee schedule” has the same meaning as in A.A.C. R9-1-501.
- ~~58.~~ “~~State appropriated funds~~” means ~~monies provided to the Department for the Primary Care Provider Loan Repayment Program, established according to A.R.S. § 36-2172, and the Rural Private Primary Care Provider Loan Repayment Program, established according to A.R.S. § 36-2174.~~
- ~~59.~~ “~~State loan repayment funds~~” means ~~monies provided to the Department from the U.S. Department of Health and Human Services, Health Resources and Services Administration.~~
- ~~60.~~55. “State prison” means a secure facility, managed and run by or on behalf of a state the Arizona Department of Corrections, in which an individual convicted of a crime is confined.
- ~~61.~~ “~~Student~~” means ~~an individual pursuing a course of study at a health professional school.~~
- ~~62.~~56. “Substantive review time-frame” has the same meaning as in A.R.S. § 41-1072.

~~63-57.~~ “Suspend” means to temporarily interrupt a ~~primary care provider’s~~ loan repayment contract for a specified period of time, based on a request submitted by the ~~primary care provider~~ awardee.

64.58. “Telemedicine” has the same meaning as:

- a. ~~“Telemedicine”~~ “Telehealth” as defined in A.R.S. § 36-3601,
- b. “Teledentistry” as defined in A.R.S. § 36-3611, or
- c. “Telepractice” as defined in ~~A.R.S. §32-3251~~ A.R.S. §32-2061.

~~65-59.~~ “Working day” means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a federal and state holiday or a statewide furlough day.

R9-15-102. Qualifying Educational Loans and Restrictions

A. The Department shall use loan repayment funds to pay for principal, interest, and related expenses of:

1. A qualifying educational loan taken out by an awardee while obtaining a degree leading to eligibility for a health professional license; or
2. A qualifying educational loan resulting from the refinancing or consolidation of loans described in subsection (A)(1).

B. Obligations or debts incurred under the following are ineligible for loan repayment funds:

1. A loan for which an awardee incurred a health professional service obligation that will not be completed before the start of the awardee’s program contract;
2. A primary care loan, intended as a long-term, low-interest-rate financial contract between the U.S. Department of Health and Human Services, Health Resources and Services Administration, and a full-time student pursuing a degree in allopathic or osteopathic medicine;
3. A loan subject to cancellation; or
4. A residency loan, intended to cover expenses not included in the cost of attendance at a health professional school, such as board examination fees, travel, and moving expenses for a residency program.

C. The following apply to an awardee’s lenders and loans:

1. The Department shall accept assignment of loan repayment funds to a maximum of three lenders.
2. If more than one loan is eligible for loan repayment funds, an awardee shall advise the Department of the percentage of the loan repayment funds that each lender identified by the applicant is to receive.
3. An awardee is responsible for the timely repayment of a loan.

4. An awardee shall arrange with each lender to make necessary changes in the payment schedule for a loan so that quarterly loan repayment funds will not result in default.
5. An awardee is responsible for paying taxes that may result from receiving loan repayment funds to reduce a qualifying educational loan amount owed to a lender.

R9-15-103. Verification of Loan Repayment Application Information

An applicant shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the applicant.

R9-15-104. Donations to a Loan Repayment Program

- A.** A person may donate monies to the Department to be used in funding a loan repayment program.
- B.** A person donating monies to a loan repayment program shall designate whether the donation:
 1. May be used by the Department for either loan repayment allocations or for administrative costs associated with a loan repayment program; or
 2. Is to be used for loan repayment allocations for one or more of the following:
 - a. The Primary Care Provider Loan Repayment Program, established according to A.R.S. § 36-2172;
 - b. The Rural Private Primary Care Provider Loan Repayment Program, established according to A.R.S. § 36-2174;
 - c. The Behavioral Health Care Provider Loan Repayment Program, established according to A.R.S. § 36-2175;
 - d. A specific type or types of primary care provider, behavioral health care provider, or other eligible individuals; or
 - e. A specific county in Arizona.
- C.** The Department shall:
 1. Use donated monies to supplement other loan repayment funds received by the Department according to A.R.S. Title 36, Chapter 21, based on the health service priority assigned to an applicant during an allocation process according to R9-15-208 or R9-15-307, as applicable, and, if applicable, any designation made for the donation according to subsection (B); and
 2. Not allocate donated monies during an allocation process if the applicant with the next highest health service priority does not meet the criteria established for the donated monies according to subsection (B)(2).

R9-15-105. Verification of Services and Disbursement of Loan Repayment Funds

- A.** An awardee shall submit, within 10 business days after the last day of a completed calendar quarter, verification and documentation of service hours worked and, if applicable, encounters

provided during the calendar quarter at the provider's approved service site, in a Department-provided format, containing:

1. The awardee's name;
2. The beginning and ending dates during which the services were provided;
3. Whether the awardee is providing services full-time or, if applicable, half-time;
4. If applicable, the number of total encounters the awardee provided during the time reported in subsection (A)(2);
5. If services are provided by means of telemedicine, the number of telemedicine hours worked;
6. The awardee's notarized signature and date of signature; and
7. The notarized signature and date of signature of the designee of the awardee's approved service site's governing authority.

- B.** Upon receipt of the verification and documentation in subsection (A), the Department shall disburse loan payment funds to the awardee's lender or lenders.
- C.** Services performed before the effective date of a loan repayment contract do not satisfy the contracted health professional service obligation and are not eligible for loan repayment funds.
- D.** The Department shall disburse loan repayment funds for services provided during a loan repayment contract period according to the allocations in R9-15-208 or R9-15-307, as applicable.
- E.** The Department may delay disbursing loan repayment funds to an awardee's lender or lenders if the awardee fails to submit service verification and documentation forms as specified in subsection (A).
- F.** The Department shall not disburse loan repayment funds to an awardee's lender or lenders if the awardee fails to submit complete and accurate information required in subsection (A).

R9-15-106. Request for Change

- A.** If an awardee's personal information changes, the awardee shall submit:
1. A written notice stating the information being changed and indicating the new information; and
 2. If the change is in the awardee's legal name, a copy of one of the following with the awardee's new name:
 - a. Marriage certificate,
 - b. Divorce decree,
 - c. Professional license, or
 - d. Other legal document establishing the awardee's legal name.
- B.** An awardee shall submit to the Department a request for a change:

1. At least 10 working days before the effective date of a change to a qualifying educational loan or lender, and
2. At least 30 calendar days before the effective date of a change to add or transfer to another service site or employer or to change service hours worked.

C. To request a change in subsection (B), an awardee shall submit the following information to the Department, in a Department-provided format:

1. The awardee's name, home address, telephone number, and e-mail address;
2. Whether the request is to:
 - a. Add or change a qualifying educational loan or lender,
 - b. Add or transfer to another service site or employer, or
 - c. Change service hours from full-time to half-time or from half-time to full-time;
3. Whether the awardee agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-205 or R9-15-305, as applicable;
4. An attestation that:
 - a. The awardee authorizes the Department to verify all the information provided, and
 - b. The information submitted is true and accurate; and
5. The awardee's signature and date of signature.

D. In addition to the information required in subsection (C), an awardee shall submit to the Department:

1. If adding or changing a qualifying educational loan or lender, the following documentation about the new qualifying educational loan or lender:
 - a. In a Department-provided format:
 - i. An attestation signed and dated by an individual from the lending institution, certifying that the loan meets the requirements in R9-15-102 for a qualifying educational loan, and
 - ii. The percentage of the loan repayment funds that the awardee is requesting that the lender receive;
 - b. Documentation from the lender or the National Student Loan Data System, established by the U.S. Department of Education, verifying that the loan is a qualifying educational loan; and
 - c. For the qualifying educational loan, a copy of the most recent billing statement from the lender;

2. If adding or transferring to a new service site or beginning employment with a new employer, for each new service site or employer:
 - a. The following in a Department-provided format:
 - i. The information required in R9-15-202(C)(1)(c) or R9-15-302(B)(1)(g), as applicable, for the new service site;
 - ii. The attestation required in R9-15-202(C)(15) or R9-15-302(B)(15), as applicable; and
 - iii. If applicable, the information required in R9-15-202(C)(20).
 - b. If applicable, a copy of the new service site's:
 - i. Sliding-fee schedule in R9-15-201(A)(2)(d)(i);
 - ii. Sliding-fee schedule policy in R9-15-201(A)(2)(d)(ii); and
 - iii. Sliding-fee schedule signage in R9-15-201(A)(2)(d)(iii) that is posted on the premises; and
 - c. If applicable, documentation that the new service site is in a HPSA or an AzMUA; and
3. If changing service hours worked, the following information about the change in service hours:
 - a. In a Department-provided format:
 - i. The name, title, e-mail address, and telephone number of a contact individual for each service site or employer; and
 - ii. The percentage of loan repayment funds each lender may receive if different from the initial application; and
 - b. A copy of an agreement or a letter verifying approval to change service hours, signed by the designee of the governing authority from the service site where the awardee provides service, including:
 - i. The name of each service site where the services are provided;
 - ii. The date the awardee is expected to begin revised services hours;
 - iii. The number of service hours per week the awardee is expected to work; and
 - iv. If an awardee will provide telemedicine, the number of telemedicine hours the awardee is expected to provide per week.

E. An awardee shall obtain the Department's approval for the following changes:

1. Except as provided in R9-15-301(C), before the awardee provides services at another service site; or

2. If awarded under Article 2 of this Chapter, before the awardee changes from full-time or half-time hours worked.

F. If applicable, if a change in service site, employer, or service hours worked affects an awardee's service site points or health service priority, the Department shall determine whether the awardee's loan repayment amount will increase or decrease, and:

1. If a loan repayment amount will increase, the awardee's loan repayment amount will not change until the awardee obtains approval to renew participation; and

2. If a loan repayment amount will decrease, the awardee's loan repayment amount will decrease according to amounts in R9-15-208 or R9-15-307, as applicable, effective on the date the Department approves the awardee's request to change service site or service hours.

G. If a change in service hours worked is from full-time to half-time, the awardee's amount of loan repayment funds allocated will decrease by half of the existing contracted loan repayment amount, effective on the date the Department approves the awardee's request to change the service hours worked.

H. If a change in service hours worked is from half-time to full-time:

1. The awardee's allocated loan repayment funds will not change until the awardee's renewal application is approved to continue participation; and

2. For an awardee who was initially allocated loan repayment funds based on providing services full-time but is currently providing services half-time, the awardee's loan repayment funds will revert to the loan repayment funds initially allocated after the Department approves the awardee's request to change back to full-time service hours.

I. For a request submitted according to subsection (C), the Department shall notify an awardee of the Department's decision according to R9-15-205 or R9-15-305, as applicable.

R9-15-107. Loan Repayment Contract Suspension

A. The Department may suspend a loan repayment contract based on unavailability of monies for the applicable loan repayment program.

B. An awardee may request an initial loan repayment contract suspension for up to six months:

1. For a condition involving the awardee or a member of the awardee's immediate family that restricts the awardee's ability to complete the terms of the loan repayment contract;

or

2. To transfer to another service site or employer.

- C.** To request a loan repayment contract suspension, an awardee shall submit to the Department a written request, at least 30 calendar days before the proposed start date of the loan repayment contract suspension, that includes:
1. The awardee's name, home address, telephone number, and e-mail address;
 2. The service site's name and street address;
 3. The name, e-mail address, and telephone number of the individual authorized to act on behalf of the service site;
 4. The reason for the awardee's request to suspend the loan repayment contract;
 5. The beginning and ending dates of the requested loan repayment contract suspension;
 6. Whether the awardee agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-205 or R9-15-305, as applicable;
 7. A statement that the information included in the request for loan repayment contract suspension is true and accurate; and
 8. The awardee's signature and date of signature.
- D.** Upon receiving a request for a loan repayment contract suspension, the Department may contact the individual in subsection (C)(3):
1. To verify the information in the request for the loan repayment contract suspension, and
 2. To obtain additional information regarding the circumstances that caused the request for loan repayment contract suspension.
- E.** If the awardee is unable to resume providing services by the end of the initial six-month loan repayment contract suspension period, the awardee may request an additional six-months loan repayment contract suspension for a total maximum allowable loan repayment contract suspension of 12 months.
- F.** An awardee requesting an additional six-month loan repayment contract suspension shall submit a written request to the Department at least 30 calendar days before the expiration of the initial loan repayment contract suspension period that complies with the requirements in subsection (C).
- G.** During an awardee's loan repayment contract suspension period, an awardee who plans to continue to participate in a loan repayment program under this Chapter shall submit a renewal application according to R9-15-204 or R9-15-304, as applicable.
- H.** During an awardee's loan repayment contract suspension period, the Department shall not disburse loan repayment funds to an awardee's lender.
- I.** An awardee is responsible for making loan payments during the loan repayment contract suspension period.

J. If the Department approves an awardee's request for a loan repayment contract suspension due to transfer to another service site, the awardee shall report progress made in identifying another service site to the Department at least once every 30 calendar days.

K. If the awardee does not obtain employment at another service site or resume providing services by the end of the loan repayment contract suspension period, the Department shall consider that the awardee has failed to complete the terms of the loan repayment contract or does not intend to complete the terms of the loan repayment contract.

L. For a request submitted according to subsection (C) or (F), the Department shall notify an awardee of the Department's decision according to R9-15-205 or R9-15-305, as applicable.

R9-15-108. Loan Repayment Contract Cancellation

A. The Department may cancel an awardee's loan repayment contract, if the Department determines that:

1. There are insufficient funds;

2. The awardee:

a. Except as allowed in subsection (C), has failed to complete the terms of the loan repayment contract; or

b. Is not complying with A.R.S. Title 36, Chapter 21 and this Chapter; or

3. An awardee's service site is not complying with the requirements in A.R.S. Title 36, Chapter 21 or this Chapter.

B. If the Department cancels an awardee's loan repayment contract according to subsection (A), the Department shall:

1. Provide written notice that includes the specific reason for the cancellation;

2. For a cancellation according to subsection (A)(2) or (3), notify the awardee of the Department's decision according to R9-15-205 or R9-15-305, as applicable; and

3. Specify whether the Department plans to impose liquidated damages according to R9-15-109.

C. An awardee may submit a written request to the Department requesting cancellation of a loan repayment contract within 60 calendar days after the start date of the loan repayment contract if:

1. No loan repayment funds have been disbursed to the awardee's lender;

2. The awardee is unable or does not intend to complete the terms of the loan repayment contract; and

3. The written request includes:

a. The awardee's name, home address, telephone number, and e-mail address;

- b. The service site's name, street address, e-mail address, and telephone number; and the name of the individual authorized to act on behalf of the service site;
- c. Whether the awardee agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-205 or R9-15-305, as applicable; and
- d. The awardee's signature and date of signature.

D. For a request submitted according to subsection (C), the Department shall notify an awardee of the Department's decision according to R9-15-205 or R9-15-305, as applicable.

R9-15-109. Liquidated Damages for Failure to Complete a Loan Repayment Contract

- A.** An awardee who fails to complete the terms of the loan repayment contract shall pay to the Department the liquidated damages owed under A.R.S. §§ 36-2172(J) or 36-2175(I), as applicable, unless the awardee receives a waiver of the liquidated damages under R9-15-110.
- B.** Upon receiving notification or upon the Department's determination that an awardee is unable or does not intend to complete the terms of the awardee's loan repayment contract, the Department shall:
 - 1. Withhold loan repayment funds,
 - 2. Determine liquidated damages owed, and
 - 3. Notify the awardee of the amount of liquidated damages owed.
- C.** An awardee shall pay the liquidated damages to the Department within one year after the termination date of the awardee's loan repayment contract or within one year after the end of a loan repayment contract suspension approved according to R9-15-107, whichever is later.

R9-15-110. Waiver of Liquidated Damages

- A.** The Department shall waive liquidated damages owed under A.R.S. Title 36, Chapter 21 or this Chapter if the awardee is unable to complete the terms of the loan repayment contract due to the awardee's death.
- B.** The Department may waive liquidated damages owed under A.R.S. Title 36, Chapter 21 or this Chapter if the awardee is unable to complete the terms of the loan repayment contract because:
 - 1. The awardee suffers from a physical or behavioral health condition, resulting in the awardee's temporary or permanent inability to perform the services required by the loan repayment contract; or
 - 2. An individual in the awardee's immediate family has a chronic or terminal illness.
- C.** To request a waiver of liquidated damages, an awardee shall submit a written request to the Department containing:
 - 1. The following information in a Department-provided format:

- a. The awardee's name, home address, telephone number, and e-mail address;
 - b. For each service site where the awardee provided services:
 - i. Name and street address for the service site; and
 - ii. The name, title, e-mail address, and telephone number of a contact individual authorized to act on behalf of the service site;
 - c. A statement describing why the awardee cannot complete the loan repayment contract, including, if applicable, a description of the awardee's physical or behavioral health condition or the chronic or terminal illness of the awardee's immediate family member;
 - d. Whether the awardee agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-205 or R9-15-305, as applicable;
 - e. A statement that the information and documentation included in the request for waiver is true and accurate; and
 - f. The awardee's signature and date of signature; and
2. Documentation verifying the awardee's physical or behavioral health condition or the chronic or terminal illness of the awardee's immediate family member.
- D.** Upon receiving a request for waiver, the Department may contact the individual specified according to subsection (C)(1)(b)(ii) to verify the information in the request for waiver and to obtain any additional information regarding the request for waiver.
- E.** In determining whether to waive liquidated damages, the Department shall consider:
- 1. The physical or behavioral health condition of the awardee or the chronic or terminal illness of the awardee's immediate family member; and
 - 2. Whether the documentation demonstrates that the awardee is permanently unable or temporarily unable to provide-services during or beyond the expiration date of the loan repayment contract.
- F.** For a request submitted according to subsection (C), the Department shall notify an awardee of the Department's approval or disapproval according to R9-15-205 or R9-15-305, as applicable.

ARTICLE 2. PRIMARY CARE PROVIDER LOAN REPAYMENT PROGRAM

~~R9-15-201.~~ **Qualifying Educational Loans and Restrictions**

- ~~A.~~ The Department shall use loan repayment funds to pay for principal, interest, and related expenses of:
- ~~1.~~ A qualifying educational loan taken out by a primary care provider while obtaining a degree leading to eligibility for a health professional license; or
 - ~~2.~~ A qualifying educational loan resulting from the refinancing or consolidation of loans described in subsection (A)(1).
- ~~B.~~ Obligations or debts incurred under the following are ineligible for loan repayment funds:
- ~~1.~~ A loan for which a primary care provider incurred a health professional service obligation that will not be completed before the start of the primary care provider's loan repayment program contract;
 - ~~2.~~ A loan for which the associated documentation does not identify that the loan was solely applicable to the undergraduate or graduate education of a primary care provider;
 - ~~3.~~ A primary care loan;
 - ~~4.~~ A loan subject to cancellation, or
 - ~~5.~~ A residency loan.
- ~~C.~~ The following apply to a primary care provider's lenders and loans:
- ~~1.~~ The Department shall accept loan repayment assignment to a maximum of three lenders.
 - ~~2.~~ If more than one loan is eligible for loan repayment funds, the primary care provider shall advise the Department of the percentage of the loan repayment funds that each lender identified by the primary care provider is to receive.
 - ~~3.~~ A primary care provider is responsible for the timely loan repayment of a loan.
 - ~~4.~~ A primary care provider shall arrange with each lender to make necessary changes in the payment schedule for a loan so that quarterly loan repayments will not result in default.
 - ~~5.~~ A primary care provider is responsible for paying taxes that may result from receiving loan repayment funds to reduce a qualifying educational loan amount owed to a primary care provider's lender.

~~R9-15-202.~~ **R9-15-201. Primary Care Provider and Service Site Requirements**

- ~~A.~~ A primary care provider may request to participate in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program:
- ~~1.~~ If the primary care provider:
 - ~~a.~~ Is a U.S. citizen Meets the requirements in A.R.S. § 41-1080 or is a U.S. National according to U.S.C. Title 8, Chapter 12;

- b. Has completed the final year of a course of study or program approved by an accrediting agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32;
- c. Holds a current Arizona license or certificate in a health profession licensed under A.R.S. Title 32;
- d. If a physician, has completed a professional residency program and is board certified or board eligible in:
 - i. Family medicine,
 - ii. Internal medicine,
 - iii. Pediatrics,
 - iv. Geriatrics,
 - v. Obstetrics-gynecology, or
 - vi. Psychiatry;
- e. Except for a pharmacist or a behavioral health care provider providing primary care services at a free-clinic, Indian Health Service or tribal facility, or a federal or state prison, agrees to comply with the requirements for a sliding-fee schedule according to 9 A.A.C. 1, Article 5;
- f. Except for a primary care provider providing primary care services at a free-clinic, Indian Health Service or tribal facility, or a federal or state prison, agrees to charge for primary care services at the usual and customary fees prevailing in the primary care area, except that:
 - i. A patient unable to pay the usual and customary fees is not charged or is charged a reduced fee, according to the service site's or employer's sliding-fee schedule required in subsection (A)(2)(d), or a fee less than the sliding-fee schedule, ~~or not charged;~~ and
 - ii. A medically uninsured individual from a family unit with an annual income at or below 200% of the poverty level is charged according to a sliding-fee schedule required in subsection (A)(2)(d) or not charged;
- g. Provides services at a critical access hospital with a separate qualifying service site, agrees to provide:
 - i. At least 16 hours of service per week at the critical access hospital, and
 - ii. At least 24 hours of primary care services per week at the qualifying service site;

- h. Agrees not to discriminate on the basis of a patient's ability to pay or a payment source, including Medicare, AHCCCS, or a qualifying health plan;
 - i. Agrees to accept assignment for payment under: ~~Medicare if providing primary care services to adults, AHCCCS, and a qualifying health plan; and~~
 - i. Medicare, if providing primary care services to adults;
 - ii. Children's Health Insurance Program (KidsCare), established under A.R.S. § 36-2982, if providing primary care services to children;
 - iii. AHCCCS; and
 - iv. A qualifying health plan; and
 - j. Has satisfied any other health professional service obligation owed under a contract with a federal, state, or local government before beginning a period of service under the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program, as applicable; and
2. If the primary care provider's service site:
- a. ~~Provides primary care services in~~ Is either a:
 - i. ~~Public or non-profit service site as allowed in A.R.S. § 36-2172~~ Service site that meets the requirements in A.R.S. § 36-2172(B)(2), or
 - ii. Private practice service site as allowed in A.R.S. § 36-2174;
 - b. Except for a free-clinic or Indian Health Service or tribal facility, accepts assignment for payment under ~~Medicare if providing primary care services to adults, AHCCCS, and a qualifying health plan;:~~
 - i. Medicare, if providing primary care services to adults;
 - ii. Children's Health Insurance Program (KidsCare), established under A.R.S. § 36-2982, if providing primary care services to children;
 - iii. AHCCCS; and
 - iv. A qualifying health plan;
 - c. Except for a free-clinic or Indian Health Service or tribal facility, is an AHCCCS provider;
 - d. Except for a free-clinic, Indian Health Service or tribal facility, or a federal or state prison:
 - i. Submits a sliding-fee schedule according to 9 A.A.C. 1, Article 5 to the Department for approval;
 - ii. Develops and implements a policy for the service site's sliding-fee schedule; and

- iii. Ensures that signage, informing individuals that the service site has a sliding-fee schedule, is conspicuously posted in the service site's reception area;
 - e. Except for a free-clinic, Indian Health Service or tribal facility, or a federal or state prison, charges for primary care services at the usual and customary fees prevailing in the primary care area, ~~shall have~~ and has a policy providing that:
 - i. A patient who is unable to pay the usual and customary fee is:
 - (1) Charged a reduced fee according to the service site's sliding-fee schedule in subsection (A)(2)(d),
 - (2) Charged a fee less than the sliding-fee schedule, or
 - (3) Not charged; and
 - ii. A medically uninsured individual from a family unit with an annual income at or below 200% of the poverty level is charged according to the service site's sliding-fee schedule in subsection (A)(2)(d) or not charged;
 - f. Is a free-clinic, ~~develop and implement~~ develops and implements a policy that the free-clinic provides primary care services to individuals at no charge;
 - g. Does not discriminate on the basis of a patient's ability to pay or a payment source, including Medicare, AHCCCS, or a qualifying health plan; and
 - h. Agrees to notify the Department when the employment status of the primary care provider changes.
- B.** A primary care provider may not participate in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program, as applicable, if the primary care provider:
- 1. Has a judgment lien against the primary care provider's property for a debt owed to a federal agency;
 - 2. Is applying to participate in the Primary Care Provider LRP Loan Repayment Program and:
 - a. Has defaulted on:
 - i. A Federal income tax liability,
 - ii. Any federally-guaranteed or insured student loan or home mortgage loan,
 - iii. A Federal Health Education Assistance Loan,
 - iv. A Federal Nursing Student Loan, or
 - v. A Federal Housing Authority Loan; or

- b. Is delinquent on payment for:
 - i. Court-ordered child support, or
 - ii. State taxes; or
- 3. Is applying to participate in the Rural Private Primary Care Provider LRP Loan Repayment Program and is delinquent on payment for:
 - a. State taxes, or
 - b. Court-ordered child support.

~~R9-15-203.~~ R9-15-202. Initial Application

- A.** ~~To~~ Except as provided in R9-15-203(A), to apply to participate in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program, a primary care provider who has not previously participated in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program shall submit an initial application to the Department by June 1 of each year.
- ~~B.~~** ~~A primary care provider, who submitted an initial application to the Department according to subsection (A) but was not approved to participate in the LRP during the June allocation process according to subsection (H) or because loan repayment funds were not available, may reapply during the October allocation process of the same calendar year by submitting a supplemental initial application by October 1.~~
- ~~C.B.~~** A primary care provider applying to participate in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program shall submit to the Department an initial application containing:
 - 1. The following information in a Department-provided format:
 - a. The primary care provider's:
 - i. Name, home address, telephone number, and e-mail address;
 - ii. Social Security number; and
 - iii. Date of birth;
 - b. The name, street address, e-mail address, and telephone number of the prospective employer or employer where the primary care provider provides or will provide primary care services while participating in the LRP Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, including the dates that the primary care provider is expected to start and end providing primary care services;

- c. The name, street address, and telephone number for each place of employment with a health professional or a health care institution, including a name, title, e-mail address, and telephone number of a contact individual for the place of employment;
- d. Type of license and, if applicable, certification held by the primary care provider;
- e. Type of medical, dental, or behavioral health specialty or subspecialty, if applicable;
- f. If an advanced practice provider, a behavioral health care provider, or a pharmacist, whether the primary care provider holds national certification;
- g. Whether the primary care provider will provide primary care services full-time or half-time;
- h. Whether the primary care provider is an Arizona resident;
- i. Whether the primary care provider has any health professional service obligation;
- j. Whether the primary care provider has defaulted in a health professional service obligation and, if so, a description of the circumstances of the default;
- k. Whether the primary care provider is subject to a judgment lien for a debt to a federal agency and, if so, a description of the circumstances of the default;
- l. If applying to participate in the Primary Care Provider ~~LRP~~ Loan Repayment Program, whether the primary care provider:
 - i. Has defaulted on:
 - (1) A Federal income tax liability,
 - (2) Any federally-guaranteed or insured student loan or home mortgage loan,
 - (3) A Federal Health Education Assistance Loan,
 - (4) A Federal Nursing Student Loan, or
 - (5) A Federal Housing Authority Loan; or
 - ii. Is delinquent on:
 - (1) A payment for court-ordered child support, or
 - (2) A payment for state taxes; or
- m. If applying to participate in the Rural Private Primary Care Provider ~~LRP~~ Loan Repayment Program, whether the primary care provider is delinquent on payment for:
 - i. State taxes, or
 - ii. Court-ordered child support;

- n. Whether the primary care provider has experience providing primary care services to a medically underserved population;
 - o. Whether the primary care provider is providing services at a critical access hospital and primary care services at a service site according to ~~R9-15-202(A)(1)(g)~~ R9-15-201(A)(1)(g);
 - p. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in ~~R9-15-206~~ R9-15-205;
 - q. An attestation that:
 - i. The Department is authorized to verify all information provided in the initial application;
 - ii. The primary care provider is applying to participate in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, as applicable, for two years with the State of Arizona for loan repayment of all or part of qualifying educational loans identified in the initial application;
 - iii. The qualifying educational loans identified in the initial application were for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect a loan for other purposes;
 - iv. The primary care provider will charge fees for primary care services according to the sliding-fee schedule in ~~R9-15-202(A)(1)(f)~~ R9-15-201(A)(1)(f); and
 - v. The information and documentation submitted as part of the initial application is true and accurate; and
 - r. The primary care provider's signature and date of signature.
2. ~~One of the following as proof of U.S. citizenship:~~ Documentation that meets the requirements in A.R.S. § 41-1080:
 - a. ~~U.S. passport, current or expired;~~
 - b. ~~Birth certificate;~~
 - c. ~~Naturalization documents; or~~
 - d. ~~Documentation as a U.S. National;~~
 3. A copy of the primary care provider's Social Security card;
 4. A copy of the primary care provider's current driver's license;

5. Documentation showing Arizona residency according to A.R.S. § 15-1802;
6. Documentation showing completion of graduate studies issued by an accredited educational agency;
7. A copy of the primary care provider's current Arizona licenses or, if applicable, certificates in a health profession licensed under A.R.S. Title 32;
8. If a physician, documentation showing the physician:
 - a. Has completed:
 - i. A professional residency program in family medicine, pediatrics, obstetrics-gynecology, internal medicine, or psychiatry; or
 - ii. A fellowship, residency, or certification program in geriatrics; and
 - b. Is either board certified or board eligible in:
 - i. Family medicine,
 - ii. Internal medicine,
 - iii. Pediatrics,
 - iv. Geriatrics,
 - v. Obstetrics-gynecology, or
 - vi. Psychiatry;
9. If the primary care provider is a physician assistant practicing as a behavioral health care provider, a copy of the primary care provider's national certificate issued by the National Commission on Certification of Physician Assistants in Psychiatry;
10. For a primary care provider who has completed health service experience to a medically underserved population, a written statement for each service site where the primary care provider provided primary care services that includes:
 - a. The service site's name, street address, e-mail address, and telephone number;
 - b. The number of clock hours completed;
 - c. A description of the primary care services provided;
 - d. The primary care service start and end dates;
 - e. The service site's federal or state designation as medically underserved or as a HPSA ~~designated by a federal agency~~; and
 - f. The name and signature of an individual authorized by the government agency, the accredited educational institution, or the non-profit organization and the date signed;
11. If applicable, documentation showing that the primary care provider's health professional service obligation owed under contract with a federal, state, or local government or

another entity will be completed before beginning a period of primary care services under the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, as applicable;

12. For each qualifying educational loan:
 - a. The following information provided in a Department-provided format:
 - i. The lender's name, street address, e-mail address, and telephone number;
 - ii. The street address where the loan repayment funds are sent;
 - iii. The loan identification number;
 - iv. The original date of the loan;
 - v. The primary care provider's name as it appears on the loan contract;
 - vi. The original loan amount;
 - vii. The current balance of the loan, including the date provided;
 - viii. The interest rate on the loan;
 - ix. The purpose for the loan;
 - x. The month and year of the start and the end of the academic period covered by the loan; and
 - xi. The percentage of the loan repayment funds the primary care provider establishes for a lender if more than one lender is receiving loan repayment funds;
 - b. A copy of the most recent billing statement from the lender; and
 - c. Documentation from the lender or the National Student Loan Data System established by the U.S. Department of Education verifying that the loan is a qualifying educational loan;
13. For each service site where a primary care provider will provide primary care services, a copy of a contract, a letter verifying employment, or a letter of intent to hire signed by the primary care provider and the ~~licensee, licensee's designee, or a tribal~~ the designee of the governing authority from the service site where the primary care provider will provide primary care services including:
 - a. The name, street address, e-mail address, and telephone number of the service site;
 - b. The name of a contact individual for the service site;
 - c. Whether the primary care provider is providing primary care services full-time or half-time; and
 - d. If currently employed, the employment start date;

14. If more than one service site ~~licensee or tribal governing~~ authority is identified in subsection ~~(C)(13)~~ (B)(1)(b), the signature and date of signature of ~~each service site licensee, licensee's designee, or tribal~~ the designee of the governing authority of each service site;
15. For each service site where the primary care provider will provide primary care services, documentation, in a Department-provided format, that includes:
 - a. Name, street address, telephone number, e-mail address, and fax number of the service site;
 - b. Whether the primary care provider is providing primary care services full-time or half-time;
 - c. The number of primary care service hours per week the primary care provider is expected to provide;
 - d. The dates that the primary care provider is expected to start and end providing primary care services;
 - e. If a primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
 - f. Service site practice type;
 - g. Whether the service site ~~is~~:
 - i. ~~Public or non-profit service site as allowed in A.R.S. § 36-2172~~
Complies with the requirements in A.R.S. § 36-2172(B)(2), or
 - ii. ~~Private~~ Is a private practice service site according to A.R.S. § 36-2174;
 - h. Except for a free-clinic or Indian Health Service or tribal facility, whether the service site accepts Medicare, AHCCCS, and a qualifying health plan;
 - i. Except for a free-clinic or Indian Health Service or tribal facility, if the service site accepts:
 - i. Medicare, the service site's Medicare identification number;
 - ii. AHCCCS, the service site's AHCCCS provider number; and
 - iii. Qualifying health plan, the service site's qualifying health plan provider number;
 - j. Distance from the nearest sliding-fee schedule clinic having the same practice type;
 - k. Documentation of a service site's HPSA designation and HPSA score, dated within 30 calendar days before the initial application submission date;

- l. Documentation of the primary care services provided by the service site during the past 24 months including the:
 - i. Number of encounters,
 - ii. Number of AHCCCS encounters,
 - iii. Number of Medicare encounters,
 - iv. Number of self-pay encounters on sliding-fee schedule, and
 - v. Number of encounters free-of-charge; and
 - m. The name, title, e-mail address, and telephone number of a contact individual for the service site;
16. An attestation, including ~~the service site licensee, licensee's designee, or tribal authority's signature~~ the signature of the designee of the governing authority of the service site and date of signature, that the service site shall comply with the requirements in ~~R9-15-202~~ R9-15-201, including agreeing to notify the Department when the employment status of the primary care provider changes;
 17. If the primary care provider will provide services at a critical access hospital according to ~~R9-15-202(A)(1)(g)~~ R9-15-201(A)(1)(g), documentation in a Department-provided format that includes the:
 - a. Name, street address, telephone number, e-mail address, and fax number of the critical access hospital;
 - b. Number of service hours per week that the primary care provider is expected to provide at the critical access hospital;
 - c. Name, title, e-mail address, and telephone number of a contact individual for the critical access hospital;
 18. Except for a free-clinic, Indian Health Service or tribal facility, or federal or state prison, a copy of the service site's:
 - a. Sliding-fee schedule in ~~R9-15-202(A)(2)(d)(i)~~ R9-15-201(A)(2)(d)(i),
 - b. Sliding-fee schedule policy in ~~R9-15-202(A)(2)(d)(ii)~~ R9-15-201(A)(2)(d)(ii),
 - c. Sliding-fee schedule signage in ~~R9-15-202(A)(2)(d)(iii)~~ R9-15-201(A)(2)(d)(iii) posted on the premises;
 19. If the service site is a free-clinic, a copy of the policy in ~~R9-15-202(A)(2)(f)~~ R9-15-201(A)(2)(f) that the free-clinic provides primary care services to individuals at no charge; and

20. If the primary care provider's employer is not the ~~licensee or tribal~~ governing authority of the service site identified in subsection ~~(C)(13)~~ (B)(13), documentation in a Department-provided format that includes:
- a. An attestation that the employer will comply with the requirements required in ~~R9-15-202(A)(2)~~ R9-15-201(A)(2), including agreeing to notify the Department when the employment status of the primary care provider changes;
 - b. The name, title, e-mail address, and telephone number of a contact individual for the employer;
 - c. Whether the employer is a:
 - i. ~~Public or non-profit service site as allowed in A.R.S. § 36-2172~~ Complies with the requirements in A.R.S. § 36-2172(B)(2), or
 - ii. ~~Private~~ Is a private practice service site in A.R.S. § 36-2174;
 - d. Whether the primary care provider is or will be providing primary care services full-time or half-time;
 - e. The dates that the primary care provider is expected to start and end providing primary care services; and
 - f. The employer's signature and date of signature;
21. If more than one service site ~~licensee, tribal authority, or employer~~ governing authority is identified in subsection ~~(C)(20)~~ (B)(20), the signature and date of signature of ~~each service site licensee, tribal authority, or employer~~ the designee of the governing authority of each service site.

~~**D.C.** If documentation of an existing health professional service obligation owed under contract, required in subsection (C)(11) was included in the initial application, after completing the obligation, a primary care provider shall submit before the start of the primary care provider's loan repayment contract with the Department documentation demonstrating that the obligation was completed. If the primary care provider provided documentation of an existing health professional service obligation under subsection (B)(10), the applicant shall submit to the Department documentation demonstrating the completion of the health professional service obligation before the start of the primary care provider's loan repayment contract with the Department.~~

~~**E.** A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.~~

- ~~F.D.~~** The Department shall accept an initial application no more than 45 calendar days before the initial application submission date required in subsection (A) ~~and (B)~~.
- ~~G.E.~~** If the Department receives an initial application from a primary care provider at a time other than the time stated in subsection (A) ~~and (B)~~, the Department shall return the initial application to the primary care provider.
- ~~H.F.~~** The Department shall not approve a primary care provider's initial application during a June allocation process if:
1. The primary care provider's service site employs two other primary care providers approved to participate in the LRP Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, as applicable, during the June allocation process, or
 2. The primary care provider's employer employs four other primary care providers approved to participate in the LRP Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, as applicable, during the June allocation process.
- ~~I.G.~~** The Department shall review a primary care provider's initial application according to ~~R9-15-206~~ R9-15-205.

~~R9-15-205. R9-15-203. Renewal Application~~

- A.** A primary care provider who is expected to complete the initial two years of participation in the LRP Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program in the 12 months after April 1, and whose service site has a HPSA score of 14 or more may request to continue participation by submitting a renewal application to the Department by April 1 of each year.
- B.** To continue or resume participation in the LRP Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, the following primary care providers may submit to the Department by October 1 of each year:
1. A renewal application:
 - a. A primary care provider who has a HPSA score of less than 14 and has completed the initial two years of participation in the LRP Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program before the end of the calendar year; or
 - b. A primary care provider who participated in the LRP Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program during the current calendar year and who has completed

three or more years of participation in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program before the end of the calendar year; or

2. The initial application in ~~R9-15-203(C)~~ R9-15-202(C):
 - a. A primary care provider who previously participated in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, completed the first two years of participation in the ~~LRP~~ loan repayment program, and is applying to resume participation; or
 - b. A primary care provider who was previously denied approval to renew participation in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program because loan repayment funds were not available.

C. A primary care provider applying to continue participation in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, as applicable, for an additional year shall submit a renewal application in a Department-provided format to the Department containing:

1. The primary care provider's:
 - a. Name, home address, telephone number, and e-mail address; and
 - b. Existing loan repayment contract number;
2. The name of each service site where the primary care provider provides primary care services, including street address, telephone number, e-mail address, and fax number;
3. Except for a request for change according to ~~R9-15-211~~ R9-15-106, list any changes that may affect the primary care provider's health service priority in ~~R9-15-207~~ R9-15-206 or ~~R9-15-208~~ R9-15-207, as applicable;
4. For each lender receiving loan repayment funds according to the initial application or ~~R9-15-211~~ R9-15-106, the:
 - a. Lender's name, street address, e-mail address, and telephone number;
 - b. Street address where the loan repayment funds are sent;
 - c. Loan identification number;
 - d. If different from the initial application, the percentage of the loan repayment funds that the primary care provider wants a lender to receive;
 - e. Current loan balance, including date provided; and
 - f. Whether the primary care provider requests to continue loan repayment to the lender;

5. If the primary care provider wants to add a qualifying educational loan:
 - a. The lender's name, street address, e-mail address, and telephone number;
 - b. The street address where the loan repayment funds are sent;
 - c. The loan identification number;
 - d. The original date of the loan;
 - e. The primary care provider's name as it appears on the loan contract;
 - f. The original loan amount;
 - g. The current balance of the loan, including the date provided;
 - h. The interest rate on the loan;
 - i. The purpose for the loan;
 - j. The month and year of the start and the end of the academic period covered by the loan; and
 - k. If more than one lender is receiving loan repayment funds, the primary care provider shall advise the Department of the percentage of the loan repayment funds that each lender is identified by the primary care provider to receive;
6. For each qualifying educational loan, a copy of the most recent billing statement from the lender;
7. For any qualifying educational loan identified in subsection (C)(5), documentation from the lender or the National Student Loan Data System established by the U.S. Department of Education verifying that the loan is a qualifying educational loan;
8. Whether the primary care provider is subject to a judgment lien for a debt to a federal agency;
9. If applying to participate in the Primary Care Provider ~~LRP~~ Loan Repayment Program, whether the primary care provider:
 - a. Has defaulted on:
 - i. A Federal income tax liability,
 - ii. Any federally-guaranteed or insured student or home mortgage loan,
 - iii. A Federal Health Education Assistance Loan,
 - iv. A Federal Nursing Student Loan, or
 - v. A Federal Housing Authority Loan; or
 - b. Is delinquent on:
 - i. A payment for court-ordered child support, or
 - ii. A payment for state taxes; or

10. If applying to participate in the Rural Private Primary Care Provider ~~LRP~~ Loan Repayment Program, whether the primary care provider is delinquent on payment for state taxes or court-ordered child support;
11. Whether the primary care provider is providing services at a critical access hospital and primary care services at a service site according to ~~R9-15-202(A)(1)(g)~~ R9-15-201(A)(1)(g);
12. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in ~~R9-15-206~~ R9-15-205;
13. An attestation that:
 - a. Except for the circumstances listed in subsection (C)(3), the information in the initial application, other than loan balances and requested repayment amounts, is still current;
 - b. The Department is authorized to verify all information provided in the renewal application;
 - c. The primary care provider is applying to participate in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, as applicable, for an additional year for loan repayment of all or part of the qualifying educational loans identified in the renewal application;
 - d. The primary care provider will charge fees for primary care services established in the sliding-fee schedule according to ~~R9-15-202~~ R9-15-201; and
 - e. The information and documentation submitted as part of the renewal application is true and accurate;
14. The primary care provider's signature and date of signature;
15. For each service site where a primary care provider provides primary care services, documentation, in a Department-provided format, that includes:
 - a. A statement signed by the ~~licensee, licensee's designee, or tribal authority from the service site~~ designee of the governing authority of the service site where the primary care provider provides primary care services that the primary care provider's employment is extended at least for an additional year;
 - b. The date the primary care provider is expected to end providing primary care services;

- c. Whether the primary care provider is providing primary care services full-time or half-time;
 - d. The number of primary care service hours per week the primary care provider is expected to provide;
 - e. Documentation of primary care services provided during the past 12 months including the:
 - i. Number of encounters,
 - ii. Number of AHCCCS encounters,
 - iii. Number of Medicare encounters,
 - iv. Number of self-pay encounters on sliding-fee schedule, and
 - iv. Number of encounters free-of-charge;
 - f. If the primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
 - g. An attestation that the service site will comply with the requirements in ~~R9-15-202~~ R9-15-201, including agreeing to notify the Department when the employment status of the primary care provider changes;
 - h. The name, title, e-mail address, and telephone number of a contact individual for the service site; and
 - i. ~~The service site's signature~~ of the designee of the governing authority of the service site and date of signature;
16. If a primary care provider provides services at a critical access hospital according to ~~R9-15-202(A)(1)(g)~~ R9-15-201(A)(1)(g), documentation in a Department-provided format that includes the:
- a. Name, street address, telephone number, e-mail address, and fax number of the critical access hospital;
 - b. Number of service hours per week that the primary care provider is expected to provide at the critical access hospital; and
 - c. Name, title, e-mail address, and telephone number of a contact individual for the critical access hospital;
17. If the primary care provider's employer is not the ~~licensee or tribal~~ governing authority of the service site identified in subsection (C)(15), documentation in a Department-provided format, that includes:
- a. A statement that the employer will extend the primary care provider's employment for at least an additional year;

- b. The date the primary care provider is expected to end providing primary care services at the service site;
 - c. Whether the primary care provider is providing primary care services full-time or half-time;
 - d. The number of primary care service hours per week the primary care provider is expected to provide;
 - e. If the primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide;
 - f. An attestation that the employer will comply with the requirements in ~~R9-15-202~~ R9-15-201, including agreeing to notify the Department when the employment status of the primary care provider changes;
 - g. The name, title, e-mail address, and telephone number of a contact individual for the employer; and
 - h. The employer's signature and date of signature; and
18. If more than one service site ~~licensee, tribal authority, or employer~~ governing authority is identified in subsection (C)(15) or (16), the signature and date of signature of the designee of the governing authority of each service site ~~of each service site licensee, tribal authority, or employer.~~

D. In addition to the information required in subsection (C), a primary care provider submitting a renewal application shall include the following documentation:

- 1. Except for a free-clinic, Indian Health Service or tribal facility, or federal or state prison, for each service site where the primary care provider provides or will provide primary care services:
 - a. A copy of the sliding-fee schedule in ~~R9-15-202(A)(2)(d)(i)~~ R9-15-201(A)(2)(d)(i),
 - b. A copy of the sliding-fee schedule policy in ~~R9-15-202(A)(2)(d)(ii)~~ R9-15-201(A)(2)(d)(ii), and
 - c. A copy of the service site's sliding-fee schedule signage in ~~R9-15-202(A)(2)(d)(iii)~~ R9-15-201(A)(2)(d)(iii), posted on the premises;
- 2. If a free-clinic, a copy of the policy in ~~R9-15-202(A)(2)(f)~~ R9-15-201(A)(2)(f) that the free-clinic provides primary care services to individuals at no charge; and
- 3. Documentation of a service site's HPSA designation and HPSA score, dated within 30 calendar days before the renewal application submission date; ~~and~~

4. ~~For each lender receiving loan repayment funds, a copy of the most recent billing statement.~~
- E. A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided by the primary care provider.
- F. The Department shall accept a renewal application no more than 30 calendar days before the renewal application submission date required in subsection (A) or (B).
- G. If the Department receives a renewal application at a time other than the time stated in subsection (A) or (B), the Department shall return the renewal application to the primary care provider that submitted the renewal application.
- H. The Department shall review a primary care provider's renewal application according to ~~R9-15-206~~ R9-15-205.

R9-15-204. Supplemental ~~Initial~~ Application

- A. If a primary care provider submits an initial application to the Department according to ~~R9-15-203~~ R9-15-202 and is not approved to participate in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, as applicable, during the initial application allocation process, the primary care provider may reapply for participation during the October allocation process of the same calendar year by ~~submitting a supplemental initial application by October 1~~ during the October allocation process by submitting a supplemental application according to subsection (B) by October 1 of the same calendar year.
- B. A primary care provider reapplying for an October allocation process according to ~~R9-15-203(B)~~ R9-15-202(A) shall submit a supplemental ~~initial~~ application in a Department-provided format to the Department that contains:
1. The primary care provider's name, home address, telephone number, and e-mail address;
 2. The primary care provider's attestation that:
 - a. The Department is authorized to verify all information provided in the supplemental ~~initial~~ application;
 - b. The primary care provider is applying to participate in either the LRP Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program for two years for loan repayment of all or part of qualifying educational loans identified in the initial application;
 - c. The initial application submitted prior to the October allocation process of the same calendar year is still accurate, except for loan or lender information;

- d. The primary care provider will charge fees for primary care services according to ~~R9-15-202~~ R9-15-201;
 - e. Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in ~~R9-15-206~~ R9-15-205;
 - f. The information and documentation submitted as part of the supplemental ~~initial~~ application is true and accurate; and
 - g. The primary care provider's signature and date of signature;
3. For each primary care provider lender, the following:
- a. The lender's name, street address, e-mail address, and telephone number;
 - b. The loan identification number; and
 - c. The loan balance including principal and interest;
4. An attestation from the ~~service site's licensee, licensee's designee, or tribal authority~~ designee of the governing authority of the service site that includes:
- a. Name, street address, telephone number, e-mail address, and fax number of the service site;
 - b. Whether the service site is:
 - i. ~~Public or non-profit service site as allowed in A.R.S. § 36-2172~~ Meets the requirements in A.R.S. § 36-2172(B)(2), or
 - ii. Private practice service site in A.R.S. § 36-2174;
 - c. The service site provider agrees to comply with the requirements in ~~R9-15-202~~ R9-15-201, including agreeing to notify the Department when the employment status of the primary care provider changes;
 - d. Whether the primary care provider is providing primary care services full-time or half-time;
 - e. The dates that the primary care provider is ~~excepted~~ expected to start and end providing primary care services;
 - f. The name, title, e-mail address, and telephone number of a contact individual for the service site;
 - g. The information submitted as part of the supplemental ~~initial~~ application is true and accurate; and
 - h. ~~The service site's licensee, licensee's designee, or tribal authority signature~~ The signature of the designee of the governing authority of the service site and date of signature; ~~and~~

5. If the primary care provider's employer is not the ~~licensee or tribal~~ governing authority of the service site identified in subsection (B)(4), an attestation from the employer that includes:
 - a. The name, title, e-mail address, and telephone number of a contact individual for the employer;
 - b. Whether the employer is:
 - i. ~~Public or non-profit service site as allowed in A.R.S. § 36-2172~~ Meets the requirements in A.R.S. § 36-2172(B)(2), or
 - ii. ~~Private~~ Is a private practice service site according to A.R.S. § 36-2174;
 - c. Whether the primary care provider is providing primary care services full-time or half-time;
 - d. The dates that the primary care provider is expected to start and end providing primary care services;
 - e. An attestation that the employer will comply with the requirements in ~~R9-15-202~~ R9-15-201, including agreeing to notify the Department when the employment status of the primary care provider changes;
 - f. The information submitted as part of the supplemental ~~initial~~ application is true and accurate; and
 - g. The employer's signature and date of signature;
 6. A copy of the most recent billing statement for the loans listed on the initial application; and
 7. Documentation of a service site's HPSA designation and HPSA score dated within 30 calendar days before the supplemental ~~initial~~ application submission date.
- C. If more than one service site ~~licensee, tribal authority, or employer~~ governing authority is identified in subsection (B)(4) or (5), the signature and date of signature of the designee of the governing authority of each service site ~~of each service site licensee, tribal authority, or employer.~~
- D. The Department shall accept a supplemental ~~initial~~ application no more than 30 calendar days before the ~~renewal~~ supplemental application submission date required in subsection (A) ~~or (B)~~.
- E. The Department shall review a primary care provider's supplemental ~~initial~~ application according to ~~R9-15-206~~ R9-15-205.

~~R9-15-206. R9-15-205. Time-frames~~

- A. The overall time-frame begins, for:
 1. An initial application, on the date established as the deadline for submission of an initial application in ~~R9-15-203~~ R9-15-202;

2. A supplemental ~~initial~~ application, on the date established as the deadline for submission of a supplemental ~~initial~~ application in ~~R9-15-204~~ R9-15-204(A);
 3. A renewal application, on the date established as the deadline for submission of a renewal application in ~~R9-15-205~~ R9-15-203(A); or
 4. A request to add or transfer to another service site or employer, add or change a lender, add or change a qualifying educational loan, change hours worked, suspend or cancel a loan repayment contract, or waive liquidated damages, on the date the request is received by the Department.
- B.** Within the administrative completeness review time-frame for each type of approval in Table 2.1, the Department shall:
1. Provide a notice of administrative completeness to a primary care provider; or
 2. Provide a notice of deficiencies to a primary care provider, including a list of the missing information or documents.
- C.** If the Department provides a notice of deficiencies to a primary care provider:
1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the primary care provider;
 2. If the primary care provider submits the missing information or documents to the Department within the time-frame in Table 2.1, the substantive review time-frame begins on the date the Department receives the missing information or documents; and
 3. If the primary care provider does not submit the missing information or documents to the Department within the time-frame in Table 2.1, the Department shall consider the application withdrawn.
- D.** Within the substantive review time-frame for each type of approval in Table 2.1, the Department:
1. Shall approve or deny a primary care provider's request;
 2. May make a written comprehensive request for additional information or documentation; and
 3. May make supplement requests, if the primary care provider agrees to allow the Department to submit supplemental requests for additional information and documentation.
- E.** If the Department provides a written comprehensive request for additional information or documentation to the primary care provider:

1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request until the date the Department receives the information and documents requested; and
2. The primary care provider shall submit to the Department the information and documents listed in the written comprehensive request within 10 working days after the date of the written comprehensive request.

F. During the substantive review time-frame the Department shall, for each initial, supplemental ~~initial~~, or renewal application that the Department determines is complete and demonstrates that the primary care provider and service site comply with the requirements in A.R.S. Title 36, Chapter 21 and this Article, by 60 calendar days after the application submission date established in this Article, determine a:

1. Health service priority according to ~~R9-15-207 or R9-15-208~~ R9-15-206 or R9-15-207, as applicable, and
2. Highest HPSA score according to ~~R9-15-207(B)(2) or R9-15-208(B)(1) or (B)(2)~~ R9-15-206(B)(2) or R9-15-207(B)(1) or (B)(2), as applicable.

G. The Department shall issue:

1. An approval for a primary care provider to participate in the:
 - a. Primary Care Provider Loan Repayment Program in A.R.S. § 36-2172 when:
 - i. The primary care provider and the primary care provider's service site complies with the requirements in A.R.S. Title 36, Chapter 21 and this Article; and
 - ii. The primary care provider has a health care priority according to ~~R9-15-207~~ R9-15-206 that makes the primary care provider eligible for available loan repayment funds according to ~~R9-15-202~~ R9-15-201; or
 - b. Rural Private Primary Care Provider Loan Repayment Program in A.R.S. § 36-2174 when:
 - i. The primary care provider and the primary care provider's service site complies with the requirements in A.R.S. Title 36, Chapter 21 and this Article; and
 - ii. The primary care provider has a health care priority according to ~~R9-15-208~~ R9-15-207 that makes the primary care provider eligible for loan repayment funds according to ~~R9-15-202~~ R9-15-201; or
2. A denial to a primary care provider, including the reason for the denial and the appeal process in A.R.S. Title 41, Chapter 6, Article 10, if:

- a. The primary care provider does not submit all of the information and documentation listed in a written comprehensive request for additional information and documentation;
- b. The Department determines that the primary care provider or the primary care provider's service site does not comply with the requirements in A.R.S. Title 36, Chapter 21 and this Article; or
- c. The Department determines that the primary care provider and the primary care provider's service site comply with the requirements in A.R.S. Title 36, Chapter 21 and this Article, but:
 - i. There are no loan repayment funds available for the primary care provider;
 - ii. For an initial application, the primary care provider's employer employs four other primary care providers approved to participate in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, as applicable; or
 - iii. For an initial application, the primary care provider's service site employs two other primary care providers approved to participate in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, as applicable.

- H.** If the Department issues a denial based on the determination in subsection (G)(2)(c), the Department shall include in the denial, a notice that, depending on the availability of loan repayment funds, the primary care provider may submit a supplemental ~~initial~~ application for approval to participate in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program during the October allocation process of the same calendar year, as specified in R9-15-204(A).
- I.** If the Department approves a primary care provider's initial application according to subsection (G)(1) for participation in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program, the primary care provider is approved to participate for two years.
- J.** The Department shall determine the effective date of a loan repayment contract after receiving acceptance from a primary care provider following the Department's notice of approval in subsection (G)(1).

Table 2.1. Time-frames (in calendar days)

Type of approval	Authority (A.R.S. § or A.A.C.)	Overall Time-frame (in working days)	Time-frame for the applicant to complete application (in working days)	Administrative Completeness Time-frame (in working days)	Substantive Review Time-frame (in working days)
Initial application	R9-15-203 <u>R9-15-202</u>	45	20	15	30
Renewal application	R9-15-204 <u>R9-15-203</u>	45	10	15	30
Supplemental application	R9-15-205 <u>R9-15-204</u>	45	10	15	30
Request for Change	R9-15-211 <u>R9-15-106</u>	15		5	10
Request to suspend a loan repayment contract	R9-15-212 <u>R9-15-107</u>	15		5	10
Request to waive liquidated damages	R9-15-214 <u>R9-15-110</u>	15		5	10
Request to cancel a loan repayment contract	R9-15-215 <u>R9-15-108</u>	15		5	10

~~R9-15-207. R9-15-206. Primary Care Provider Health Service Priority~~

- A. For a primary care provider providing primary care services at multiple service sites, the Department shall determine the health service priority points in subsection (B)(1) through (6) for each service site and:
1. If the number of primary care service hours worked at one service site is more than 50 percent of the primary care provider’s total number of primary care service hours worked, the Department shall use that service site’s points to determine an initial application or a renewal application health service priority; or
 2. If the number of primary care service hours worked at one service site is not more than 50 percent of the primary care provider’s total number of primary care service hours worked, the Department shall use the average of all service sites’ points to determine an initial application or a renewal application health service priority.

B. The Department shall review an initial application or a renewal application and assign points based on the following factors to determine the initial application or renewal application health service priority:

1. The service site is located in a rural area:
 - a. Yes = 10 points, or
 - b. No = 0 points;
2. The service site’s highest geographic, facility, or population HPSA score, consistent with subsection (A), assigned by the U.S. Secretary of Health and Human Services for the area in which the service site is located according to the documentation provided by the primary care provider;
3. The service site’s percentage of the total encounters reported according to ~~R9-15-203(C)(15)(1) or R9-15-205 (C)(15)(e)~~ R9-15-202(C)(15)(1) or R9-15-204(C)(15)(e) that are AHCCCS, Medicare, approved sliding-fee schedule, and free-of-charge encounters:

Percentage	Points
Greater than 50%	10,
35-50%	8,
26-34%	6,
11-25%	4, or
Less than 10%	2;

4. Except for a service site at a federal or state prison, if:
 - a. A medical primary care provider, including a pharmacist, and the distance from the primary care provider’s service site to the next service site that provides medical services and offers reduced primary care services fees according to an approved sliding-fee schedule is:

Miles	Points
Greater than 25	4, or
Less than 25	0;

- b. A dental primary care provider and the distance from the primary care provider’s service site to the next service site that provides dental services and offers reduced primary care services fees according to an approved sliding-fee schedule is:

Miles	Points
Greater than 25	4, or
Less than 25	0; and

- c. A behavioral health primary care provider and the distance from the primary care provider's service site to the next service site that provides behavioral health services and offers reduced primary care services fees according to an approved sliding-fee schedule is:

Miles	Points
Greater than 25	4, or
Less than 25	0;

- 5. For an initial application only, the primary care provider is newly employed at the service site or by the employer:
 - a. Yes = 2 points, or
 - b. No = 0 points;
- 6. The primary care provider only provides primary care services when the primary care provider and the patient are physically present at the same location:
 - a. Yes = 4 points, or
 - b. No = 0 points;
- 7. The primary care provider is a resident of Arizona according to A.R.S. § 15-1802:
 - a. Yes = 4 points, or
 - b. No = 0 point;
- 8. The primary care provider is a graduate of an Arizona graduate educational institution:
 - a. Yes = 4 points, or
 - b. No = 0 point;
- 9. For an initial application only, the primary care provider has experience providing primary care services to a medically underserved population:
 - a. Yes = 4 points, or
 - b. No = 0 point; and
- 10. The primary care provider is providing or agrees to provide primary care services full-time:
 - a. Yes = 3 points, or
 - b. No = 0 points.

C. To determine a service site's highest HPSA score, the Department shall apply the following HPSA designations:

- 1. A Primary Medical Care HPSA score if a primary care provider provides medical or pharmaceutical primary care services,

2. A Dental HPSA score if a primary care provider provides dental primary care services, and
 3. A Mental Health HPSA score if a primary care provider provides behavioral health primary care services.
- D.** For the purpose of determining a health service priority and allocating loan repayment funds, the Department shall consider a primary care provider who provides services at a critical access hospital, in addition to primary care services at a service site according to ~~R9-15-202(A)(1)(g)~~ R9-15-201(A)(1)(g), to be providing services full-time.
- E.** The Department shall determine a primary care provider's initial or renewal application health service priority by calculating the sum of the assigned points for the factors described in subsection (B).
- F.** The Department shall apply the factors in subsection (G) if the Department determines there are:
1. More than one initial application or renewal application that have the same health service priority and there are funds available for only one initial or renewal application; or
 2. Two or more initial applications that have the same health service priority for:
 - a. A service site and there is one health care provider with a higher health service priority approved to participate in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program during the same June allocation process, or
 - b. An employer and there are three primary care providers with a higher health service priority approved to participate in the LRP Primary Care Provider Loan Repayment Program or Rural Private Primary Care Provider Loan Repayment Program during the same June allocation process.
- G.** To determine participation in the ~~LRP Primary Care Provider Loan Repayment Program~~ or Rural Health Care Provider Loan Repayment Program for a primary care provider in subsection (F), the Department shall apply the following to each primary care provider's application:
1. If only one application is for a primary care provider who is a resident of Arizona, the Department shall approve the primary care provider for participation;
 2. If more than one application is for a primary care provider who is a resident of Arizona, the Department shall apply each of the following factors in descending order until no two applications are the same and all available loan repayment funds have been allocated:
 - a. Whether a primary care provider will provide primary care services full-time;
 - b. Whether the primary care provider's service site is located in a rural area;
 - c. The service ~~site~~ site's highest HPSA score reported in subsection (B)(2);

- d. Whether the primary care provider provides primary care services when the primary care provider and a patient are at the same location;
- e. Whether the primary care provider has experience providing primary care services to a medically underserved population;
- f. The number of total hours the primary care provider has experience providing primary care services in a medically underserved population if reported in subsection (G)(2)(e); and
- g. Whether the primary care provider's practice or specialty is identified as the greatest unmet healthcare discipline or specialty area in Arizona, as determined by the U. S. Department of Health & Human Services, Health Resources and Services Administration.

H. If more than one initial application or renewal application for a primary care provider in subsection (F) remains after the Department's determinations in subsection (G) and there are limited loan repayment funds available, the Department shall randomly select one primary care provider's initial application or renewal application and approve the primary care provider for participation in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program.

I. When the Department holds a random selection to determine one initial application or renewal application identified in subsection (H), the Department shall:

- 1. Assign an Assistant Director from a different division within ~~in~~ the Department other than the division responsible for the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program ~~division to be responsible~~ for the random selection, and
- 2. Invite all the primary care providers whose initial applications or renewal applications are identified to participate in the random selection.

J. The Department shall notify a primary care provider of the Department's decision according to ~~R9-15-206~~ R9-15-205.

~~**R9-15-208.**~~ **R9-15-207. Rural Private Primary Care Provider Health Service Priority**

A. For a primary care provider providing primary care services at multiple service sites, the Department shall determine the health service priority points in subsection (B)(1) through (6) for each service site and:

- 1. If the number of primary care service hours worked at one service site is more than 50 percent of the primary care provider's total number of primary care service hours worked,

the Department shall use that service site's points to determine an initial application or a renewal application health service priority; or

2. If the number of primary care service hours worked at one service site is not more than 50 percent of the primary care provider's total number of primary care service hours worked, the Department shall use the average of all service sites' points to determine an initial application or a renewal application health service priority.

B. The Department shall review an initial application or a renewal application and assign points based on the following factors to determine the initial application or renewal application health service priority:

1. If the service site is a designated HPSA, the service site's highest geographic, facility, or population HPSA score, consistent with subsection (A), assigned by the U.S. Secretary of Health and Human Services for the area in which the service site is located according to documentation provided by the primary care provider;
2. If the service site is not a designated HPSA, the service site's AzMUA score, assigned by the Department, converted to an equivalent HPSA score as calculated by dividing the AzMUA score by 4.65 then rounding the quotient to the higher number;
3. The service site's percentage of the total encounters reported according to ~~R9-15-203(C)(15)(d)~~ or ~~R9-15-205(C)(15)(e)~~ R9-15-202(C)(15)(l) or R9-15-204(C)(15)(e) that are AHCCCS, Medicare, approved sliding-fee schedule, and free-of-charge encounters:

Percentage	Points
Greater than 50%	10,
35-50%	8,
26-34%	6,
11-25%	4, or
Less than 10%	2;

4. Except for a service site at a federal or state prison, if:
 - a. A medical primary care provider, including a pharmacist, the distance from the primary care provider's service site to the next service site that provides medical services and offers reduced primary care services fees according to an approved sliding-fee schedule:

Miles	Points
Greater than 25	4, or
Less than 25	0;

- b. A dental primary care provider, the distance from the primary care provider’s service site to the next service site that provides dental services and offers reduced primary care services fees according to an approved sliding-fee schedule:

Miles	Points
Greater than 25	4, or
Less than 25	0; and

- c. A behavioral health primary care provider, the distance from the primary care provider’s service site to the next service site that provides behavioral health services and offers reduced primary care services fees according to an approved sliding-fee schedule:

Miles	Points
Greater than 25	4, or
Less than 25	0;

- 5. For an initial application only, the primary care provider is newly employed at the service site or by the employer:
 - a. Yes = 2 points, or
 - b. No = 0 points;
- 6. The primary care provider only provides primary care services when the primary care provider and the patient are physically present at the same location:
 - a. Yes = 4 points, or
 - b. No = 0 points;
- 7. The primary care provider is a resident of Arizona according to A.R.S. § 15-1802:
 - a. Yes = 4 points, or
 - b. No = 0 point;
- 8. The primary care provider is a graduate of an Arizona graduate educational institution:
 - a. Yes = 4 points, or
 - b. No = 0 point;
- 9. For an initial application only, the primary care provider has experience providing primary care services to a medically underserved population:
 - a. Yes = 4 points, or
 - b. No = 0 point; and
- 10. The primary care provider is providing or agrees to provide primary care services full-time:

- a. Yes = 3 points, or
 - b. No = 0 points.
- C. To determine a service site's highest HPSA score, the Department shall apply the following HPSA designations:
 - 1. A Primary Medical Care HPSA score. if a primary care provider provides medical or pharmaceutical primary care services,
 - 2. A Dental HPSA score if a primary care provider provides dental primary care services, and
 - 3. A Mental Health HPSA score if a primary care provider provides behavioral health primary care services.
- D. For the purpose of determining a health service priority and allocating loan repayment funds, the Department shall consider a primary care provider who provides services at a critical access hospital, in addition to primary care services at a service site according to ~~R9-15-202(A)(1)(g)~~ R9-15-201(A)(1)(g), to be providing services full-time.
- E. The Department shall determine a primary care provider's initial or renewal application health service priority by calculating the sum of the assigned points for the factors described in subsection (B).
- F. The Department shall apply the factors in subsection (G) if the Department determines there are:
 - 1. More than one initial application or renewal application that have the same health service priority and there are funds available for only one initial or renewal application; or
 - 2. Two or more initial applications that have the same health service priority for:
 - a. A service site and there is one primary care provider with a higher health service priority approved to participate in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program during the same June allocation process; or
 - b. An employer and there are three primary care providers with a higher health service priority approved to participate in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program during the same June allocation process.
- G. To determine participation in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program for a primary care provider in subsection (F), the Department shall apply the following to each primary care provider's application:
 - 1. If only one application is for a primary care provider who is a resident of Arizona, the Department shall approve the primary care provider for participation;

2. If more than one application is for a primary care provider who is a resident of Arizona, the Department shall apply each of the following factors in descending order until no two applications are the same and all available loan repayment funds have been allocated:
 - a. Whether a primary care provider will provide primary care services full-time;
 - b. Whether the primary care provider's service site is a non-profit;
 - c. The highest service site highest HPSA score or converted AzMUA score in subsection (B)(1) or (2);
 - d. Whether the primary care provider provides primary care services when the primary care provider and a patient are at the same location;
 - e. Whether the primary care provider has experience providing primary care services to a medically underserved population;
 - f. The number of clock hours the primary care provider has experience providing primary care services in a medically underserved population if reported in subsection (G)(2)(e); and
 - g. Whether the primary care provider's practice or specialty is identified as the greatest unmet healthcare discipline or specialty area in Arizona determined by the U.S. Department of Health & Human Services, Health Resources and Services Administration.

- H.** If more than one initial application or renewal application for a primary care provider in subsection (F) remains after the Department's determinations in subsection (G) and there are limited loan repayment funds available, the Department shall randomly select one primary care provider's initial application or renewal application and approve the primary care provider for participation in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program.

- I.** When the Department holds a random selection to determine one primary care provider from the primary care providers identified in subsection (H), the Department shall:
 1. Assign an Assistant Director from a different division within in the Department other than the division responsible for the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program division to be responsible for the random selection, and
 2. Invite all the primary care providers whose initial applications or renewal applications are identified to participate in the random selection.

- J.** The Department shall notify a primary care provider of the Department's decision according to ~~R9-15-206~~ R9-15-205.

R9-15-209. R9-15-208. Allocation of Primary Care Provider Loan Repayment Rural Private Primary Care Provider Loan Repayment Funds

- A. Each fiscal year, for an initial application or renewal application that demonstrates a primary care provider's and the primary care provider's service site's compliance with A.R.S. Title 36, Chapter 21 and this Article, the Department shall allocate loan repayment funds according to this Section and in the following order to the primary care provider with the highest health service priority:
1. During the April allocation process, primary care providers with a HPSA score of 14 or more who are approved to participate for a third year in the:
 - a. Primary Care Provider ~~LRP~~ Loan Repayment Program, or
 - b. Rural Private Primary Care Provider ~~LRP~~ Loan Repayment Program;
 2. During the June allocation process, if there are additional loan repayment funds available after the allocation process in subsection (A)(1), primary care providers who are approved for initial participation for two years in the:
 - a. Primary Care Provider ~~LRP~~ Loan Repayment Program, or
 - b. Rural Private Primary Care Provider ~~LRP~~ Loan Repayment Program; and
 3. During the October allocation process, if there are additional loan repayment funds available after the allocation process in subsection (A)(2), primary care providers delineated in subsection (B) in the:
 - a. Primary Care Provider ~~LRP~~ Loan Repayment Program; or
 - b. Rural Private Primary Care Provider ~~LRP~~ Loan Repayment Program.
- B. A primary care provider is allowed to apply for participation in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program according to the requirements in this Chapter and be allocated loan repayment funds according to subsection (A)(3), if the primary care provider has:
1. Completed the first two years of participation in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program but was denied approval to continue participation because no loan repayment funds were available during the allocation process;
 2. Previously participated in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program, completed at least the first two years of participation, and is applying to resume participation in the ~~LRP~~ Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program;

3. Completed the first two years of participation in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program and is currently providing primary care services at a service site with a HPSA score below 14, and is applying to continue participation in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program during the same calendar year as the completion of the first two years;
4. Completed the first three years of participation in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program and is applying to continue participation in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program during the same calendar year as the completion of the first three years of participation; or
5. Submitted an initial application during the same calendar year that demonstrated the primary care provider's and the primary care provider's service site's compliance with A.R.S. Title 36, Chapter 21 and this Article but was denied approval to participate because:
 - a. There were no loan repayment funds available;
 - b. For an initial application, the primary care provider's employer employs four other primary care providers approved to participate in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program; or
 - c. For an initial application, the primary care provider's service site employs two other primary care providers approved to participate in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program.

~~C. The Department shall use monies donated to the LRP to supplement allocations made according to A.R.S. Title 36, Chapter 21 and this Article based on a primary care provider's health service priority and, if applicable, any designation made for the donation according to subsection (D).~~

~~D. A person donating monies to the LRP shall designate whether the donation is for:~~

- ~~1. The LRP to use at the discretion of the Department for loan repayment allocations or for LRP administrative costs; or~~
- ~~2. One of the following:~~
 - a. ~~The Primary Care Provider Loan Repayment Program established according to A.R.S. § 36-2172;~~

- b. ~~The Rural Private Primary Care Provider Loan Repayment Program established according to A.R.S. § 36-2174;~~
- e. ~~A specific type or types of primary care provider; or~~
- d. ~~A specific county in Arizona;~~

~~E. If state loan repayment funds and state appropriated funds are depleted, but there are donated funds available and the primary care provider with the next highest health service priority is not designated to receive the donated funds according to (D)(2) the donated monies are not allocated during the current allocation process.~~

F.C. The Department shall determine the amount of loan repayment funds allocated to a primary care provider based on the primary care provider’s service site’s highest HPSA score as determined in ~~R9-15-207(B)(2) or R9-15-208(B)(1) or (2)~~ R9-15-206(B)(2) or R9-15-207(B)(1) or (2), as follows:

1. If a service site’s highest HPSA score is 18 to 26 points, 100 percent of the maximum annual amount;
2. If a service site’s highest HPSA score is 14 to 17 points, 90 percent of the maximum annual amount; and
3. If a service site’s highest HPSA score is 0 to 13 points, 80 percent of the maximum annual amount.

G.D. The Department shall allocate loan repayment funds to physicians and dentists according to the following:

Contract Year of Service	Maximum Annual Amount for Full-Time		
	HPSA Score of 18-26	HPSA Score of 14-17	HPSA Score of 0-13
Initial two years	\$65,000	\$58,500	\$52,000
Third year	\$35,000	\$31,500	\$28,000
Fourth year	\$25,000	\$22,500	\$20,000
Fifth year and continuing	\$15,000	\$13,500	\$12,000

Contract Year of Service	Maximum Annual Amount for Half-Time		
	HPSA Score of 18-26	HPSA Score of 14-17	HPSA Score of 0-13
Initial two years	\$32,500	\$29,250	\$26,000
Third year	\$17,500	\$15,750	\$14,000
Fourth year	\$12,500	\$11,250	\$10,000

Fifth year and continuing	\$7,500	\$6,750	\$6,000
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H.E. The Department shall allocate loan repayment funds to pharmacists, advance practice providers, and behavioral health care providers according to the following:

Contract Year of Service	Maximum Annual Amount for Full-Time		
	HPSA Score of 18-26	HPSA Score of 14-17	HPSA Score of 0-13
Initial two years	\$50,000	\$45,000	\$40,000
Third year	\$25,000	\$22,500	\$20,000
Fourth year	\$20,000	\$18,000	\$16,000
Fifth year and continuing	\$10,000	\$9,000	\$8,000

Contract Year of Service	Maximum Annual Amount for Half-Time		
	HPSA Score of 18-26	HPSA Score of 14-17	HPSA Score of 0-13
Initial two years	\$25,000	\$22,500	\$20,000
Third year	\$12,500	\$11,250	\$10,000
Fourth year	\$10,000	\$9,000	\$8,000
Fifth year and continuing	\$5,000	\$4,500	\$4,000

I.F. When calculating the allocation of loan repayment funds for a primary care provider who resumes participation in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program, the Department shall consider the loan repayment contract year of service to be the succeeding year following the actual loan repayment contract years of service completed during the primary care provider’s previous participation in the LRP Primary Care Provider Loan Repayment Program or Rural Health Care Provider Loan Repayment Program.

J.G. If the Department has inadequate funds to provide the maximum annual amount allowable and a primary care provider agrees to accept the lesser amount, the Department shall allocate the lesser amount agreed to by the primary care provider.

K.H. If the Department determines no loan repayment funds are available during a fiscal year for allocations based on an initial application or a renewal application, the Department shall provide a notice at least 30 calendar days before the initial or renewal application submission date that the Department is not accepting initial or renewal applications.

~~R9-15-210.~~ R9-15-209. Supplemental Verification Requirements of Primary Care Services and Disbursement of Loan Repayment Funds

- ~~A.~~ If In addition to the requirements in R9-15-105, if primary care services are provided:
- ~~1.~~ 1. by By means of telemedicine, a primary care provider shall:
 - ~~1.~~ Report the number of telemedicine hours worked, and
 - ~~2.~~ 2. ~~Attest~~ attest that the originating site where the telemedicine patient is located and the distant site where the primary care provider is located are both in a HPSA or, if applicable, both in an AzMUA; and
- ~~B.~~ If a primary care provider provides primary care services
- ~~2.~~ 2. at At a critical access hospital with a separate qualifying service site, the primary care provider shall report the:
 - ~~1-a.~~ Total number of hours the primary care provider provided primary care services at the qualifying service site separate from the critical access hospital, and
 - ~~2-b.~~ Total number of hours worked at the critical access hospital.
- ~~C.~~ A primary care provider shall submit verification of primary care service hours worked at the primary care provider's approved service site on a Department provided format containing:
- ~~1.~~ The primary care provider's name;
 - ~~2.~~ The beginning and ending dates during which the primary care services were provided;
 - ~~3.~~ Whether the primary care provider is providing primary care services full time or half time;
 - ~~4.~~ The primary care provider's notarized signature and date of signature; and
 - ~~5.~~ The primary care provider's approved service site's licensee, tribal authority, or employer's notarized signature and date of signature.
- ~~D.~~ A primary care provider shall submit documentation of primary care service encounters provided at the primary care provider's approved service site in a Department provided form containing:
- ~~1.~~ The primary care provider's name;
 - ~~2.~~ The beginning and ending dates during which the primary care services were provided;
 - ~~3.~~ The number of total encounters the primary care provider provided during the time reported in subsection (D)(2);
 - ~~4.~~ The number of total encounters used the sliding fee scale the primary care provider provided during the time reported in subsection (D)(2);
 - ~~5.~~ The primary care provider's notarized signature and date of signature; and
 - ~~6.~~ The primary care provider's approved service site's licensee, tribal authority, or employer's notarized signature and date of signature.

- ~~E.~~ Upon receipt of the verification in subsection (C) and the documentation in subsection (D), the Department shall disburse loan payment funds to the primary care provider's lender or lenders.
- ~~F.~~ Primary care services performed before the effective date of a loan repayment contract do not satisfy the contracted primary care health professional service obligation and are not eligible for loan repayment funds.
- ~~G.~~ The Department shall disburse loan repayment funds for primary care services provided during a loan repayment contract period according to the allocations in R9-15-209.
- ~~H.~~ The Department may delay disbursing loan repayment funds to a primary care provider's lender or lenders if the primary care provider fails to submit complete or timely service verification and encounter report forms.
- ~~I.~~ The Department shall not disburse loan repayment funds to a primary care provider's lender or lenders if the primary care provider fails to submit complete and accurate information required in the service verification and the encounter report forms.

R9-15-210. Renumbered

R9-15-211. Request for Change Repealed

- ~~A.~~ To request a change, a primary care provider shall submit the following information to the Department, in a Department provided format:
 - ~~1.~~ The primary care providers name, home address, telephone number, and e-mail address;
 - ~~2.~~ Whether the request is to:
 - ~~a.~~ Add or transfer to another service site or employer,
 - ~~b.~~ Add or change a qualifying educational loan or lender, or
 - ~~c.~~ Change primary care service hours from full time to half time or from half time to full time;
 - ~~3.~~ Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;
 - ~~4.~~ An attestation that:
 - ~~a.~~ The Department is authorized to verify all the information provided, and
 - ~~b.~~ The information submitted is true and accurate; and
 - ~~5.~~ The primary care provider's signature and date of signature.
- ~~B.~~ In addition to the information required in subsection (A), a primary care provider:
 - ~~1.~~ If adding or transferring to a new service site or new employer, shall submit the following information about the new service site or employer:
 - ~~a.~~ In a Department provided format:

- i. ~~The information required in R9-15-203(C)(15) for the new service site and in R9-15-203(C)(17) for a new critical access hospital, if applicable;~~
 - ii. ~~An attestation signed and date signed by a licensee, licensee's designee, or tribal authority from the new service site stating that the new service site will comply with the requirements in R9-15-202, including agreeing to notify the Department when the employment status of the primary care provider changes;~~
 - iii. ~~If the primary care provider's new employer is not the licensee or tribal authority of the service site identified in subsection (B)(1)(a)(i):~~
 - (1) ~~An attestation that the new employer will comply with the requirements in R9-15-202, including agreeing to notify the Department when the primary care provider's employment status changes;~~
 - (2) ~~The name, title, e-mail address, and telephone number of a contact individual for the new employer;~~
 - (3) ~~Whether the primary care provider is providing primary care services full time or half time;~~
 - (4) ~~The dates that the primary care provider is expected to start and end providing primary care services; and~~
 - (5) ~~The new employer's signature and date of signature;~~
 - b. ~~Except for a service site that is a free clinic or a federal or state prison, a copy of the new service site's:~~
 - i. ~~Sliding fee schedule in R9-15-202(A)(2)(d)(i),~~
 - ii. ~~Sliding fee schedule policy in R9-15-202(A)(2)(d)(ii), and~~
 - iii. ~~Sliding fee schedule signage in R9-15-202(A)(2)(d)(iii), posted on the premises;~~
 - e. ~~Documentation that the new service site is in a HPSA or an AzMUA; and~~
 - d. ~~If more than one service site licensee, tribal authority, or employer is identified in subsection (B)(1)(a), the signature and date of signature of each service site licensee, tribal authority, or employer.~~
2. ~~If adding or changing a qualifying educational loan or lender, shall submit the following information about the qualifying educational loan or lender:~~
- a. ~~In a Department provided format:~~

- i. ~~An attestation signed and date signed by an individual from the lending institution, certifying that the loan meets the requirements in R9-15-201 for a qualifying educational loan, and~~
 - ii. ~~The percentage of the loan repayment funds that the primary care provider is requesting that the lender receive;~~
 - b. ~~Documentation from the lender or the National Student Loan Data System, established by the U.S. Department of Education, verifying that the loan is for a qualifying educational loan; and~~
 - c. ~~For a qualifying educational loan, a copy of the most recent billing statement from the lender; and~~
 - 3. ~~If changing primary care service hours worked, shall submit the following information about the change in primary care service hours:~~
 - a. ~~In a Department provided format:~~
 - i. ~~The name, title, e-mail address, and telephone number of a contact individual for each service site, tribal authority, or employer; and~~
 - ii. ~~The percentage of loan repayment funds each lender may receive if different from the initial application; and~~
 - b. ~~A copy of an agreement or a letter verifying approval to change primary care service hours signed by the licensee, tribal authority, or employer from the service site where the primary care provider provides primary care service, including:~~
 - i. ~~The name of each service site where the primary care services are provided;~~
 - ii. ~~The date the primary care provider is expected to begin revised primary care services hours;~~
 - iii. ~~The number of primary care service hours per week the primary care provider is expected to work; and~~
 - iv. ~~If a primary care provider will provide telemedicine, the number of telemedicine hours the primary care provider is expected to provide per week.~~
- ~~C. If a primary care provider's personal information changes, the primary care provider shall submit:~~
- 1. ~~A written notice stating the information being changed and indicating the new information; and~~

2. If the change is in the primary care provider's legal name, a copy of one of the following with the primary care provider's new name:
 - a. Marriage certificate,
 - b. Divorce decree,
 - c. Professional license, or
 - d. Other legal document establishing the primary care provider's legal name.
- D.** Before a primary care provider provides primary care service at another service site or employer, or changes primary care services from full time or half time hours worked, the primary care provider shall obtain the Department's approval for the change.
- E.** If a change in service site or a change in primary care service hours worked affects a primary care provider's service site points or health service priority, the Department shall determine whether the primary care provider's loan repayment amount will increase or decrease; and if:
1. A loan repayment amount will increase, the primary care provider's loan repayment amount will not change until the primary care provider obtains approval to renew participation; or
 2. A loan repayment amount will decrease, the primary care provider's loan repayment amount will decrease according to amounts in R9-15-209, effective on the date the Department approves the primary care provider's request to change service site or primary care service hours.
- F.** If a change in primary care service hours worked is from full time to half time, the primary care provider's loan repayment funds allocated will decrease by half of the existing contracted loan repayment amount, effective on the date the Department approves the primary care provider's request to change the primary care service hours worked.
- G.** If a change in primary care service hours worked is from half time to full time:
1. The primary care provider's allocated loan repayment funds will not change until the primary care provider's renewal application is approved to continue participation; and
 2. For a primary care provider who was initially allocated loan repayment funds based on providing primary care services full time but is currently providing primary care services half time, the primary care provider's loan repayment funds will revert to the loan repayment funds initially allocated after the Department approves the primary care provider's request to change back to full time primary care service hours.
- H.** A primary care provider shall submit a request to change according to this Section to the Department:

1. ~~At least 10 working days before the effective date of a change to a qualifying educational loan or lender; and~~
 2. ~~At least 30 calendar days before the effective date of a change to add or transfer to another service site or employer or to change primary care service hours worked.~~
- I.** ~~A primary care provider shall execute any document necessary for the Department to access records and acquire information necessary to verify information provided.~~
- J.** ~~For a request submitted according to subsection (A), the Department shall notify a primary care provider of the Department's decision according to R9-15-206.~~

R9-15-212. Loan Repayment Contract Suspension Repealed

- A.** ~~A primary care provider may request a loan repayment contract suspension:~~
1. ~~For a condition involving the primary care provider or a member of the primary care provider's immediate family that restricts the primary care provider's ability to complete the terms of the loan repayment contract, or~~
 2. ~~To transfer to another service site or employer.~~
- B.** ~~To request a loan repayment contract suspension, a primary care provider shall submit to the Department a written request for a loan repayment contract suspension, at least 30 calendar days before the proposed start date of the loan repayment contract suspension that includes:~~
1. ~~The primary care provider's name, home address, telephone number, and e-mail address;~~
 2. ~~The service site's name, street address, e-mail address, and telephone number, and the name of the individual authorized to act on behalf of the service site;~~
 3. ~~The reasons for the primary care provider's request to suspend the loan repayment contract;~~
 4. ~~The beginning and ending dates of the requested loan repayment contract suspension;~~
 5. ~~Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;~~
 6. ~~A statement that the information included in the request for loan repayment contract suspension is true and accurate; and~~
 7. ~~The primary care provider's signature and date of signature.~~
- C.** ~~Upon receiving a request for a loan repayment contract suspension, the Department may contact the individual in subsection (B)(2):~~
1. ~~To verify the information in the request for the loan repayment contract suspension, and~~
 2. ~~To obtain information regarding the circumstances that caused the request for loan repayment contract suspension.~~

- ~~D.~~ A primary care provider may request an initial loan repayment contract suspension for up to six months. If the primary care provider is unable to resume providing primary care services by the end of the initial loan repayment contract suspension period, the primary care provider may request an additional six-month loan repayment contract suspension for a total maximum allowable loan repayment contract suspension of 12 months.
- ~~E.~~ A primary care provider requesting an additional six-month loan repayment contract suspension shall submit a written request to the Department at least 30 calendar days before the expiration of the initial loan repayment contract suspension period that includes the requirements in subsection (B).
- ~~F.~~ During a primary care provider's loan repayment contract suspension period, a primary care provider who plans to continue to participate in the LRP is required to submit a renewal application according to R9-15-205.
- ~~G.~~ During a primary care provider's loan repayment contract suspension period, the Department shall not disburse loan repayment funds to a primary care provider's lender.
- ~~H.~~ A primary care provider is responsible for making loan payments during the loan repayment contract suspension period.
- ~~I.~~ If the Department approves a primary care provider's request for a loan repayment contract suspension due to transfer to another service site or employer, the primary care provider shall written report progress made in identifying another service site or employer to the Department at least once every 30 calendar days.
- ~~J.~~ If the primary care provider does not obtain employment at another service site or employer or resume providing primary care services by the end of the loan repayment contract suspension period, the Department shall consider that the primary care provider has failed to complete the terms of the loan repayment contract or does not intend to complete the terms of the loan repayment contract.
- ~~K.~~ For a request submitted according to subsection (B) or (E), the Department shall notify a primary care provider of the Department's decision according to R9-15-206.

R9-15-213. ~~Liquidated Damages for Failure to Complete a Loan Repayment Contract~~ Repealed

- ~~A.~~ A primary care provider who fails to complete the terms of the loan repayment contract shall pay to the Department the liquidated damages owed under A.R.S. § 36-2172(I), unless the primary care provider receives a waiver of the liquidated damages under R9-15-214.
- ~~B.~~ Upon receiving notification or upon the Department's determination that a primary care provider is unable or does not intend to complete the terms of the primary care provider's loan repayment contract, the Department shall:

1. ~~Withhold loan repayment funds,~~
 2. ~~Determine liquidated damages owed, and~~
 3. ~~Notify the primary care provider of the amount of liquidated damages owed.~~
- ~~C. A primary care provider shall pay the liquidated damages to the Department within one year after the termination date of a primary care provider's primary care service specified in the loan repayment contract or within one year after the end of a loan repayment contract suspension approved according to R9-15-212, whichever is later.~~

R9-15-214. Waiver of Liquidated Damages Repealed

- ~~A. The Department shall waive liquidated damages owed under A.R.S. Title 36, Chapter 21 or this Article if the primary care provider is unable to complete the terms of the loan repayment contract due to the primary care provider's death.~~
- ~~B. The Department may waive liquidated damages owed under A.R.S. Title 36, Chapter 21 or this Article if the primary care provider is unable to complete the terms of the loan repayment contract because:~~
1. ~~The primary care provider suffers from a physical or behavioral health condition resulting in the primary care provider's temporary or permanent inability to perform the services required by the loan repayment contract; or~~
 2. ~~An individual in the primary care provider's immediate family has a chronic or terminal illness.~~
- ~~C. To request a waiver of liquidated damages, a primary care provider shall submit to the Department:~~
1. ~~A written request for a waiver of liquidated damages that includes:~~
 - a. ~~The primary care provider's name, home address, telephone number, and e-mail address;~~
 - b. ~~For each service site where the primary care provider provided primary care services, the service site's:~~
 - i. ~~Name, street address, e-mail address, and telephone number; and~~
 - ii. ~~The name of a contact individual for the service site;~~
 - c. ~~A statement describing the primary care provider's physical or behavioral health condition or the chronic or terminal illness of the primary care provider's immediate family member;~~
 - d. ~~A statement describing why the primary care provider cannot complete the contact;~~

- e. ~~Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206;~~
- f. ~~A statement that the information included in the request for waiver is true and accurate; and~~
- g. ~~The primary care provider's signature and date of signature; and~~
- 2. ~~Documentation of the primary care provider's physical or behavioral health condition or the chronic or terminal illness of the primary care provider's immediate family member.~~
- D.** ~~Upon receiving a request for waiver, the Department may contact the individual authorized to act on behalf of the service site to verify the information in the request for waiver and to obtain any additional information regarding the request for waiver.~~
- E.** ~~In determining whether to waive liquidated damages, the Department shall consider:~~
 - 1. ~~The physical or behavioral health condition of the primary care provider or the chronic or terminal illness of the primary care provider's immediate family member; and~~
 - 2. ~~Whether the documentation demonstrates that the primary care provider is permanently unable or temporarily unable to provide primary care services during or beyond the expiration date of the loan repayment contract.~~
- F.** ~~For a request submitted according to subsection (C), the Department shall notify a primary care provider of the Department's approval or disapproval according to R9-15-206.~~

R9-15-215. Loan Repayment Contract Cancellation Repealed

- A.** ~~A primary care provider may submit a written request to the Department requesting cancellation of a loan repayment contract within 60 calendar days after the start date of the loan repayment contract if:~~
 - 1. ~~No loan repayment has been disbursed to the primary care provider's lender; and~~
 - 2. ~~The primary care provider is unable or does not intend to complete the terms of the loan repayment contract, and~~
 - 3. ~~A written request that includes:~~
 - a. ~~The primary care provider's name, home address, telephone number, and e-mail address;~~
 - b. ~~The service site's name, street address, e-mail address, and telephone number; and the name of the individual authorized to act on behalf of the service site;~~
 - c. ~~Whether the primary care provider agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-206; and~~
 - d. ~~The primary care provider's signature and date of signature.~~

- B.** ~~For a request submitted according to subsection (A), the Department shall notify a primary care provider of the Department's decision according to R9-15-206.~~
- C.** ~~The Department may cancel a loan repayment contract and waive liquidated damages based upon a primary care provider's request to cancel the loan repayment contract in subsection (A).~~
- D.** ~~The Department may cancel a primary care provider's loan repayment contract if the Department determines that:~~
- ~~1. The primary care provider:~~
 - ~~a. Except as allowed in subsection (A), has failed to complete the terms of the loan repayment contract; or~~
 - ~~b. Is not complying with A.R.S. Title 36, Chapter 21 and this Article; or~~
 - ~~2. A primary care provider's service site is not complying with the requirements in A.R.S. Title 36, Chapter 21 or this Chapter.~~
- E.** ~~If the Department cancels a primary care provider's loan repayment contract, the Department shall provide written notice that includes the specific reason for the cancellation and the appeal process in A.R.S. Title 41, Chapter 6, Article 10.~~

ARTICLE 3. BEHAVIORAL HEALTH CARE PROVIDER LOAN REPAYMENT PROGRAM

R9-15-301. Behavioral Health Care Provider Loan Repayment Program and Service Site Requirements

A. An individual may request to participate in the Behavioral Health Care Provider Loan Repayment Program:

1. If the individual:

- a. Serves in a behavioral health facility or the Arizona State Hospital, as authorized by A.R.S. § 36-2175, as a:**
 - i. Behavioral health care provider,**
 - ii. Behavioral health technician,**
 - iii. Registered nurse,**
 - iv. Practical nurse, or**
 - v. Physician;**
- b. Meets the requirements in A.R.S. § 41-1080;**
- c. Has completed the final year of a course of study or program approved by an accrediting agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under A.R.S. Title 32 or holds a current Arizona license or certificate in a health profession licensed under A.R.S. Title 32;**
- d. Demonstrates current employment providing direct patient care with a service site that is:**
 - i. The Arizona State Hospital, or**
 - ii. A public or nonprofit behavioral health hospital, behavioral health residential facility licensed under 9 A.A.C. 10, Article 7, or secure behavioral health residential facility licensed under 9 A.A.C. 10, Article 7 or 13 located in a HPSA in Arizona;**
- e. Demonstrates that the current employer is contracted with the Arizona Health Care Cost Containment System to provide services;**
- f. Is not participating in another loan repayment program established under this Chapter;**
- g. If a physician, has completed a professional residency program or certification program in behavioral health; and**

- h. Has satisfied any other health professional service obligation owed under a contract with a federal, state, or local government before beginning a period of service under the Behavioral Health Care Provider Loan Repayment Program; and
 - 2. The service site or employer agrees to notify the Department when the employment status of the applicant changes.
 - B.** An applicant may not participate in the Behavioral Health Care Provider Loan Repayment Program if the applicant:
 - 1. Is delinquent on payment for:
 - a. State taxes,
 - b. Court-ordered child support, or
 - c. A Federal income tax liability; or
 - 2. Has defaulted on:
 - a. Any federally-guaranteed or insured student loan or home mortgage loan,
 - b. A Federal Health Education Assistance Loan,
 - c. A Federal Nursing Student Loan, or
 - d. A Federal Housing Authority Loan.
- C.** An awardee providing services at the Arizona State Hospital or a behavioral health residential facility licensed under 9 A.A.C. 10, Article 13, may provide services at either location without the service location being considered a change in service site.

R9-15-302. Initial Application

- A.** To apply to participate in the Behavioral Health Care Provider Loan Repayment Program, an applicant who has not previously participated in the Behavioral Health Care Provider Loan Repayment Program or any other loan repayment program under this Chapter shall submit an initial application in subsection (B) to the Department by March 1 of each year.
- B.** An applicant applying to participate in the Behavioral Health Care Provider Loan Repayment Program shall submit to the Department:
 - 1. The following information in a Department-provided format:
 - a. The applicant’s name, home address, telephone number, e-mail address, Social Security number, and date of birth;
 - b. The name of each service site where the applicant provides behavioral health services and will continue to provide behavioral health services while participating in the Behavioral Health Care Provider Loan Repayment Program;
 - c. If applicable, the type of license or certification held by the applicant;

- d. The type of behavioral health specialty or subspecialty, if applicable;
- e. Whether the applicant:
 - i. Provides behavioral health services full-time;
 - ii. Is an Arizona resident;
 - iii. Has any health professional service obligation;
 - iv. Has defaulted in a health professional service obligation and, if so, a description of the circumstances of the default;
 - v. Has experience providing behavioral health services to a medically underserved population; and
 - vi. Agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-306;
- f. For each qualifying educational loan:
 - i. The lender's name, street address, e-mail address, and telephone number;
 - ii. The street address where the behavioral health loan repayment funds are sent;
 - iii. The loan identification number;
 - iv. The original date of the loan;
 - v. The applicant's name as it appears on the loan contract;
 - vi. The original loan amount;
 - vii. The current balance of the loan, including the date provided;
 - viii. The interest rate on the loan;
 - ix. The purpose for the loan;
 - x. The month and year of the start and the end of the academic period covered by the loan; and
 - xi. The percentage of the behavioral health loan repayment funds the applicant establishes for a lender if more than one lender is receiving behavioral health loan repayment funds;
- g. An attestation that:
 - i. The Department is authorized to verify all information provided in the initial application;
 - ii. The applicant is applying to participate in the Behavioral Health Care Provider Loan Repayment Program for two years with the State of Arizona for loan repayment of all or part of qualifying educational loans identified in the initial application according to subsection (B)(1)(f);

- iii. The qualifying educational loans identified ~~in the initial application~~ according to subsection (B)(1)(f) were for the costs of health professional education, including reasonable educational expenses and reasonable living expenses, and do not reflect a loan for other purposes; and
 - iv. The information and documentation submitted ~~as part of the initial application~~ is true and accurate; and
 - h. Whether the applicant is delinquent on:
 - i. State taxes,
 - ii. Court-ordered child support, or
 - iii. A Federal income tax liability, or
 - i. Whether the applicant has defaulted on:
 - i. Any federally-guaranteed or insured student loan or home mortgage loan,
 - ii. A Federal Health Education Assistance Loan,
 - iii. A Federal Nursing Student Loan, or
 - iv. A Federal Housing Authority Loan; and
 - j. The applicant's signature and date of signature;
- 2. Documentation that meets the requirements in A.R.S. § 41-1080;
- 3. A copy of the applicant's Social Security card;
- 4. A copy of the applicant's current driver's license;
- 5. If applicable, documentation showing Arizona residency according to A.R.S. § 15-1802;
- 6. Documentation showing graduation or the completion of the final year of a course of study from an accredited health professional school;
- 7. If applicable, documentation showing completion of graduate studies issued by an accredited educational agency;
- 8. If applicable, a copy of the applicant's current Arizona license under A.R.S. Title 32 in a health profession;
- 9. If a physician, documentation showing that the physician has completed a professional residency program or certification program in behavioral health;
- 10. For each qualifying educational loan identified according to subsection (B)(1)(f), a copy of the most recent billing statement from the lender;
- 11. For ~~any~~ each qualifying educational loan identified according to subsection (B)(1)(f), documentation from the lender or the National Student Loan Data System established by the U.S. Department of Education verifying that the loan is a qualifying educational loan;

12. For an applicant, who has completed health service experience to a medically underserved population, a written statement for each applicable service site where the applicant provided services that includes:
- a. The service site's name, street address, and telephone number;
 - b. The name, title, e-mail address, and telephone number of a contact individual for the service site;
 - c. The number of clock hours completed;
 - d. A description of the services provided;
 - e. The service start date and end date;
 - f. The service site's federal or state designation as medically underserved;
 - g. The name and signature of an individual authorized by the governing authority of the service site and the date signed;
13. If applicable, documentation showing that the applicant's health professional service obligation owed under contract with a federal, state, or local government or another entity will be completed before beginning a period of providing behavioral health services under the Behavioral Health Care Provider Loan Repayment Program;
14. A copy of a contract or a letter verifying employment for each service site where an applicant provides behavioral health services that includes:
- a. The name, street address, e-mail address, and telephone number of the service site;
 - b. The name, e-mail address, and telephone number of a contact individual for the service site;
 - c. That the applicant is providing behavioral health services full-time;
 - d. The employment start date;
 - e. For a contract, the signature and date of signature of the applicant and a designee of the governing authority of the service site; and
 - f. For a letter verifying employment, the signature and date of signature of a designee of the governing authority of the service site;
15. Documentation from the service site that includes:
- a. The following information, in a Department-provided format:
 - i. The name, street address, telephone number, and fax number of the service site;
 - ii. The name, telephone number, and e-mail address of the contact individual for the service site;

- iii. A statement that the applicant is providing behavioral health services full-time;
 - iv. The number of behavioral health service hours per week the applicant is expected to provide;
 - v. The date that the applicant started providing behavioral health services at the service site;
 - vi. Service site's health care institution class or subclass, as specified in A.A.C. R9-10-102;
 - vii. Whether the service site is a public or non-profit service site according to A.R.S. § 36-2175;
 - viii. An attestation that the service site complies with the requirements in R9-15-301(A)(1)(d) and (e) and (2); and
 - ix. The name and signature of ~~an individual authorized by~~ a designee of the governing authority of the service site and the date signed; and
 - b. If applicable, documentation of the service site's HPSA designation and HPSA score, dated within 30 calendar days before the date of submission ~~of the initial application;~~ and
16. If the applicant's employer is not the governing authority of the service site identified in subsection (B)(1)(b), an attestation from the employer that includes:
- a. The name and mailing address of the employer;
 - b. The name, title, e-mail address, and telephone number of a contact individual for the employer;
 - c. The dates that the applicant started and, if applicable, is expected to end providing behavioral health services for the employer;
 - d. The employer's agreement to notify the Department when the employment status of the applicant changes, as required in R9-15-301(A)(2);
 - e. A statement that the information submitted in the attestation is true and accurate; and
 - f. The employer's signature and date of signature.
- C. If the applicant provided documentation of an existing health professional service obligation under subsection (B)(13), the applicant shall submit to the Department documentation demonstrating the completion of the health professional service obligation before the start of the applicant's behavioral health loan repayment contract with the Department.

- D.** The Department shall accept an initial application no more than 30 calendar days before the initial application submission date specified in subsection (A).
- E.** If the Department receives an initial application from an applicant at a time other than the time specified in subsection (A), the Department shall return the initial application to the applicant.
- F.** Except for when the service site is identified as the Arizona State Hospital, the Department shall not approve an applicant's initial application during a March allocation process if:
- 1.** The applicant's service site employs two other applicants approved to participate in the Behavioral Health Care Provider Loan Repayment Program during the March allocation process, or
 - 2.** The applicant's employer employs four other applicants approved to participate in the Behavioral Health Loan Care Provider Repayment Program during the March allocation process.
- G.** The Department shall review an applicant's initial application according to R9-15-305.

R9-15-303. Renewal Application

- A.** An applicant who is expected to complete the initial two years of participation in the Behavioral Health Care Provider Loan Repayment Program in the 12 months after January 15 of each year, and whose service site is the Arizona State Hospital or has a HPSA score of 14 or more may request to continue participation by submitting to the Department a renewal application in subsection (B) by January 15 of the same year.
- B.** An applicant applying to renew participation in the Behavioral Health Care Provider Loan Repayment Program for an additional year shall submit to the Department:
- 1.** The following information in a Department-provided format:
 - a.** The applicant's name, home address, telephone number, and e-mail address;
 - b.** The existing behavioral health loan repayment contract number;
 - c.** The name of each service site where the applicant provides behavioral health services, including street address, telephone number, e-mail address, and fax number;
 - d.** Except for a request for a change made according to R9-15-106, a list of any changes that may affect the applicant's health service priority in R9-15-306;
 - e.** For each lender receiving loan repayment funds specified according to R9-15-302(B)(1)(f) or R9-15-106:
 - i.** The lender's name, street address, e-mail address, and telephone number;
 - ii.** The street address where the loan repayment funds are sent;
 - iii.** The loan identification number;

- iv. If different from the information specified according to R9-15-302(B)(1)(f) or R9-15-106, the percentage of the loan repayment funds that the applicant wants the lender to receive;
- v. Current loan balance, including date provided; and
- vi. Whether the applicant requests to continue loan repayment to the lender;
- f. If the applicant wants to add a qualifying educational loan:
 - i. The lender's name, street address, e-mail address, and telephone number;
 - ii. The street address where the loan repayment funds are sent;
 - iii. The loan identification number;
 - iv. The original date of the loan;
 - v. The applicant's name as it appears on the loan contract;
 - vi. The original loan amount;
 - vii. The current balance of the loan, including the date provided;
 - viii. The interest rate on the loan;
 - ix. The purpose for the loan;
 - x. The month and year of the start and the end of the academic period covered by the loan; and
 - xi. The percentage of the loan repayment funds that the ~~lender is identified by the applicant to receive~~ applicant wants the lender to receive;
- g. Whether the applicant agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-305;
- h. The applicant's attestation that:
 - i. Except for the circumstances listed in subsection (C)(1)(d), the information specified according to R9-15-302(B), other than loan balances and requested repayment amounts, is still current;
 - ii. The Department is authorized to verify all information provided in the renewal application;
 - iii. The applicant is applying to participate in the Behavioral Health Care Provider Loan Repayment Program for an additional year for loan repayment of all or part of the qualifying educational loans identified according to subsection (B)(1)(e) or (f); and
 - iv. The information and documentation submitted as part of the renewal application is true and accurate;
- i. Whether the applicant is delinquent on:

- i. State taxes,
 - ii. Court-ordered child support, or
 - iii. A Federal income tax liability, or
 - j. Whether the applicant has defaulted on:
 - i. Any federally-guaranteed or insured student loan or home mortgage loan,
 - ii. A Federal Health Education Assistance Loan,
 - iii. A Federal Nursing Student Loan, or
 - iv. A Federal Housing Authority Loan; and
 - k. The applicant's signature and date of signature;
- 2. To document the total time that an applicant had health service experience to a medically underserved population, including the time during the period the applicant provided services during the initial two years of participation in the Behavioral Health Care Provider Loan Repayment Program, a written statement for each service site where the applicant provided services that includes:
 - a. The service site's name, street address, and telephone number;
 - b. The name, telephone number, and e-mail address of the contact individual for the service site;
 - c. The number of clock hours completed:
 - i. Before participation in the Behavioral Health Care Provider Loan Repayment Program,
 - ii. During the initial two years of participation in the Behavioral Health Care Provider Loan Repayment Program, and
 - iii. In total at the service site;
 - d. A description of the services provided;
 - e. The service start date and end date;
 - f. The service site's federal or state designation as medically underserved; and
 - g. The name and signature of an individual authorized by the governing authority of the service site and the date signed;
- 3. For each qualifying educational loan, a copy of the most recent billing statement from the lender; and
- 4. For any qualifying educational loan identified in subsection (B)(1)(f), documentation from the lender or the National Student Loan Data System established by the U.S. Department of Education verifying that the loan is a qualifying educational loan.

5. For each service site where the applicant provides behavioral health services, an attestation that includes:
- a. A statement that the applicant’s employment is extended at least for an additional year;
 - b. The date the applicant started and the date the applicant is expected to end providing behavioral health services;
 - c. That the applicant is providing behavioral health services full-time;
 - d. The number of behavioral health service hours per week the applicant is expected to provide;
 - e. If the applicant will provide telemedicine, the number of telemedicine hours the applicant is expected to provide;
 - f. An attestation that the service site will comply with the requirements in R9-15-301(A)(1)(d) and (e) and (2);
 - g. The name, title, e-mail address, and telephone number of a contact individual for the service site; and
 - h. The signature and date of signature of the designee of the governing authority of the service site;

C. The Department shall accept a renewal application no more than 30 calendar days before the renewal application submission date specified in subsection (A).

D. If the Department receives a renewal application at a time other than the date stated in subsection (A), the Department shall return the renewal application to the applicant.

E. The Department shall review a renewal application according to R9-15-305.

R9-15-304. Supplemental Applications

A. By July 1 of each calendar year, the Department shall determine if the Department has sufficient remaining funds available for additional awards under the Behavioral Health Care Provider Loan Repayment Program.

1. If the Department determines that funds are available, the Department shall post, on the Department’s website, the information that the Department is accepting applications as specified in subsection (B) including the deadline for accepting applications.

a. The Department shall post the information in subsection (A)(1) at least 15 calendar days before the date the Department begins accepting applications.

b. The deadline for submission of applications is 30 calendar days after the date the Department begins accepting applications.

2. If the Department determines that the Department does not have sufficient funds available for loan repayment awards, the Department shall, on the Department's website:
 - a. Post the information that the Department is not accepting applications, and
 - b. Maintain the information until the next review.

B. An applicant may reapply to participate or apply to renew participation in the Behavioral Health Care Provider Loan Repayment Program by submitting an application to the Department according to subsection (A)(1)(b) that contains:

1. The information and documentation according to subsection (C), if the applicant submitted an initial application to the Department, according to R9-15-302, and was not approved to participate in the Behavioral Health Care Provider Loan Repayment Program during the initial application allocation process for the same calendar year;
2. The information and documentation according to R9-15-302(B), if the applicant previously participated in the Behavioral Health Care Provider Loan Repayment Program and completed at least the first two years of participation in the Behavioral Health Loan Care Provider Repayment Program; and
3. The information and documentation according to R9-15-303(B), if the applicant:
 - a. Provides services at the Arizona State Hospital and will have completed at least the initial two years of participation in the Behavioral Health Care Provider Loan Repayment Program before December 31 of the same calendar year,
 - b. Will have completed at least the initial two years of participation in the Behavioral Health Care Provider Loan Repayment Program before December 31 of the same calendar year and was previously denied participation because loan repayment funds were not available,
 - c. Will have completed at least the initial two years of participation in the Behavioral Health Care Provider Loan Repayment Program before December 31 of the same calendar year at a service site with a HPSA score of less than 14, or
 - d. Will complete three or more years of participation in the Behavioral Health Care Provider Loan Repayment Program before December 31 of the same calendar year.

C. An applicant reapplying according to subsection (B)(1) shall submit an application to the Department that contains:

1. The following information in a Department-provided format:
 - a. The applicant's name, home address, telephone number, and e-mail address;

- b. The name, street address, telephone number, e-mail address, and fax number for each service site;
- c. For each applicant lender, the following:
 - i. The lender's name, street address, e-mail address, and telephone number;
 - ii. The loan identification number; and
 - iii. The loan balance including principal and interest;
- d. Whether the applicant agrees to allow the Department to submit supplemental requests for additional information or documentation in R9-15-305;
- e. The applicant's attestation that:
 - i. The Department is authorized to verify all information provided in the supplemental application;
 - ii. The applicant is applying to participate in the Behavioral Health Care Provider Loan Repayment Program for two years for loan repayment of all or part of qualifying educational loans identified in the initial application, as specified in R9-15-302(B)(1)(f);
 - iii. The information and documentation submitted according to R9-15-302 is still accurate, except for loan or lender information; and
 - iv. The information and documentation submitted as part of the application is true and accurate; and
- f. The applicant's signature and date of signature;
- 2. A copy of the most recent billing statement for the loans listed according to R9-15-302(B)(1)(f);
- 3. An attestation from a designee of the governing authority for each service site listed according to subsection (B)(1)(b) that includes:
 - a. The name and mailing address of the service site;
 - b. The name, title, e-mail address, and telephone number of a contact individual for the service site;
 - c. Whether the service site is a public or non-profit service site in A.R.S. § 36-2175;
 - d. That the applicant is providing behavioral health services full-time;
 - e. The dates that the applicant started and, if applicable, is expected to end providing behavioral health services at the service site;
 - f. The service site's agreement to notify the Department when the employment status of the applicant changes, as required in R9-15-301(A)(2);

- g. A statement that the information submitted in the attestation is true and accurate; and
- h. The signature of the designee of the governing authority for the service site and date of signature; and
- 4. If the applicant's employer is not the governing authority of the service site identified in subsection (B)(1)(b), an attestation from the employer that includes:
 - a. The name and mailing address of the employer;
 - b. The name, title, e-mail address, and telephone number of a contact individual for the employer;
 - c. The dates that the applicant started and, if applicable, is expected to end providing behavioral health services for the employer;
 - d. The employer's agreement to notify the Department when the employment status of the applicant changes, as required in R9-15-301(A)(2);
 - e. A statement that the information submitted in the attestation is true and accurate; and
 - f. The employer's signature and date of signature; and
- 5. If applicable, documentation of the service site's HPSA designation and HPSA score, dated within 30 calendar days before the supplemental application submission date.
- D.** The Department shall accept an application submitted according to subsection (A)(1)(b) no more than 30 calendar days before the submission date specified in subsection (A).
- E.** The Department shall review an application according to R9-15-305.
- F.** If the Department receives an application at a time other than the date stated in subsection (A), the Department shall return the application to the applicant.

R9-15-305. Time-frames

- A.** The overall time-frame begins, for:
 - 1. An initial application, on the date established as the deadline for submission of an initial application in R9-15-302(A);
 - 2. A renewal application, on the date established as the deadline for submission of a renewal application in R9-15-303(A);
 - 3. A application submitted according to R9-15-304, on the date established as the deadline for submission in R9-15-304(A); or
 - 4. A request to add or transfer to another service site or employer, add or change a lender, add or change a qualifying educational loan, change hours worked, suspend or cancel a

behavioral health loan repayment contract, or waive liquidated damages, on the date the request is received by the Department.

B. Within the administrative completeness review time-frame for each type of approval in Table 3.1, the Department shall:

1. Provide a notice of administrative completeness to an applicant; or
2. Provide a notice of deficiencies to an applicant, including a list of the missing information or documents.

C. If the Department provides a notice of deficiencies to an applicant:

1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the applicant;
2. If the applicant submits the missing information or documents to the Department within the time-frame in Table 3.1, the substantive review time-frame begins on the date the Department receives the missing information or documents; and
3. If the applicant does not submit the missing information or documents to the Department within the time-frame in Table 3.1, the Department shall consider the application withdrawn.

D. Within the substantive review time-frame for each type of approval in Table 3.1, the Department:

1. Shall approve or deny an applicant's request;
2. May make a written comprehensive request for additional information or documentation; and
3. May make supplement requests, if the applicant agrees to allow the Department to submit supplemental requests for additional information and documentation.

E. If the Department provides a written comprehensive request for additional information or documentation or a supplemental request to the applicant:

1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or supplemental request until the date the Department receives the information and documents requested; and
2. The applicant shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request within 10 working days after the date of the written comprehensive request or supplemental request.

F. During the substantive review time-frame, the Department shall, for each initial, supplemental, or renewal application that the Department determines is complete and demonstrates that the applicant and service site comply with the requirements in A.R.S. Title 36, Chapter 21 and the

applicable Section of this Article, by 60 calendar days after the application submission date established in this Article, determine a health service priority according to R9-15-306(A).

G. The Department shall issue:

1. An approval for an applicant to participate in the Behavioral Health Care Provider Loan Repayment Program when:

a. The applicant and the applicant's service site comply with the applicable requirements in A.R.S. Title 36, Chapter 21 and this Article; and

b. The applicant has a health care priority according to R9-15-306 that makes the applicant eligible for available loan repayment funds according to R9-15-301; or

2. A denial to an applicant, including the reason for the denial and the appeal process in A.R.S. Title 41, Chapter 6, Article 10, if:

a. The applicant does not submit all of the information and documentation listed in a written comprehensive request for additional information and documentation or a supplemental request within the time-frame in Table 3.1;

b. The Department determines that the applicant or the applicant's service site does not comply with the applicable requirements in A.R.S. Title 36, Chapter 21 and this Article; or

c. The Department determines that the applicant and the applicant's service site comply with the requirements in A.R.S. Title 36, Chapter 21 and this Article, but:

i. There are no loan repayment funds available for the applicant;

ii. Except as specified in R9-15-302(F), for an initial application, the applicant's service site employs two other applicants approved to participate in the Behavioral Health Care Provider Loan Repayment Program; or

iii. Except as specified in R9-15-302(F), for an initial application, the applicant's employer employs four other applicants approved to participate in the Behavioral Health Care Provider Loan Repayment Program.

H. If the Department issues a denial based on the determination in subsection (G)(2)(c), the Department shall include in the denial, a notice that, depending on the availability of Behavioral Health Loan Repayment funds, the applicant may reapply to participate in the Behavioral Health Care Provider Loan Repayment Program according to R9-15-304(B)(1).

- I.** If the Department issues an approval for an applicant to participate in the Behavioral Health Care Provider Loan Repayment Program according to subsection (G)(1), the applicant is approved to participate for:
1. Two years, for an application submitted according to R9-15-302(B) or R9-15-304(C);
and
 2. One additional year, for an application submitted according to R9-15-303(B).
- J.** The Department shall determine the effective date of a loan repayment contract after receiving acceptance from an applicant following the Department’s notice of approval in subsection (G)(1).

Table 3.1. Time-frames (in calendar days)

<u>Type of approval</u>	<u>Authority (A.R.S. § or A.A.C.)</u>	<u>Overall Time-frame (in working days)</u>	<u>Time-frame for applicant to complete application (in working days)</u>	<u>Administrative Completeness Time-frame (in working days)</u>	<u>Substantive Review Time-frame (in working days)</u>
<u>Initial application</u>	<u>R9-15-302</u>	<u>45</u>	<u>20</u>	<u>15</u>	<u>30</u>
<u>Renewal application</u>	<u>R9-15-303</u>	<u>45</u>	<u>10</u>	<u>15</u>	<u>30</u>
<u>Supplemental application</u>	<u>R9-15-304</u>	<u>45</u>	<u>10</u>	<u>15</u>	<u>30</u>
<u>Request for change</u>	<u>R9-15-106</u>	<u>15</u>		<u>5</u>	<u>10</u>
<u>Request to suspend a loan repayment contract</u>	<u>R9-15-107</u>	<u>15</u>		<u>5</u>	<u>10</u>
<u>Request to waive liquidated damages</u>	<u>R9-15-110</u>	<u>15</u>		<u>5</u>	<u>10</u>
<u>Request to cancel a loan repayment contract</u>	<u>R9-15-108(C)</u>	<u>15</u>		<u>5</u>	<u>10</u>

R9-15-306. Behavioral Health Care Provider Health Service Priority

- A.** The Department shall review an application and assign points based on the following factors to determine the health service priority:
1. The applicant is a resident of Arizona according to A.R.S. § 15-1802:
 - a. Yes = 4 points, or
 - b. No = 0 points;
 2. The applicant’s service site is:
 - a. The Arizona State Hospital or a behavioral health residential facility licensed under 9 A.A.C. 10, Article 13 = 10 points;

- b. A behavioral health hospital in a rural county = 7 points;
 - c. A behavioral health hospital in an urban county, other than as specified in subsection (A)(2)(a) = 5 points;
 - d. A behavioral health residential facility in a rural county = 3 points; or
 - e. A behavioral health residential facility in an urban county = 1 point;
3. The applicant is providing direct patient care in a site that has a mental health HPSA score or at the Arizona State Hospital:
- a. Arizona State Hospital = 35 points; or
 - b. If in a HPSA, the most current mental health HPSA score for the site = 0 through 25 points;
4. The applicant's years of service at the current service site:
- a. Less than 1 year = 0 points,
 - b. 1 to 3 years = 4 points,
 - c. 3+ to 7 years = 6 points, or
 - d. 7+ years = 8 points;
5. The length of time the applicant has held the applicable license in Arizona:
- a. Less than 1 year = 0 points,
 - b. 1 to 5 years = 4 points, or
 - c. 5+ years = 6 points;
6. The applicant is a graduate of an accredited Arizona health professional school or program:
- a. Yes = 4 points, or
 - b. No = 0 points; and
7. The applicant has health service experience with a medically underserved population:
- a. Yes = 4 points, or
 - b. No = 0 points.
- B.** The Department shall determine an applicant's health service priority by calculating the sum of the assigned points for the factors described in subsection (A).
- C.** The Department shall apply the factors in subsection (D) if the Department determines there are:
- 1. More than one application that have the same health service priority and there are funds available for only one application; or
 - 2. Except for when the service site is identified as the Arizona State Hospital, two or more applications that have the same health service priority for:

- a. A service site and there was already another applicant - with a higher health service priority approved to participate in the Behavioral Health Care Provider Loan Repayment Program at the same service site during the same allocation process, or
- b. An employer and there were already three other applicants with the same employer and with a higher health service priority approved to participate in the Behavioral Health Care Provider Loan Repayment Program during the same allocation process.

D. To determine participation in the Behavioral Health Care Provider Loan Repayment Program for an applicant in subsection (C), the Department shall apply the following to each applicant's application:

- 1. If only one application is for an applicant who has a service site at the Arizona State Hospital, the Department shall approve the applicant for participation;
- 2. If only one application is for an applicant who is a resident of Arizona and whose service site is not at the Arizona State Hospital, the Department shall approve the applicant for participation;
- 3. If more than one application is for an applicant who is a resident of Arizona or whose service site is at the Arizona State Hospital, the Department shall apply each of the following factors in descending order until no two health service priority scores are the same and all available loan repayment funds have been allocated:
 - a. The highest score reported in subsection (A)(3);
 - b. How long the applicant has been providing services at the current service site;
 - c. How long the applicant has held a professional license in Arizona;
 - d. Whether the applicant has health service experience to a medically underserved population; and
 - e. The total number of hours the applicant has health service experience to a medically underserved population if reported in subsection (D)(3)(d).

E. If more than one application for an applicant in subsection (C) remains after the Department's determinations in subsection (D) and there are limited loan repayment funds available, the Department shall randomly select one application and approve the applicant for participation in the Behavioral Health Care Provider Loan Repayment Program.

F. When the Department holds a random selection to determine one application identified in subsection (E), the Department shall:

1. Assign an Assistant Director from a division within the Department other than the division responsible for the Behavioral Health Care Provider Loan Repayment Program for random selection, and
2. Invite all the applicants whose applications are identified to participate in the random selection.

G. The Department shall notify an applicant of the Department's decision according to R9-15-305.

R9-15-307. Allocation of Behavioral Health Care Provider Loan Repayment Funds

A. Each fiscal year, for an application that demonstrates an applicant's and the applicant's service site's compliance with A.R.S. Title 36, Chapter 21 and this Article, the Department shall allocate Behavioral Health Care Provider Loan Repayment funds according to this Section and in the following order to the applicant with the highest health service priority:

1. During the January allocation process of applications submitted according to R9-15-303(B), applicants whose service site is the Arizona State Hospital or has a HPSA score of 14 or more who are approved to participate for a third year in the Behavioral Health Care Provider Loan Repayment Program;
2. During the March allocation process of applications submitted according to R9-15-302(B), if there are additional loan repayment funds available after the allocation process in subsection (A)(1), applicants who are approved for initial participation for two years in the Behavioral Health Care Provider Loan Repayment Program; and
3. During the allocation process specified in R9-15-304, if there are additional loan repayment funds available after the allocation process in subsection (A)(2), applicants submitting an application according to R9-15-304(B).

B. The Department shall allocate loan repayment funds to an applicant according to the following:

1. For the initial two contract years of service, a maximum of \$50,000; and
2. For each subsequent year, a maximum of \$25,000.

C. If the Department has inadequate funds to provide the maximum annual amount allowable and an applicant agrees to accept the lesser amount, the Department shall allocate the lesser amount agreed to by the applicant.

D. If the Department determines no loan repayment funds are available during a fiscal year for allocations based on an application, the Department shall provide a notice at least 30 calendar days before the application submission date that the Department is not accepting applications.