



ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona State Loan Repayment Program

Provider Application and Program Reference Guide

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PURPOSE

Please read this Provider Application and Program Reference Guide in its entirety prior to submitting your online application. This guidance provides the requirements for participating in the State Loan Repayment Program (SLRP) including a detailed technical assistance document for the application submission process and requirements. As an applicant, it is your responsibility to understand the program's eligibility requirements and to make sure that your application and supporting documentation are complete, accurate, and compliant. As a potential participant, you are responsible to understand your obligation to serve in Arizona's underserved communities and your contractual obligation including understanding the legal and financial ramifications for failing to complete your service commitment with SLRP.

For detailed program information, please visit the State Loan Repayment Program website at www.azdhs.gov/stateloanrepayment.

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PROGRAM OVERVIEW

The Arizona State Loan Repayment Program (SLRP) seeks to improve access to care in medically underserved areas in Arizona by increasing the number of health care providers working in underserved communities. SLRP is administered by the Arizona Department of Health Services (ADHS), Bureau of Women's and Children's Health within the Division of Public Health Prevention Services. SLRP is legislatively authorized under Arizona Revised Statutes [A.R.S. 36-2172](#) and [A.R.S. 36-2174](#) to promote the recruitment and retention of health care professionals to serve in federally designated [Health Professional Shortage Areas \(HPSA\)](#) or [Arizona Medically Underserved Areas \(AzMUA\)](#) in Arizona and in exchange for their service, ADHS repays their qualifying educational loans for an initial two-year commitment.

Per A.R.S. 36-2172, the Primary Care Provider Loan Repayment Program (PCPLRP) qualifies a primary care provider with current or prospective employment with a **public or private, non-profit entity** located and providing services in a federally designated health professional shortage area (HPSA) in the state as designated under [42 Code of Federal Regulations section 62.52](#).

Per [A.R.S. 36-2174](#), the Rural Private Primary Care Provider Loan Repayment Program (RPPCPLRP) qualifies a primary care provider with current or prospective employment with a **rural private primary care practice** located in federally designated health professional shortage areas (HPSA) or Arizona medically underserved areas in the state, as prescribed in section [36-2352](#).

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DEFINITIONS

What is a "Primary Care Provider?"

"Primary care provider" means one of the following providing direct patient care:

- A physician practicing in Family Medicine, Internal Medicine, Pediatrics, Geriatrics, Obstetrics-Gynecology, or Psychiatry;
- A physician assistant practicing in Adult Medicine, Family Medicine, Pediatrics, Geriatrics, Women's health, or Behavioral health;
- A registered nurse practitioner practicing in Adult Medicine, Family Medicine, Pediatrics, Geriatrics, Women's health, or Behavioral health;
- A certified nurse midwife;
- A dentist practicing General Dentistry, Geriatric Dentistry, or Pediatric Dentistry;
- A pharmacist; or
- A behavioral health provider independently licensed to practice as a psychologist, a clinical social worker, a marriage and family therapist, or a professional counselor.

What is a Service Site?

"Service site" means a health care institution that provides primary care services at a specific location.

What is "primary care service?"

"Primary care service" means medical, dental, pharmaceutical, or behavioral health services provided on an outpatient basis by a primary care provider.

Reference: [Arizona Administrative Code Title 9, Chapter 15. Laws 2015, Ch. 3.](#)

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HEALTH PROFESSIONAL SHORTAGE AREA

What is a Health Professional Shortage Area (HPSA) designation?

A Health Professional Shortage Area (HPSA) designation is the process that uses federal criteria to identify an area, a population or a facility as having a shortage of primary care, dental, or mental health providers. An area, population or facility designated as a HPSA obtains a score. The HPSA score represents the need in the community or facility, where an area/facility with a higher score is deemed as having higher health care needs. The State Loan Repayment Program uses the HPSA score as one of its criteria to prioritize applicants.

There are four types of HPSA designations:

Geographic: based on the ratio between the number of full-time equivalent (FTE) clinical providers and the patient population within a given area. This designation indicates that all individuals, who are not living in a detention facility, in the area of designation, have insufficient access to care.

Population: This designation indicates that a subpopulation of individuals living in the area of designation has insufficient access to care. Population groups include those below 200% of federal poverty level, groups on Medicaid, migrant farm workers, tribal or homeless populations, among others.

Facility: This designation indicates that individuals served by a specific health facility have insufficient access to care. The types of facilities that can be designated include federal and state correctional institutions, public and nonprofit healthcare facilities, Indian Health Service facilities and state and county mental hospitals.

Automatic HPSA: Certain types of facilities and population groups receive an automatic HPSA designation from HRSA.

For more information about the designation process, click [here](#).

Additional criteria and guidelines for HPSA designation can be found at the [HRSA Shortage Designation Branch](#).

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What are the benefits of a HPSA Designation?

- HPSA Designation is a key requirement for participating in and prioritizing applicants to receive incentives through programs such as the [State Loan Repayment Program \(SLRP\)](#), [National Health Service Corps Loan Repayment Program \(NHSC LRP\)](#), [NHSC Scholarship Program \(NHSC SP\)](#), and the [Nurse Corps Scholarship and Loan Repayment Program](#).
- [Medicare HPSA Bonus Payment](#). Physicians in *geographic* Primary Care or Mental Health HPSAs are automatically eligible for a 10% increase in Medicare reimbursement. Note: This bonus payment does NOT apply to population HPSAs. It is the physician's responsibility to verify their eligibility for the Medicare HPSA Bonus Payment).
 - [Find HPSAs Eligible for the Medicare Physician Bonus Payment](#)
- Part of eligibility requirements for other federal workforce programs such as the [J-1 Visa Waiver Program](#) and the [National Interest Waiver Program](#).
- Part of eligibility requirements for [Rural Health Clinic Designation](#)
- [Area Health Education Centers](#) receive special consideration if they serve HPSAs with higher percentages of underserved minorities along with funding priority if they provide substantial training experience in HPSAs
- Scoring Preference for Various Federal Title VII & VIII Grants

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How can I find out if my service site is located in a HPSA?

Step 1: To determine if a facility or an area is designated as a HPSA, visit [Health Resources and Services Administration, Data Warehouse](#).

Step 2: Click on the "Find Shortage Areas" tab.

Step 3: The screen below will be displayed on the screen. Follow the instructions below.

Welcome to the new data.HRSA.gov!
If you have any questions or comments, please contact the HRSA Contact Center.

Health Resources & Services Administration
data.HRSA.gov

Home > Tools > Find Shortage Areas

Find Shortage Areas

Shortage designations are used to improve access to primary care, dental, and mental health providers. The tools below allow users to query shortage area data.

HPSA Find

Search HPSA data by state and county (or counties). HPSA Find provides the type of HPSA (geographic, population, or facility-based), score, HPSA type, and other details. The tool allows users to filter, sort, and export the results.

[Search HPSA's by State/County](#)

Find Shortage Areas by Address

Enter an address to determine if it is in a shortage area: Geographic or Population HPSA or MUA/P and the details about that shortage area. Results can be viewed as text or on a map.

[Search Shortage Areas by Address](#)

MUA Find

Search MUA/P data by state and county (or counties). MUA Find provides the type of underserved area (underserved, low income, population), score, and other details. The tool allows users to filter, sort, and export the results.

[Search MUA's by State/County](#)

Click here to find the facility HPSA. You may Search by County, HPSA type, Facility Type, Etc.

Click here to find the area or population HPSA by address. Note that this will not provide the facility HPSA.

NOTE: Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, Rural Health Clinics, Indian Health Service (IHS)/Tribal Clinics may have both an area and facility HPSA. You may use the higher HPSA for the purpose of the State Loan Repayment Program.

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How can a service site receive a federal HPSA designation or request to re-assess a current HPSA?

Sites that are not in designated HPSAs should contact their [State Primary Care Office](#) to inquire if the area where the service site is located could qualify for HPSA designation. The State PCO may be able to assist with HPSA re-designations based on standard federal protocols and schedules.

What is an Arizona Medically Underserved Area?

The Arizona Medically Underserved Area (AzMUA) designation is a state designation which is different from the federal Medically Underserved Area (MUA) designation.

The AzMUA Designation is established in Arizona Revised Statute, [ARS § 36-2352](#), and is used for planning the delivery of primary care services in Arizona. The AzMUA designation is based on [Federal Primary Care HPSA](#) designation or the application of the Primary Care Index. The Primary Care Index is used to assign points to each area based on data gathered from state and federal agencies. A Primary Care Index Score is calculated for each of the Primary Care Areas in Arizona. A total of 121 possible points are available for each area. AzMUA designated areas are [Primary Care Areas \(PCAs\)](#) scoring in the top 25% or having a score greater than 55, whichever is greater. By Arizona Statute, all federally designated Arizona Primary Care [Health Professional Shortage Areas \(HPSAs\)](#) are also considered AzMUAs.

For-profit rural private practice service sites that are not in federally designated HPSAs may use an AzMUA designation to participate in SLRP.

How can I find out if my service site is located in an AzMUA?

To determine whether the service site is located in an AzMUA, the census tract information is needed. The electronic SLRP portal will pre-populate the census tract information based on the service site address entered in the system. You can use this information and follow the steps below to find the AzMUA designation for the service site.

Sometimes, certain tribal areas or frontier/remote areas are unable to be located in the Geocode Mapper in which case the census tract field will be blank and will require the site administrator to locate the census tract information. Please follow the instructions below to locate the census tract information.

Step 1: Click [here](#) to find the census tract where the service site is located. The link is also available here: <https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>.

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Step 2: Enter address on Address field, then "Search..."

The screenshot shows the FFIEC website interface. At the top, there is a search bar with the text "Year: 2017" and "Address: 150 N 18th Ave Phoenix, AZ". To the right of the search bar is a "Search" button. Below the search bar is a table titled "Matched Address" with the following data:

Matched Address	
Address	150 N 18TH AVE, PHOENIX, AZ, 85007
MSA/MD Code	38060
State Code	04
County Code	013
Tract Code	1143.01
MSA/MD Name	PHOENIX-MESA-SCOTTSDALE, AZ
State Name	ARIZONA
County Name	MARICOPA COUNTY

Below the table is a button labeled "Census Demographic Data". To the right of the table is a map showing the location of the address. A blue oval highlights the text: "The Census Tract is the combination of State Code, County Code and Tract Code. In this example, it is 040131143.01." A blue arrow points from this text to the "Tract Code" field in the table. A blue callout box on the right side of the map contains the text: "Type in the site address here...then click Search."

Step 3: Using the census tract, locate the AzMUA Name in the [AzMUA Biennial Report](#). This report is published yearly by the Arizona Department of Health Services and can be accessed online at <http://www.azdhs.gov/documents/prevention/health-systems-development/data-reports-maps/reports/azmua-biennial-report.pdf>.

PROVIDER ELIGIBILITY REQUIREMENTS

Provider applicants and their service sites must meet the eligibility requirements of the program. ([Service Site Eligibility Requirements](#))

All provider applicants must meet the following eligibility requirements:

- Be a U. S. Citizen (U.S Born or Naturalized) or U.S. National
- Be fully licensed to practice in Arizona in one of the following disciplines: An allopathic (MD) or osteopathic (DO) physician in the field of family medicine, pediatrics, obstetrics, internal medicine, geriatrics, or psychiatry;
 - Advance practice providers: A nurse practitioner or a physician assistant in the field of family medicine, pediatrics, obstetrics, internal medicine, or geriatrics; or a certified nurse midwife
 - Pharmacist
 - General Dentist
 - Behavioral Health Providers: A Nurse Practitioner or a physician assistant who is certified to practice as a behavioral health specialist, licensed clinical social worker, licensed professional counselor; clinical psychologist, or licensed marriage and family therapist
 - [Licensed Clinical Social Worker, Qualifications](#)
 - [Licensed Professional Counselor, Qualifications](#)
 - [Licensed Marriage and Family Therapist, Qualifications](#)
 - [Licensed Clinical Psychologist, Qualifications](#)

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- Have completed the final year of a course of study or program approved by an accrediting agency recognized by the United States Department of Education or the Council for Higher Education Accreditation for higher education in a health profession licensed under [A.R.S. Title 32](#)
- If a physician, shall have completed a professional residency program in a primary health care specialty, and be board certified or eligible to sit for the certifying examination in the specialty
- Provide evidence of current or prospective employment with an [eligible employer or service site](#)
- Agree to contract with ADHS to provide **outpatient** primary care services full-time for at least 40 hours per week or half-time for at least 20 hours per week at an approved service site for a minimum of two years

Note: Inpatient services provided at critical access hospitals (CAH) could qualify if provided in conjunction with outpatient services in a rural health clinic or CAH-affiliated clinic. For more information about the service requirements for providers in CAH, click [here](#).

- Except for a primary care provider working at an eligible free clinic or a federal or state prison, agree to charge for primary care services at the usual and customary rates prevailing in the primary care area, except: except that:
 - a. A patient unable to pay the usual and customary rates is charged a reduced rate according to the service site's or employer's sliding-fee schedule, a nominal fee less than the sliding-fee schedule, or not charged; and
 - b. A medically uninsured individual from a family unit with annual income at or below 200% of the poverty level is charged according to a sliding-fee schedule or not charged;
- Agree not to discriminate on the basis of a patient's ability to pay or a payment source, including Medicare, AHCCCS, and a qualifying health plan.
- Agree to accept assignment for payment under Medicare if providing primary care services to adults, AHCCCS, and a qualifying health plan.
- Have qualifying student loans that are still owed for loan repayment
- Have completely satisfied any other service obligation owed under an agreement with a federal (e.g., an active military obligation or a National Health Service Corps Program obligation), a State (e.g., Scholarship Program obligation) or local government, or other entity, prior to beginning a period of service under this program

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MILITARY SERVICE

Individuals in the Reserve Component of the U.S. Armed Forces or National Guard are eligible to participate in the SLRP. If the SLRP participant's military training and/or service, in combination with the participant's other absences from the service site, exceed 35 workdays per service year, the SLRP service obligation will be extended to compensate for the break in service.

Applicants who are not eligible to participate:

- Individuals who have Primary Care Loans through the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions are NOT eligible to participate in the SLRP.
- Individuals who have an outstanding contractual obligation for health professional service to the Federal Government, or to a State or other entity, unless that service obligation will be completely satisfied before the SLRP contract has been signed. Please note that certain provisions in employment contracts can create a service obligation (e.g., an employer offers a physician a recruitment bonus in return for the physician's agreement to work at that facility for a certain period of time or pay back the bonus).
- Individuals with any federal judgment liens.
- Individuals who have: A current default on any Federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, Federal income tax liabilities, Federal Housing Authority loans, etc.) even if the creditor now considers them to be in good standing;
- Breached a prior service obligation to the Federal/State/local government or other entity, even if they subsequently satisfied the obligation; and
- Had any Federal or non-Federal debt written off as uncollectible or received a waiver of any Federal service or payment obligation.
- Individuals who are delinquent on payment of court-ordered child support or state taxes.

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EMPLOYER and SERVICE SITE ELIGIBILITY

For a primary care provider to participate in the SLRP, his/her current/prospective employer or service site (if the employer is the same as the service site) must:

- Be a public or private non-profit entity providing primary care services in a federally designated [Health Professional Shortage Area \(HPSA\)](#) or a rural private practice located in a designated HPSA or [Arizona Medically Underserved Area \(AzMUA\)](#).
- Except for a free clinic or a federal or state prison, charge for primary care services at the usual and customary rates prevailing in the primary care area, except that an employer or service site shall have a policy providing that:
 - a. A patient who is unable to pay the usual and customary is charged:
 - i. A reduced rate according to the service site's sliding-fee schedule,
 - ii. A fee less than the sliding-fee schedule, or
 - iii. Not charged; and
 - b. A medically uninsured individual from a family unit with annual incomes at or below 200% of the poverty level is charged according to the services site's sliding-fee schedule or not charged;
- Except for a free clinic, accept assignment for payment under Medicare if providing primary care services to adults, AHCCCS, and a qualifying health plan;
- Except for a free clinic, be an AHCCCS provider
- Except for a primary care provider working at a free clinic, not discriminate on the basis of a patient's ability to pay for care or a payment source, including Medicare, AHCCCS, and a qualifying health plan;
- Except for a free clinic or a federal or state prison, develop and implement a policy for the service site's sliding-fee schedule;
- Except for a free clinic or a federal or state prison, ensure signage informing individuals that the service site has a sliding-fee schedule is conspicuously posted in the service site's reception area; and
- Agree to notify the Department when the employment status of the primary care provider changes

Inpatient Settings

Except for primary care services delivered in critical access hospitals in conjunction with primary care services in qualified outpatient clinic, inpatient services are not eligible services for SLRP. Providers in CAH may be eligible for an SLRP award if they can consistently demonstrate meeting the [service requirements](#) for providers working in that setting.

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SLIDING FEE SCALE

What is a discounted/sliding fee scale?

- Discounted/sliding fee scale is a way of addressing the need for equitable charges for services rendered to patients.
- A discounted/sliding fee scale is developed according to local fee standards and must be in writing.
- Discounted/sliding fees are based upon federal poverty guidelines, and patient eligibility is determined by annual income and family size.
- Schedules are established and implemented to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied.
- For patients whose household income and family size place them below poverty, a nominal fee is charged.
- Patients between 101-200% of poverty are expected to pay some percentage of the full fee. A discounted/sliding fee scale applies only to direct patient charges.
- Billing for third party coverage (Medicare, Medicaid, SCHIP or private insurance carriers) is set at the usual and customary full charge.

Why do we have a discounted/sliding fee scale?

To be eligible to participate in the State Loan Repayment Program, service sites must have a Sliding Fee Scale based on current Federal Poverty Level Guidelines. State requirements prescribe that a locally determined discounted/sliding fee schedule be used, and that services be provided either at no fee or a nominal fee, as determined by the service site.

Which patients are covered by a discounted/sliding fee scale?

By joining the State Loan Repayment Program (SLRP), you are agreeing to apply the discounted/sliding fee scale equally, consistently, and on a continuous basis to all recipients of services in your site and/or location, without regard to the particular clinician that treats them.

How do we develop a discounted/sliding fee scale?

The following should be taken into consideration when developing a fee schedule:

- The discounted/sliding scale fee scale must be in writing and non-discriminatory;
- No patient should be denied services due to an inability to pay;
- Signage is posted to ensure that patients are aware that a discounted/sliding scale fee is available to them;
- Patients must complete a written application to determine financial eligibility for the discounted/sliding scale fees;
- Every patient's privacy is protected;
- Records are kept to account for each visit and the charges incurred (if any);
- Patients below poverty are charged a nominal fee or not charged at all;
- Service Sites may establish at least three incremental percentages (discount pay classes) as they find appropriate between 101-200% of poverty;
- Patients above 200% of poverty may be charged full fees for services.

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SERVICE OPTIONS

Applicants can apply as a full-time or a half-time practitioner. [Loan repayment awards](#) vary depending on the service option selected by the applicant.

Full-Time Service:

Full time means working at least 40 hours/week, for at least 45 weeks per service year. The 40 hours per week may be compressed into no less than 4 days/week, with no more than 12 hours of work to be performed in any 24-hour period. Of the 40 hours/week, a minimum of 32 hours must be spent providing clinical patient care. Practice-related administrative activities and teaching services shall not exceed 8 hours per week of the 40 hours/week. Telemedicine services are eligible services for SLRP. The limit in the number of telemedicine hours that a provider can perform within his/her full-time 40 hours per week service will follow the National Health Service Corps Loan Repayment Program (NHSC LRP) standards and requirements.

Click [here](#) for additional service requirements for OB/GYN providers, providers working in CMS-certified Critical Access Hospitals/Rural Health Clinics, and providers who teach at HRSA-funded teaching health centers.

Half-Time Option:

Half-time means working at least 20 hours/week, for at least 45 weeks per service year. The 20 hours/week may be compressed into no less than 2 days/ week, with no more than 12 hours of work to be performed in any 24-hour period. Of the 20 hours/week, a minimum of 16 hours must be spent providing clinical patient care. Practice-related administrative activities and teaching services shall not exceed 4 hours per week of the 20 hours/week. Telemedicine services are eligible services for SLRP. The limit in the number of telemedicine hours that a provider can perform within a half-time 20 hours per week service will follow the National Health Service Corps Loan Repayment Program (NHSC LRP) standards and requirements.

Click [here](#) for additional service requirements for OB/GYN providers, providers working in CMS-certified Critical Access Hospitals/Rural Health Clinics, and providers who teach at HRSA-funded teaching health centers.

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Qualifying Educational Loans

Qualifying student loans are limited to the recipient's government and commercial loans that cover educational and reasonable living expenses for undergraduate and graduate education pursued prior to obtaining the health professions degree including principal and interest. The Arizona Department of Health Services (ADHS) will only consider those loans towards the recipient's total indebtedness.

If a SLRP participant obtains or in the process of obtaining additional educational loans toward another health professions degree that will result in a change in discipline (e.g., a Licensed Professional Counselor obtains a doctorate in clinical psychology), he/she will need to apply to the SLRP as a new participant in a future application cycle.

If a SLRP participant obtains or in the process of obtaining additional educational loans toward another health professions degree that will NOT result in a change in discipline (e.g. a Master's Level Nurse Practitioner obtains a Doctorate in Nursing Degree), the newly accrued loans will not qualify for SLRP.

Consolidated/Refinanced Loans

The consolidated/refinanced loan must be from a Government (Federal, State, or local) or commercial lender and must be for the applicant's qualifying educational loans only.

If an eligible educational loan has been consolidated/refinanced with debt other than the educational loan of the applicant, *no portion* of the consolidated/refinanced loan will be eligible for loan repayment.

For loans to remain eligible for the State Loan Repayment Programs, applicants must keep their eligible educational loans segregated from all other debts. Eligible educational loans should not be consolidated with loans owed by any other person, such as a spouse or a child.

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

- A loan for which a primary care provider incurred a health professional service obligation which will not be fulfilled before the deadline for submission of a LRP initial application;
- 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;
- A Primary Care Loan;
- A loan subject to cancellation; or
- A residency loan.

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Prioritization Criteria

Applicants are ranked based on the total health service priority score obtained from the prioritization criteria below. Applicants are awarded based on descending order of score until all program funds are exhausted.

- Whether the service site is located in a rural area
- Service site's highest HPSA score as applicable to the applicant's discipline
- Percentage of the service site's total patient encounters that are underserved (total of encounters on Medicaid (AHCCCS), Sliding Fee Scale, and free of charge over total number of patient encounters)
- Whether the distance of the service site to the next nearest Sliding Fee Scale clinic providing similar type service is greater than or equal to 25 miles
- Whether the applicant is newly employed at the service site or by the employer

"Newly employed" means when 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."

- Whether the applicant is providing services with a patient on-site versus via telemedicine
- Whether the applicant has been a resident of Arizona for the past 12 months from application submission
- Whether the applicant is a graduate of an Arizona graduate educational institution
- Whether the applicant has experience in serving the medically underserved

"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, including clock hours completed during the primary care provider'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, or*
 - ii. A HPSA designated by a federal agency.*
- Whether the applicant is providing services full-time versus half-time

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For applicants working at multiple service sites, the total health service priority score of the primary site where the applicant provides at least half of his/her full-time or half-time hours will be used. For applicants whose full-time or half-time hours are spread across multiple services sites where a primary site is not able to be identified, ADHS will use the average of the total health service priority points for each site.

Restriction in the Number of Awards per Site or per Employer

Per the [Arizona Administrative Code Title 9, Chapter 15. Laws 2015, Ch. 3](#), there is a maximum of 2 new awards per site per year or 4 per employer per year that can be allocated. Regardless of the applicant's high prioritization ranking, if there have already been 2 new "initial contract" awardees at the service site or 4 total from a particular employer, the "3rd" highest ranking applicant from the same service site or "5th" ranking applicant from the same employer will not be awarded. Renewal applications are exempt from this restriction.

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AWARD AMOUNTS

The award amounts for the State Loan Repayment are based on the type of provider, highest Health Professional Shortage Area (HPSA) score specific to the provider's discipline, Full-time or Half-time status, contract year of service with SLRP, and availability of funds.

Awards will be offered to applicants in descending order of the applicant's health service priority score. In the event that a recipient declines an award, the award will be offered to the next highest ranked applicant. Applicants with student loan indebtedness that is less than the award amount they are eligible to receive will be offered a loan repayment amount up to their student loan indebtedness amount subject to availability of funding.

Physicians and Dentists Full-Time/Half-Time			
Contract Year	HPSA Score 18 - 26	HPSA Score 14 - 17	HPSA Score 0 - 13
Initial 2 Years	\$65,000/\$32,500	\$58,500/\$29,250	\$52,000/\$26,000
Third Year	\$35,000/17,500	\$31,500/\$15,750	\$28,000/\$14,000
Fourth Year	\$25,000/\$12,500	\$22,500/\$11,250	\$20,000/\$10,000
Fifth Year and Continuing	\$15,000/\$7,500	\$13,500/\$6,750	\$12,000/\$6,000
Advanced Practice Providers, Behavioral Health Providers, and Pharmacists Full-Time/Half-Time			
Contract Year	HPSA Score 18 - 26	HPSA Score 14 - 17	HPSA Score 0 - 13
Initial Two Years	\$50,000/\$25,000	\$45,000/\$22,500	\$40,000/\$20,000
Third Year	\$25,000/\$12,500	\$22,500/\$11,250	\$20,000/\$10,000
Fourth Year	\$20,000/\$10,000	\$18,000/\$9,000	\$16,000/\$8,000
Fifth Year and Continuing	\$10,000/\$5,000	\$9,000/\$4,500	\$8,000/\$4,000

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AWARD PROCESS

Award Notification

ADHS will notify all applicants of its decision regarding the SLRP application. For new applicants, typically in mid-August or early September of each year prior to the proposed start date of the contract, and for reapplying/renewing applicants, prior to the proposed start date of the contract.

The award notice to successful applicants will include information about when to expect their contract. The contract will be issued separately by the ADHS Procurement Office that specifies the uniform and special terms and conditions of the contract and includes but not limited to the effective date of obligated service, award amount, quarterly payment disbursement, and [provisions for default](#) or breach of contract.

New applicants who were not approved for loan repayment will receive a notice from ADHS that will include the reason for denial and the next application cycle within which to re-apply. New applicants who were denied during the June "initial application" cycle may re-apply in October of the same calendar year during an open application cycle which is contingent upon funding availability.

Click [here](#) for additional information about the initial application cycle.

For providers who have previously applied and have been denied, those who have previously participated in SLRP and re-applying OR those who are renewing their SLRP contracts, click [here](#) for more information.

Provider Acceptance or Denial of the SLRP Award

Providers who have been notified of their SLRP awards are required to communicate their intent to "Accept" the SLRP award through the portal within a specific time period. A sample screen shot below...



Accepting the award through the portal will trigger a notification to the program to proceed with contract development. The provider should expect their SLRP contract via email from ADHS Procurement Office within the next 2 to 3 weeks prior to the proposed start date of their SLRP contracts. The contract will provide in details the full terms and conditions for participating in SLRP.

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The provider is not officially obligated to SLRP until he/she signs and returns the signature page (Page 1) of the SLRP contract and once countersigned by the ADHS Chief Procurement Officer. The provider will receive a copy of the fully executed contract.

NOTE: ADHS will consider a non-response to the award notice as a "Denial" of the SLRP award in which case, the funds will be re-allocated to the next awardee.

Providers who have been notified of their SLRP award but are no longer interested to participate in SLRP must decline their award through the SLRP portal. Declining the award will trigger a notification to the program to cancel the award and re-allocate those funds to the next awardee.

LOAN REPAYMENT PROCESS

Once a provider has accepted the award and the State Loan Repayment Program (SLRP) contract has been fully executed, the provider is considered an "obligated" provider of SLRP. The first loan repayment disbursement to the provider's lender(s) occurs after the first calendar quarter of service from the effective date of the loan repayment contract, and quarterly thereafter throughout the duration of the loan repayment contract. Since there will be a three month period of time before the first payment is made to the lender(s), the provider must coordinate with the lender(s) to make necessary adjustments to the payment schedule (if appropriate) for each loan so that quarterly payments will not result in late payments or delinquencies. **NOTE:** SLRP is intended to help reduce the provider's student loan debt. Therefore, providers should not expect the quarterly SLRP disbursements as the sole payor of their student loan debt unless their lender(s) could accommodate quarterly payments without resulting in late payments or delinquencies. Otherwise, providers should plan on paying their monthly student loan statements.

In order to initiate loan repayments, the provider is required to submit the [Service Verification Form](#) and [Encounter Report Form](#) within 10 business days from the end of each calendar quarter. The forms must reflect services rendered for the quarterly reporting dates as follows: Jan 1 - Mar 31, Apr 1 - Jun 30, Jul 1 – Sep 30, and Oct 1 – Dec 31.

A provider who is unable to submit the forms during the required timeframe must notify ADHS. Any delay in the provider's submission of the forms may result in delay of loan repayment. Failure to submit the required forms will result to no loan repayment to the lender.

LOAN REPAYMENT AND GAPS IN SERVICE

A provider who anticipates a gap in service during the quarter must notify ADHS. Provider must continue to submit the quarterly required Service and Encounter Forms and annotate on the form the start and end dates of absences. If the gap in service will result in a cumulative absence from

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SLRP service of greater than 35 working days per year, the contract must be extended for the period of time that exceeds the allowable 35 working days per year. Through a contract amendment, the new end date is established and the provider's quarterly scheduled payment will be pro-rated accordingly.

If a provider or a member of his/her immediate family has a medical condition that will result in an extended period of absence beyond 35 working days per year, the provider must [request a suspension](#) of the SLRP contract in writing to ADHS. If a suspension is requested and approved, the provider's service commitment end date will be extended accordingly. During the suspension period, all loan repayments will cease. **NOTE:** The recipient remains responsible for timely repayment of the loan or loans.

REQUEST FOR CHANGE

Any Request for Change in loan/lender information, service hours, or employer/service site information may be filed with ADHS electronically through the SLRP portal or by mail depending on your contract start date.

A SLRP participant with an initial or renewal contract start date of October 1, 2018 or after may submit a Request for Change through the SLRP portal. All online requests must accompany the required supporting documents specific to the request. For more information about the requirements, click [here](#). To submit an online request, click [here](#).

All other requests will follow the paper based process as per the following guidelines below.

CHANGE IN LENDER OR QUALIFYING LOAN INFORMATION

A SLRP participant with a contract start date prior to October 1st, 2018 and who wishes to change his/her lender or qualifying loan information (i.e. loan was sold to another lender, new qualifying loans not reported in the initial or renewal application) must submit a [Request for Change](#) to the Arizona Department of Health Services (ADHS) within 10 business days. The Request for Change must accompany a copy of the recipient's billing statement from the new lender or qualifying loan. Upon receipt of the documents, program staff will review and ensure that the request for change in the lender or qualifying loan information is sufficient and compliant with program requirements. Once approved, the recipient's contract will be amended to reflect the new lender or qualifying loan information. Loan repayment disbursement to the new lender or towards the new qualifying loan account will not occur until the contract amendment for the requested change has been fully executed.

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NOTE: A Request for Change due to a Refinanced or Consolidated Loan(s) must accompany the consolidation documents filed with the new lender including the loan detail summary. ADHS will verify that the new refinanced or consolidated loans are the same loans initially approved for SLRP.

CHANGE IN EMPLOYER OR SERVICE SITE

The ADHS expects that the vast majority of the Arizona Loan Repayment Program (SLRP) providers will complete their service obligations at their originally selected sites. However, it is anticipated that this will not always be the case. Despite best efforts and intentions, not every provider is correctly suited to the original site. Life changes on the part of the provider, and/or organizational changes at the site may precipitate the need to change sites.

Providers and service sites must make their best effort to seek a resolution of the issues in order for the provider to remain at the original site for the duration of his/her service obligation. If a resolution is not possible, timely communication between ADHS and providers will facilitate identification of the appropriate action by ADHS.

A SLRP participant with a contract start date prior to October 1st, 2018 who wishes to transfer to another eligible employer or service site where the provider does not anticipate a gap in service due to the transfer must immediately notify ADHS by email that he/she cannot fulfill his/her service obligation at the ADHS-approved service site.

- File a Request for [Change of Employer or Service Site/Service Hours](#) at least 30 days prior to the transfer.
- Submit the required supporting documents with the Request for Change for ADHS' review and approval.
 - Required Supporting Documents for an Employer or Service Site Change:
 - Employment Contract or Amendment that list the new employer or service site including address
 - Except for a free clinic or a state/federal prison, Sliding Fee Scale based on [current Federal Poverty Level Guidelines](#)
 - Except for a free clinic or a state/federal prison, Sliding Fee Scale Policy
 - Except for a free clinic or a state/federal prison, Sliding Fee Scale Signage
- Obtain approval from ADHS about the Request for Change to transfer to the new service site of employer.
- Accept by signing the contract amendment reflecting the change in service site or employer. The contract is fully executed when signed by both the provider and the authorized individual for the ADHS Procurement Office. [Back to Table of Contents](#)

Considerations when changing employer/service site

- If there is no anticipated gap in service resulting from the transfer, loan repayment disbursement to the lenders on record will continue upon submission of the required quarterly service and encounter verification forms.
- If a gap is anticipated between transfers, quarterly loan repayment will be pro-rated to reflect only payments for services rendered. The contract end date will be extended to compensate for the gap in service.
- If the provider's new service site has a lower HPSA score than the original approved service site, the award amount will be reduced to the [prescribed amount](#) based on the lower HPSA score.

CHANGE IN SERVICE HOURS FROM FULL-TIME TO HALF-TIME

A provider who wishes to reduce his/her service hours from full-time (40 hours per week) to half-time (20 hours per week) must file a request for [Change of Employer or Service Site/Service Hours](#) with ADHS at least 30 days prior to the effective date of the provider's reduced service hours. With the request, submit a copy of the provider's employment contract amendment that stipulates the change to half-time service at least 20 hours per week. In lieu of the employment contract, an employment letter may be accepted. After ADHS approves the request and a fully executed contract has been established, the provider can begin working half-time. NOTE: The award amounts will be adjusted accordingly to reflect the provider's half-time status.

CHANGE IN SERVICE HOURS FROM HALF-TIME TO FULL-TIME

ADHS will only accept any requests to convert from half-time to full-time status during an open renewal application cycle. While the provider is not precluded from working full-time at the service site, the provider's SLRP contract will remain on half-time status until he/she is approved for a renewed "Full-Time" SLRP contract. The renewed contract will reflect the full-time award amount that the provider is eligible to receive based on his contract year and the service site's HPSA score.

CONTRACT CANCELLATION

A provider who has been awarded a State Loan Repayment Program contract may cancel his/her contract without penalty within sixty (60) calendar days from the contract effective date if the following conditions are met:

- The provider submits a written request to ADHS requesting cancellation of a loan repayment contract and the reason for the request;
- No loan repayment has been disbursed to the provider's lender; and

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- The provider is unable or does not intend to complete the terms of the SLRP contract.

While ADHS may not impose a penalty for a provider who cancelled a contract with SLRP, ADHS may consider the provider ineligible to participate in SLRP.

CONTRACT SUSPENSION

Transfer/Change in Employer and/or Service Site

A contract suspension may be requested by loan repayment providers who are unable to complete service at their approved service site due to an employment resignation or termination and wishes to transfer to another service site that has not yet been identified.

The provider must:

- Notify ADHS immediately in writing and must include the last date of service with the original approved employer. With this notice, file a [Request for a Contract Suspension](#) for an initial suspension period of 6 months to allow the provider to seek employment at another eligible service site. ADHS will review the request for contract suspension and will notify the provider of ADHS' decision. If the contract suspension request is granted, all loan repayments will cease and the provider must assume responsibility for the loan.
- During the suspension period, the provider must find employment at an eligible service site. The provider must report to ADHS once a month progress made in identifying another service site.
- Once an eligible service site is found, notify ADHS and file a [Request for Change in Employer or Service Site](#) along with the [required documents](#) to ADHS. **NOTE:** If the provider's contract start date was on October 1st, 2018 or after, the provider may file a Request for Change through the SLRP portal. Click [here](#).
- Once ADHS approves the request, a contract amendment will be executed for the change in site and the new end date for the contract accounting for the gap in service while the contract was suspended.
- The provider can resume SLRP service at the new site once the contract amendment has been fully executed.

A provider who is unable to find employment at an eligible service site during or by the end of the initial suspension period may file a second [request for an additional 6 month contract suspension](#) to ADHS for a total maximum allowable contract suspension of 12 months. Once the new request is granted and if the provider does not obtain employment at an eligible service site by the end of the suspension period, the provider is deemed in default and will be required to pay the liquidated

damages as provided in the SLRP contract, unless the provider is able to obtain a waiver of liquidated damages.

Health Condition

Loan repayment providers may request a contract suspension due to a health condition or a health condition within his/her immediate family that restricts the provider's ability to fulfill/complete the terms of the SLRP contract. To request for a contract suspension, the provider must:

- Notify ADHS immediately in writing and must include the last date of service at the ADHS-approved service site before the requested suspension period begins. With this notice, file a [Request for a Contract Suspension](#) with ADHS for up to six months. ADHS will review the request for contract suspension and will notify the provider of ADHS' decision. If the contract suspension request is granted, all loan repayments will cease and the provider must assume responsibility for the loan.
- During the suspension period, the provider must report to ADHS the provider's status and anticipated timeline for returning to SLRP service. A provider who is unable to resume service by the end of the initial suspension period due to a health condition or a health condition in his/her immediate family may file a [request for an additional 6 month contract suspension](#) to ADHS for a total maximum allowable contract suspension of 12 months. Once ADHS grants the contract suspension request, the provider's contract will be extended to account for the gap in service. During the suspension period, the provider must assume responsibility for the loan.

The provider can resume service at any time prior to the end of the suspension period. If a provider is ready to resume service, the provider must notify ADHS so that ADHS can reinstate and amend the contract to reflect the new contract end date. If the provider does not resume service by the end of the suspension period, the provider is deemed in default and will be required to pay the liquidated damages as provided in the SLRP contract, unless the provider is able to obtain a waiver of liquidated damages.

DEFAULT

Loan repayment recipients who do not complete the service obligation will be in default of their SLRP contract. Providers who default on their SLRP obligation are ineligible to participate in the National Health Service Corps Loan Repayment Program.

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In determining defaults, ADHS determines that:

- The provider terminates employment at the approved service site and makes an independent decision to not complete service under the terms of the loan repayment contract.
- The provider failed to resume service at an eligible service site during or by the end of the contract suspension period.

Default providers will incur a debt to the State in an amount not less than the damages that would be owed under the National Health Service Corps Loan Repayment Program (NHSC LRP). Therefore, SLRP's calculation for liquidated damages resulting from provider's breach of his/her SLRP contract is consistent with the NHSC LRP's default provisions. The formula is:

An amount equal to the sum of -

- (A) The amounts paid or allocated to the participant for any period not served;
- (B) The # of months not served, multiplied by \$7,500; and
- (C) Interest on (A) and (B).

*But if the amount resulting from the above formula equals less than \$31,000, then the defaulter owes \$31,000.

The liquidated damages are payable within one year from the last date of service with the approved service site or within one year after the end of the suspension period whichever is later.

Example 1

Dr. Jones had a 2-year (24-month) service obligation. His SLRP award of \$65,000 was disbursed to him on January 1, 2014. He defaulted on July 1, 2014, after serving 6 months. Months not served = 18.

- (A) Amounts paid/allocated for months not served = $\$65,000 \times 0.75 (18 \div 24) = \$48,750$
- (B) Months not served (18) \times \$7,500 = \$135,000
- (A) + (B) = \$183,750
- (C) Interest would accrue on \$183,750 [(A) + (B)] at the rate of 9.625% per year, based on the default date of July 1, 2014. (See [listing of interest rates and effective dates.](#))

Avoiding Default

The loan repayment recipient must notify ADHS within 30 business days of his/her failure to complete the full term of the SLRP contract. Based on the provider's notification, the ADHS program manager will recommend that the provider transfers to another eligible service site where he/she can fulfill the remaining terms of the SLRP contract. [Back to Table of Contents](#)

If the provider has already identified another eligible service site, the provider must file a [request for a change in service site](#) with ADHS. After ADHS verifies that the new site meets program requirements, the loan repayment contract will then be amended to reflect the new service site.

The provider can only transfer to the new service once a fully executed contract amendment has been established.

If a provider is terminated by the employer or resigned from his/her employment, and a new service site has not been identified, the provider must notify ADHS. ADHS will recommend that the provider [requests for a contract suspension](#) to allow time for the provider to seek employment and identify a new site. Once a contract suspension is requested and granted by ADHS, the contract will then be suspended effective the date of the request or the provider's end date with the service site. During the suspension period, program staff will assist the provider in identifying eligible service sites and will provide resources that can facilitate a successful transfer to a new eligible site. It is ultimately the responsibility of the provider to find and match with an eligible site during the suspension period. Once the provider finds a new eligible site to transfer to, he/she must file a [request for a change in service site](#). After ADHS verifies that the new site meets program requirements, the loan repayment contract will then be reinstated and amended to reflect the new service site and end date. The provider can only transfer to the new service once a fully executed contract amendment has been established.

WAIVER OF PENALTIES FOR DEFAULT

A waiver permanently relieves the participant of all or part of the SLRP obligation. ADHS will waive the liquidated damages due to the SLRP provider's death.

ADHS may waive the liquidated damages if the SLRP provider demonstrates one of the following:

- Suffers from a physical or behavioral health condition resulting in the provider's temporary or permanent inability to perform services required by the SLRP contract; or
- The provider's immediate family has a chronic or terminal illness that prohibits the provider to complete the terms of his/her SLRP contract.

To request a waiver of liquidated damages, the provider must submit a written request for a waiver of liquidated damages to ADHS. As prescribed in the program's administrative code, the written request must provide information about the provider and the service site and must include but not limited to the following:

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- A statement describing the provider's physical or behavioral health condition or the chronic or terminal illness of the provider's immediate family member;
- A statement describing why the provider cannot complete the contact;
- A statement that the information included in the request for waiver is true and accurate;
- The provider's signature and date of signature; and
- 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

After ADHS receives the information, ADHS may contact the provider to request for additional information or the point of contact at the provider's service site to verify the information in the request for waiver and to obtain any additional information regarding the request for waiver.

ADHS, with guidance from the Attorney General's Office, will approve the waiver request if it determines that the provider meets the eligibility requirements to receive a waiver of liquidated damages based on submitted documentation. Otherwise, the waiver request is rejected and the provider will be responsible to pay the liquidated damages. Regardless of the outcome, ADHS will issue a decision notice to the provider.

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APPLICATION

APPLICATION DEADLINE

Initial Application

Providers who have **NOT** been a participant of the State Loan Repayment Program (SLRP) previously may apply online during an open application cycle typically starting in mid-April and ending on June 1st of each year by 8 PM AZ time. A complete online application and required supporting documentation must be submitted through the SLRP Portal. The application process includes an employment and eligibility verification process that must be completed by the Site Administrator before the applicant can fully submit the application. Applicants must follow-up with their Site Administrators accordingly for timely processing of employment verifications to minimize delay in the application submission process.

Renewal Application (Year 3)

Current participants of SLRP in their initial two year contracts and are applying for a third year renewal contract may apply online during an open Renewal Application cycle typically starting March 1st and ending April 1st of each year. Specifically, if a SLRP participant's initial two year contract is expiring within the next 12 months from April 1st between April 1st of the current calendar year and March 31st of the next calendar year, he/she may apply for a renewal contract during this window. The Renewal Application cycle announcement will be posted on the SLRP website prior to its opening.

Renewal Application/Reapplication

Contingent upon availability of funding during a state fiscal year, the SLRP may open a Reapplication cycle between September and October for providers who were previous participants of SLRP and are returning applicants or for providers whose initial applications have been denied during the initial application cycle closing June 1st of the same calendar year as the reapplication cycle. The Renewal and Reapplication cycle announcement will be posted on the SLRP website prior to its opening.

PREPARE FOR APPLICATION

To prepare for the application, applicants should have all the required documents ready for upload. Applicants are responsible for submitting a complete and accurate online application. Applicants should upload only clear and legible documents. Applicants should ensure that supporting documents uploaded are the correct required documents. For example, supporting documents where specific information are required to be included or format to be followed i.e. employment contract, employment letter, etc. Otherwise, the application may be deemed incomplete.

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The system is designed to screen the applicant's eligibility for the State Loan Repayment Program. Therefore, the applicant's responses to the application questionnaire may trigger a pop-up message informing the applicant of his/her ineligibility to the program or to apply during an open application cycle.

REQUIRED INFORMATION AND SUPPORTING DOCUMENTS

NOTE: Providers who have previously applied to SLRP through the portal will have their information pre-populated in the system which can be updated as needed. The supporting documents previously uploaded may be re-used except when recent or updated documents are necessary.

The online application is divided into the following sections:

1. **Personal/Discipline:** This section captures the provider's personal and provider information.
2. **Education:** This section captures the provider's undergraduate, graduate, post graduate education, and licensure information
3. **Present/Past Commitments:** This section captures the status of the provider's current and past service or financial commitments with certain entities.
Verification of Existing Service Obligation: If the applicant is being considered for a SLRP award but has an existing service obligation when he/she applies, the applicant must submit verification of service completion from the entity to which the obligation is owed prior to the proposed SLRP contract start date.
4. **Service to Underserved:** Information entered in this section is used to score applicants. This section must be completed if a provider is qualifying for extra points if he/she has at least 500 cumulative hours of services to the underserved. Any services reported in this section must accompany a service certification letter from the current or previous hiring employer or entity. For the letter format and specific information to include, [click here](#).
5. **Qualifying Loans:** This section captures each qualifying educational loan for which an applicant is seeking repayment. Enter the current servicer of the loans you are seeking repayment and provide the loan detail summary for those loans. For example, the current servicer is Nelnet while the loan detail summary captures each loan under Nelnet and the balances for those loans i.e. Direct Subsidized, Direct Unsubsidized, etc. You will be able to add the loan details after each loan servicer entry. Loan amounts reported in this section must be consistent with the amounts on the billing statements submitted as part of the supporting documentation. All loans submitted will be verified to determine whether they are eligible for repayment under SLRP. Any loans reported on this section that are not supported by lender statements or if there are discrepancies in the information or documents submitted may result to the loans being ineligible for repayment. For all federal loans, ADHS may ask for the loan detail summary obtained from the National Student Loan Database. (Click [here](#) for instructions to access the loan summary.)

- Consolidated Loans: Please submit an itemized breakdown of the consolidated loans. This can be satisfied through a Disbursement Report issued by the new servicer or for consolidated federal loans, by submitting the loan detail summary obtained from the National Student Loan Database. (Click [here](#) for instructions to access the loan summary.)
6. Employer/Service Site: In this section, applicants must search for the Site Administrator who will complete the Employment and Additional Eligibility Verification Process and must select his/her service site from the drop down menu. This verification process must be completed first by the Site Administrator before the applicant can submit the online application.
 7. Consents and Certifications: In this section, the applicant must initial or sign the appropriate sections.
 8. Supporting Documents: In this section, the applicant must address each required document under the following subheadings:
 - a) Application Certification - The applicant must download the completed Initial Application, print, sign and notarized. The full notarized application form must be uploaded back into the system.
 - b) Procurements
 - [Substitute W9 Form](#) – ALL required fields must be completed. ([Sample](#))
 - NOTE: A change in address since the last application submission will require a new Substitute W9 Form.
 - Copy of Arizona Procurement Portal (APP) registration email confirmation
 - [Arizona Procurement Portal \(APP\)](#)
 - [Step-by-Step Guide – Arizona Procurement Portal \(APP\)](#)
 - [Arizona Procurement Portal \(APP\) FAQ](#)
 - For technical support, please contact the [APP Help Desk](#) or call (602) 542-7600
 - c) Personal Information
 - Copy of Birth Certificate, U.S. Passport (current or expired), certificate of naturalization, or documentation as a U.S. National
 - Copy of Social Security Card
 - Copy of current Arizona driver's license
 - Copy of current Curriculum Vitae (Updated CVs are required if there had been a change since last application submission)
 - d) License and Educational Certifications
 - Copy of Arizona medical license
 - Copy of undergraduate, graduate and if applicable, post-graduate studies diploma
 - Copy of board certification or acceptance letter from examining authority (for physicians and dentists)
 - Note: Geriatrics Certification. If an applicant selects geriatrics as a specialty, he/she will be required to upload a copy of the certificate of completion or

diploma from the geriatrics training program where the applicant matriculated.

- Copy of state and/or national certification (for advance practice providers, behavioral health providers, and pharmacists)
- e) Employment Verification Documents – Applicants may provide an employment contract or employment letter. Please make sure that ALL required provisions are included in the employment contract or letter.
- Copy of a fully executed employment contract that **MUST** include the following:
 - full time employment for at least 40 hours per week or half-time employment for at least 20 hours per week
 - employment start date
 - name and address of the service site(s) where the full-time or half-time services are/will be rendered
 - In lieu of an employment contract, an employer letter on appropriate letterhead that **MUST** include the following:
 - name, address, and phone number of the employer if different from the service sites(s)
 - name and phone number of the employer's contact person or the contact person for the service site
 - full time employment for at least 40 hours per week or half-time employment for at least 20 hours per week
 - employment start date
 - For provider's working at multiple sites, employer letter indicating the provider's estimated number of hours at each site.
- f) Loan Documents (Updated loan documents are required for renewals or re-applications)
- Copy of most recent billing statement for each qualifying educational loan. This document is used to provide current information on the provider's qualifying educational loans. Often, borrowers receive monthly statements indicating the status of his/her loan balance. This document should:
 - be on official letterhead or other clear verification that it comes from the lender/holder;
 - include the **payment address** of the lender;
 - include the name of the borrower;
 - contain the borrower's account number;
 - include the date of the statement (statement must be the most current statement)
 - include the current outstanding balance (principal and interest) or the current payoff balance; and
 - include the current interest rate

- Documentation from the lender(s) that the loans were used solely for education and reasonable living expenses.
 - Note: For all Federal loans, the National Student Loan Data System (NSLDS) Aid Summary Report may be used to verify the originating loan information, which can be accessed at [NSLDS Student Access National Student Loan Data System](#). The applicant will need a Federal Student Aid ID (FSAID) to log in to his/her secured area; if the applicant does not have a FSAID, go to [NSLDS Login](#). If the applicant has multiple Federal loans, he/she will only need to access one NSLDS Aid Summary Report. The NSLDS report will contain information on all of his/her Federal loans.
 - For all other qualifying loans, the disbursement report can be satisfied through various types of documents including a promissory note, a disclosure statement, and letters directly from the lender containing the required information (as indicated in (b) above). The applicant may be able to obtain this disbursement information on his/her lender's website; however, all documentation must be on official letterhead from the lender.

For consolidated loans, a disbursement report from the new lender or servicer must be able to provide an itemized breakdown of the consolidated loans and to certify that only the applicant's student loans were consolidated. Alternatively, the loan detail summary obtained from the NSLDS website should provide documentation of the consolidated loans obtained while attending school ([Step-by-Step Instructions](#)) For private loans, a lender's statement certifying that the loans were for educational purposes only. If the loans from the private lender were originally federal loans, the applicant must be able to show the history of the loans before those loans were acquired by the private lender.

g) Additional Documents

- Evidence of residency in Arizona per A.R.S. 15-1802 (required if claiming AZ residency for at least 12 consecutive months preceding the application submission due date for which extra points are given.). Click [here](#) for additional information.
- Certification Letters as evidence of Service to Medically Underserved (required if qualifying for extra points for at least 500 hours of services reported in Section "Service to Underserved" of the application). [See Appendix, page 44 for the letter template](#).

9. Checklist Verification – The provider must complete the checklist to verify that the provider uploaded all required and applicable supporting documents.

APPLICATION SUBMISSION, REVIEW, AND APPROVAL PROCESS

Providers who have initiated an application in the portal can save their application, view, and make edits as needed while the application is still in the queue for submission. Any edits and final submission must be made by the application cycle due date. Once an applicant submits his/her application, an email notice is generated notifying the applicant that the application has been successfully submitted. If not, please [contact the portal administrator](#).

ADHS will not begin reviewing SLRP applications until after the application cycle closes. The application review process can take between 8 and 12 weeks.

NOTIFICATION OF AWARDS

The SLRP award is contingent upon funding availability. Generally, new applicants approved for SLRP have an initial two year contract starting October 1st. New applicants can anticipate receiving the ADHS' decision notice regarding their application by email prior to October 1st in about mid-August or early September of each year. Renewing applicants or applicants re-applying for SLRP can anticipate the ADHS decision notice prior to the proposed start date of their contract. Applicants who were awarded a SLRP contract must confirm their continued interest to participate in SLRP by responding to the auto-generated ADHS Notice. Upon receipt of the applicant's confirmation, a contract will be prepared and issued by the ADHS Procurement Office to the applicant for review and signature. Once the signed contract is returned to ADHS and countersigned by ADHS Procurement Official, the contract is fully executed and a copy will be sent by email to the awardee.

Applicants who were offered a SLRP contract but wish to decline must respond to the email to decline the contract. Once the applicant declines the award, the award will be offered to the next ranked applicant. For initial applications, ADHS will adhere to the limit in new awardees of 2 new awardees per site per year or a maximum of 4 per employer per year in re-allocating awards to the next ranked applicant for the award. Renewal applications are not included in this requirement.

WHAT TO EXPECT AFTER CONTRACT IS ESTABLISHED and PROVIDER REQUIREMENTS

Congratulations! After the contract has been fully executed, you will be considered an obligated provider of the State Loan Repayment Program with your service commitment starting on the effective date of the contract. Your initial service commitment is two years from the start date of your contract. Loan repayment will begin after the first 90 days of service upon submission of the required quarterly forms and will be disbursed quarterly throughout the duration of the SLRP contract.

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As an obligated provider of SLRP and to initiate loan repayment, you are required to report quarterly all services you rendered at the approved site(s). For obligated providers with contract start dates of October 1, 2018 or after, an electronic quarterly service reporting will be launched in April 2019. In the interim, all obligated providers must report their services using the forms below (fully executed with signature and notary) and submit by mail to ADHS within 10 business days after the end of each calendar quarter to: **Workforce Programs, 150 N 18th Ave Suite 320, Phoenix, Arizona 85007.**

- [Service Verification Form](#)
- [Encounter Report Form](#)

The quarterly reporting dates are:

- Jan 1 – Mar 31
- Apr 1 – Jun 30
- July 1 – Sep 30
- Oct 1 – Dec 31

Make sure that forms reflect the above listed dates and report all services rendered during the reporting period including those provided on Sliding Fee Scale. Timely submission of the forms initiates timely loan repayment to your lender(s). If for any reason, the reports will be delayed, please contact workforceprograms@azdhs.gov. Delayed submissions may result in delay of loan repayment.

Once the forms are received at ADHS and authorized for payment, they are forwarded to Finance for processing. Payment is generally issued to the lender(s) within a week from program authorization.

For more information, click [HERE](#).

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TECHNICAL DOCUMENT

Step 1: Access the portal link, <https://apps.azdhs.gov/PCO/Account/Login>, to create a provider log-in account. Once created, you can begin and submit your application through the portal.

All supporting documents and any supplemental documents that ADHS will require after you submit your application must be submitted through the portal.

Step 2: Complete your online application. There are 9 sections (listed below) that you will be required to complete. Please refer to page 32, [Application Process](#) for the description of each section.

1. Personal/Discipline
2. Education/License
3. Past/Present Commitment
4. Service to Underserved
5. Qualifying Loans
6. Employer/Service Site

NOTE: Applicants will not be able to proceed with submitting their application until after the Site Administrator completes the employment and additional eligibility verification process.

You may follow up with your Site Administrator to make sure that they received the notice.

Once the Site Administrator completes the verification process, an email notification is sent to your email. At that time, you may resume and submit your application by clicking on the portal link. **Note: Please check your spam folder if you do not receive the email notification.**

7. Supporting Documents - Please refer to page 32 for the list of [Supporting Documents](#).
8. Certification
9. Checklist Verification - You will not be able to access this page until your Site Administrator completes the verification process.

Step 3: After completing the online application and uploading all the supporting documents, the Checklist Verification section allows the applicant to check and verify the documents he/she uploaded in the portal. This section is intended to assist applicants with ensuring that their application is complete prior to submission.

NOTE: Items on the checklist marked with a “* RED ASTERISK” are required documents to be uploaded; a “*YELLOW ASTERISK” for required documents where an applicant can select all or one of the given options, and a “*GREEN ASTERISK” for documents that must be uploaded ONLY if applicable. For example, applicants reporting AZ residency must upload proof of residency or for physicians who are board certified or board eligible must upload the required proof of eligibility.

Step 4: Once documents are marked and verified as uploaded, click “Submit” to submit your application. A pop-up message will confirm that the application has been successfully submitted. Note: If for some reason, the pop-up message did not show up, please call 602-542-1211 to get a confirmation.

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APPENDICES

ARIZONA RESIDENCY

STATE LOAN REPAYMENT PROGRAM

The purpose of this statement is to clarify how the Department uses [A.R.S. § 15-1802](#) to determine whether a primary care provider applying to participate in the Arizona State Loan Repayment Program (Program) is a resident of Arizona according to Arizona Administrative Code (A.A.C.) R9-15-203.

A.A.C. R9-15-203(C)(1)(h) requires a primary care provider to indicate whether the primary care provider is an Arizona resident. A.A.C. R9-15-203(C)(5) requires a primary care provider to provide documentation showing Arizona residency according to A.R.S. § 15-1802. A.R.S. § 15-1802 establishes requirements for in-state student status and includes criteria and documentation for demonstrating whether a person is a resident of Arizona. From A.R.S. § 15-1802, the Department is using requirements in subsections (F) and (G) when determining whether a primary care provider is a resident of Arizona. The Department from subsection (F) uses the requirement that a person's state of legal residence be for at least twelve consecutive months; and from subsection (G), the Department uses the requirement that a person who is a resident of Arizona provide at least one or a combination of the following:

1. Registration to vote in this state,
2. An Arizona Driver's license,
3. Arizona motor vehicle registration,
4. Employment history in Arizona,
5. Transfer of major banking services to Arizona,
6. Change of permanent address on all pertinent records, or
7. Other materials of whatever kind or a source relevant to domicile or residency status.

Accordingly, if a primary care provider provides to the Department one or more of the above listed documents having a date of issue that demonstrates the primary care provider has at least 12 consecutive months of residency in Arizona preceding the application submission due date, the Department shall determine that the primary care provider is a resident of Arizona.

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SERVICE TO UNDERSERVED POPULATIONS

Each applicant applying for consideration for a State Loan Repayment Program initial two year contract is scored based on a number of factors. An applicant could receive preference points (4 points) if he/she can demonstrate "Experience in serving the medically underserved population" based on the definition below.

"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, including clock hours completed during the primary care provider'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, or*
 - ii. A HPSA designated by a federal agency.*

Any reported experience in serving a medically underserved population on Section IV. page 6 of the initial application requires a certification letter on company letterhead from the appropriate agency (per the definition) and must include the type of service provided, the provider's start and end date of service at the service site, the approximate **cumulative** total clock hours provided, and the service site or service area's Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) designation status by indicating the HPSA Name and HPSA Number OR MUA Name and MUA Number.

A [sample template](#) is provided in the next page for your convenience.

**To Determine Health Professional Shortage Area (HPSA) Status:
Please go to the HRSA Data Warehouse Website: <http://hpsafind.hrsa.gov>**

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SERVICE TO UNDERSERVED POPULATION - CERTIFICATION LETTER (TEMPLATE)

Company Letterhead

DATE

Attention: Program Manager
State Loan Repayment Program
150 N. 18th Avenue, Suite 300
Phoenix, AZ 85007

I certify that _____ provided _____ services,
Provider Name Type of Service (see definition)

at _____ located at _____
Service Site Name Street Address

that began on _____ and completed on _____ for a
(mm/dd/yr) (mm/dd/yr)

total of _____ cumulative clock hours.

The service site is in a Federally Designated HPSA/MUA _____
Name of HPSA/MUA

HPSA/MUA# _____.

Sincerely,

Print Name

Title

Phone Number

Signature

Date

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SLIDING FEE SCALE POLICY

Sliding Fee Scale (SFS) policies may vary from employer to employer. Generally, SFS policies provide the specific instructions or procedures for implementing the SFS. The SFS policies ensure that the sliding fee scale program is patient-centered, improves access to care, and assures that no patient will be denied health care services due to an inability to pay. At a minimum, the following areas must be addressed in the policy:

1. The purpose of the Sliding Fee Scale;
2. Patient eligibility for the Sliding Fee Scale Program, including definitions of income and family size and the process for determining family income;
3. Documentation and verification requirements to determine patient eligibility including utilizing a Patient Financial Assistance Worksheet to document income;
4. An explanation of SFS charges based on Federal Poverty Level
5. Process of assessing patient's continued eligibility for the Sliding Fee Scale Program; and
6. How the Sliding Fee Scale Program will be advertised to the patient population;

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SLIDING FEE SCALE

The Sliding Fee Scale must be based on current Federal Poverty Level (FPL) Guidelines. The FPL guidelines are updated each year. To access the current poverty levels:

<https://aspe.hhs.gov/poverty-guidelines>.

Sample Federal Poverty Level

NAME of FACILITY

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)										
Poverty Level*	0 - 100%		101 - 125%		126 - 150%		151 - 175%		176 - 200%	
Percent Discount	100%		75%		50%		25%		0%	
Family Size										
1	\$0	\$12,060	\$12,061	\$15,075	\$15,076	\$18,090	\$18,091	\$21,105	\$21,106	\$24,120
2	\$0	\$16,240	\$16,241	\$20,300	\$20,301	\$24,360	\$24,361	\$28,420	\$28,421	\$32,480
3	\$0	\$20,420	\$20,421	\$25,515	\$25,516	\$30,610	\$30,631	\$35,735	\$35,736	\$40,840
4	\$0	\$24,600	\$24,601	\$30,715	\$30,716	\$36,820	\$36,901	\$43,050	\$43,051	\$49,200
5	\$0	\$28,780	\$28,781	\$35,915	\$35,916	\$43,110	\$43,171	\$50,365	\$50,366	\$57,560
6	\$0	\$32,960	\$32,961	\$41,200	\$41,201	\$49,440	\$49,441	\$57,680	\$57,681	\$65,920
7	\$0	\$37,140	\$37,141	\$46,425	\$46,426	\$55,710	\$55,711	\$64,995	\$64,996	\$74,280
8	\$0	\$41,320	\$41,321	\$51,650	\$51,651	\$61,980	\$61,981	\$72,310	\$72,311	\$82,640
For each additional person, add	\$4,020		\$5,025		\$6,030		\$7,035		\$8,040	

*Based on Current Year HHS Poverty Level Guidelines . The link for for the current guidelines is below.

<https://aspe.hhs.gov/poverty-guidelines>

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SLIDING FEE SCALE SIGNAGE

SAMPLES

Public Notice Signage

NOTICE TO PATIENTS

This practice serves all patients regardless of ability to pay.
Discounts for essential services are offered depending upon family size and income
You may apply for a discount at the front desk.

Thank you.

* * *

AVISO PARA PACIENTES

Los centros de salud ofrecen servicios de atención médica primaria y preventiva, sin considerar la capacidad de los pacientes para pagar.

Los cargos generados por servicios de salud son calculados de acuerdo al nivel de ingreso del paciente.

Pacientes pueden aplicar para servicios médicos con la recepcionista en la clínica.

Gracias

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END OF DOCUMENT