



# ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona Behavioral Health Loan Repayment Program

Behavioral Health Provider Application and Program Reference Guide

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## **PURPOSE**

Please read this Behavioral Health Provider Application and Program Reference Guide in its entirety prior to submitting your online application. This guidance provides the requirements for participating in the Behavioral Health Loan Repayment Program (BHLRP) 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 at an approved eligible site and your contractual obligation including understanding the legal and financial ramifications for failing to complete your service commitment with BHLRP.

## **PROGRAM OVERVIEW**

The Arizona Behavioral Health Loan Repayment Program (BHLRP) seeks to improve access to direct patient care in behavioral health facilities, including the Arizona State Hospital, Behavioral Health Residential Facilities and Secure Behavioral Health Residential Facilities in Arizona. BHLRP 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. BHLRP is legislatively authorized under Arizona Revised Statutes A.R.S. 36-2175 to promote the recruitment and retention of behavioral health care providers who serve in behavioral health facilities including the Arizona State Hospital, behavioral health residential facilities and secure behavioral health residential facilities in Arizona and in exchange for their service, ADHS repays their qualifying educational loans for an initial two-year commitment.

Per A.R.S. 36-2175, the Behavioral Health Loan Repayment Program (BHLRP) qualifies a behavioral health provider with current employment providing direct patient care with a public or non-profit entity located at the Arizona State Hospital, a behavioral health hospital, a behavioral health residential facility licensed under 9.A.A.C. 10 Article 7, or a secure behavioral health residential facility licensed under 9 A.A.C. 10 Article 13 in Arizona.

## DEFINITIONS

### What is a “Behavioral Health Provider?”

"Behavioral Health Providers" are identified in A.R.S. 36-2175 as authorized in A.R.S. 36-2171 and include:

- Behavioral health care providers as authorized in A.R.S. 36-2171 which means a physician who is a board-certified or board-eligible psychiatrist, a psychologist, a physician assistant or a registered nurse practitioner who is certified to practice as a behavioral health specialist or a person who is licensed pursuant to Title 32 as a clinical social worker, professional counselor or marriage and family therapist.
  - [Licensed Clinical Social Worker, Qualifications](#)
  - [Licensed Professional Counselor, Qualifications](#)
  - [Licensed Marriage and Family Therapist, Qualifications](#)
  - [Licensed Clinical Psychologist, Qualifications](#)
- Behavioral health technician
- Registered Nurse
- Practical Nurse
- Physician  
If a physician, has completed a professional residency program or certification program in behavioral health

### What is a Behavioral Health Service Site?

"Behavioral Health Service site" means a behavioral health care facility including the Arizona State Hospital, a behavioral health residential facility or a secure behavioral health residential facility that provides direct patient care services with a public or nonprofit entity.

## 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 Behavioral Health 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](#).

## 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



## 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.

The screenshot shows the 'Find Shortage Areas' page on data.HRSA.gov. The page has a header with the HRSA logo and navigation links. The main heading is 'Find Shortage Areas' with a sub-heading explaining that shortage designations improve access to primary care, dental, and mental health providers. There are three main tool sections: 'HPSA Find', 'Find Shortage Areas by Address', and 'MUA Find'. Each section includes a brief description of the tool and a 'Search' button. Two callout boxes with blue borders and red text provide instructions: one points to the 'Search HPSA's by State/County' button, and another points to the 'Search Shortage Areas by Address' button.

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

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

### 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

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

### 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

**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.

**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.

**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>

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

The screenshot shows the FFIEC Geocode Mapper interface. At the top, the 'Year' is set to 2017 and the 'Address' field contains '150 N 18th Ave Phoenix, AZ'. A search button is visible. Below the search bar, a table titled 'Matched Address' displays the following data:

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

A callout box with a blue border and red text points to the 'Tract Code' field, stating: 'The Census Tract is the combination of State Code, County Code and Tract Code. In this example, it is 040131143.01.'

Another callout box with a blue border and red text points to the search button, stating: '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 public yearly by the Arizona Department of Health Services and can be accessed [here](#).

## BEHAVIORAL HEALTH PROVIDER ELIGIBILITY REQUIREMENTS

Provider applicants and their service sites must meet the eligibility requirements of the program. All provider applicants must meet the following eligibility requirements:

- Be a U. S. Citizen (U.S Born or Naturalized) or U.S. National
- Meet the requirements in [A.R.S. 41-1080](#)
- A behavioral health care provider as authorized in [A.R.S. 36-2171](#)
- A behavioral health technician
- Registered nurse
- Practical nurse
- Physician
  - A.R.S. 36-2171 provides definitions for Behavioral health providers which means a physician who is a board-certified or board-eligible psychiatrist, a psychologist, a physician assistant or a registered nurse practitioner who is certified to practice as a behavioral health specialist or a person who is licensed pursuant to Title 32 as a clinical social worker, professional counselor or marriage and family therapist.
- Have 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
- Demonstrates current employment providing direct patient care with a service site that is a public or nonprofit entity located at the Arizona State Hospital, a behavioral health hospital, a behavioral health residential facility licensed under 9 A.A.C. 10, Article 7, or a secure behavioral health residential facility licensed under 9 A.A.C. 10, Article 10 in Arizona
- Demonstrates that the current employer is contracted with the Arizona Health Care Cost Containment system to provide services
- Is not participating in another loan repayment program established under this Chapter
- If a physician, has completed a professional residency program or certification program in behavioral health
- Provide evidence of current employment with an eligible employer or service site
- Agree to contract with ADHS to provide direct patient care services full time for a least 40 hours per week at the approved service site(s) for a minimum of two years
- 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

## **MILITARY SERVICE**

Individuals in the Reserve Component of the U.S. Armed Forces or National Guard are eligible to participate in the BHLRP. If the BHLRP participant's military training and/or service, in combination with the participant's other absences from the service site, exceed 60 workdays per service year, the BHLRP 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 BHLRP.
- 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 BHLRP contract has been signed.
- 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

## **EMPLOYER and SERVICE SITE ELIGIBILITY**

For a behavioral health provider to participate in the BHLRP, his/her current-employer or service site (if the employer is the same as the service site) must:

- Be a public or non-profit entity located and providing services in a behavioral health hospital including the Arizona State Hospital, a behavioral health residential facility or a secure behavioral health residential facility in Arizona.
- Accept assignment for payment under Medicare if providing behavioral health care services to adults, AHCCCS, and a qualifying health plan;
- Contracts with the Arizona Health Care Cost Containment System to provide services
- 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;
- Agree to notify the Department when the employment status of the behavioral health provider changes

## **SERVICE REQUIREMENTS**

Applicants can apply as full-time behavioral health providers.

Full-Time Service: Full time means working at least 40 hours/week, per service year. The 40 hours per week may be a compressed work week.

Telemedicine services are eligible services for BHLRP.

## **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 BHLRP 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 BHLRP as a new participant in a future application cycle.

If a BHLRP 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 BHLRP.

## **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 Behavioral Health 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 behavioral health provider incurred a health professional service obligation which will not be fulfilled before the deadline for submission of a BHLRP 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 behavioral health provider;
- A Primary Care Loan;
- A loan subject to cancellation; or
- A residency loan.

## 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.

- The applicant is a resident of Arizona for the past 12 months per A.R.S. 15-1802
- The applicant's service site is:
  - The Arizona State Hospital or behavioral health residential facility licensed under 9 A.A.C. 10 Article 13;
  - A behavioral health hospital in a rural county;
  - A behavioral health hospital in an urban county, other than as specified above
  - A behavioral health residential facility in a rural county;
  - A behavioral health residential facility in an urban county
- The applicant is providing direct patient care in a site that has a mental health HPSA score as defined by the US Department of Health and Human Services, Health Resources and Services Administration or at the Arizona State Hospital
- The applicant's year of service at the current service site
- The length of time the applicant has held a license in Arizona
- The applicant is a graduate of an accredited Arizona health professional school or program
- The applicant has health service experience to a medically underserved population

***"Health service experience to a medically underserved population"*** means at least 500 clock hours of medical services or behavioral health services provided by a behavioral health provider, including clock hours completed during the behavioral health 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. If applicable, 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.



## **RESTRICTION IN THE NUMBER OF AWARDS PER SITE OR PER EMPLOYER**

Per Arizona Administrative Code R9 15-306(C), the Department will apply the factors listed below if it determines there are:

- 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
- Except for when the service site is identified as the Arizona State Hospital, two or more initial applications that have the same health service priority for:
  - A service site and there is one health care provider with a higher health service priority approved to participate in the Behavioral Health Care Provider Loan Repayment Program during the same allocation process, or
  - An employer and there are three applicants with a higher health service priority approved to participate in the Behavioral Health Care Provider Loan Repayment Program during the same allocation process.

Factors to determine participation in BHLRP:

- 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;
- 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;
- 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:
  - The highest HPSA score reported in the application;
  - How long the applicant has been providing services at their current service site;
  - How long the applicant has held a professional license in Arizona;
  - Whether the applicant has health service experience to a medically underserved population; and
  - The number of total hours the applicant has health service experience to a medically underserved population.

## **AWARD AMOUNTS**

The award amounts for the Behavioral Health Loan Repayment are based on the highest health service priority score, the contract year of service with BHLRP, 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.

As authorized in A.R.S. 36-2175, eligible applicants may receive:

Initial two contract years of service, a maximum of \$50,000 and for subsequent years, a maximum of \$25,000 per year.

## **AWARD PROCESS**

### **Award Notification**

ADHS will notify all applicants of its decision regarding the BHLRP application. For new applicants, typically in mid-October or early November 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 December “initial application” cycle may re-apply during an “open” April application cycle of the same calendar year which is contingent upon funding availability. Applicants who are planning to re-apply must check the program website to determine if the April application cycle has opened.

### **Behavioral Health Provider Acceptance or Denial of the BHLRP Award**

Behavioral health providers who have been notified of their BHLRP awards are required to communicate their intent to “Accept” the BHLRP award through the [portal](#) within a specific time period.

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

The behavioral health provider is not officially obligated to BHLRP until he/she signs and returns the signature page (Page 1) of the BHLRP contract and once countersigned by the ADHS Chief Procurement Officer. The behavioral health 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 BHLRP award in which case, the funds will be re-allocated to the next awardee.

Behavioral health providers who have been notified of their BHLRP award but are no longer interested to participate in BHLRP must decline their award through the BHLRP 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 behavioral health provider has accepted the award and the Behavioral Health Loan Repayment Program (BHLRP) contract has been fully executed, the behavioral health provider is considered an “obligated” behavioral health provider of BHLRP. The first loan repayment disbursement to the behavioral health 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 behavioral health 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:** BHLRP is intended to help reduce the behavioral health provider’s student loan debt. Therefore, behavioral health providers should not expect the quarterly BHLRP 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, behavioral health providers should plan on paying their monthly student loan statements.

In order to initiate loan repayments, the behavioral health provider is required to submit the Service Verification Form, and as applicable for physicians, the 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 behavioral health provider who is unable to submit the forms during the required timeframe must notify ADHS. Any delay in the behavioral health provider's submission of the forms may result in delay of loan repayment. Failure to submit the required forms will result in no loan repayment to the lender.

## **LOAN REPAYMENT AND GAPS IN SERVICE**

A behavioral health provider who anticipates a gap in service during the quarter must notify ADHS. Behavioral health providers must continue to submit the quarterly required Service Verification Form and as applicable for physicians the Encounter Forms and annotate on the form the start and end dates of absences.

If the gap in service results in a cumulative absence from BHLRP service of greater than 60 working days per year, the contract must be extended for the period of time that exceeds the allowable 60 working days per year. Through a contract amendment, the new end date is established and the behavioral health provider’s quarterly scheduled payment will be prorated accordingly.

If a behavioral health provider or a member of his/her immediate family has a medical condition that will result in an extended period of absence beyond 60 working days per year, the behavioral health provider must request a suspension of the BHLRP contract in writing to ADHS. If a suspension is requested and approved, the behavioral health 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 BHLRP portal.

A BHLRP participant with an initial or renewal contract may submit a Request for Change through the BHLRP 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](#).

## **CHANGE IN LENDER OR QUALIFYING LOAN INFORMATION**

A BHLRP participant 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.

**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 BHLRP.

## **CHANGE IN EMPLOYER OR SERVICE SITE**

The ADHS expects that the vast majority of the Arizona Behavioral Health Loan Repayment Program (BHLRP) participants 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 participant is correctly suited to the original site. Life changes on the part of the participant, and/or organizational changes at the site may precipitate the need to change sites.

Behavioral health providers and service sites must make their best effort to seek a resolution of the issues in order for the behavioral health 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 behavioral health providers will facilitate identification of the appropriate action by ADHS.

A BHLRP participant who wishes to transfer to another eligible employer or service site where the behavioral health 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 lists the new employer or service site including address, a provision for full-time employment of at least 40 hours per week, employment start date, the name and address of the employer or service site
    - In lieu of an employment contract, an employment letter on appropriate letterhead that includes the name, address and telephone number of the employer and/or service site, full-time employment for at least 40 hours per week, employment start date, for providers working at multiple sites, the estimated number of hours worked at each site
    - An attestation, including the signature and date of signature of the designee of the governing authority of the service site, that the service site shall comply with the requirements of employment in R9-15-301(A)(1)(d) and (e) and (2)
- Obtain approval from ADHS about the Request for Change to transfer to the new service site of the employer.

### **Considerations when changing employer/service site**

- If there is no anticipated gap in service resulting from the transfer, loan repayment disbursement to the lender(s) 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 prorated 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

## CONTRACT CANCELLATION

A behavioral health provider who has been awarded a Behavioral Health 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 behavioral health 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
- The provider is unable or does not intend to complete the terms of the BHLRP contract.

While ADHS may not impose a penalty for a behavioral health provider who canceled a contract with the BHLRP. However, ADHS may consider the behavioral health provider ineligible to participate in the BHLRP.

## CONTRACT SUSPENSION

### Transfer/Change in Employer and/or Service Site

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

The behavioral health 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 behavioral health provider to seek employment at another eligible service site. ADHS will review the request for contract suspension and will notify the behavioral health provider of ADHS' decision. If the contract suspension request is granted, all loan repayments will cease and the behavioral health provider must assume responsibility for the loan.
- During the suspension period, the behavioral health provider must find employment at an eligible service site. The behavioral health 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:** The behavioral health provider may file a Request for Change through the PCO 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 behavioral health provider can resume BHLRP service at the new site once the contract amendment has been fully executed.

A behavioral health 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 behavioral health provider does not obtain employment at an eligible service site by the end of the suspension period, the behavioral health provider is deemed in default and will be required to pay the liquidated damages as provided in the BHLRP contract, unless the behavioral health provider is able to obtain a waiver of liquidated damages.

### **Health Condition**

Loan repayment behavioral health providers may request a contract suspension due to a health condition or a health condition within his/her immediate family that restricts the behavioral health provider's ability to fulfill/complete the terms of the BHLRP contract. To request for a contract suspension, the behavioral health 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 behavioral health provider of ADHS' decision. If the contract suspension request is granted, all loan repayments will cease and the behavioral health provider must assume responsibility for the loan.
- During the suspension period, the behavioral health provider must report to ADHS the behavioral health provider's status and anticipated timeline for returning to BHLRP service. A behavioral health 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 behavioral health provider's contract will be extended to account for the gap in service. During the suspension period, the behavioral health provider must assume responsibility for the loan.

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



the BHLRP contract, unless the behavioral health 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 BHLRP contract.

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 equal to the amount that has been paid to the lender(s) on behalf of the contractor at the time of the contract breach/default. The amount owed is due to be paid within one year of the breach.

Therefore, BHLRP calculation for liquidated damages resulting from the behavioral health provider's breach of his/her BHLRP contract follow the example below:

Example:

The Behavioral Health Loan Repayment participant breaches after receiving BHLRP funds: Ms. Leyva, MSW, had a 2-year (24-month) service obligation. Her BHLRP award of \$50,000 was disbursed on January 1, 2023. She defaulted on July 1, 2023, after serving 6 months.

Ms. Leyva's amount owed to ADHS for the breach in contract is:

(A) Initial 2 Year Award \$50,000 paid in 8 quarters to lender in the amount of \$6,250 per quarter.

(B) Amount paid to lender for 6 months of service (2 quarters served) = \$12,500 (2 quarters x \$6,250)

Ms. Leyva owes \$12,500.

The behavioral health provider shall pay the liquidated damages to the Department within one year after the termination date of the behavioral health provider's loan repayment contract or within one year after the end of loan repayment contract suspension approved according to R-9-15-107, whichever is later.

## **Avoiding Default**

The loan repayment recipient must notify ADHS within 30 business days of his/her failure to complete the full term of the BHLRP contract. Based on the behavioral health provider's notification, the ADHS

program manager will recommend that the behavioral health provider transfers to another eligible service site where he/she can fulfill the remaining terms of the BHLRP contract.

If the behavioral health provider has already identified another eligible service site, the behavioral health provider must file a request for a change in service site with ADHS. The behavioral health provider can only transfer to the new service once ADHS has approved the transfer.

If a behavioral health provider is terminated by the employer or resigned from his/her employment, and a new service site has not been identified, the behavioral health provider must notify ADHS. ADHS will recommend that the behavioral health provider requests for a contract suspension to allow time for the behavioral health 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 participant's end date with the service site. During the suspension period, program staff will assist the behavioral health 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 behavioral health provider to find and match with an eligible site during the suspension period. Once the behavioral health 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 behavioral health 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 BHLRP obligation. ADHS will waive the liquidated damages due to the behavioral health provider's death.

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

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

To request a waiver of liquidated damages, the behavioral health 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 behavioral health provider and the service site and must include but not limited to the following:

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

After ADHS receives the information, ADHS may contact the behavioral health provider to request for additional information or the point of contact at the behavioral health 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 behavioral health provider meets the eligibility requirements to receive a waiver of liquidated damages based on submitted documentation. Otherwise, the waiver request is rejected and the behavioral health provider will be responsible to pay the liquidated damages. Regardless of the outcome, ADHS will issue a decision notice to the behavioral health provider.

## **APPLICATION**

### **APPLICATION DEADLINE**

#### **Initial Application**

Behavioral health providers who have NOT been participants of the Arizona Behavioral Health Loan Repayment Program (BHLRP) previously may apply online during an open application cycle typically starting in mid-November and ending on December 15th of each year by 8 PM AZ time. A complete online application and required supporting documentation must be submitted through the BHLRP Portal.

#### **Renewal Application (Year 3)**

A participant of BHLRP who is expected to complete the initial two years of participation in the 12 months after December 15th, and whose service site is the Arizona State Hospital (ASH) or has a HPSA score of 14 or more may request to continue participation by submitting a renewal application to the department by October 15th of each year. The Renewal Application cycle announcement will be posted on the BHLRP website prior to its opening.

To continue or resume participation in the BHLRP the following applicants may submit to the Department by April 1st of each year:

- A renewal application:
  - An applicant who provides services at the Arizona State Hospital or has a HPSA score of less than 14 and has completed the initial two years of participation in the Behavioral Health Loan Repayment Program before the end of the calendar year, or
  - An applicant who participated in the Behavioral Health Loan Repayment Program during the current calendar year and has completed three or more years of participation in the BHLRP before the end of the calendar year.

#### **Renewal Application/Reapplication**

Contingent upon availability of funding during a state fiscal year, the BHLRP may open a Reapplication cycle between September and October for providers who were previous participants of BHLRP and are returning applicants or for providers whose initial applications have been denied during the initial application cycle closing December 15th of the same calendar year as the reapplication cycle. The Renewal and Reapplication cycle announcement will be posted on the BHLRP 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 is required to be included or format to be followed i.e. employment contract, employment letter, etc. Otherwise, the application may be deemed incomplete.

The system is designed to screen the applicant's eligibility for the Behavioral Health 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:** Behavioral health providers who have previously applied to BHLRP 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 behavioral health provider's personal and behavioral health provider information.
2. **Education:** This section captures the behavioral health provider's undergraduate, graduate, post graduate education, certification and licensure information
3. **Present/Past Commitments:** This section captures the status of the behavioral health 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 BHLRP 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 BHLRP contract start date.
4. **Service to Underserved:** Information entered in this section is used to score applicants. This section must be completed if a behavioral health 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 please see page 39 of this document.
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 BHLRP. 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 in 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 their Facility or Facilities by name or location. If the applicant is unable to locate it using the search function within the application, please contact the Primary Care Office at [workforce@azdhs.gov](mailto:workforce@azdhs.gov).

**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. Procurements

- a. [Substitute W-9 Form](#) – ALL required fields must be completed. (See page 36 for Sample W9 Form)
  - i. **NOTE:** A change in address since the last application submission will require a new Substitute W-9 Form.
- b. Upload a copy of the Arizona Procurement Portal (APP) registration email confirmation
  - i. [Step-by-Step Guide](#) – Arizona Procurement Portal (APP)
  - ii. Register at [Arizona Procurement Portal](#)
  - iii. For technical support, please contact the APP Help Desk or call (602) 542-7600

B. Personal Information

- a. Copy of Birth Certificate, U.S. Passport (current or expired), certificate of naturalization, or documentation as a U.S. National
- b. Copy of Social Security Card
- c. Copy of current Arizona driver's license

C. License and Educational Certifications

- a. If applicable, Copy of Arizona medical license.
  - b. Copy of undergraduate and if applicable, graduate and post-graduate studies diploma.
  - c. Copy of board certification or acceptance letter from examining authority (for physicians).
  - d. If applicable, a copy of state and/or national certification (for advance practice providers, behavioral health providers, and pharmacists).
    - i. **NOTE:** Psychiatry Certification. If an applicant selects psychiatry as a specialty, he/she will be required to upload a copy of the certificate of completion or diploma from the psychiatry training program where the applicant matriculated.
- D. 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, as applicable.
- a. Copy of a fully executed employment contract, as applicable MUST include the following:
    - i. full time employment for at least 40 hours per week
    - ii. employment start date
    - iii. name and address of the service site(s) where the full-time direct patient care will be rendered
  - b. In lieu of an employment contract, an employer letter on appropriate letterhead that MUST include the following:
    - i. name, address, and phone number of the employer if different from the service sites(s)
    - ii. name and phone number of the employer's contact person or the contact person for the service site
    - iii. full time employment for at least 40 hours per week
    - iv. employment start date
    - v. For providers working at multiple sites, employer letter indicating the provider's estimated number of hours at each site.
  - c. [An attestation, including the signature and date of signature of the designee of the governing authority of the service site, that the service site shall comply with the requirements of employment in R9-15-301\(A\)\(1\)\(d\) and \(e\) and \(2\)](#)
- E. Loan Documents (Updated loan documents are required for renewals or re-applications)
- a. Copy of the most recent billing statement for each qualifying educational loan. This document is used to provide current information on the behavioral health provider's qualifying educational loans. Often, borrowers receive monthly statements indicating the status of his/her loan balance. This document should:
    - i. be on official letterhead or other clear verification that it comes from the lender/holder;
    - ii. include the payment address of the lender;

- iii. include the name of the borrower;
  - iv. contain the borrower's account number;
  - v. include the date of the statement (statement must be the most current statement)
  - vi. include the current outstanding balance (principal and interest) or the current payoff balance; and
  - vii. include the current interest rate
- b. 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.

**F. Additional Documents**

- a. 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).
- b. 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 35 for the letter template.



**9. Checklist Verification:** The behavioral health provider applicant must complete the checklist to verify that the behavioral health provider applicant uploaded all required and applicable supporting documents.

## **APPLICATION SUBMISSION, REVIEW, AND APPROVAL PROCESS**

Behavioral health 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 BHLRP applications until after the application cycle closes. The application review process can take between 8 and 12 weeks.

## **NOTIFICATION OF AWARDS**

The BHLRP award is contingent upon funding availability. Generally, new applicants approved for BHLRP have an initial two year contract starting on or about March 1st. New applicants can anticipate receiving the ADHS' decision notice regarding their application by email prior to March 1st in about mid January to mid February of each year. Renewing applicants or applicants who are re-applying for BHLRP can anticipate the ADHS decision notice prior to the proposed start date of their contract. Applicants who were awarded a BHLRP contract must confirm their continued interest to participate in BHLRP 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 BHLRP 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.

## WHAT TO EXPECT AFTER CONTRACT IS ESTABLISHED AND PROVIDER REQUIREMENTS

Congratulations! After the contract has been fully executed, you will be considered an obligated behavioral health provider of the Arizona Behavioral Health 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 BHLRP contract.

As an obligated behavioral health provider of BHLRP and to initiate loan repayment, you are required to report quarterly all services you rendered at the approved site(s). All obligated providers must report their services using the forms below (fully executed with signature and notary) and submit through the PCO Portal within 10 business days after the end of each calendar quarter.

- Service Verification Form
- Encounter Report Form
  
- The quarterly reporting dates are:
  - January 1 - March 31
  - April 1 - June 30
  - July 1 - September 30
  - October 1 - December 31

Make sure that forms reflect the above listed dates and report all services rendered during the reporting period. Timely submission of the forms initiates timely loan repayment to your lender(s). If for any reason, the reports will be delayed, please contact: [workforce@azdhs.gov](mailto:workforce@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.

## TECHNICAL DOCUMENT

**Step 1:** Access the portal link, <https://apps.azdhs.gov/PCO/Account/Login>, to create a behavioral health provider login 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 28, 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
7. Supporting Documents - Please refer to page 29 for the list of Supporting Documents.
8. Certification
9. Checklist Verification

**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.

## APPENDICES



## ARIZONA RESIDENCY

### ARIZONA BEHAVIORAL HEALTH 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 Behavioral Health Loan Repayment Program (Program) is a resident of Arizona according to Arizona Administrative Code (A.A.C.) R9-15- 302.

A.A.C. R9-15-302(B)(1)(e) requires a behavioral health provider to indicate whether the behavioral health provider is an Arizona resident. A.A.C. R9-15-302(B)(1)(e) requires a behavioral health 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 behavioral health 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 behavioral health provider provides to the Department one or more of the above listed documents having a date of issue that demonstrates the behavioral health provider has at least 12 consecutive months of residency in Arizona preceding the application submission due date, the Department shall determine that the behavioral health provider is a resident of Arizona.

## SERVICE TO UNDERSERVED POPULATIONS

Each applicant applying for consideration for an Arizona Behavioral Health 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 or behavioral health services provided by an individual, including clock hours completed during the 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. If applicable, 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 behavioral health 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>

SERVICE TO UNDERSERVED POPULATION - CERTIFICATION LETTER (TEMPLATE)

COMPANY LOGO HERE

DATE

Attention: Program Manager  
Behavioral Health Repayment Program  
150 N. 18<sup>th</sup> Avenue, Suite 320  
Phoenix, Arizona 85007

Certification of Service Experience to the Medically Underserved

I, \_\_\_\_\_, certify that \_\_\_\_\_ was  
(Authorized Employer Representative) (Provider's Name)  
employed  full-time for at least 40 hours per week  half-time for at least 20 hours per week  
by \_\_\_\_\_ and provided  
(Employer's Name)  
\_\_\_\_\_ services, at \_\_\_\_\_  
(Primary Care, Dental, or Behavioral) (Service Site Name)  
located at \_\_\_\_\_  
(Site Address (For multiple sites, please attach a list the service site names and addresses on a separate sheet.))

The employment began on \_\_\_\_\_ and ended on \_\_\_\_\_, for a total of  
(Start Date) (End Date)  
\_\_\_\_\_ cumulative clock hours have been provided.  
(Total Clock Hours)

If applicable, the service site is in a Federally Designated Health Professional Shortage

Area/Population (HPSA/MUA/P) \_\_\_\_\_  
(HPSA/MUA/P Name)

HPSA/MUA/P# \_\_\_\_\_  
(HPSA/MUA/P ID Number)

Sincerely,

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
EMAIL



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