



**Department  
of Health**

**Ohio Substance Use Disorder Professional  
Loan Repayment Program**

**Ohio Application Guidance and Instructions**

**Ohio Department of Health  
Primary Care Office  
246 North High Street  
Columbus, Ohio 43215**

## **Background**

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The Ohio Substance Use Disorder Professional Loan Repayment Program (Ohio SUDLRP) is administered by the Primary Care Office within the Ohio Department of Health (ODH). The Ohio SUDLRP seeks SUD treatment providers to provide culturally competent, interdisciplinary substance use disorder treatment services to underserved populations located in selected Health Professional Shortage Areas (HPSAs), as well as in other high-burdened SUD areas of the state. In return, the Ohio SUDLRP assists clinicians in their repayment of outstanding qualifying educational loans.

The Ohio SUDLRP seeks clinicians who demonstrate the characteristics for, and an interest in, treating the state's underserved populations and remaining in HPSAs or other areas of need beyond their service commitment. It is important to remember that treatment to underserved populations and vulnerable populations, not the repayment of educational loans, is the primary purpose of the Ohio SUDLRP.

## **Eligibility**

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The following disciplines are eligible to apply: Licensed Independent Chemical Dependency Counselor (LICDC), Licensed Independent Social Worker (LISW), Licensed Independent Marriage and Family Therapist (LIMFT), Licensed Professional Clinical Counselor (LPCC), Clinical or Counseling Psychologist (PsyD/PhD), Physician (DO/MD), Physician Assistant (PA), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM), Pharmacist (RPh) and Registered Nurse (RN).

Applicants may work full-time, defined as a minimum of 40 hours per week at an eligible site, or part-time, defined as at least 20 hours per week but no more than 39 hours per week.

***Full-time practitioners*** must spend a minimum of 32 hours per week providing direct client care at the approved practice site(s). A minimum of 50% of time must be spent providing SUD treatment. The remaining eight hours may be spent teaching and/or performing practice-related administrative activities at the approved practice site(s).

***Part-time practitioners*** must spend a minimum of 16 hours per week providing direct client care at the approved practice sites(s). A minimum of 50% of time must be spent providing SUD treatment. The remaining four hours may be spent teaching and/or performing practice-related administrative activities at the approved practice site(s).

Teaching may be considered part of the direct client care hours under certain circumstances. To qualify as clinical practice, teaching must occur at the approved practice site.

Telemedicine may be considered part of the direct client care hours under certain circumstances. Telemedicine must be furnished using interactive telecommunication equipment which provides real time two-way communication between the client and the provider. The originating site (client location) and the provider site must both meet the site eligibility requirements.

**Preference will be given to providers being recruited or retained to practice at sites that offer services on a sliding fee scale based on 200% of the federal poverty level and are located in or designated as mental health HPSAs. See page ten for more information on areas and facilities designated as mental health HPSAs.**

## **Application and Due Date**

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The application consists of the Ohio Department of Health Application for Loan Repayment, Employer Agreement, Practice Site Summary, and all other required documents as listed below. Applications and supporting documents must be postmarked on or before **Saturday, March 28, 2020**.

Please note: **Incomplete or late applications will not be reviewed.**

## **Required Documents**

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The applicant must submit the following documents:

1. Ohio Loan Repayment Program Application\*
2. Balance statements from all lenders for which applicant is requesting payment (statements must show practitioner's name, current loan balance and account number). **In addition, please submit loan information from the National Student Loan Data System (NSLDS).** Instructions for accessing this website can be found in the Frequently Asked Questions section (see page nine)
3. Employer Agreement\* [must be completed by the applicant's employer(s), one per employer]
4. Practice Site Summary\* [one for each practice site where the applicant will provide services, completed by applicant's employer]
5. Sliding Fee Scale (SFS) and/or financial assistance policy and procedures used at the practice site.
6. Photo of site's lobby/registration area sign stating no person will be denied care based upon an inability to pay for the services
7. Current résumé or curriculum vitae
8. Current Ohio Professional License^ (copy)
9. Background and Biographical Statement narrative (refer to Section IV of the application)
10. Position description
11. Employment contract

**Please note:** Employer Agreement (#3) and Practice Site Summary (#4) must be completed by the applicant's employer and/or Practice Site Administrator, unless the applicant is the practice owner.

\*Form is available on the [Ohio Department of Health website](#).

^If awarded, applicants with pending licenses must submit verification of licensure prior to receiving a loan repayment contract.

## Application Instructions

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### **OHIO SUD PROFESSIONAL LOAN REPAYMENT PROGRAM APPLICATION**

#### **I. Applicant Information**

Complete all sections unless the field is not applicable to your specific circumstances. Enter your home address in the first section. More than one option may be selected for “Race”; choose only one option for “Ethnicity.” If you have resided in multiple geographic area types (i.e. rural, urban, etc.), list up to three areas where you have lived the most years; include ages while living there. “Other” includes suburban, adequately served areas in the city, etc. **Please apply for an OH/ID number at <https://supplier.ohio.gov> before beginning your application to allow for processing time.**

#### **II. Education and Credentials**

Respond to all components, including dates of attendance and graduation. List only the training program(s) from which you graduated.

#### **III. Obligations**

Individuals with an existing service obligation are not eligible for the loan repayment program *unless* the obligation will be fulfilled prior to beginning the Ohio loan repayment contract. This includes loan repayment programs in other states; National Health Service Corps Loan Repayment, Scholarship, or Students to Service Programs; Ohio’s MEDTAPP program; Choose Ohio First Scholarship Program; active military obligations; or employment contracts/agreements that provide loan repayment or impose a service obligation.

#### **IV. Background and Biographical Statements**

In narrative form, please respond to all seven items listed in Section IV of the application in the order they appear. Type all responses on a separate document and include with the completed application packet.

#### **V. Certification and Acknowledgement**

Applicant must sign and date both Sections A and B.

#### **VI. Loan Information**

- **SECTION A: Applicant Information**

If you have consolidated health professional training school loans with other non-health related professional training school loans, include all original loan documents, as well as the consolidation documents. If loans were consolidated with another person, attach a copy of loan documents from both parties which reflect the new consolidated loan.

- **SECTION B: Lender Information**

In the table provided, enter each loan for which the applicant is requesting repayment (attach additional pages, as needed). A current balance statement from *each* loan holder/servicer must be included with the application. Include loan information from the National Student Loan Data System (see Frequently Asked Questions, page nine). **Please note that if you have defaulted on any**

**student loan obligation, you may not be eligible for the Ohio loan repayment program.**

- **SECTION C: Certification**

Print the completed form, then sign and date Section VI, Loan Information, of the Loan Repayment Application after all sections are complete.

**Employer Agreement**

This form must be completed by the Employer unless the applicant owns the practice. If you are employed by more than one employer, use a second Employer Agreement form for information regarding the additional Employer(s). Complete the agreement electronically, then print and sign. Signed agreement must be included with the Ohio Loan Repayment Application. A photo of the waiting room or lobby sign must also be included with the Employer Agreement.

**Practice Site Summary**

The applicant's employer(s) must complete one Practice Site Summary form for each practice site where the applicant is/or will be practicing. All sections must be completed in their entirety, including information about the Employer. The office manager, billing manager or similar staff member must complete the Practice Site Summary form. The applicant cannot complete the Practice Site Summary unless he or she is the practice owner. All fields are required, including the certification at the bottom of the page. The form is electronically fillable, but once completed, the form must be printed and signed, then submitted with the applicant's Ohio Loan Repayment Program Application. A copy of the Sliding Fee Scale or financial assistance policy/procedures must be included with the Practice Site Summary.

***The application and all required documents must be postmarked on or before Saturday, March 28, 2020.***

Mail completed application to:  
Ohio SUD Professional Loan Repayment Program  
Ohio Department of Health  
Primary Care Office  
246 North High Street, 6<sup>th</sup> floor  
Columbus, OH 43215

**Mailing Checklist:**

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- Application
- Employer Agreement (one per employer)
- Practice Site Summary (complete one per practice site)
- Background and Biographical Statements narrative
- Loan balance statements (one per loan requested for repayment)
- Original loan documents, if health professional training loans were consolidated with non-health professional training loans, or if consolidated with another person's loans
- Résumé or curriculum vitae
- Current Ohio Professional license (copy)
- Sliding Fee Scale and/or financial assistance policy/procedures used at practice site(s)
- Photo of the practice site's lobby/registration area sign stating no person will be denied care based upon an inability to pay for the services
- Position description
- Employment Contract (copy)

## FREQUENTLY ASKED QUESTIONS

### **1. What is the purpose of Ohio's loan repayment programs?**

Loan repayment programs for certain health care professionals were created to assist communities and practice sites located in underserved areas of Ohio to recruit primary care, dental and/or behavioral health professionals to provide services to the residents of the area. In addition, the programs assist primary care physicians, behavioral health providers and dental professionals who are dedicated to working with the underserved in Ohio to repay health professional training loans. Retention of providers in the underserved community is the primary goal of the programs.

### **2. Who is eligible to apply for loan repayment?**

The following disciplines are eligible to apply to the Ohio SUDLRP: Licensed Independent Chemical Dependency Counselor (LICDC), Licensed Independent Social Worker (LISW), Licensed Independent Marriage and Family Therapist (LIMFT), Licensed Professional Clinical Counselor (LPCC), Clinical or Counseling Psychologist (PsyD/PhD), Physician (DO/MD), Physician Assistant (PA), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM), Pharmacist (RPh) and Registered Nurse (RN).

If an applicant has an existing obligation to a government or other entity, the obligation must be met prior to beginning a loan repayment contract. A clinician may work full-time, defined as 40 hours per week, or part-time, defined as a minimum of 20 hours to a maximum of 39 hours per week at the approved practice site(s). Full-time practitioners must spend a minimum of 32 hours per week providing direct client care at the approved practice site(s). A minimum of 50% of time must be spent providing SUD treatment. The remaining eight hours may be spent teaching and/or performing practice-related administrative activities at the approved practice site(s). Part-time practitioners must spend a minimum of 16 hours per week providing direct client care at the approved practice site(s). A minimum of 50% of time must be spent providing SUD treatment. The remaining four hours may be spent teaching and/or performing practice-related administrative activities at the approved practice site(s).

### **3. Are practice sites required to meet specific criteria?**

Yes. The loan repayment program requires practice sites to accept Medicaid and Medicare and to serve all clients regardless of inability to pay. The exception to this requirement is Free Clinics. Other requirements may apply, depending on the program. As part of the loan repayment application, an Employer Agreement, completed by an official of the employer, must be included.

Practice sites must assure that those selected for loan repayment work the appropriate number of hours and adhere to program requirements. In addition, practice sites must agree to complete semi-annual reports providing data on clients and client visits by payer source.

### **4. What are the benefits of the loan repayment programs?**

Loan repayment programs enable a health professional to work in an underserved community while receiving assistance with health professional education/training debt. Selected full-time applicants may receive up to \$25,000 per year for a two-year contract. Part-time participants may receive up to half of the full-time amount. Payments are tax-exempt.

**5. How long is the loan repayment commitment?**

The commitment for the Ohio SUDLRP program is two years.

**6. What happens if I receive loan repayment but then change my mind or relocate before the contract ends?**

Failure to complete your service obligation results in a significant penalty the provider must repay to the State of Ohio. Depending upon the funding source used to pay a contract, the penalty may be a) three times the amount the department agreed to repay, or b) a sum equal to the amount paid to or on behalf of the practitioner, plus \$7,500 for each month of service remaining in the contract term, plus interest at the prevailing rate. ***The practitioner will be responsible to pay whichever amount is greater.*** Any amount that ODH is entitled to recover shall be paid within one year from the date that ODH determines that the practitioner has breached the contract.

The department may temporarily suspend a participant's contract in the event that personal or medical circumstances prohibit the individual from serving for a temporary situation. For example, maternity leave or other medical situations may be unavoidable and/or unforeseen and may require the department to suspend a practitioner's contract and later extend the contract term. On rare occasions, when practice sites have closed or practitioners have been terminated from their position, the department will work with the practitioner to find an eligible practice site in order to complete the service obligation. Practitioners may not initiate transfers to other practice sites without the expressed approval of ODH. Doing so may result in a determination by the department that the practitioner has failed to complete his or her service obligation and repayment of the penalty for default.

**7. How are loan payments made?**

Payments are made directly to the loan repayment participants. Participants submit an *Invoice for Payment* to ODH to generate payments. Within 45 days after receiving the payment, loan repayment participants must complete and submit to ODH the *Payment Verification*, along with required loan balance statements. This confirms that the payments received from ODH were applied toward the outstanding qualifying loans.

**8. Are there other obligations by the practitioner or the site?**

Yes. *Semi-Annual Client Activity Reports*, providing the number of clients and client visits by payer type (e.g. private insurance, Medicaid, sliding fee scale discount, self-pay full fee, no payment, and other payment types) are required. Numbers are reported for both the practice site and for the participating practitioner.

Changes to approved practice site(s) or the addition of practice sites must receive **prior approval** from ODH. Both the practitioner and practice site must contact ODH immediately to discuss any desired changes in practice sites.

**9. What is contained in the loan repayment contract offered to those selected to receive an award?**

Loan repayment contracts are based on standard language used by ODH, but also contain provisions specific to the Ohio SUDLRP. Contracts outline the obligations of the practitioner receiving a loan repayment award and the obligations of ODH. Included among those obligations are the practice site name and address, minimum hours per week, program definitions, reporting requirements, contract start and end dates, amount of loan repayment, practitioner accountability and certifications, contract default provisions, and contract termination and/or waiver of obligations.

**10. Is an applicant who currently receives loan repayment from the National Health Service Corps (NHSC) eligible to apply for the state loan repayment program?**

Applicants may apply for the Ohio loan repayment program while under contract with the NHSC, but the obligation must be **completed** prior to receiving a loan repayment contract with the state.

**11. What is the National Student Loan Data System?**

The National Student Loan Data System (NSLDS) can be accessed at [https://nslds.ed.gov/nslds/nslds\\_SA/](https://nslds.ed.gov/nslds/nslds_SA/)

The NSLDS is the U.S. Department of Education's central database for student aid. To retrieve your loan information, follow the steps below:

- Log into the NSLDS site (create Free Application for Student Aid ID, if needed)
- Print Loan Summary page
- Click on the loan number of each loan and print the loan details specific to that loan
- Include the information for all loans with your Loan Repayment Application

**Contact Information:**

Ohio SUD Professional Loan Repayment Program contact information:

**Behavioral Health Workforce Program Coordinator**

Ohio Department of Health  
Primary Care Office  
246 North High Street, 6<sup>th</sup> floor  
Columbus, OH 43215

Email: [PCRH@odh.ohio.gov](mailto:PCRH@odh.ohio.gov)

Phone: (614) 466-7475

Health Professional Shortage Areas (HPSAs):

The following counties are designated as geographic or population group HPSAs for mental health as of March 2020. In addition, all Federally Qualified Health Centers (FQHCs) and certain Rural Health Clinics, state correctional institutions, and state psychiatric hospitals are designated as facility HPSAs for mental health. For more information on HPSAs, visit <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Adams	Meigs
Allen	Mercer
Ashtabula	Miami
Athens	Monroe
Auglaize	Morgan
Belmont	Morrow
Brown	Muskingum
Carroll	Noble
Champaign	Ottawa
Columbiana	Paulding
Coshocton	Perry
Crawford	Pickaway
Darke	Pike
Erie	Preble
Fairfield	Putnam
Fayette	Ross
Gallia	Sandusky
Guernsey	Scioto
Hardin	Seneca
Harrison	Shelby
Highland	Tuscarawas
Hocking	Union
Holmes	Van Wert
Huron	Vinton
Jackson	Washington
Knox	Wayne
Lawrence	Wyandot
Logan	



**OHIO EMPLOYER AGREEMENT**  
 Ohio Dental Hygienist Loan Repayment Program Ohio  
 Dentist Loan Repayment Program  
 Ohio Physician Loan Repayment Program  
 Ohio SUD Professional Loan Repayment Program  
 State Loan Repayment Program

On behalf of \_\_\_\_\_ I certify that if \_\_\_\_\_ is awarded a loan  
 (Employer Name) (Applicant's Name)  
 repayment contract with the state of Ohio, the above-named agency will do the following:

1. Employ \_\_\_\_\_ (herein referred to as the Practitioner) for the duration of the loan repayment contract at the  
 (Applicant's Name)  
 practice site(s) (herein referred to as the Site) listed below:
  - a) Practice Site #1 Name  
 Address \_\_\_\_\_ City Zip+4
  - b) Practice Site #2 Name  
 Address \_\_\_\_\_ City, Zip+4
  - c) Practice Site #3 Name  
 Address \_\_\_\_\_ City, Zip+4
2. Ensure the Practitioner works at least 45 weeks each service year, at the above-named practice site(s), for the appropriate number of hours per week, defined as:
  - a) *Full-time practice* – means working a minimum of 40 hours per week. Practitioner must spend a minimum of 32 hours providing direct client/patient care at the approved practice site(s). A minimum of 50% of time must be spent providing Substance Use Disorder (SUD) treatment. The remaining eight hours may be spent teaching and/or performing practice-related administrative activities at the approved practice site(s)  
 or
  - b) *Part-time practice* – means working a minimum of 20 hours and a maximum of 39 hours per week. Practitioner must spend a minimum of 16 hours providing direct client/patient care at the approved practice site(s). A minimum of 50% of time must be spent providing SUD treatment. The remaining four hours may be spent teaching and/or performing practice-related administrative activities at the approved practice site(s).
3. Provide a competitive salary to the Practitioner, without using the loan repayment benefit to offset the Practitioner's salary.
4. Immediately notify the Loan Repayment Program Coordinator at the Ohio Department of Health if:
  - a) the Site terminates the Practitioner;
  - b) the Practitioner resigns from the Site;
  - c) the Practitioner goes on extended leave lasting longer than three weeks; or,
  - d) the Practitioner is out of the office for 35 days or more during the service year.
5. Agree not to change the Practitioner's practice site without prior, written approval from the Ohio Department of Health.
6. Make health services available to individuals without regard to inability to pay for health services or payment for health services under the Medicare Insurance Plan, Ohio's Title XIX Medicaid Insurance Plan, or Ohio's Title XXI Children's Health Insurance Plan.
7. Use a sliding fee scale or provide financial assistance based on formal policy and procedures.
8. Post or prominently display a statement expressing that no one will be denied access to services due to an inability to pay. (Attach a copy of the posted notification with application.)
9. Provide culturally appropriate primary care, dental and/or mental health care/SUD services.
10. Assure data collection as necessary to complete the semi-annual Client/Patient Activity Reports, due January 15 and July 15 for the preceding six-month periods. The reports include both the Site's and the Practitioner's clients/patients and client/patient visits by payer type.

The signature of the Site Official below confirms that the above-named Site agrees to comply with the requirements set forth in this Agreement if a loan repayment contract is awarded to the Practitioner named in this Agreement:

Name (printed) of Site Official	Title
E-mail Address	Phone
Signature _____	Date





#### IV. Background and Biographical Statements

On a separate document, respond to all of the following requests. Label each section to correspond with the letters and numbers below:

- A. Describe you and your spouse's/partner's geographic background. Include the names of your hometowns, what it was like growing up there, and any time spent in Appalachian, rural, or inner city communities.
- B. Describe your experience with underserved and diverse populations. Include student, volunteer and work experiences and detail the following information for each experience:
  - 1) Name of program, if applicable, and whether the experience was required for school/training;
  - 2) Year and length of experience, including average time commitment per week;
  - 3) Location of experience and brief description of services provided;
  - 4) Knowledge, skills, and abilities gained from the experience; and
  - 5) Results of experience (e.g., development of community programs, awards, published articles, etc.).
- C. Provide two to four professional goals related to your practice in an underserved area that will advance and/or enhance substance use disorder treatment and access to SUD treatment services at your practice site.
- D. Describe your and your family's interest in living and working in an underserved area.
- E. Share language skills, including level of proficiency (if any), that you use or will use to provide services to the client/patient population of the practice site.
- F. List any experience you have with National Health Service Corps programs (SEARCH, Scholarship or Loan Repayment).
- G. Provide any additional knowledge, skills, and abilities that will be incorporated into your practice to improve the delivery of health services to the population of the community where the practice site is located. Consider the values, beliefs and practices of the client/patient population.

#### V. Certification and Acknowledgement

- A. I certify that the information given in the application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for the rejection of this application.

\_\_\_\_\_

Applicant's signature

Date

- B. I acknowledge that I have read the Application Information and understand that if selected for a loan repayment contract, I will be obligated to remain at the practice site(s) for a minimum of two years. I also understand that failure to uphold the requirements of a loan repayment contract could result in significant financial consequences.

\_\_\_\_\_

Applicant's signature

Date





**OHIO PRACTICE SITE SUMMARY**  
 Ohio Dental Hygienist Loan Repayment Program Ohio  
 Dentist Loan Repayment Program  
 Ohio Physician Loan Repayment Program  
 Ohio SUD Professional Loan Repayment Program  
 State Loan Repayment Program

Directions: Complete one Practice Site Summary form for each site where the applicant practices or will practice. This page *cannot* be completed by the applicant unless he or she is the owner of the practice.

**I. Employer and Practice Site Information**

Employer Name  
 Employer Address City, Zip+4  
 Practice Site Name  
 Practice Site Address City, Zip+4

**II. Type of Practice Site**

- |   |  |
|---|--|
| Federally Qualified Health Center                 | Federally Qualified Health Center Look-Alike |
| Certified Rural Health Clinic                     | Critical Access Hospital                     |
| Free Clinic                                       | Community Behavioral Health Agency           |
| Office Based Opioid Treatment (OBOT)              | State Correctional Facility                  |
| Opioid Treatment Program (OTP)                    | Local Health Department                      |
| Rural Communities Opioid Response Program (RCORP) | Other (specify)_____                         |

**III. Applicant (Clinician) Information**

Applicant Name  
 Current Employment Contract (Start Date) to (End Date)  
 Number of hours per week clinician practices or will practice at this practice site location? Hours per Week  
 Number of hours per week clinician spends on each of the following job duties at this practice site per week:  

	<u>Client/Patient</u>	<u>Teaching</u>	<u>Administration</u>	<u>Other</u>
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 Percentage of client/patient hours per week spent providing SUD treatment: %

**IV. Practice Site Profile**

- |   |                   |    |   |
|---|-------------------|----|---|
| A. Does this practice participate in the Ohio Medicaid program?   | Yes               | No | Medicaid #  |
| B. Does this practice accept new Medicaid-eligible clients/patients?  | Yes               | No |   |
| C. Does this practice accept assignment for Medicare?   | Yes               | No | Medicare ID#  |
| D. Does this practice see all patients regardless of their ability to pay?  | Yes               | No |   |
| E. Does this practice utilize a sliding fee scale (SFS), or provide other financial assistance for uninsured patients?                      | Yes*              | No | *If yes, include a copy of SFS or financial assistance policy/procedures with the application |
| F. Is this practice not-for-profit?   | Yes               | No |   |
| G. What percentage of patients served by the practice are of racial and ethnic minorities?  |                   | %  |   |
| H. Provide the practice site's payer mix data for the most recent 12-month period. Provide actual number for unduplicated clients/patients. | Reporting Period: |    | to  |

