STATE OF COLORADO

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Colorado Health Service Corps Loan Repayment Program Advisory Council Report to the Governor and Legislature

December 1, 2011

C.R.S. § 25-20.5-705

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SECTION 1: PROGRAM OVERVIEW

Introduction

On June 2, 2009, House Bill 09-1111 was signed into law. The law created the Primary Care Office at the Colorado Department of Public Health and Environment and transferred administration of the former State Health Care Professional Loan Repayment Program from CollegeInvest, at the Department of Higher Education, to the Primary Care Office (PCO). In addition, the law expanded the former Health Care Community Board, created in Senate Bill 07-232, and mandated that a report be made to the Governor and Legislature on Dec. 1, 2009, 2011, and every two years thereafter, which responds to specific questions related to the former State Health Care Professional Loan Repayment Program, now known as the Colorado Health Service Corps Loan Repayment Program (Attachment A).

Since the transfer of administration of the former State Health Care Professional Loan Repayment Program to the Primary Care Office, House Bill 10-1138 came into law, which rebranded the program to what it is known as today, The Colorado Health Service Corps (CHSC) Loan Repayment Program, and also renamed the former Health Care Community Board as the Colorado Health Service Corps Advisory Council. This legislation added oral health providers to the list of health care disciplines eligible for the program, allowed for lump sum payment of awards, and exempted the program from certain State procurement rules.

In the 2011 legislative session, another bill, House Bill 11-1281, was passed. This legislation gave the Primary Care Office administration of the nursing and health care faculty loan repayment program, developed a governing advisory council for that program, and better prioritized the State funding stream of the CHSC Loan Repayment Program.

The Primary Care Office is charged with lowering health inequity and the barriers that prevent Coloradans from accessing high-quality primary health care services in their communities. Specifically, the office assesses the primary health care professional workforce needs of communities and directs specific health care provider incentives, such as loan repayment, to areas of the state determined to have a provider shortage. The core activities of the office are funded by the U.S. Department of Health and Human Services and Tier II Tobacco Settlement funds from the State of Colorado.

The CHSC Advisory Council is charged with recommending candidates for participation in the CHSC Loan Repayment Program. The council comprises health access experts who represent broad interests in addressing Colorado's primary care work force needs. Council members are appointed by the governor for varying terms (Attachment B).

Importance of Health Care Professional Incentives

There is abundant data derived from program work of the Primary Care Office (PCO) and other important Colorado stakeholders confirming that clinics that serve publicly insured, uninsured, low-income and rural Coloradans have high barriers to professional recruitment and retention. This problem is known to explicitly affect more than one million Coloradans. Further, 50 of 64 Colorado counties have a designation from the U.S. Secretary of Health and Human Services for primary care health professional shortages; 47 have dental health shortages; and 51 have mental health shortages.

Physicians graduating from medical school reported an average debt load of \$162,000 dollars in October 2011. High loan debt is known to strongly influence the decision of health care providers to opt for higher paying sub-specialties and opt for practices that do not significantly care for medically underserved people. Loan forgiveness significantly diminishes a key barrier to health professionals who otherwise would consider rural or low-income primary care practice settings.

According to a recent study conducted by the Colorado Commission on Family Medicine (Attachment D), loan repayment may be becoming more important among all the factors that contribute to the practice choices of new graduates.

An economic impact study conducted by the National Center for Rural Works concluded that one primary care physician could generate up to \$1.5 million in revenue, \$0.9 million in payroll and create 23 jobs in both the physician clinic and hospital. The National Center for Rural Health Works also describes the potential economic impact of rural residency programs in rural regions. In their 2007 analysis of the impact of rural residency, the community total employment of the rural residency program was 15 full- and part-time employees, with an estimated payroll including benefits of \$803,500. Secondary income of \$249,085 and total income impact of \$1,052,585 was observed. The secondary income is the income generated in other industry sectors in the economy of a region due to the rural residency program spending and the rural residency program employees' spending. The rural residency program generated \$376,777 in direct and secondary retail sales in the region, resulting in a 1% sales tax impact of \$3,768. Therefore, providers and residents recruited or retained by the loan forgiveness program create significant economic activity in communities acutely affected by the current economic recession. State tax revenue plausibly may be enhanced because of the positive economic externalities of this program.

SECTION 2: RESPONSE TO QUESTIONS CONTAINED IN C.R.S. § 25-20.5-705

Description of Programmatic Goals & Present Status (1)(b)

The purpose of the Colorado Health Service Corps (CHSC) Loan Repayment Program is to increase the number of primary health professionals serving medically underserved Colorado communities. The low-income portions of many urban communities and most rural communities have insufficient numbers of health care professionals to meet the needs of the population, and are therefore underserved on that basis. The program accomplishes the goal of increasing the workforce in underserved communities by forgiving all or a portion of a health care professional's educational loan debt in exchange for a minimum three-year service commitment in a medically underserved area. Educational loan debt forgiveness has been demonstrated in state and national studies to increase the successful recruitment of providers to underserved communities and increase the rate of provider retention once a successful placement has been made.

The federal government participates in this health professional incentive strategy by granting matching funds for loan repayment to states. The current state appropriation of \$226,900 per year is matched by a one-to-one federal grant, for a combined total of \$453,800. In addition, the Primary Care Office (PCO) was awarded \$1,000,000 from the American Recovery and Reinvestment Act; \$373,100 in federal loan repayment to states; \$10,995,193 from The Colorado Health Foundation; \$304,000 from The Colorado Trust; and \$35,000 from the Comprecare Foundation to increase the number and size of the awards of the program. This significant increase in program capacity was possible because of the passage of HB 09-1111 and the baseline administrative support that the state provides. Since assuming administration of this program in July 2009, the PCO has grown its funding from \$226,900 annually to what is now collectively nearly a \$14 million dollar program.

In addition, with the recent restructuring of the Oral Health Unit at the Colorado Department of Public Health & Environment, the PCO has assumed administration of the former Dental Loan Repayment Program, now known as the *Expanded Dental Loan Option of the Colorado Health Service Corps*. This program is funded with an annual \$200,000 in Tier II tobacco settlement dollars and another \$115,000 from the federal government via an Oral Health Workforce Grant from the Health Resources & Service Administration.

The loan repayment program currently supports providers practicing full time, in an outpatient primary care setting (definition of primary care in Attachment C), who are licensed and specialize in one of the following disciplines:

- Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general psychiatry, child psychiatry, general pediatrics and general obstetrics/gynecology
- Doctors of dental surgery and doctors of dental medicine
- Certified nurse-midwives
- Clinical and counseling psychologists
- Licensed clinical social workers
- Licensed professional counselors

- Licensed dental hygienists
- Marriage and family therapists
- Nurse practitioners practicing in primary care
- Physician assistants practicing in primary care
- Psychiatric nurse specialists

Program Award Criteria:

The CHSC Advisory Council ensures that statutory eligibility criteria in the Colorado program remain permissive up to the limit allowable under federal matching grant requirements. The council, however, has set policies for preferential selection of candidates who have been the beneficiary of other state and private investments in health workforce development. The following objective criterion is used in determining which applicants are preferentially selected for an award in the program in upcoming award cycles.

- Graduates of any Colorado health professional training program. Because state and private entities make large investments in the education of the health work force, this preference helps to ensure that more of the educational investments of the state are retained in the state.
- Graduates of any community health or rural health track professional training program. Students who select a
 community health or rural health track training program already have demonstrated a commitment to practice
 in underserved communities. This selection preference should lead to better retention of providers beyond
 their contractual commitment.
- Evidence that the candidate has clinical and/or academic experience in preparation for working with rural and underserved populations, as stated above, these candidates have already demonstrated commitment to serve these populations.
- Graduates of any Colorado primary care residency program. It is likely that more Colorado-trained physicians can be attracted to practice in Colorado upon graduation if loan repayment is more available (Attachment D).
- Practices located in a geographic Health Professional Shortage Area. Though a Health Professional Shortage Area of some kind is a requirement for program eligibility, a geographic designation is a type of designation that occurs in rural communities, with few exceptions.

A specialized subgroup, the Internal Application Review Committee of the CHSC Loan Repayment Program, is charged with the preferential scoring process of the subjective elements of applications for loan repayment to the CHSC. This subgroup is comprised of staff from each of the statewide organizations representing the constituencies/eligible practice sites of the CHSC: the Colorado Community Health Network, representing federally qualified health centers; the Colorado Rural Health Center, representing both certified and non-certified rural health clinics; and the Colorado Behavioral Healthcare Council, representing community mental health centers. The convening of these entities represents the in-depth expertise needed to determine the selection of candidates based on the likelihood of retention to the sites, communities, and populations served far past the three year contractual service obligation in return for the loan repayment award. This subgroup developed a formal scoring mechanism based on the subjective criteria of a CHSC loan repayment application to prioritize applicants for loan repayment funding, as directed by the full CHSC Advisory Council. Specifically, this expert subgroup scores the personal statement and letters of support, required at time of application, and the likelihood of long-term retention determined through interviews with practice site executives.

Other award preference criteria are used at the request of private donors who wish to support specific objectives. The permissible donor-directed award priorities are outlined in the following policy statement of the CHSC Advisory Council:

The Colorado Health Service Corps will seek to accommodate all reasonable grantor requests regarding restricted distribution of granted funds. The determination of what is a "reasonable grantor request" shall be at the discretion of the Primary Care Office. The Primary Care Office will seek the consent of the Colorado Health Service Corps Advisory Council where a donor directed award proposal would require a substantial departure from the Councils "Award Preference" policy. Approved grantor restrictions shall apply to the value of the grantor's gift(s) only, and

shall not apply to funds derived from any other source in the program fund. It is the policy of the Colorado Health Service Corps to decline grants from entities seeking to:

- give non-monetary gifts,
- direct awards to a specific person or persons,
- constrain the scope of health services a contracted provider can offer, and/or cause a violation of state or federal statutes.

Impact Analysis (1)(d)

Impact to Medically Underserved Coloradans: Participation in the CHSC requires obligated providers to report twice annually on the number of patient visits and visits to publically insured and uninsured patients, in July and January of each year for the previous six months. Due to the twice annual reporting requirements and the limitation that reporting can only be required by the date of contract execution up until the corresponding bi-annual reporting date, upon first entering the program many providers cannot capture the full number of visits provided at point of entry into the program. Further, there are providers entering and exiting the program at multiple times throughout the year. All reporting caveats considered, in 2010 alone nearly 339,000 patient visits were reported. At the date of last report in 2009 there were 6 contracted providers. In 2011 the number of contracted providers has grown to 151. A conservative estimate of percentage of service to publically insured and uninsured patients is 70% of all total patient visits. From 2009 to 2010 percentage of service to publically insured and uninsured patients grew by 330% and then again in 2011 another 170% as a direct result of this program.

Maximizing Federal Matching Funds: The federal matching support of the CHSC Loan Repayment Program in 2010 was \$1,373,100 for Colorado. While the federal money available for the program nationally grew significantly through the American Recovery and Reinvestment Act, Colorado remains one of the most competitive among state loan repayment programs in the nation due to previous success in attracting private dollars to match and disburse all federal money available.

Benefits of the Recent Streamlining and Consolidating Loan Forgiveness Programs (1)(e)

As previously mentioned, the PCO has worked with other health care safety net and workforce constituents to consolidate nearly every health care professional loan repayment program in the State and has realized the following benefits:

Operational Efficiency: A consolidated state program simplifies the search, eligibility determination and application process for primary health care providers who are seeking incentives in consideration of a practice in a medically underserved community. In addition, a consolidated program reduces the cost of program administration in proportion to the total funds available for annual awards. This is because the infrastructure and staffing necessary to run a loan forgiveness program are somewhat fixed and do not significantly increase as available award funding rises. Finally, because the authorizing legislation for the state program creates a distributed decision-making process in the CHSC Advisory Council, most if not all, major interests and organizations invested in health professional workforce development are represented in decision-making regarding program policies and award priorities.

Federal Matching Grants: The CHSC Loan Repayment Program participates in the federal matching grant program of the Health Resources & Services Administration and all non-federal dollars in the program may receive up to a one-to-one federal match. Though the amount available from the federal government for matching grants is limited, a successful application for \$1,373,100 was submitted in 2010. The PCO will continue to pursue federal matching funds so long as the state appropriation supplies the nonfederal match. In addition, state appropriations provide the financial foundation to support additional grant requests to Colorado nongovernmental donors, who in turn further expand the size and impact of the program.

Income Tax Exemption for Awards: The third, and perhaps most compelling, reason for a consolidated state program is that awards made from the CHSC Loan Repayment Program are exempted from federal income taxes. In all other monetary provider incentives, the award is treated as ordinary income and taxed on that basis. The diminution of the award resulting from income taxation ranges from 25 to 35 percent, depending on individual provider circumstances. This effect causes a portion of state tax dollars and philanthropic dollars outside of the CHSC Loan Repayment Program to flow to the federal government as tax revenue rather than to the exclusive purpose of providing a primary care provider incentive.

The combined effect of these three program advantages can be quantified in comparing the following two scenarios.

Appropriation or private grant outside of the CHSC Loan Repayment Program

- \$ 1.00 state appropriation and/or private grant
- \$ (0.07) approximate operating requirements
- \$ (0.30) approximate federal income tax liability
- \$ 0.63 net incentive benefit to provider

Appropriation or private grant inside of the CHSC Loan Repayment Program

- \$ 1.00 state appropriation and/or private grant
- (0.07) approximate operating requirements
- \$ 0.93 high end of federal matching funds potential
- \$ federal income tax liability
- \$ 1.86 net incentive benefit to provider

The provider benefit of the state program, per dollar invested, is nearly three times that of other options for primary care practice incentives. Though these examples are based on assumptions that may vary among individual awardees and annual federal matching grant opportunities, the overall benefit of consolidation under the state program is clear.

Existing Efforts & Strategies for Further Collaboration & Addressing Barriers (1)(c)

Barriers: Although the consolidation of existing health professional loan repayment programs was beneficial for the overall environment of loan repayment in Colorado, this consolidation also resulted in close safety-net partners losing financial resources through loan repayment programs they previously administered. Although the PCO and partners are passionate about our work, the PCO and constituents face similar financial struggles that many times require competing for the same pots of money, given the current fiscal crisis in Colorado. Due to the fiscal emergency in our state this will continue to be an ongoing challenge. The consolidation of existing health professional loan repayment programs obligated over two years of work and significant negotiation among stakeholders.

The formation of the aforementioned Internal Application Review Committee of the CHSC embodies an example of the dedication to streamlining programs for the greater good of loan repayment and service to the medically underserved in Colorado. The PCO continues to actively coordinate with the Colorado Community Health Network, Colorado Rural Health Center, and the Colorado Behavioral Healthcare Council to ensure applications are actively solicited from eligible sites and providers throughout Colorado. Furthermore, the PCO will continue collecting data from each program participant, which will inform the CHSC Advisory Council on the attributes of successful placements. Program polices and selection criteria will be revised continuously to conform to what is learned from program evaluation data.

Strategies for further pursuing gifts, grants and donations: The PCO will actively cultivate new and existing relationships with nongovernmental organizations that seek to advance health access goals in Colorado. The PCO has already been successful with philanthropic endeavors from private foundations, which was used to match a \$1,000,000 proposal for American Recovery and Reinvestment Act funding. The support of The Colorado Health Foundation, The Colorado

Trust, and the Comprecare Foundation has made it possible to increase total awards in 2011 from \$216,755 in 2009 to \$6,367,619 in 2011. Additional participation of non-traditional private, public, and federal funders in the program likely will be achieved by articulating the inherent program advantages as discussed in this report.

Successful Loan Forgiveness Programs and Best Practices Across the County (1)(a)

Health professional loan repayment programs in California, Iowa, Kansas, Massachusetts, Michigan, Montana, Nebraska, New Mexico, Oklahoma, Washington and Wyoming were selected for review and comparison in this report. A detailed overview of each state's program can be found in Attachment E. These states were chosen based on their proximity to Colorado or their reputation for program effectiveness.

Each of these 11 state programs conforms to several broad principles. All states appear to focus on incentives for outpatient care in areas known to be short of health care professionals. All programs emphasize primary care, but a few states include additional health professions such as physical therapy, nursing and pharmacy. Most states require multiyear commitments from providers, ranging from two to five years. Total provider award values range from \$10,000 to \$105,000. The largest programs, by total funding, are those that receive a blend of support from state, federal and private sources. The smaller programs tend to be those that only use a state appropriation to draw down federal matching funds. Individual observations of each state program are as follows:

- California has seven individual programs administered by two separate state entities. California is the only
 state in this review cohort that uses professional licensure fees as a funding mechanism for health
 professional loan repayment.
- The Iowa program is structured and administered according to federal guidelines.
- Kansas and Oklahoma are the only states to allow medical residents to receive loan repayment prior to the
 completion of their education. This practice might be expected to increase the retention of medical residents
 in these states. Because funding for providers in residency is disallowed under federal matching guidelines,
 these programs presumably fund residents with state and private fund sources only.
- The Massachusetts program is the only program that offers a part-time option to providers in exchange for a longer service commitment. Because funding for part-time contracts is disallowed under federal matching guidelines, Massachusetts presumably funds this option with state and private fund sources only.
- The Michigan program explicitly promotes a match option for communities and correctional facilities. This currently is permissible in the Colorado program and will be explored further in future award cycles.
- The Montana rural provider program is the only program reviewed that assesses a fee on medical students as a funding source for loan repayment.
- The Nebraska program is among a few programs that offer loan repayment to additional, non-primary care
 provider categories such as occupational therapy. Because funding for providers in non-primary care
 professions is disallowed under federal matching guidelines, Nebraska presumably funds these professions
 with state and private fund sources only.
- New Mexico is the only state to offer a Conditional Tuition Waiver Program, which allows for medical students to defer payment of tuition at the state's medical school in exchange for a future service commitment. For providers who receive four years of tuition deferment, the final service obligation of the provider to the state in a rural or underserved area is four years. If a physician fails to complete the service commitment, the outstanding tuition becomes due with interest.
- The Wyoming loan repayment program has the broadest range of eligible health professional disciplines, but apparently does so without federal funds. The WA program is now a minimum of two years with the possibility of an extension.

The program attributes of other states that warrant further consideration in Colorado are

- 1) awards to primary care physicians who are in residency, with contracts that extend into the first two years of practice;
- 2) a part-time service option for awardees in exchange for an extended service commitment; and
- 3) a conditional tuition waiver program for primary care providers who commit to future service in Colorado in an underserved area.

Though these strategies likely have merit from the prospective of improving recruitment and retention of primary health care professionals, they currently are not allowed under federal matching guidelines. These program enhancements, therefore, should not be actively considered in Colorado until specific state or private funding becomes available for such purposes.

SECTION 3: ATTACHMENTS

A: C.R.S. § 25-20.5-705. – Advisory Council - report

- (1) On or before December 1, 2009 2011, and on or before December 1 every two years thereafter, the advisory council shall submit to the Governor and the General Assembly Health and Human Services committees of the senate and House of Representatives, or any successor committees, a report that includes, at a minimum, the following information:
- (a) Identification and a summary of successful loan forgiveness programs for health care professionals and best practices in health care professional loan forgiveness programs across the country;
- **(b)** A description of the programmatic goals of the Colorado health service corps, including the present status of and any barriers to meeting those goals;
- **(c)** Existing efforts and potential future projects to overcome any barriers to meeting the programmatic goals of the Colorado Health Service Corps;
- (d) An analysis of the impact of the Colorado health service corps program; and
- **(e)** If applicable, results of any surveys conducted of state health professional incentive programs in primary care and any recommendations to individually enhance, improve coordination among, and potentially consolidate existing or potential programs to better address Colorado's primary care workforce issues.

B: CHSC Advisory Council Members

Council Member	Interest Served on the Council
Ross Brooks, Chair Colorado Community Health Network	Representative of a membership organization representing federally qualified health centers
Dr. Beuford Durmon Lake Fort Health Services District	Representative actively practicing primary care physician serving in a rural community
Janet Beezley University of Colorado Denver and Health Sciences Center	Representative advanced practice nurse licensed to practice in Colorado
Jeannie Larsen* Southeast Mental Health Services	Representative of a behavioral health organization that operates in Colorado
Colleen Church The Colorado Health Foundation	Representative of a foundation that funds a health care professional loan forgiveness program
Fabian Valle Colorado Rural Health Center	Representative of a nonprofit statewide membership organization providing programs and services to enhance rural health care
Jack Westfall, MD, MPH University of Colorado Denver and Health Sciences Center	Representative of a public institution of higher education that has experience in administering loan repayment programs for health professionals serving in medically underserved areas
Katya Mauritson* Colorado Department of Public Health and Environment, Oral Health Unit	Representative of a state loan forgiveness program for oral health professionals
David West, MD Self-Employed Health Policy Consultant	Representative of a statewide membership organization representing physicians in Colorado
Dan Long Bank of the West, Sterling, CO	Representative of an economic development organization that operates in Colorado
Kathy Anderson Colorado Association of Family Medicine Residencies	Representative of the Commission on Family Medicine
Maisha Pollard*	Representative person with expertise in providing health care in health professional shortage areas of the state
Dr. Mark Deutchman University of Colorado School of Medicine, Rural Track	Representative person with expertise in providing health care in health professional shortage areas of the state, and a representative from a public institution of higher education in the state that provides health care professional education programs
Jay Lee, MD* Denver Health and Hospitals	Representative person with expertise providing health care in health professional shortage areas of the state

^{*}Pending authorization by Governor Hickenlooper

C: Definition of Primary Care for the Purpose of Primary Care Office Activities

Primary care is that care provided by health professionals specifically trained for and skilled in comprehensive first contact and continuing care for people with any undiagnosed sign, symptom or health concern not limited by problem origin, organ system or diagnosis. Primary care includes diagnosis and treatment of acute and chronic illnesses, health promotion, disease prevention, health maintenance, counseling and patient education in a variety of health care settings.

D. Recruitment of Colorado-Trained Medical Residents in Family Medicine to a Colorado Practice

The Colorado Commission on Family Medicine conducted a survey of graduates from Colorado family medicine residency programs in 2011. The following are findings regarding the factors that contributed to the recruitment of new graduates:

- 1) There were 64 medical resident graduates in family medicine in 2011.
- 2) 63 percent entered practice in Colorado.
- 3) Of those opting for a Colorado practice, 23 percent located in a rural community, and 10 percent located in an urban underserved community. This is a decrease over last year's combined proportion of 46 percent that went to practices in rural/urban underserved settings.
- 4) Of those who left Colorado for another state, five went to an urban setting, 16 to a rural setting and two to an underserved setting. One-third of those who left Colorado, but selected a rural or low-income practice setting in another state, reported that loan repayment was a critical determining factor.
- 5) Of graduates who stayed in Colorado, 37 percent indicated that loan repayment was critical to their practice choice.
- 6) Loan repayment is a component of a total job offer, which may include salary, signing bonus and other recruitment incentives. For Colorado loan repayment to be successful, it must be viewed as part of an overall strategy and job offer package.

E: Overview of Select State Loan Forgiveness Programs

Program	Award Characteristics	Eligibility	Funding and Administration
California	Licensed Vocational Nurse Loan Repayment Program: ≤\$6,000 over a two-year period for a two-year commitment Health Professions Education Foundation Associate Degree Nursing Scholarship (ADN): ≤\$10,000 in exchange for a two-year commitment Bachelor of Science Nursing Loan Repayment Program: ≤\$19,000 in exchange for a two- or four-year commitment Licensed Mental Health Services Provider Education Program: ≤\$15,000 over a two-year period for a two-year commitment Mental Health Loan Assumption Program: ≤\$10,000 over a one-year period for a one year commitment Health Professions Loan Repayment Program: ≤\$20,000 over a two-year period for a two-year commitment Steven M. Thompson Physician Corp Loan Repayment Program: ≤\$105,000 for a three-year service obligation State Loan Repayment Program/National Health Service Corps Loan Repayment Program: Health professionals may be granted up to \$100,000 for a three- year initial award. The following amounts and payments are made directly to their lender(s): State Award Total First Two Years-\$30,000, Site Match-\$30,000: Total \$60,000. Third Year-\$20,000, Site Match-\$20,000: Total \$40,000. Fourth Year-\$20,000, Site Match-\$20,000: Total \$40,000. Fifth Year-\$15,000, Site Match-\$15,000: Total \$30,000. Maximum Award \$170,000	Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology General Dentists Dental Hygienists Certified Nurse-Midwives Clinical or Counseling Psychologists Licensed Clinical Social Workers Licensed Professional Counselors Marriage and Family Therapists Nurse Practitioners Physician Assistants Psychiatric Nurse Specialists Registered Nurses and Licensed Practical Nurses Allied healthcare professionals	Licensed Vocational Nurse Loan Repayment Program: A \$5.00 surcharge collected by the Board of Vocational Nurses at the time of initial licensure and renewal. This program is also funded by grants from the S. Mark Taper Foundation and the California Wellness Foundation. Bachelor of Science Nursing Loan Repayment Program: The ADNSP is administered by the Health Professions Education Foundation (Foundation) and is funded by a \$10.00 surcharge on each Registered Nurse licensure renewal. All awards are subject to the availability of funding. Licensed Mental Health Services Provider Education Program: A \$10.00 surcharge is collected by the Board of Behavioral Sciences and the Board of Psychology at the time of initial licensure and renewal. Mental Health Loan Assumption Program: Through the Workforce, Education and Training component of the Mental Health Services Act, \$2.5 million is allocated by the Legislature yearly to loan repayment awards. Health Professions Loan Repayment Program: Funds are received through grants/contributions from public and private agencies, foundations, corporations and individuals. Supports the Allied Healthcare Education Scholarship (AHS), the Health Professions Loan Repayment (HPLRP), and the Steven M. Thompson Physician Loan Repayment Program (STLRP). Steven M. Thompson Physician Corp Loan Repayment Program: The STLRP is funded by several different sources: 1) A \$25.00 surcharge is collected by the Medical Board of California at the time of initial licensure and renewal. 2) Up to \$1 million transferred annually from the Managed Care Administrative Fines and Penalties Fund to the Health Professions Education Foundation. 3) Private donations and grants. State Loan Repayment Program/NHSC Loan Repayment Program: Funded through a grant from the NHSC and administered by the State of California, Office of Statewide Health Planning and Development (Office). All programs are administered by the California Health Professions Education Foundation, unless otherwise noted.

Program	Award Characteristics	Eligibility	Funding and Administration
Iowa	The Primary Care Recruitment and Retention Endeavor (PRIME CARRE) \$\\$30,000 per year for a two-year commitment for primary care physicians, psychiatrists and clinical psychologists, dentists, physician assistants, registered nurse practitioners, certified nurse midwives, dental hygienists, clinical social workers and psychiatric nurse specialists.	Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology General Dentists Dental Hygienists Certified Nurse-Midwives Clinical or Counseling Psychologists Licensed Clinical Social Workers Licensed Professional Counselors Marriage and Family Therapists Nurse Practitioners Physician Assistants Psychiatric Nurse Specialists	The Primary Care Recruitment and Retention Endeavor (PRIMECARRE) was authorized by the Iowa Legislature in 1994 to strengthen the primary health care infrastructure in Iowa. PRIMECARRE allocations currently support the Iowa Loan Repayment Program, with matching federal and state funds. Administered by the Iowa Department of Public Health: Iowa Bureau of Health Care Access
Kansas	Kansas State Loan Repayment Program ≤\$30,000 per year for primary care physicians and general dentists for a two-year commitment ≤\$20,000 per year for nurse practitioners, nurse midwives, physician assistants, dental hygienists, psychologists, licensed clinical social workers, psychiatric nurse specialists, mental health counselors, licensed clinical professional counselors, and marriage and family therapists for a two-year commitment Kansas Bridging Program: ≤\$26,000 for resident physicians in return for full-time practice in a selected rural community for 36 continuous months upon completion of a residency training program	Kansas State Loan Repayment Program: Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology General Dentists Dental Hygienists Certified Nurse-Midwives Clinical or Counseling Psychologists Licensed Clinical Social Workers Licensed Professional Counselors Marriage and Family Therapists Nurse Practitioners Physician Assistants Psychiatric Nurse Specialists Kansas Bridging Program: Resident physicians	Kansas State Loan Repayment Program: Funded by the State of Kansas and the Health Resources and Services Administration. The state funds are appropriated annually by the legislature (\$150,000 from the general fund in 2009). Administered by the Primary Care Office in the Bureau of Community Health Systems. Kansas Bridging Program: Loan forgiveness consists of two separate loans: one from the state of Kansas, and the other from a rural health care organization selected by the resident physician for practice. The state of Kansas loans participating resident physicians up to \$10,000. A loan of \$5,000 is usually distributed each year, during the second and third years of residency training. The rural health care organization practice site matches the amount loaned by the state, and loans an additional \$6,000 upon completion of residency training. The combined total of both loans can be up to \$26,000, all of which all is forgiven after the 36-month commitment. The University of Kansas Medical Center. Rural Health Education and Services administer the program.
Massachusetts Massachusetts Loan Repayment Program For Health Professionals (MLRP)	Component A ≤\$25,000 per year for two to three years of service for primary care physicians and nurse practitioners or the equivalent extended part-time work at one of the state's 52 federally qualified health centers Component B ≤\$25,000 per year. Designed to provide dental services to adults and children with developmental disabilities through the Massachusetts Department of Developmental Services.	Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology Nurse Practitioners Physician Assistants Clinical or Counseling Psychologists	The MLRP is funded by a grant from the federal Bureau of Health Professions and by state dollars. Administered by the Primary Care Office at the Mass. Department of Public Health.

Program	Award Characteristics	Eligibility	Funding and Administration
	Component C ≤25,000 per year. For primary care physicians (M.D. & D.O.), or nurse practitioners practicing within the fields of family medicine, internal medicine, pediatrics, obstetrics/gynecology or psychiatry and meet criteria of practicing in a high need community.	 Psychiatric Nurse Specialists Licensed Professional Counselors Certified Nurse Midwives General Practice Dentists Dental Hygienists Clinical Social Workers Mental Health Counselors Marriage and Family Therapists 	
Michigan State Loan Repayment Program	≤\$25,000 a year for a minimum two-year commitment for general dentists, primary care physicians, psychiatrists, psychologists, licensed professional counselors (doctoral), marriage and family therapists (doctoral) ≤\$15,000 for certified nurse midwives, nurse practitioners, physician assistants, clinical social workers, licensed professional counselors (M.A.), marriage and family therapists (M.A.), mental health counselors and psychiatric nurse specialists	Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology General Dentists Dental Hygienists Certified Nurse-Midwives Clinical or Counseling Psychologists Licensed Clinical Social Workers Licensed Professional Counselors Marriage and Family Therapists Nurse Practitioners Physician Assistants Psychiatric Nurse Specialists	Federal funding through the Health Resources and Services Administration is matched with state of Michigan or local match funds contributed by health care employers to provide this loan repayment assistance. Competitive Contracts: 50% state funding; 50% federal funding Local Match Contracts: 50% employer contribution; 50% federal funding Community Mental Health/Department of Corrections State Match Contract: 50% Department of Corrections funding; 50% federal funding Administered by the Michigan Department of Community Health
Montana	Montana Rural Physician Incentive Program: ≤\$100,000 over five years for physicians. Service commitment varies from one to five years (with commensurate award amounts).	MRPIP: Primary care physicians	MRPIP: Funding comes from fees charged to medical students. Administered by the Montana Primary Care Office
Nebraska	≤\$20,000 per year for a three-year commitment for nurse practitioners, physician assistants, master's level mental health professionals, pharmacists, occupational therapists and physical therapists; ≤\$40,000 per year for physicians, dentists and clinical psychologists, The health professional must agree to a three-year practice commitment and accept Medicaid patients.	Nurse practitioners, physician assistants, master's level mental health professionals, pharmacists, occupational therapists, physical therapists, physicians, dentists and clinical psychologists	Communities within shortage areas must apply to become approved loan repayment sites and must agree to provide an equal match to state dollars (up to \$20,000 per year for three years.) The local match may come from any source. Administered by the Nebraska Office of Rural Health
New Mexico	Health Professional Loan Repayment Program: ≤\$35,000 per year for a two-year commitment for primary care physicians, physician assistants, advanced practice nurses, allied health care providers, mental health care providers, podiatrists, optometrists and dentists	HPLRP: Primary care physicians, physician assistants, advanced practice nurses, allied health care providers, mental health care providers, podiatrists, optometrists and dentists	HPLRP: Health professionals practicing in Health Professional Shortage Areas will be offered NHSC federal funding first and prioritized. Health professionals eligible for state funding (outside of the eligible professions under the federal funding) will have their applications reviewed by the Health Advisory Committee.

Program	Award Characteristics	Eligibility	Funding and Administration
	Allied Health Loan-for-Service Program: ≤\$12,000 in loans per year for up to five years to students who intend to practice in areas of the state which have experienced shortages of health practitioners in the eligible fields. For every year of postgraduate service, a portion of the loan will be forgiven. Penalties may be assessed if the service agreement is not satisfied. Nursing Loan-for-Service: ≤\$12,000 in loans per year for up to five years to students who intend to practice in a designated shortage area. For every year of postgraduate service, a portion of the loan will be forgiven. Penalties may be assessed if the service agreement is not satisfied. Medical Loan-for-Service: ≤\$25,000 in loans per year for up to five years to students who intend to practice in a designated shortage area. For every year of postgraduate service, a portion of the loan will be forgiven. Penalties may be assessed if the service agreement is not satisfied.	Allied Health Loan-for-Service Program: Physical therapy Occupational therapy Speech-language pathology Audiology Pharmacy Pharmacy Respiratory Care Laboratory Technology Mental Health Services-Social Work Emergency Medical Services Nutrition Dental Hygiene Nursing Loan-for-Service: Nurses. Medical Loan-for-Service: Medical students.	Administered by the New Mexico Higher Education Department, in conjunction with the University of New Mexico School of Medicine
Oklahoma	Dental Loan Repayment Program: ≤\$25,000 per year for participating dentists for a two- to five-year period per dentist Family Practice Resident Rural Scholarship Loan Program: Up to \$1,000 per month for participants currently enrolled in an accredited Oklahoma family practice or family medicine program. Participants spend one month during their third year of residency on elective rotation in a selected underserved Oklahoma community and agree to return to the community upon completion of residency training one month for each month the loan was received with no credit being granted for less than 12 months of service. Physician Community Match Program: Up to \$20,000 a year for two years of service or \$40,000 for three years of service in a rural practice for physicians Physician Assistant Program: Up to \$1,000 per month (up to a maximum of \$30,000) for participants currently enrolled in an accredited Physician Assistant program. Participants agree to begin practice in a selected underserved Oklahoma community 90 days after completion of physician assistant training and to practice in that community for one month for each	ODLRP: General dentists FPRRSLP: Participants who are currently enrolled in an accredited Oklahoma family practice or family medicine program PCMP: Physicians PAP: Physician assistants RMESLP: Medical students	ODLRP: Funds for the program are allocated by the state Legislature from the general fund. FPRRSLP: Funds for the program are allocated by the Legislature from the general and are partly sponsor matched. PCMP: State money, allocated from the general fund, revolving funds, and sponsor funds are matched dollar for dollar by a rural community in which the physician agrees to practice. PAP: Funds from the program are allocated by the state Legislature from the general fund and from Revolving Fund 21 RMESLP: Funds for the program are allocated by the state Legislature from the general fund. Administered by the Oklahoma State Department of Health and the Oklahoma Physician Manpower Training Commission

Program	Award Characteristics	Eligibility	Funding and Administration
	month the scholarship was received with no credit being granted for less than 12 months of service. Rural Medical Education Scholarship Loan Program: ≤\$15,000 per year for up to four years for primary care medical students who agree to practice in a qualified Oklahoma rural community. Participants agree to serve one year of practice for each year of scholarship loan with a minimum of two years' service.		
Washington	Health Professional Loan Repayment Program: ≤\$35,000 per year for a minimum of two years . There may be an opportunity to apply for additional years at ≤\$25,000 per year based on remaining eligible debt and funds available.	Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology General Dentists Dental Hygienists Certified Nurse-Midwives Nurse Practitioners Physician Assistants	Administered by the state of Washington Higher Education Coordinating Board Funding comes from the Health Resources and Services Administration and matching funds that are appropriated annually from the state Legislature. 100% of the appropriated state funds come from the general fund.
Wyoming	Wyoming Healthcare Professional Loan Repayment Program: ≤\$30,000 per year for three years for primary care physicians and general dentists ≤\$10,000 per year for three years for allied health professionals, including but not limited to hospital, medical, surgical, dental, vision, nursing, radiology, mental health, speech/language pathology and pharmaceutical services	Primary care physicians and dentists and allied health professionals, including but not limited to hospital, medical, surgical, dental, vision, nursing, radiology, mental health, speech/language pathology and pharmaceutical services	Administered by the Office of Rural Health, Rural and Frontier Health Division, Wyoming Department of Health 75% of the funding comes from the state general fund and 25% comes from funds in any combination from a county, city, school district, health care facility or health care association.

F: Comparison of Existing Provider Incentive Programs in Colorado

Program	Award Characteristics	Participants and Clients Served	Eligibility	Administration Structure and Funding
Colorado Health Service Corps Loan Repayment Program	Up to \$105,000 for a three-year service commitment for physicians and dentists; up to \$60,000 for a three-year service commitment for physician assistants, nurse practitioners, and mental health providers; and up to \$22,500 for registered dental hygienists Renewable for as long as the provider has outstanding educational loan debt Annual provider incentive ≤\$35,000 (nontaxable income)	Eleven new and continuing providers participated in FY 2009, increased to 84 providers in FY 2010, and increased to 151 providers in FY 2011. 27,000 patient visits were delivered in 2008. With an increase in federal and private support of the program, it is predicted that at least 378,000 patient visits will be delivered by 2011.	This program is open to the following providers who are practicing full time in a public or nonprofit, outpatient, primary care, clinical setting. All providers must practice in a rural or low-income area. • Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology • General Dentists* • Dental Hygienists* • Certified Nurse-Midwives • Clinical or Counseling Psychologists • Licensed Clinical Social Workers • Licensed Professional Counselors • Marriage and Family Therapists • Nurse Practitioners • Physician Assistants • Psychiatric Nurse Specialists *Oral health professionals who do not meet the CHSC criteria are directed to apply for the Expanded Dental Option of the CHSC.	The Primary Care Office at CDPHE administers the program. Award decisions are determined by the Colorado Health Service Corps Advisory Council. In the previous years, there had been a single award cycle. For 2010 and 2011, there were three award cycles to accommodate the program's four fiscal years and certain state contracting requirements. The program is funded by the state of Colorado, the Health Services and Resources Administration, The Colorado Trust, Comprecare Foundation, and The Colorado Health Foundation.

Program	Award Characteristics	Participants and Clients Served	Eligibility	Administration Structure and Funding
National Health Service Corps	Up to \$50,000 for a two-year service commitment against educational loan debt; renewable for \$35,000 per year as long as the provider has outstanding educational loan debt. Annual provider incentive ≤\$25,000 (nontaxable income)	277 providers are currently obligated to service with the National Health Service Corps in Colorado. 440,000 (estimated) patient visits were delivered in the previous twelve months.	This program is open to the same providers and with the same eligibility criteria as the Colorado Health Service Corps state loan repayment program, with the addition of a private practice option.	The Health Resources and Services Administration administers the program. The Primary Care Office manages certain aspects of eligibility, provider placement and a range of technical assistance to service sites. The provider application opens late Fall of each calendar year, and remains available until program funding expires. The application process for eligible sites remains available year round. The program is funded by the Health Services and Resources Administration.
Expanded Dental Loan Option of the Colorado Health Service Corps (formerly State Dental Loan Repayment Program)	Loan repayment based on level of service to Colorado's underserved (Medicaid, CHP+, Uninsured) Dentist I: \$25,000 Dentist II: \$20,000 Dentist II: \$10,000 Dental Hygienist: \$6,000 Dental Hygienist: \$3,000	There were 27 applications to the Dental Loan Repayment Program in FY2010-11. For the Dental Loan Repayment Program, a total of 12 new contracts were executed during the fiscal year bringing the total number of awards given since the program's inception to 106. During FY2010-11 32,391 underserved patients (Medicaid, CHP+, the uninsured) were served by dental providers receiving loan repayment through the Dental Loan Repayment program. This number includes 16,684 Medicaideligible children, 1,333 CHP+ and 14,374 uninsured adults and children.	The program is open to general dentists and dental hygienists in under-served areas.	The Dental Loan Repayment program, now called the Expanded Dental Option has transitioned under the auspices of the Colorado Health Service Corps, which is currently administered by the Primary Care Office. There are three award cycles each year (March, July, November) The Expanded Dental Loan Option of the CHSC is currently funded by the state with Tier I-Tobacco Settlement Funds (\$200,000). Statue permits acquisition of federal dollars as a compliment to state funding when such grants are available to states.

Program	Award Characteristics	Participants and Clients Served	Eligibility	Administration Structure and Funding
Colorado Rural Outreach Program (CROP)	Up to \$10,000 per year paired with a one-to-one community match against educational loan debt or any other associated costs of recruitment or retention of a health care provider Award is renewable twice for a total of three years. Annual provider incentive ≤ \$20,000 (taxable income)	25 health professionals participated in 2009, and has slightly increased since then. More than 87,500 patient visits were delivered in the most recent fiscal years.	The program is open to all health professions for practices in rural communities.	The Colorado Rural Health Center Administers the program. There are two award cycles per year. CROP has continuously been supported by grants from various foundations and private donations, including Colorado Medical Society Foundation, The Colorado Health Foundation, the Colorado Trust, Caring for Colorado and El Pomar.
The Colorado Health Foundation Physician Loan Repayment Program				The Colorado Health Foundation Physician Loan Repayment program was absorbed by the Colorado Health Service Corps in 2010, and is currently administered by the Primary Care Office.

G: Online Application Form

Colorado Health Service Corps - 2011

1.1 The first set of questions in this application will determine whether you are eligible for participation in this loan repayment program under federal and state program requirements. After your basic eligibility is confirmed, you will be prompted to enter specific information about yourself. If you are determined to be ineligible, you will not complete this application, but you will be redirected to other loan forgiveness options that may be available to you. Please note that applying for loan repayment through the Colorado Health Service Corps is a two part process. You are entering the provider loan repayment application now. An administrator from your site must also complete an organization pre-designation application for loan repayment at: Colorado Health Service Corps Site Application. Site applications from providers applying to the Colorado Health Service Corps for loan repayment will not be accepted. At the conclusion of this application you will be required to upload electronic documents including your resume or curriculum vitae, current loan statements from each lender, and two letters of support. These documents are components of a complete loan forgiveness application and must be uploaded electronically for your application to be considered.

1.2 Select your health professional discipline (You must be licensed or registered in Colorado in your field at the time of application.)

Mental or Behavior Health Professional (master's or doctoral degree) (1)

Nurse (advanced practice) (2)

Physician (3)

Physician Assistant (4)

None of these professional disciplines (5)

1.3 Professional discipline

Clinical or Counseling Psychologist - Ph.D. or Psy.D. (4)

Licensed Clinical Social Worker - LCSW (master's or doctoral degree in social work) (1)

Licensed Professional Counselor - LPC (master's or doctoral degree; major study in counseling) (2)

Marriage and Family Therapist - MFT (master's or doctoral degree; major study in therapy) (3)

Other mental or behavior health discipline (5)

1.4 Nursing credential

Certified Nurse-Midwife - CNM (1)

Nurse Practitioner - NP (2)

Psychiatric Nurse Specialist - PNS (4)

Other nursing credential (3)

1.5 Professional degree

Doctor of Osteopathic Medicine - DO (1)

Doctor of Allopathic Medicine - MD (2)

1.6 Professional specialty If board certified in more than one specialty, select the specialty where the most clinical practice time is spent.

Child Psychiatry (1)

Family Medicine (2)

Geriatrics (7)

Internal Medicine (3)

Obstetrics and Gynecology (4)

Pediatrics (5)

Psychiatry (6)

Other specialty (8)

2.2 Is your direct clinical care provided in an outpatient primary care setting? This program broadly defines primary care to include general medical, obstetrical, oral, mental, and behavioral health care. Primary care is that care provide by health professionals specifically trained for and skilled in comprehensive first contact and continuing care for people with any undiagnosed sign, symptom or health concern not limited by problem origin, organ system or diagnosis. Primary care includes diagnosis and treatment of acute and chronic illnesses, health promotion, disease prevention, health maintenance, counseling and patient education in a variety of health care settings. Yes (1) No (2) 2.3 How is your practice incorporated? Nonprofit (usually a 501(c)3 nonprofit corporation) (1) Private (an independent practice for profit) (2) Correctional Facility (state or federal only) (3) Public (usually a governmental authority, hospital district, or division of local, state or federal government) (4) 2.4 Select the payer types your practice regularly accepts This loan forgiveness program requires that a provider acception of the payer types your practice regularly accepts This loan forgiveness program requires that a provider acception insurance and offer a sliding fee scale to low-income, uninsured patients. Child Health Plan+ (4) Medicare (2) Private insurance (1) Uninsured (5) 2.5 Does your practice see patients 18 years old and younger? Yes (1) No (2) 2.6 Does your practice see patients 65 years old and older? Yes (1) No (2) 2.7 Does your practice see patients 65 years old and older? Yes (1) No (2) 2.8 For patients who are both uninsured and low-income, does your practice offer reduced clinic fees on a sliding scale? Bad debt right-off policies do not constitute a sliding fee scale. Sliding discounts must extend to at least all those below 200% of federal poverty (about \$44,000 for a family of four in 2010). (For more information on developing a sliding fee scale, visit: http://www.cdphe.state.co.us/pp/	Yes (1) No (2)		
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2.1 Do you regularly practice at least 40 hours per week with at least 32 hours in direct clinical patient care? Exclude on call time. Enter; no; if you are seeking employment in a loan repayment eligible practice. For detailed information

on the hourly requirements, please see the Definition of Full Time Practice.

- 2.9 Health professionals who practice in a state or federal correctional institution may be eligible for the Colorado Health Service Corps if the facility is medium or higher security and has an active Health Professional Shortage Area Designation.
- 2.10 Is your practice located in a Mental Health Professional Shortage Area as designated by the US Secretary of Health and Human Services? "Yes" if you practice at a federally qualified health center. If you do not practice at a federally qualified health center, visit http://hpsafind.hrsa.gov for more information.

Yes (1)

No (3)

Unsure (2)

2.11 Is your practice located in a Primary Care Health Professional Shortage Area as designated by the US Secretary of Health and Human Services? "Yes" if you practice at a federally qualified health center. If you do not practice at a federally qualified health center, visit http://hpsafind.hrsa.gov for more information.

Yes (1)

No (3)

Unsure (2)

2.12 You responded that you are not in full time clinical practice. Select the option below that applies to you. I regularly practice less than 40 hours per week. (1)

I regularly practice less than 32 hours per week in direct clinical patient care. (3)

I am seeking employment in a setting where I will practice at least 40 hours per week with at least 32 hours per week in direct clinical care. (2)

- 2.13 How important is loan forgiveness to your ultimate decision on where to practice? _____ Importance (1)
- 2.14 If you are selected for an award, you must submit proof of employment in a qualified practice setting within 120 days of an award notice. General practice eligibility characteristics include: Practice in an eligible professional discipline Clinical practice location in a Health Professional Shortage Area Ambulatory outpatient setting Primary care clinical services Full time practice assignment Public or nonprofit employer Care for publicly insured (Medicaid, Medicare, CHP) Care for uninsured at a reduced rate for low income patients (sliding fee scale)
- 3.1 Enter your full legal name.
- 3.2 What is your birth date? (mm/dd/yyyy)
- 3.3 Are you a citizen of the United States?

Yes (1)

No (2)

3.4 What is your gender? (optional)

Male (1)

Female (2)

- 3.5 What is your race? (optional)
- 3.6 Residential address

Address (1)

City (2)

State (3)

Zip Code (4)

3.7 Primary phone number Primary Phone (1) 3.8 Alternate phone number (optional) Alternate Phone (1) 4.1 What date did you receive your professional degree in psychology? (mm/dd/yyyy) 4.2 What date did you receive your clinical degree in social work? (mm/dd/yyyy) 4.3 What date did you receive your degree in professional counseling? (mm/dd/yyyy) 4.4 What date did you receive your professional degree in marriage and family therapy? (mm/dd/yyyy) 4.5 What date did you receive your highest degree in nursing? (mm/dd/yyyy) 4.6 What date did you receive your medical degree? (mm/dd/yyyy) 4.7 What date did you receive your physician assistant degree? (mm/dd/yyyy) 4.8 Do you have an active license or registration to practice in the state of Colorado? License (1) Registration (2) Neither, but plan on obtaining (3) 4.9 License License number (1) Date of first issue (mm/dd/yyyy) (2) Date of expiration (mm/dd/yyyy) (3) 4.10 Registration Registration number (1) Date of first issue (mm/dd/yyyy) (2) Date of expiration (mm/dd/yyyy) (3) 4.11 You responded that you are neither licensed nor registered to practice in Colorado, please further explain: 4.12 Are you currently completing a residency training program? Yes (1) No (2) 4.13 Residency program information Name (1) Address (2) City (3) State (8) Zip code (9) Phone (xxx-xxx-xxxx) (4) Supervisor name (5) Supervisor phone (6) Expected date of completion (mm/dd/yyyy) (7)

5.1 Residency	

Are you a graduate of a Colorado residency? (1)	•	•

5.2 From which Colorado residency program did you graduate?

5.4 Recruitment

Are you registered with the Colorado Provider Recruitment (CPR) program of the Colorado Rural Health Center? (1)	0	•
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5.5 The Colorado Provider Recruitment (CPR) program is an excellent way to find open health professional positions eligible for loan forgiveness. For more information visit: www.coruralhealth.org/programs/cpr/

5.6 Professional training experiences

Are you a graduate of a Colorado health professional degree program? (1)	•	0
Are you a graduate of a rural track or emphasis training program? (2)	•	•
Are you a graduate of a community health track or emphasis training program? (3)	•	•
Did you participate in a student health professional development program prior to beginning your professional training program (i.e. in junior high, high school or as an undergraduate)? (4)	•	•

- 5.7 From which Colorado health professional degree program did you graduate?
- 5.8 From which rural track or emphasis training program did you graduate?
- 5.9 From which community health track or emphasis training program did you graduate?
- 5.10 Briefly describe the health professional training experience(s) you had prior to selecting your professional degree program.

5.11 Do you have other post-secondary degrees unrelated to your professional training or the prerequisites for your professional degree program? If so, list the degree, subject and date of completion below. If none, please continue to the next page. Degree (bachelor's, Subject Area or Major Date of Completion (1) master's, doctorate) (1) (1) 1 (1) 2(2)

3(3)4 (4)

6.1 Enter your Employer Name(s). (Please enter only present and/or past clinical employers.)

Current Health Professional Employer (1)

Previous Health Professional Employer (2)

Previous Health Professional Employer 2 (3)

7.1 Enter employer details for \$\{\ln://\text{Field/1}\}.

Clinical practice address (1)

Clinical practice city (2)

Clinical practice zip (3)

Clinical Practice County (4)

Phone (5)

Fax (6)

Email (7)

Employment start date (mm/dd/yyyy) (8)

Average Weekly Hours (9)

Number of Years in Position (10)

7.2 Supervisor information

Current Supervisor name (1)

Current Supervisor phone number (2)

Current Supervisor Email (3)

- 8.1 Are you routinely scheduled to practice at any other clinic site, for any other employer, or in a non-primary care discipline (e.g. Emergency Medicine) during a typical week?
- Yes (1)

No (2)

- 8.2 If you attend in a hospital in addition to your outpatient practice, how many hours per week do you spend following up with your own patients at the hospital? Enter "0" if you do not attend in a hospital.
- 8.3 Please be sure that your totals on this page do not exceed 100% for the sum of all payor sources.
- 8.4 What is the approximate percentage of Child Health Plan+ patients you currently serve? ____ CHP+ percentage (1)

Medic	aid percentage (1)				
	e approximate po are percentage (ercentage of Med 1)	dicare patients y	ou currently serv	re?	
	e approximate po ared percentage	ercentage of unit	nsured patients y	you currently ser	ve?	
		in a program th			centive, such as	loan repayment, in
O	Colorado Rural Health Center, Colorado Rural Outreach Program (CROP) (1)	Indian Health Service (2)	National Health Service Corps (3)	Signing Bonus with your employer that obligates you to a period of work (4)	State Dental Loan Repayment Program (5)	Other (6)
Applied (1)						
Accepted (2)						
Currently Serving an Employment Obligation (3)						
Not applied, or accepted (4)						
from other inc	entive programs		ible. You must			ng service obligation obligations prior to
educational loa educational an with a degree i associated with	ans include gove d living expense n the health pro n other post-seco	rnment and com s related to your fession in which	nmercial loans for undergraduate a you will satisfy unrelated to you	or actual costs pa and graduate edu your service con	id for tuition an ecation. The deb nmitment. Educ	t must be associated
10.2 Have you Yes (1) No (2)	consolidated yo	our educational lo	oan debt?			
10.3 Have you	consolidated yo	our educational lo	oan debt with ot	her debts not as	sociated with yo	ur education?

8.5 What is the approximate percentage of Medicaid patients you currently serve?

Yes (1) No (2)

Lender 1 (1) Lender 2 (2) Lender 3 (3) Lender 4 (4) Lender 5 (5) Lender 6 (6) Lender 7 (7) Lender 8 (8) Lender 9 (9)	
12.1 Enter lender details and loan balance for your \${lm://Field/1} loan Mailing address (line 1) (1) Mailing address (line 2) (2) City (3) State (4) Zip code (5) Phone number (6) Lender web address (7) Account number (8) Loan balance pay-off amount 3 months from completing this application (do not use "\$" or enter numbers) (9) Origination date (mm/dd/yyyy) (10) Purpose of the loan as indicated on the loan application (11)	commas, please only
13.1 On the next three pages, you will upload electronic documents including your resume of loan statements and pay-off documentation from each lender you listed in the previous section support. These documents are components of a complete loan forgiveness application and not electronically for your application to be considered. The system will accept several file types txt, rtf, gif, jpg, jpeg, and html. If you do not have electronic versions of all of the document can exit the application now and return to this point at anytime through the application dead submission. Just visit: www.coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorps.org and click on the "application in propose type of the coloradohealthservicecorp	ion, and two letters of must be uploaded including pdf, doc, docx, is you need to upload, you dline to complete your
13.2 Upload your current resume or curriculum vitae	
13.3 Upload current loan statements and pay-off documentation (3 months from completing each educational loan debt holder	g this application) from

11.1 Enter the names of each of your lenders (loan holders). (Please note, some lenders may service several loans in

one account, so please only list the lender or servicer, and not every loan within the same lender or servicer)

13.5 Enter a personal statement describing your interest in and commitment to serving the underserved people of the community where you practice (or intend to practice). Limit your essay to 300 words. Please note that the personal statement will be closely considered and weighed during the application review process. Address each of the following:1) A description of your background, where you grew up, and whether you grew up underserved and/or in a rural community2) What lead you to a career in a health profession3) Why you are interested in a practice serving rural, low-income, and/or underserved communities4) A description of your education and training5) A description of your plans for further practice once your loan repayment service obligation is complete, should you be awarded

13.4 Upload two or more letters of support If you are employed, one letter should be from a supervisor or executive administrator of your practice. If you are completing a residency, one letter should be from a member of your

residency faculty.

14.1 How easy or difficult was it to complete this application? (optional) Difficulty (1)
14.2 How long did it take you to complete and submit this application? (optional) Submission Time (1)
14.3 How did you learn about the Colorado Health Service Corps loan repayment program? (optional)
14.4 Please enter any feedback you may have about improving this application process. (optional)
15.1 Did you upload all required application materials, including: resume or curriculum vitae, all current loan statements, and two letters of support? If your answer is no; please do not go any further into the application, as th following page is the final attestation. If you do not submit a complete application, you'll likely not be considered, and asked to reapply the following round. Yes (1) No (2)
15.2 IMPORTANT APPLICATION NOTICE Your application must be submitted in its entirety, with all supporting documentation, prior to the end of the application period. Incomplete applications cannot be considered. By re-entering your user name and password below, you are submitting your final application and affirming that a statements are true and accurate to the best of your knowledge. Any material false statement will disqualify you permanently from consideration in the current and any future award cycle. Should a material false statement be discovered after an award is made, your contract may be considered in default and may result in significant penalties. By submitting this application, you are authorizing representatives of the Primary Care Office at the Colorado Department of Public Health and Environment to contact your educational institutions, employers, professional licensing and registration boards, lenders, and those who drafted your letters of support to verify the accuracy of the information contained in your application. If selected for an award from this program, you will enter into a minimum 36-month contract with the state of Colorado, which will require continuous full-time practice at the specified clinical address. You will be required to maintain all attributes of your practice that make you eligible to receive an award during your full term of service. Failure to do so may cause your contract to go into default, which may result in severe penalties. Please note that applying for loan repayment through the Colorado Health Servic Corps is a two part process. You are completing the provider loan repayment application now. An administrator from your site must also complete an organization pre-designation application for loan repayment at: http://coloradopco.qualtrics.com/SE/?SID=SV_1LdGmC6EBlsd7A8. You must reenter your user name and password below to validate and submit your complete application. If the below is not completed, it is likely your application will not be considered. User name (