



# New Hampshire's State Loan Repayment Program Policies and Guidelines

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## 1.0 NH State Loan Repayment Program (SLRP) Introduction

### 1.1 Purpose

The New Hampshire State Loan Repayment Program (SLRP) establishes legally-binding contracts with qualified primary care providers (primary medical, behavioral, and oral health services as well as general surgeons at critical access hospitals) practicing full- or part-time in non-profit, private, or public sites who provide ambulatory outpatient care and are seeking financial support for professional education loan repayments. Loan repayments are provided in exchange for a firm three-year (or two-year if part-time) commitment to the underserved population in our medically underserved areas that would otherwise make practice in such areas less desirable. These areas include Healthcare Professional Shortage Areas (HPSAs), Mental Health Professional Shortage Areas (MHPSAs), Dental Health Professional Shortage Areas (DHPSAs), Medically Underserved Areas/Populations (MUA/Ps), as well as oral health, behavioral health, and substance use disorder programs funded by the Department of Health and Human Services. Health care providers participating in the SLRP agree to provide medical services to all patients regardless of their ability to pay. In addition, the health care provider and the service site must offer a sliding-fee scale based on current federal poverty guidelines and accept Medicaid, Medicare, and provide free care when medically necessary. It is important to understand that in order to receive SLRP funding, a provider is required via contract to make a firm commitment for three years (or two years if part-time) to provide services at the stated practice site. Anyone unsure whether they can make this contractual commitment to the State of NH for the entire 24 or 36 months should not apply to the State Loan Repayment Program until which time they are able to make that commitment. Defaulting on this commitment will result in substantial penalties outlined in Section 3.7 of these guidelines.

### 1.2 Program Administration

The Rural Health and Primary Care Section (RHPC) in the Division of Public Health Services (DPHS) administers the SLRP. Eligibility requirements are established by federal law authorizing the SLRP (Section 3881 of the Public Health Service Act, as amended by Public Law 101-597). Under the umbrella of the federally designated Primary Care Office, the Workforce Development Program works with the Oral Health Program, Maternal and Child Health Section, Bureau of Behavioral Health, Bureau of Drug & Alcohol Services, and the State Office of Rural Health to retain and increase the supply of health professionals serving New Hampshire.

## 2.0 State Loan Repayment Program Eligibility

### 2.1 Applicant Eligibility

To be eligible to participate in the NH SLRP, applicants must meet the following criteria:

- US Citizenship
- It is preferable that, depending on the facility's HPSA score (scored above 14), an attempt is made by the provider to acquire federal loan repayment through the National Health Services Corps. To determine your facility's HPSA score follow this link  
<http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>  
To learn more about the National Health Services Corps' program, please follow this link  
<https://nhsc.hrsa.gov/loanrepayment/>
- Tier 2 & 3 providers must hold a current NH license or certificate in good standing in their health profession with no restrictions that would prevent the contractor from performing his/her duties at the service site. Licenses set to expire before the start date of the contract will not be accepted by the Governor and Council and the contract will not be approved
- Physicians must show completion of a professional residency program and must have a current NH license with no restrictions that would prevent him/her from performing their duties at the service site
- Contractual agreement with the State of NH that you will be employed at an eligible service site for a minimum of 24 (part-time) or 36 (full-time) months.

- Contractual agreement with the State of NH to serve part- or full-time continuous service providing direct outpatient care at the service site during scheduled office hours
- General surgeons must be employed full-time at a critical access hospital in NH
- Service commitment at a service site that is in a federally designated medically underserved area or contracted programs at the Department of Health and Human Services (DHHS) and meets the required practice hours for part- and full-time employment
- Providers selected for the SLRP agree to charge the usual and customary rates for services in the primary care service area. Patients unable to pay the usual and customary rates shall be charged a reduced rate or not charged at all, according to the service site's sliding-fee-scale and based on federal poverty levels (<http://aspe.hhs.gov/poverty/>)
- Providers selected for the program agree not to discriminate based on ability to pay for care of the payment source, including Medicare or Medicaid
- Applicant, employer, and representative of the State of NH must sign a Memorandum of Agreement (MOA).

### **2.1.1 Eligible NH Board Licensed/Certified Healthcare Professionals**

Eligible primary care physicians are providers in family medicine, internal medicine, pediatrics, obstetrics/gynecology, geriatrics, general psychiatry, and child psychiatry. Although psychiatrists must meet the qualifications for physicians, psychiatrists must serve exclusively in Mental Health Professional Shortage Areas (MHPSAs). Eligible credentials are listed below:

|                 |  |
|-----------------|--|
| MD              | Doctor of Allopathic Medicine  |
| DO              | Doctor of Osteopathic Medicine   |
| MD/DO Specialty | General Surgeon (Critical Access Hospitals only)                                 |
| DDS or DMD      | General Practice Dentist   |
| PA              | Physician's Assistant  |
| APRN            | Advanced Practice Registered Nurse   |
| MLADC           | Masters Level Licensed Alcohol and Drug Counselor                                |
| CNM             | Certified Nurse Midwife  |
| CP              | Clinical Psychologists (PhD or equivalent)                                       |
| PNS             | Psychiatric Nurse Specialist   |
| MHC             | Certified Mental Health Counselor  |
| LICSW           | Licensed Independent Clinical Social Worker (MA or PhD in Social Work)           |
| LPC             | Licensed Professional Counselor (MA or PhD - major study in counseling)          |
| MFT             | Marriage & Family Therapists (MA/PhD - major study in marriage & family therapy) |
| RDH             | Registered Dental Hygienist  |
| LADC            | Licensed Alcohol and Drug Counselor  |

### **2.2 Applicant Ineligibility**

The following applicants are ineligible for NH SLRP:

- Employees of the State of New Hampshire unless also employed at an eligible facility for 20+ hours
- Providers employed at any correctional facility
- Members of the National Health Service Corps (NHSC)
- Providers who have breached a health professional service contract with a federal, state, local government or other entity
- Providers with unserved obligations for service to another governmental or non-governmental agency
- Providers with debt written off as not collectible or any waived federal service or payment obligation
- Providers with a judgment lien for a debt to the US
- Providers with child support in default

### **2.3 Service Site Eligibility Criteria**

To be eligible to have a provider participate in the NH SLRP, a service site shall:

- provide primary, medical, oral, or behavioral health services in a public or nonprofit practice located in a federally designated medically underserved area and/or be funded by the Bureau of Behavioral Health as a Community Mental Health Center, the Bureau of Drug & Alcohol Services as an outpatient services treatment center, or oral health program with the Oral Health Program all at DHHS.
- charge for services at the usual and customary rates in the service areas. The service site shall have a policy providing patients unable to pay a reduced rate or no charge, which is based on poverty level and determined by the service site's sliding-fee-scale
- not discriminate based on patients' inability to pay for care or the payment source, including Medicare and Medicaid
- submit the discounted sliding-fee-scale to the RHPC Section for approval

Critical Access Hospitals must provide 50% matching funds of the loan repayment obligation to General Surgeons providing full-time services.

Check <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> to find out if your service site is in a designated HPSA, MHPSA, DHPSA, or MUA/P.

DHHS funded sites that are eligible: <http://www.dhhs.nh.gov/dphs/bchs/rhpc/documents/dhhs-eligiblesites-slrp.pdf>

### **3.0 State Loan Repayment Program Priority/Award Amounts**

Applications are accepted on a rolling basis and are reviewed each quarter, provided that funds are available. The RHPC Section shall review all completed applications received from eligible healthcare providers and make awards based upon:

- Priority ranking of the service site and community needs
- Priority ranking of the healthcare specialty, determined by the RHPC Section
- Payor Mix as percent (%) of revenue of practice site to determine the need of the service area
- The amount of loan repayment requested
- Availability of employer and/or community matching funds of 50%. Exceptions are made if funds are available for areas of exceptionally high need. After all priority applicants have been awarded contracts, the applicant who is unable to secure a match through the employer and/or community will be scored based upon program priorities and date of submission. The applicant will be considered in competition with all other unmatched eligible applications, provided funding is available. This shows an investment in primary care by the organization and community
- Priority of full-time over part-time employees
- The availability of State funds:
  - Once available State funds are obligated, review of applications will be postponed until new funds are made available to the program. Applicants who have submitted an application may need to resubmit new documentation or a new application upon request by the RHPC Section in order for the application to be considered for funding in the next State Fiscal Year. Application forms can be downloaded from the State website <http://www.dhhs.nh.gov/dphs/bchs/rhpc/forms.htm>.
  - Continuation applications are accepted at the discretion of the Section Administrator who determines if funds will be available after new applications have been considered. Continuation applications must be received by the RHPC Section at least 6 months prior to the end date of the contractor's current commitment period as contract extensions must be in place before the contract ends.
- The RHPC Section will send a confirmation if an award is to be granted, the application is pending for future consideration, or denied. An applicant may appeal the decision within 15 days of receiving

notification by submitting a written letter to the RHPC Section Administrator with evidence of why the decision should be overturned.

### **3.1 NH Loan Repayment Awards Chart**

The RHPC Section provides loan repayment awards to physicians and mid-level healthcare providers using the following schedule:

| <b>Full-time</b> Primary Care, Oral & Behavioral/Mental Health Specialists, Substance Use Disorders (Min. 40 hrs. per week)                       | <b>1<sup>st</sup> Year Contract</b> | <b>2<sup>nd</sup> Year Contract</b> | <b>3<sup>rd</sup> Year Contract</b> | <b>Continuation Contract 4<sup>th</sup> Year</b> | <b>Continuation Contract 5<sup>th</sup> Year</b> | <b>Possible Total Repayments</b> |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--|--|----------------------------------|
| Tier 1 - MD, DO, DDS, DMD, Psychiatrist General Surgeon (Critical Access Hospital)  | \$30K                               | \$25K                               | \$20K                               | \$20K  | \$20K  | \$115K                           |
| Tier 2 - PA, APRN, CNM, CP, PNS, MHC, LICSW, LPC, MFT, MLADC  | \$20K                               | \$15K                               | \$10K                               | \$10K  | \$10K  | \$65K                            |
| Tier 3 - RDH, LADC  | \$15K                               | \$10K                               | \$5K                                | \$5K   | \$5K   | \$40K                            |
| <b>Part-time</b> Primary Care, Oral & Behavioral/Mental Health Specialists, Substance Use Disorders (Min. 20 hrs. per week/Max. 39 hrs. per week) | <b>1<sup>st</sup> Year Contract</b> | <b>2<sup>nd</sup> Year Contract</b> | <b>N/A</b>                          | <b>Continuation Contract 3<sup>rd</sup> Year</b> | <b>N/A</b>                                       | <b>Possible Total Repayments</b> |
| Tier 1 - MD, DO, DDS, DMD, Psychiatrist   | \$15K                               | \$12.5K                             | N/A                                 | \$10K  | N/A  | \$37.5K                          |
| Tier 2 - PA, APRN, CNM, CP, PNS, MHC, LICSW, LPC, MFT, MLADC  | \$10K                               | \$7.5K                              | N/A                                 | \$5K   | N/A  | \$22.5K                          |
| Tier 3 - RDH, LADC  | \$7.5K                              | \$5K                                | N/A                                 | \$2.5K   | N/A  | \$15K                            |

In no case will a loan repayment equal more than the contractor's outstanding loan indebtedness.

### **3.2 Loans Qualifying for Repayment**

The SLRP will pay the provider under contract with the State directly for any documented, valid, and outstanding undergraduate and/or graduate loans incurred while obtaining the specific health professional degree. The loan repayment funds must be used immediately to reduce outstanding loan balances that were deemed valid under the program. Effective January 1, 2016, RHPC will be making annual checks on outstanding loan balances by requesting that those awarded contracts submit current loan balance documentation. Any provider unable to present proof of decreased student loan balances (in comparison to those submitted with the initial application) will be considered in default of their contract and will be subject to default penalties as noted in Section 3.7 of these guidelines.

The loan will be applied to:

- The principal cost, interest, and related expenses of government loans and commercial loans for actual cost paid for tuition
- Reasonable educational expenses
- Reasonable living expenses
- Government or commercial loans resulting from the refinancing or consolidation of loans and relating to graduate or undergraduate education in one of the following eligible fields:
  - Government loans that are made by federal, state, county, or city agencies that are authorized by law to make such loans
  - Commercial loans, defined as loans made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions which are subject to examination and supervision in their capacity as lenders by an agency of the US or of the State in which the lender has its principal place of business

If an applicant has consolidated loans or refinanced loans, the applicant must provide copies of the original loan documentation to establish the education purpose and contemporaneous nature of such loans. If an eligible education loan is consolidated or refinanced with any debt other than another educational loan to the applicant, no portion of the consolidated or refinance loan will be eligible for State Loan Repayment.

The following obligations or debts incurred are ineligible for repayment:

- National Health Service Corps Scholarship Program and the National Health Service Corps Federal Loan Repayment Program
- Armed Forces Health Professional Scholarship Program
- Indian Health Service Scholarship Program
- Nurse Education Loan Repayment Program and the Nursing Scholarship Program
- Other SLRPs

### **3.3 Tax Status of Loan Repayments**

State Loan Repayment Funds are exempt from federal taxes under Section 10908 of the Patient Protection and Affordable Care Act (PL 111-148). This also includes matching funds awarded by an employer as part of the contract with the State. Funds awarded by an employer for the sake of loan repayment paid separately from the State program will not be considered tax-exempt. The text is as follows:

SEC. 10908. EXCLUSION FOR ASSISTANCE PROVIDED TO APPLICANTS IN STATE STUDENT LOAN REPAYMENT PROGRAMS FOR CERTAIN HEALTH PROFESSIONALS:

(a) IN GENERAL: Paragraph (4) of section 108(f) of the Internal Revenue Code of 1986 is amended to read as follows:

(4) PAYMENTS UNDER NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM AND CERTAIN STATE LOAN REPAYMENT PROGRAMS: In the case of an individual, gross income shall not include any amount received under section 338B(g) of the Public Health Service Act, under a State program described in section 338I of such Act, or under any other State loan repayment or loan forgiveness program that is intended to provide for the increased availability of health care services in underserved or health professional shortage areas (as determined by such State).

(b) EFFECTIVE DATE: The amendment made by this section shall apply to amounts received by an individual in taxable years beginning after December 31, 2008.

### **3.4 Definition of a Full-time Provider**

Loan repayment contracts are available to providers in “Full-time clinical practice” typically defined as working a minimum of 40 hours per week for at least 45 weeks each service year.

- The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work to be performed in any 24-hour period
- Contractors do not receive credit for hours worked over the required 40 hours per week, and excess hours cannot be applied to any other work week
- Research and teaching are not considered to be “clinical practice”
- Time spent for all healthcare providers and dentists with “on-call” status will not count toward the 40-hour workweek, except to the extent the provider is directly serving patients during that period
- Full-time contractors are allowed to spend no more than 35 full-time workdays per service year away from the service site for vacation, holidays, continuing professional education, illness, or any other reason. This pertains to compliance with the SLRP service obligation and is not a guarantee that a service site will allow any particular amount of leave.

For most provider types, at least 32 hours of the minimum 40 hours per weeks must be spent providing direct patient care in the outpatient ambulatory care setting at the approved service sites.

- The remaining 8 hours must be spent performing practice-related administrative activities or providing clinical services for patients in the approved service site(s) in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s)
- Practice-related administrative activities shall not exceed 8 hours of the minimum 40 hours per week

For OB/GYN physicians, family practice physicians providing obstetrics on a regular basis, and certified nurse midwives the majority of the 40 hours per week (not less than 21 hours per week) is expected to be spent providing direct patient care. These services must be conducted in an approved ambulatory care practice site during normal office hours, with the remaining 19 hours spent performing practice-related administrative activities or providing inpatient care to patients of the approved service site(s) or alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved practice site(s).

### **3.5 Definition of Part-time Provider**

Loan repayment contracts are available to providers in “part-time clinical practice” defined as working a minimum of 20 hours per week (not to exceed 39 hours) for a minimum of 45 weeks each service year.

- The 20 hours per week may be compressed into no less than 2 workdays per week, with no more than 12 hours of work to be performed in any 24-hour period
- Contractors do not receive credit for hours worked over the required 20 hours per week, and extra hours cannot be applied to any other workweek
- Full-time work done by a part-time contractor will not change the contractor’s part-time status
- Research and teaching are not considered to be ‘clinical practice’
- Time spent for all healthcare providers and dentists with “on-call” status will not count toward the 20-hour workweek except to the extent the provider is directly serving patients during that period
- Part-time contractors are allowed to spend no more than 35 part-time workdays per service year away from the service site for vacation, holidays, continuing professional education, illness, or any other reason. This pertains to compliance with the SLRP service obligation and is not a guarantee that a service site will allow any particular amount of leave.

For most provider types, at least 16 hours of the minimum 20 hours per week must be spent providing direct patient care in an outpatient ambulatory care setting at the approved service site(s) specified in the MOA during normally scheduled office hours.

- The remaining 4 hours of the minimum 20 hours per week must be spent performing practice-related administrative activities or providing clinical services for patients in the approved service site(s) or alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s)
- No more than 4 hours per week may be devoted to practice-related administrative activities

For OB/GYN physicians, family practice physicians providing obstetrics on a regular basis, and certified nurse midwives, the majority of the 20 hours per week (not less than 11 hours per week) is expected to be spent providing direct patient care. These services must be conducted in an approved ambulatory care service site during normal office hours, with the remaining 9 hours per week spent providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities (not to exceed 4 hours per week).

### **3.6 Extended Period of Absence from Service Site**

If a contractor has a medical or personal emergency that results in an extended period of absence beyond the allowed number of weeks (such as maternity/paternity/adoptive leave), h/she is required to request a suspension of their contract service commitment in writing to the RHPC Section. The RHPC Section cannot guarantee that a suspension request will be allowed. If a suspension is requested and approved, the contractor’s service commitment end date can be extended and loan repayments will be delayed until the extension contract is approved by the Governor and Executive Council.

### **3.7 Loan Repayment Contract**

In exchange for loan repayment, an eligible healthcare professional shall contract with the State of NH committing to provide part- or full-time continuous services at a specific eligible service site for 24 or 36 months. Anyone unsure whether they can make this contractual commitment to the State of NH for the entire 24 or 36 months should not apply to the State Loan Repayment Program until which time they are able to make that

commitment. Defaulting on this commitment will result in substantial penalties outlined below in **bold**. To obtain a contract continuation (if funding is available), full-time providers must provide an additional 24 months of service and part-time providers must provide an additional 12 months of service. The provider, employer, and a representative of the RHPC Section must sign a Memorandum of Agreement on which the contract is based.

If your application is approved for State funding, the RHPC Section will notify you by e-mail that you have been selected. A Memorandum of Agreement (MOA) will be sent for your review and signature if you accept the conditions of the program. This process permits promotion of alternates to selectee status. A decision to decline the award is final and cannot be changed under any circumstances.

A member of the State's Contracting Unit, upon receipt of the signed, notarized, and accepted MOA will send a contract for your review and endorsement. A contract does not constitute a contractual agreement until the Governor and Executive Council approve the contract for the effective date of the commitment. This is a legal responsibility. Healthcare providers and employers should carefully read any documentation before signing. Providers who do not complete their service obligations or fail to meet any of the contractual service requirements face significant default penalties. Once a contract is signed, any person who, through the legal contract, agrees to serve and fails to complete the period of obligated services shall be liable to the State of New Hampshire for an amount equal to the sum of the total amount paid to them under the contract as well as an unserved obligation penalty in an amount equal to 20% of the total contract amount paid out. S/he shall also forfeit any remaining allotments under that contract. Employers or service site(s) not in compliance with the SLRP may not be eligible for future State Loan Repayment contracts.

### **3.7.1 Health Professional Contract - Transfers**

Transfer requests are considered on a case-by-case basis. Loan repayment contractors are expected to honor their contracts with the healthcare organization and the State. **Under no circumstances can a healthcare provider leave the employing healthcare service site without prior approval from the RHPC Section, or s/he will be placed in default and will be considered in breach of contract.**

An example of when a transfer request may be granted is the closure of the healthcare organization. Should a transfer request be approved, the healthcare provider will be expected to continue at another qualified site. In the case of local match contracts, the new employer must be willing to continue with the matching funds that are outlined under the contract. If the healthcare provider is relocated to a service site that is not in a designated MUA/P, termination of the contract may result and the healthcare provider will not be in default, but all attempts must be made in order to stay in a designated area.

### **3.7.2 Employer Memorandum of Agreement Commitment/Penalties**

The employer will continue to employ a contractor in the program for the length of service required under the terms of the Memorandum of Agreement, except in the case of termination due to substandard job performance or lay-off in which case the employer must notify the RHPC Section within seven calendar days and include specific reason(s) for termination.

The employer and/or service site shall maintain the practice schedule of the healthcare provider for the number of hours per week specified in the Memorandum of Agreement.

Any changes in practice circumstances that would not support the mission of the SLRP are subject to approval by the RHPC Section based upon the policies of the program. The employer and/or service site must notify the RHPC Section and receive approval for any changes in writing at least two weeks in advance of any permanent changes in the sites or circumstances of the contractor under their agreement. If the healthcare provider is relocated to a service site that is not in a designated medically underserved area termination of the contract may result.

Employers should read and understand the Memorandum of Agreement fully before signing it. There are several responsibilities the employer undertakes as part of this agreement, including a commitment to respond to quarterly State inquiries requesting verification that the provider is in compliance with their contract.

## **4.0 Application Deadlines and Payment Schedule**

### **4.1 Initial Contract Deadlines and Payment Schedule**

- Applications are accepted on a rolling basis and are reviewed quarterly
- Contract terms commence on July 1<sup>st</sup>, October 1<sup>st</sup>, January 1<sup>st</sup>, and April 1<sup>st</sup>
- Application deadlines are:
  - June 15<sup>th</sup> for October 1<sup>st</sup> contract start date
  - September 15<sup>th</sup> for January 1<sup>st</sup> contract start date
  - December 15<sup>th</sup> for April 1<sup>st</sup> contract start date
  - March 15<sup>th</sup> for July 1<sup>st</sup> contract start date
- The first payment will be issued in the month of the following quarter, and quarterly thereafter for the duration of the contract
- Before initiating State payments, the RHPC Section will contact the employer to ensure the MOA and contract stipulations are being met and to verify that their non-federal loan repayment matching funds have been paid to the contractor prior to the State releasing its funds

### **4.2 Continuation Contract Deadlines and Payment Schedule**

The Continuation Contract is an optional 24-month extended commitment for full-time providers or 12-month extended commitment for part-time providers.

- The Continuation Contract is contingent upon several factors including, but not limited to, satisfactory delivery of services, available funding, remaining loan obligation of the contractor, agreement of the parties, and approval of the Governor and Executive Council
- Continuation applications MUST be submitted 6 months prior to the initial contract end date as it is imperative that the contract not expire before the contract amendment (continuation) is approved
- At no time will a continuation contract be approved if the service site is no longer in a healthcare shortage designation area or the service site is no longer funded by a program at DHHS.

## **5.0 Completing an Application**

The SLRP application consists of the Applicant Questionnaire and the Employer Questionnaire and can be found online at <http://www.dhhs.nh.gov/dphs/bchs/rhpc/documents/slrpapplication.pdf>. Included in the application packet is an Alternate W-9 Form with instructions. Please be sure to review the instructions carefully. There will also be various supporting documents requested from both yourself and your employer.

Applicants are responsible for submitting complete applications. Application packets will be initially reviewed to determine their completeness. Those deemed incomplete, and still so at the application deadline, will not be considered for funding in that contract term. Please be especially diligent when completing the Outstanding Loans section; filling in each loan then the total of the loans. Those marked “Attached” will be deemed incomplete.

Applications not selected for awards may be held until the next quarterly review or placed in the non-priority pool for possible selection at the end of the State Fiscal Year if funds are made available to the program.

Applicants not selected due to funding shortages may need to resubmit new documentation or a new application upon request by the RHPC Section in order for the application to be considered for funding in the next State Fiscal Year.

## **6.0 Contact the Rural Health and Primary Care Section**

Division of Public Health Services at DHHS  
Rural Health and Primary Care Section  
29 Hazen Drive  
Concord, NH 03301  
E-mail: [SLRP@dhhs.nh.gov](mailto:SLRP@dhhs.nh.gov)  
Phone: 603.271.2276 Fax: 603.271.4506