

SHARP-II – Section-II - Site Application Agency, Site & Position Information

Part A(1) Sponsoring Agency Information

- ▶ Please enter information about the health care system or organization that owns or otherwise operates the practice sites described in Part B of this section.
- ▶ Administrator identified in this section must be person who will sign certification statement in Part C, as well as future SHARP contract(s).

Name of Sponsoring Agency (employer)

Type of Sponsoring Agency

Public

Non-Profit

Private

Federal ID#

Address

City

State

ZIP

Agency Administrator - Last Name

First Name

Title

Agency Administrator - Email

Phone

FAX

Part A(2) Practice Site Information

- ▶ Note: Sponsoring Agency must submit a separate application package for each practice site.

Name of Practice Site:

Physical Address (No P.O. Box)

Mailing Address (if different)

City

State

ALASKA

ZIP

Site Manager Last Name

First Name

Title

Site Manager - E-Mail

Phone

FAX

Check ALL of the following that describe the Practice Site:

<input type="checkbox"/> Certified Rural Health Clinic (CRHC)	<input type="checkbox"/> Drug Treatment Facility
<input type="checkbox"/> Community Health Center (Sec 330 CHC) or "Look-Alike"	<input type="checkbox"/> Hospital
<input type="checkbox"/> Community Mental Health Clinic (CMHC)	<input type="checkbox"/> Hospital-Affiliated Clinic
<input type="checkbox"/> Critical Access Hospital (CAH)	<input type="checkbox"/> Local Health Department
<input type="checkbox"/> Private For-Profit Clinic	<input type="checkbox"/> Long-Term Care Facility
<input type="checkbox"/> Public Clinic (operated by state or local government)	<input type="checkbox"/> Prison (Adult Corrections)
<input type="checkbox"/> Private Not-for-Profit Clinic	<input type="checkbox"/> Prison (Juvenile Justice Detention or Treatment)
<input type="checkbox"/> Tribal-Managed Health Facility	<input type="checkbox"/> State Psychiatric Hospital
<input type="checkbox"/> Other, Specify:	

Section-II - Site Application

Part A(3) Position Information - Note: Site should submit a "Part A(3)" for each position as part of same practice site application

Position Title: _____

Provider Type (check one):

Tier I Health Care Professionals:

- Dentist
- Pharmacist
- Physician

Tier II Health Care Professionals:

- Dental Hygienist
- Nurse Practitioner
- Physical Therapist
- Clinical Social Worker
- Registered Nurse
- Physician Assistant
- Clinical Psychologist

Hours of work per week: ____

- Note: Full-time awards require minimum 40-hour work weeks; half-time awards require minimum 20-hour work weeks. Time away from work site may not total more than 7 weeks annually.

% Administrative Duties ____

% Direct Patient Care ____

Length of Contract: 3 years - Note: Payments are made for not more than 3 years of eligible employment. Renewals may be possible.

- Note: not less than 50% of provider time must be spent on direct patient health care for the position to be eligible.

Has the site already identified the candidate who will fill the position?

- No
- Yes

If yes, name: _____

Does the site wish for this position to be designated as very hard-to-fill?

- No
- Yes

- Note: if yes, site must submit additional required documentation under Section II, Part D.

Does the site wish to apply for a match waiver?

- No
- Yes

- Note: if marked "yes," site is asserting that
 - 1) At least 50% of patients are considered "underserved" OR at least 50% of revenue comes from patients who are considered "underserved" and
 - 2) Entity has under \$5M annual revenue OR less than 15% of total annual reimbursements and revenue comes from private insurance, philanthropic grants, private payer, or other private sources.

- Note: if yes, site must file a match waiver request form (Part D) & other supplemental attachments (see Part B)

Position's Immediate Supervisor – if known
Last Name

First Name

Title

Supervisor - E-Mail

Phone

FAX

Calculation of Match Payments:

Employer Type:	Match Amount	Reduced Match Amount with Approved Waiver
Government Agency	10% of total award	Not Applicable
Non-Profit Organization	25% of total award	10% of total award
For-Profit Organization	30% of total award	15% of total award

Calculation of Maximum Award Amount:

Regular positions	Tier I Professional: \$35,000 Tier II Professional: \$20,000
Very Hard to Fill positions	Tier I Professional: \$47,000 Tier II Professional: \$27,000

Part-time positions are calculated at 50% of above amounts.

Section II – Part B – Eligibility and Checklist of Required Documentation

Please select one of the following options for eligibility:

- | | |
|---|---|
| <input type="checkbox"/> This site is included in a geographic, facility or population HPSA (Health Professional Shortage Area) by the federal Health Resources and Services Administration (HRSA) (this can be verified at http://hpsafind.hrsa.gov) | <input type="checkbox"/> This site is not currently included in a federal HPSA, but would like to be considered for designation as a Health Care Services Shortage Area by the State of Alaska (More information on criteria for HCSSA designation can be found on the SHARP website) |
|---|---|

All sites must attest to each of the following:

- Site provides comprehensive outpatient, ambulatory, primary medical, behavioral health, or dental services, or care delivered at a hospital, prison, long-term care facility, or drug treatment facility;
- Site ensures access to ancillary, inpatient, and specialty referrals;
- Site provides services on a free or reduced fee schedule basis to individuals at or below 200 percent of the federal poverty level for Alaska, and posts signage advertising this statement in the facility waiting room and on the Internet if applicable;
- Site accepts patients covered by Medicare and Medicaid;
- Site uses a health care professional credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank;
- Site agrees to comply with federal and state law;
- At least 30 percent of the site's patients must be considered underserved; * and
- Site acknowledges that additional information may be requested for determining program eligibility or prioritization or for program monitoring and/or reporting purposes.

* Note: for definition of "underserved," refer to Section II, Part D of application form.

Required Attachments:

Please attach official written documentation of each of the following. Attachments must be submitted electronically.

- A. **Documentation of agency type**
i.e. copy of charter, incorporation, business license, 501(c) 3 letter, etc. as applicable.
- B. **Copy of site's written recruitment and retention plan**
Must include policies and processes that site will use to recruit and maintain clinical staffing levels needed to appropriately serve the community. The plan must be updated as needed.
- C. **Twelve-month billing summary**
- D. **Copy of site's sliding (discount) fee schedule or charity care policy**

Supplemental Attachments (as applicable):

If applying for designation of a position as very hard-to-fill, the employer shall provide:

- A. Copy of actual job posting and actual dates of posting
- B. Evidence of where the posting was published (journals, newspapers, internet)
- C. Evidence of internet postings for 12 months or longer
- D. Evidence that position was filled by locum tenens or other short-term provider, if applicable
- E. Brief summary of interviews conducted over the past twelve (12) months, including who was interviewed and reasons for not hiring those interviewed.

If applying for an employer match waiver, the employer shall provide:

- A. Match Waiver Request Form (Section II – Part D)
- B. Documentation of one of the following:
 - o More than 50% of patients are underserved
 - o More than 50% of revenue comes from patients who are underserved
- C. Documentation of one of the following:
 - o Entity (employer) has under \$5,000,000 annual revenue
 - o Less than 15% of total annual reimbursements and revenue comes from private insurance, philanthropic grants, private payer, or other private sources.

Section II – Part C – Declaration of Intent

Has the practice site or its sponsoring agency been investigated for, or convicted of Medicaid or Medicare fraud?

Note: if yes, please attach a brief explanation, including when this occurred and the nature and outcome of the investigation.

- No
 Yes

The signature of the authorized site representative below certifies that:

- 1) the information provided in Section II Parts A, B and C and, if applicable, Parts D and E, are true and correct;
- 2) the practice site(s) identified above meet eligibility requirements outlined in Section II, Parts A, B and C, if applicable, Parts D & E; and
- 3) the practice site(s) identified above agree to comply with the all program requirements.

(The authorized site representative is typically the Chief Executive Officer, Chief Financial Officer, or Chief Facility Administrator)

Signature of Authorized Site Representative	Date	Printed Name and Title

For those agencies that choose to designate an employee other than its CEO to serve as site representative, then the agency's CEO must sign below, thus authorizing the above-specified site representative designee as having official signatory authority. There can be only one site representative per agency. Duties of the site representative include, but are not limited to: (a) serving as official single point-of-contact for agency with SHARP program; (b) compiling and filing the required Quarterly Work Report for each participating clinician; (c) knowing and be able to routinely communicate the employment status of the SHARP clinician(s); (d) knowing and reporting on the number of days away from clinic for each participating clinician on an ongoing basis, but no less than quarterly; (e) being authorized and able to sign required SHARP contracts (MOA's) and related contract amendment(s) for clinician(s).

Signature of Chief Executive Officer	Date	Printed Name and Title

Return completed forms and required supporting documentation via e-mail attachment (.pdf) to robert.sewell@alaska.gov. *No paper submissions are accepted.*

If you have questions, please contact:

Robert Sewell, Ph.D., Program Manager
 Section of Health Planning and Systems Development
 (907) 465-4065 or robert.sewell@alaska.gov.

Section II – Part D – Employer-Match Waiver Request Form *(if applicable)*

Note: SHARP –II requires that all participating employers contribute a percent of support-for-service payment amount which is distributed by the program to participating clinician(s). The required match amount may be reduced for certain sites upon the awarding of a waiver based upon the criteria below:

Employer Type	Standard Match Amount	Reduced Match Amount with approved waiver
Government Agency	10% of total award	waiver not available
Non-Profit Organization	25% of total award	10% of total award
For-Profit Organization	30% of total award	15% of total award

Part A:

Indicate agency type:

Government Agency

Non-Profit Organization

For-Profit Organization

Part B:

To qualify for a match waiver, at least one statement under Item 1 AND at least one statement under Item 2 below must apply to the site. To make a declaration, check the box and initial next to the statement that applies to your organization.

Item 1:

initial

More than 50% of patients are underserved

More than 50% of revenues come from underserved patients

For purposes of this program, an underserved patient is defined as one whom: (1) is uninsured; or (2) receives or is eligible to receive medical assistance or Medicare coverage; or (3) receives or is eligible to receive other federal health program benefits.

You must also submit supporting documentation in the form of site's most recent 12-month billing summary. This documentation must be submitted by emailed attachment, in PDF format.

Item 2:

initial

Agency has under \$5,000,000 in annual revenue

Less than 15% of total annual reimbursements and revenue comes from private insurance, philanthropic grants, private payer, or other private sources

You must also submit supporting documentation in the form of site's most recent 12-month revenues-by-type summary. This documentation must be submitted by emailed attachment, in PDF format.

Part C:

All information here-provided is true and correct to the best of my knowledge and belief.

Signature of Authorized Site Representative (named in Section II – Part C)	Date	Printed Name and Title

For SHARP Program Use Only:

Signature below affirms that this employer-match waiver request has been reviewed and is accepted by Alaska's SHARP program. This authorizes use of the above-stated proportionality in calculating that required amount which the employer owes for any/each of its clinician(s) to participate in the SHARP program.

SHARP Program Manager	Date	Printed Name and Title

Section II – Part E – Request Form to Designation Position as Very Hard-To-Fill (*if applicable*)

SHARP-II allows for selected positions to be designated as very hard-to-fill. The default characterization of a position is regular-fill. However, some employers may face considerable and ongoing difficulty recruiting and retaining practitioners for certain positions. SHARP may designate these positions as very hard-to-fill, which provides additional support-for-service payment to practitioners by increasing the maximum allowable SHARP support-for-service benefit to a level above that provided for a regular position.

When an employer requests that a position be designated as very hard-to-fill, the burden of proof that the position is indeed eligible as very hard-to-fill falls to the employer. Assert and provide corroborating evidence to the following:

Item-1:

Position Title: (<i>same Position listed in Section I, Part C</i>)		
Site	Licensed Occupation	Site Location
Position Supervisor	Supervisor E-mail	Supervisor Phone

Item-2:

Length of time to fill this position vacancy:			
Has position been open 12 months or longer?	Yes	No	Attach evidence of postings (in any media) for last 12 months
Has position been filled by a locum tenens or other short-term practitioner during last 12 months or more?	Yes	No	Attach evidence of prior fill by locum tenens or other short-term practitioner

Item-3:

Length of time of active recruitment:		
What are actual dates of posting?		Attach copy of actual posting showing dates
Where did the posting appear in last 12 months? Journals, newspapers, and/or internet website(s)?		Attach evidence of each type of posting that is asserted

Item-4:

Interviews conducted during most recent 12 months. Respond once for each non-duplicated interviewee		
1	Date:	Why not hired?
2	Date:	Why not hired?
3	Date:	Why not hired?
4	Date:	Why not hired?

If further space is necessary, attach an additional page.

Item-5:

All information here-provided is true and correct to the best of my knowledge and belief.

Signature of Authorized Site Representative (named in Section II – Part C)	Date	Printed Name and Title

For SHARP Program Use Only:

Signature below affirms that this position is designated as very hard-to-fill. Note: whether position's occupant (either current or future) is subsequently selected for SHARP program support depends also on additional factors and considerations.

SHARP Program Manager	Date	Printed Name and Title