Ohio Dentist and Dental Hygienist
Loan Repayment Programs

Application Guidance and Instructions

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

Background

In July 2003, the Ohio General Assembly enacted a law creating the Ohio Dentist Loan Repayment Program (ODLRP). Additionally, legislation creating the Ohio Dental Hygienist Loan Repayment Program (ODHLRP) took effect in March 2015. Both the ODLRP and ODHLRP seek dental professionals to provide culturally competent dental services to underserved populations located in dental shortage areas. Shortage areas can be found in rural and urban communities across Ohio. In return, the loan repayment programs assist dentists and dental hygienists with the repayment of outstanding qualifying educational loans.

Eligibility

Currently practicing general and pediatric dentists and dental hygienists working in underserved areas of Ohio are eligible to apply for repayment of school loans related to their professional training. In addition, dental and dental hygiene students in their final year of training, and dental residents in their last year of general or pediatric residency training are also eligible to apply for the programs.

To qualify for loan repayment, clinicians must provide dental services in dental practice sites located in underserved areas, practicing either full-time (40 hours per week) or part-time (20-39 hours per week). Services must be provided for Medicaid-eligible persons and others without regard to a patient's inability to pay. Dental health professionals are paid a salary in addition to the loan repayment they receive.

Teaching in community-based dental practice sites may be considered part of the direct patient care hours under certain circumstances. Loan repayment program participants who serve full-time may count up to eight hours per week of teaching at an approved practice site. For participants serving part-time, no more than four hours of the minimum 20 hours per week may consist of teaching or other practice-related administrative activities at the approved practice site.

All dental practice sites must be located in either a federally-designated dental health professional shortage area (HPSA) or in a state designated dental health resource shortage area as defined in Ohio Administrative Code Section 3701-56-04. To search for federal HPSA designations, visit http://hpsafind.hrsa.gov/. The Ohio Department of Health can also provide assistance in determining if a dental practice site is located in an area that will qualify as a dental health resource shortage area. See Contact section (page 9) of these instructions for contact information.

Applicants who currently have an obligation for service with the National Health Service Corps (NHSC) Scholar, Loan Repayment or Students to Service Programs, MEDTAPP Program or other entity are not eligible to participate *unless* that service obligation will be completely satisfied prior to signing the loan repayment contract.

Application and Due Date

The application consists of the Ohio Department of Health Application for Loan Repayment, Employer Agreement, Practice Site Summary, and all other required documents as listed below. Applications and supporting documents must be postmarked on or before Tuesday, January 16, 2018.

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

Required Documents

The applicant must submit the following documents:

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

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

*Form is available on the Ohio Department of Health website.

^If awarded, applicants with pending licenses (dental or dental hygiene students) must submit verification of licensure prior to receiving a loan repayment contract.

APPLICATION INSTRUCTIONS

Loan Repayment Program Application

I. Applicant Information

Complete all sections unless the field is not applicable to your specific circumstances. Enter your home address in the first section. More than one option may be selected for "Race"; choose only one option for "Ethnicity." If you have resided in multiple geographic area types (i.e. rural, urban, etc.), list up to three areas where you have lived the most years; include ages while living there. "Other" includes suburban, adequately served areas in the city, etc.

II. Education and Credentials

Respond to all components, including dates of attendance and graduation or anticipated graduation date. If you attended more than one dental or dental hygiene school, list only the one from which you graduated.

III. Obligations

Individuals with an existing obligation to a state or federal government cannot apply for the loan repayment programs ***unless*** the obligation will be fulfilled prior to beginning an Ohio loan repayment contract. This includes loan repayment programs in other states, National Health Service Corps loan repayment, scholar or Students to Service commitments, Ohio's MEDTAPP program, active military obligations, or employment contracts that impose a service obligation.

IV. Background and Biographical Statements

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

V. Certification and Acknowledgement

Applicant must sign and date both Sections A and B.

VI. Loan Information

SECTION A: Applicant Information

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

SECTION B: Lender Information

In the table provided, enter each loan for which the applicant is requesting repayment (attach additional pages, as needed). A current balance statement from <u>each</u> loan holder/servicer must be included with the application. Include loan information from the National Student Loan Data System (see Frequently Asked Questions, page 9).

SECTION C: Certification

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

Employer Agreement

This form must be completed by the Employer unless the applicant owns the practice. If you practice at more than one agency, use a second Practice Site Agreement for information about the additional site(s). Complete the agreement electronically, then print and sign. Signed agreement must be included with the Loan Repayment Application. Please note: If the practice site does <u>not</u> use a standard sliding fee scale for discounts to patients whose incomes are below 200% of poverty, the box in item #7 must be checked. If the practice site offers a sliding fee scale, it must be included with the application.

Practice Site Summary

The applicant's employer(s) must complete one Practice Site Summary form for each practice site where the applicant is, or will be practicing. All sections must be completed in their entirety, including information about the Employer. If the practice site offers a sliding fee scale (SFS), please include a copy of the SFS and corresponding SFS policy. A photo of the waiting room or lobby sign (see #8 of Practice Site Agreement) must also be included with the Practice Site Summary. The office manager, billing manager or similar staff member must complete the Practice Site Summary form. The applicant cannot complete the Practice Site Summary unless he or she is the practice owner. All fields are required, including the certification at the bottom of the page. The form is electronically fillable, but once complete, the form must be printed and signed, then submitted with the applicant's Loan Application.

IRS Form W-9

When completing Form W-9, please use your name, your home address and social security number. Do **not** use the practice site name or tax identification number, even if you are the owner of the practice. Enter your full legal name on the W-9 exactly as entered on the Supplier Information Form (described next). Only the first page of the W-9 needs to be included with the application packet.

Supplier Information Form

Section 1: Check "NEW";
Section 2: Use your full legal name (same as entered on the W-9) and your social security number for Taxpayer ID number (even if you are the practice owner);
Section 3: Provide your permanent home address, which should also match the information provided on Form W-9. Do NOT enter the practice address;
Section 4: Leave blank;
Section 5: Leave blank;
Section 6: Select "Net 30";
Section 7: Leave blank;
Section 8: Print, sign and date the form. Provide a full signature, which exactly matches the name entered in Section 2;
Section 9: Enter Ohio Department of Health Contact Information (see Contact section, page 9).

Authorization Agreement for Direct Deposit of EFT Payments

Section 1: Enter your social security number rather than the Tax Identification Number (TIN);
Check "Add" for Type of Transaction;
Enter your full legal name (as entered on the W-9) rather than a business name, even if you are the practice owner;
Provide your home address, personal phone and email address;
Choose "All Other" to indicate the state agency from which you are being reimbursed;
Medicaid provider information is not applicable for these payments, leave blank;
Section 2: Enter your financial institution name, account number and routing number;
Section 3: Not applicable, leave blank;
Section 4: Read all of the agreement in this section;
Check boxes 1 and 3 to acknowledge the information;
Sign your name, print your name and date the form;
Print the completed form, attach a voided check and include with your application.

The application and all required documents must be postmarked on or before Tuesday, January 16, 2018. Mail completed applications to:

Ohio Dentist and Dental Hygienist Loan Repayment Programs
Ohio Department of Health
Primary Care Office
246 North High Street
Columbus, OH 43215

Mailing Checklist:

- ☐ Application
- ☐ Employer Agreement (one per employer/agency, if more than one employer)
- ☐ Practice Site Summary (complete one per practice site)
- ☐ Background and Biographical Statements narrative
- ☐ Loan balance statements (one per loan requested for repayment)
- ☐ Original loan documents if health professional training loans were consolidated with non-health professional training loans, or if consolidated with another person's loans
- ☐ Résumé or curriculum vitae
- ☐ Ohio dental or dental hygiene license (copy)
- ☐ Practice site's Sliding Fee Scale and policy, if applicable*
- ☐ Photo of the practice site's lobby/registration area sign stating no person will be denied care based upon an inability to pay for the services
- ☐ Position description
- ☐ Employment Contract (copy)
- ☐ IRS Form W-9 (first page only)
- ☐ Supplier Information Form
- ☐ Authorization Agreement for Direct Deposit of EFT Payments

* SFS and accompanying policy are required if site uses a sliding fee scale and the box in item 7 of the Practice Site Agreement is unchecked

FREQUENTLY ASKED QUESTIONS

What is the purpose of Ohio's loan repayment programs?

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

Who is eligible to apply for loan repayment?

Specific to the Ohio Dentist Loan Repayment Program (ODLRP) and Ohio Dental Hygienist Loan Repayment Program (ODHLRP), applicants must be currently practicing dentists or dental hygienists, or in the final year of dental or dental hygiene school, or in the final year of a general or pediatric dental residency training program at the time of application. If an applicant has an existing obligation to a government or other entity, the obligation must be met prior to beginning an ODLRP or ODHLRP contract. The applicant's practice site must be located in a federally-designated dental health professional shortage area (HPSA) or state defined dental health resource shortage area. A clinician may work **full-time**, defined as 40 hours per week, or **part-time**, defined as a minimum of 20 hours to a maximum of 39 hours per week at the approved practice site(s). For full-time practitioners, practice-related administrative activities may not exceed eight hours per week. In addition, full-time practitioners may spend up to eight hours per week teaching in the clinical setting at the approved practice site(s). Part-time practitioners may spend up to four hours per week conducting both practice-related administrative activities and teaching in the clinical setting at the approved practice site(s).

Are practice sites required to meet specific criteria?

Yes. All loan repayment programs require practice sites to accept Medicaid and to serve all patients regardless of inability to pay. The exception to this requirement is free clinics. Other requirements may apply, depending on the program. As part of the loan repayment application, an Employer Agreement, completed by an official of the employing agency, must be included.

For purposes of Ohio's loan repayment programs, free clinics are considered to be health resource shortage areas regardless of whether the clinic is located in a geographic area that is designated as a health resource shortage area. Practitioners serving in free clinics are eligible to participate in Ohio's loan repayment programs.

A free clinic is defined as, "A nonprofit organization exempt from federal income taxation under section 501(c)(3) of the Internal Revenue Code, or a program component of a nonprofit organization, to which both of the following apply:

(a) Its primary mission is to provide health care services for free or for a minimal administrative fee to individuals with limited resources; and
(b) It facilitates the delivery of health care services through the use of volunteer health care professionals and voluntary care networks (in addition to any paid staff)."

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

What are the benefits of the loan repayment programs?

Loan repayment programs enable a health professional to work in an underserved community while receiving assistance with health professional training debt. Selected full-time applicants may receive up to $25,000 per year for an initial two-year contract. Participants who retain eligibility and wish to continue with the program may receive up to $35,000 for years three and four. Part-time participants may receive up to half of the full-time amounts. Payments are tax-exempt.

How long is the loan repayment commitment?

An initial contract is two years. Practitioners who wish to continue in the program after meeting all contractual obligations of the initial contract may renew the contract for up to two additional one-year terms. The minimum commitment for the program is two years and the maximum length of time a practitioner can participate is four years.

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

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

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

How are loan payments made?

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

When are payments made?

The first payment is usually made within six to eight weeks of the execution of the contract. Subsequent payments, if applicable, are made approximately one year later. ODH cannot issue payment until the practitioner submits the *Invoice for Payment*.

Are there other obligations by the practitioner or the site?

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

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

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

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

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

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

Why do applicants need to complete an IRS Form W-9 and State Supplier Information Form?

Applicants selected for the program must be registered in Ohio's vendor system in order to have a loan repayment contract established and to receive payments. Completing these forms during the application process allows adequate time for the

state to process the documents.

What is the National Student Loan Data System?

National Student Loan Data System (NSLDS) can be accessed at https://www.nslds.ed.gov/nslds/nslds_SA/. The NSLDS is the U.S. Department of Education's central database for student aid. To retrieve your loan information, follow the steps below:

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

Contact

Ohio Dentist and Dental Hygienist Loan Repayment Programs contact information:

Oral Health Workforce Coordinator
Ohio Department of Health
Primary Care Office
246 North High Street
Columbus, OH 43215

Email: HealthPolicy@odh.ohio.gov
Phone: (614) 644-8496