

## SHARP-I – 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 (Govt)

Non-Profit

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:

Certified Rural Health Clinic (CRHC)	Drug Treatment Facility
Community Health Center (Sec 330 CHC) of "Look-Alike"	Hospital
Community Mental Health Clinic	Hospital-Affiliated Clinic
Critical Access Hospital	Local Health Department
Private For-Profit Clinic	Long-Term Care Facility
Public Clinic (operated by state or local government)	Prison (Adult Corrections)
Private Not-for-Profit Clinic	Prison (Juvenile Justice Detention or Treatment)
Tribal-Managed Health Facility	State Psychiatric Hospital
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  
Certified Nurse Midwife  
Clinical Social Worker  
Registered Nurse

Physician Assistant  
Marriage & Family Therapist  
Clinical or Counseling Psychologist  
Licensed Professional Counselor

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 (35 days) annually.*

% Administrative Duties \_\_\_\_\_

% Direct Patient Care \_\_\_\_\_

% Of Direct Care that is Primary Care \_\_\_\_\_

Length of Contract: 2 years - *Note: Payments are made for not more than two years of eligible employment. Renewals may be possible.*

- ▶ *Note: not less than 80% of provider time must be spent on direct patient health care for F/T eligibility*

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

No

If yes, name:

Yes

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

No

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

Yes

Does the site wish to apply for a match waiver?

No

- ▶ *Note: if marked "yes," site is asserting, and is providing documentation, 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 "inability to pay" the required 34% employer match and is providing evidence of that inability, and
  - 3) Entity recognizes that DHSS Commissioner must sign authorization for waiver of required employer match.

Yes

- ▶ *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

Recruitment Prerogative Option for Employers

Tier-1

34% of total ; 10% with approval

75% employer match allows direct use in recruitment

Tier-2

34% of total ; 10% with approval

75% employer match allows direct use in recruitment

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

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

<b>Part A(3) (continued) Projected Caseload Size - Amount of Direct Patient Care, on Average Per Quarter:</b>			
Position Title:			
Provider Type (check one):		Tier II Health Care Professionals:	
Tier I Health Care Professionals:			
Dentist Pharmacist Physician		Dental Hygienist Nurse Practitioner Certified Nurse Midwife Clinical Social Worker Registered Nurse	Physician Assistant Marriage & Family Therapist Clinical or Counseling Psychologist License Professional Counselor
Clinician's Patient Payer Mix - Note: refers to direct patient care delivered by SHARP Clinician, on Average Per Quarter.			
	Patients	Visits	Pharmacists Only: Number of prescriptions
Medicaid			
Medicare			
Patient Pay - Sliding Fee Scale			
Patient Pay - Full Fee			
No Charge or No Payment			
Private Insurance			
Indian Health Service			
VA or other Federal Program			
Other (explain)			
<b>Total (unduplicated)</b>			

Note: number of patients cannot exceed number of visits; unduplicated (each patient in one category)

Provide a 12-month billing summary.

	Total	1	2	3	4	5	6	7	8	9	10	11	12
Medicaid													
Medicare													
Self-Pay: Sliding Fee Scale													
Self-Pay: Full Fee Scale													
No Charge or No Payment													
Private Insurance													
I.H.S. Payment													
Other (explain)													
<b>Total</b>													

<p>The employer will insure that practitioner does not, and will not, have any other service obligation than for SHARP.</p> <p>Note: if the practitioner currently does have, or is anticipated to have, another (concurrent) service obligation during the proposed period of SHARP participation, please describe (here-below) what that other obligation is, and the employer's plan, if any, has as to how to address that situation.</p>	<p><b>No</b></p> <p><b>Yes</b></p>
<p>In the event that the employer has more than one practitioner that has applied for SHARP during this application cycle, the employer accepts that it may be asked to prioritize (rank) and/or limit the number of practitioner-applicants that it will endorse for participation in SHARP.</p>	<p><b>No</b></p> <p><b>Yes</b></p>
<p>Provide any other comments that you believe will help SHARP to determine the eligibility and priority of this position. (<i>limit 150 words</i>)</p>	

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

Please select and confirm one of the following options for eligibility:

- Yes This site is included in a geographic, facility or population HPSA (Health Professional Shortage Area by the federal Health Resources and Services Administration (HRSA) (Please verify this via: <http://hpsafind.hrsa.gov>)
- No

HPSA Name: \_\_\_\_\_

HPSA I.D. Code: \_\_\_\_\_

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 critical access 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/or 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. 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 that your agency has an "inability to pay" the required partial employer match.
- C. 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

## Section II – Part C – Declaration of Intent

<b>Has the practice site or its sponsoring agency been investigated for, or convicted of Medicaid or Medicare fraud?</b>  Note: if yes, please attach a brief explanation, including when this occurred and the nature and outcome of the investigation.	No  Yes	
<b>The signature of the authorized site representative on SHARP-I Site Application Page certifies that:</b> 1) the information provided in Section II Parts A, B and C and, if applicable, Parts D and E, is 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 practicesite(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)		
Authorized Site Representative - type name	Date	Signature
		Signature of Authorized Site Representative - Sign SHARP-I Site Application Attestation Page available on website.

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).

Chief Executive Officer - type name	Date	Signature
		Signature of Chief Executive Officer - Sign SHARP-I Site Application Attestation Page available on website.

Return completed forms and required supporting documentation via e-mail attachment (.pdf) to [robert.sewell@alaska.gov](mailto: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](mailto:robert.sewell@alaska.gov).

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

**Note:** SHARP-I requires that all participating employers contribute a percent of support-for-service payment amount which is distributed by the program to participating clinician(s). To receive approval of this request for partial waiver, the applicant-organization must demonstrate an "inability to pay." The required match amount may be reduced for certain sites upon the awarding of a waiver based upon the criteria below:

Employer & Tier Type	Standard Match Amount	Reduced Match Amount with approved waiver
Tier-1	34% of total award	10% of total award
Tier-2	34% of total award	10% of total award
For-Profit Organization	Not eligible for SHARP-I	Not eligible for SHARP-I

**Part A:**

Indicate agency type:

Public (Government) Agency

Private Non-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:**

	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 (e.g. Medicaid) 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:**

	Documentation that this Site has an "Inability to Pay" the required employer match	
	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.	

**Item 3:** Detailed but succinct Statement as to why this Site has an "inability to pay" the required employer match

**Part C:**

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

Authorized Site Representative		
Signature of Authorized Site Representative - Sign SHARP-I Site Application Attestation Page available on website.		

**For SHARP Program Use Only:**

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

Signature of Commissioner, Alaska DHSS	Date	Printed Name and Title

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

SHARP-I 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.

Authorized Site Representative		
Signature of Authorized Site Representative - Sign SHARP-I Site Application Attestation Page available on website.	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