

Texas State Site Affidavit for National Health Service Corps

The National Health Service Corps (NHSC) requires this office to verify site eligibility. If your site meets all the following criteria at the time of application or recertification, the state will recommend the site for approval. Please mark the appropriate box for each item below:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Site is currently operational and providing outpatient health care or certain substance abuse disorder services, or is a Critical Access Hospital (CAH). |
| ☐ | ☐ | Site provides health care services at no charge, or at a nominal charge, to patients whose incomes are at or below 200% of federal poverty guidelines. |
| ☐ | ☐ | Site has a sliding fee schedule that covers up to 200% of federal poverty guidelines and uses income only, not assets, to determine eligibility. (<i>NOTE: a CAH may submit a charity care policy or financial assistance plan in place of a sliding fee schedule.</i>) |
| ☐ | ☐ | Site has a policy of, and signage/posted notice indicating services will not be denied based on ability to pay. |
| ☐ | ☐ | Site accepts assignment for Medicare (if allowed to bill), and has entered into an agreement with applicable state agency for Medicaid and the State Children's Insurance Program (CHIP). |
| ☐ | ☐ | Site does not discriminate in the provision of services to an individual based on ability to pay or pay source, and based on their race, color, sex, national origin, disability, religion, sexual orientation, or gender identity. |
| ☐ | ☐ | Site provides culturally appropriate health care services. |
| ☐ | ☐ | Site has documentation of credentialing procedures, using National Provider Data Bank. |
| ☐ | ☐ | Site provides all ancillary specialty care and inpatient care within-network; or has referral arrangements to ensure comprehensive care. |
| ☐ | ☐ | Site recruitment and retention plan approved by Board of Directors' (if applicable) is on site for review. |
| ☐ | ☐ | Site adheres to sound fiscal management policies. |
| ☐ | ☐ | Site understands the assurances regarding clinician placement and how clinician services must be coordinated with the NHSC. |

Your signature certifies (Insert Site Name) is in compliance with the requirements set forth in the NHSC Site Reference Guide.

Name of Site Official: _____ Title: _____

Signature: _____ Date: _____

Upload this completed and form to your online Site Application. If provided after the site application is submitted, e-mail this completed and signed form to:

Cindy Ellis, Texas Primary Care Office
Cindy.Ellis@dshs.texas.gov or TexasPCO@dshs.texas.gov

Revised 3/2019