



# PENNSYLVANIA PRIMARY CARE LOAN REPAYMENT PROGRAM

## Practice Site Reference Guide

**PENNSYLVANIA DEPARTMENT OF HEALTH  
Bureau of Health Planning  
Division of Health Professions Development  
625 Forster Street  
Room 1031, Health & Welfare Building  
Harrisburg, PA 17120**

For questions, please call (717) 772-5298 or email [loanrepayment@pa.gov](mailto:loanrepayment@pa.gov).

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# Purpose

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The purpose of the Pennsylvania Primary Care Loan Repayment Program (LRP) Practice Site Reference Guide (Guide) is to provide clarity on site eligibility requirements, qualification factors, compliance, roles and responsibilities, as well as a number of other key elements on becoming an LRP-approved site. The Guide serves as an additional resource to supplement the information contained in the online Practice Site Application.

It is strongly recommended that applicants review this document prior to completing their Site Application. Future modifications to the Guide, including updated web links, are subject to occur.

LRP participants and current or eligible LRP sites are requested to reference the online application and information available on the Pennsylvania Department of Health (DOH) website for any program changes:

<https://www.health.pa.gov/topics/Health-Planning/Pages/Loan-Repayment.aspx>

# Program Overview

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## Introduction

The LRP is a network of primary healthcare professionals that provide comprehensive healthcare services at community-based health centers located in federally designated Health Professional Shortage Areas (HPSAs) or serving a significant low-income population. In exchange for their service, the LRP provides clinicians with financial support in the form of educational loan repayment. Clinicians fulfill their service requirement by working at LRP-approved sites.

Eligible disciplines include physicians, physician assistants, certified registered nurse practitioners, certified nurse-midwives, general dentists, registered dental hygienists, psychologists, licensed clinical social workers, licensed professional counselors, and marriage and family therapists.

The LRP is administered by the DOH, Bureau of Health Planning, Division of Health Professions Development.

LRP-approved sites are healthcare facilities that provide comprehensive outpatient, ambulatory, primary healthcare services to underserved populations. Each site that would like to use the LRP to recruit and retain health professionals must submit a Practice Site Application and be approved by the DOH. Site approvals are valid for two years and must be renewed for continued participation in the LRP.

LRP-approved sites can include both main and satellite sites. A main site is the primary clinical practice site for an organization. A satellite site is considered a secondary practice site and an extension of the main site. These clinical practice locations are usually located in communities apart from the main organization site to offer health services in other areas. Both main and satellite sites must meet eligibility requirements, submit an on-line Practice Site Application including all required documentation, and be approved by the LRP before eligible practitioners can apply for loan repayment.

## Eligibility Requirements

In its mission to increase access to primary care in underserved areas, the DOH provides loan repayment opportunities as an incentive to recruit to retain primary care practitioners willing to make a commitment to practicing in medically underserved areas.

As such, the following types of sites are eligible to become LRP-approved sites:

- Federally Qualified Health Centers (FQHCs)
- FQHC Look-Alikes
- Certified Rural Health Clinics (RHCs)
- Hospital-Affiliated Outpatient Primary Care Practices
- Certified Community Behavioral Health Clinics
- Behavioral Health Outpatient Clinic licensed by the Pennsylvania Office of Mental Health and Substance Abuse Services
- State Correctional Institutions (SCIs) (with a HPSA designation)
- Group or Solo Private Practices
- Public Health Departments
- Dental Clinics
- Free Clinics

- Mobile Units (ONLY if the mobile unit is affiliated with and functions as part of an LRP-approved practice site)

The following site types are **NOT** eligible to become an LRP-approved site, even if they are located in a HPSA or serve a minimum of 30 percent low-income patients:

- Inpatient Hospitals
- Other Inpatient Facilities
- Residential Facilities
- Local, County and Federal Correctional Facilities
- Clinics that limit care to Veterans and Active Duty Military Personnel
- Home-Based Health Care Settings
- Specialty Clinics
- Service Specific Sites
- Sites that limit services to a Categorical Population

## Qualification Factors

To be qualified to participate as an LRP-approved site, sites must meet ALL applicable requirements:

- Be physically located in Pennsylvania
- Be located in a Federally designated Primary Care, Dental Health, or Mental Health HPSA as appropriate **OR** serve a minimum of 30 percent low-income patients
- Provide culturally competent, comprehensive outpatient medical, dental and/or behavioral primary care services
- Ensure access to ancillary, inpatient, and specialty referrals
- Provide services on a free or reduced fee schedule basis to individuals with incomes at or below 200% of the federal poverty level using a Sliding Fee Discount Program and post signage advertising this statement
- Accept patients covered by Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) as appropriate
- Agree not to discriminate in the provision of services to individuals based on their inability to pay, age, race, color, sex, national origin, disability, religion, sexual orientation, or gender identity
- Use a clinician credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank
- Agree not to reduce a clinician's salary due to LRP support
- Support LRP clinicians in maintaining a primary care clinical practice as indicated in their contract with the LRP.

Organizations and clinics that do not provide basic primary and preventive health services furnished by physicians, physician assistants, certified registered nurse practitioners, certified nurse midwives, dentists, registered dental hygienists, psychologists, licensed clinical social workers, licensed professional counselors, and marriage and family therapists related to the specialties of general dentistry, pediatric dentistry, family medicine, internal medicine, pediatrics, geriatrics, obstetrics and gynecology, and comprehensive primary behavioral health are not eligible. Examples include, but are not limited to, specialty clinics; sites that only provide crisis intervention and addiction treatment; sites that only have substance abuse treatment centers; and clinics that only provide STD/HIV/TB services.

## **HPSA DESIGNATION**

HPSAs are designated by Health Resources and Services Administration's (HRSA) Bureau of Health Workforce as having shortages of primary medical care, dental, or mental health providers and may be a geographic area (e.g., county), a population group (e.g., low-income), a public or private nonprofit medical facility, or other public facility. In order for a provider to apply for loan repayment, the Practice Site must be in a HPSA for the specific category in which the practitioner would serve. For example, an internal medicine physician would need to be practicing at a site with a Primary Care HPSA designation; a psychiatrist at a site with a Mental Health HPSA designation.

To determine if a practice site is located in a HPSA, use the Find Shortage Areas tool on the Health Resources & Services Administration (HRSA) website:  
<https://data.hrsa.gov/tools/shortage-area>.

## **LOW-INCOME PATIENTS**

Sites serving low-income patients must have at least 30 percent of its patients who are low-income. The DOH makes this determination by taking into consideration the number of Medicaid patients (including those in Medicaid HMOs), sliding fee scale patients, and patients who receive care but are unable to pay for services.

Prior to receiving DOH approval, sites may be asked to provide a written response as to how phone calls to the office are handled from callers who have no insurance, callers who cannot pay the full amount, and callers who receive Medicaid to document your nondiscrimination in serving these groups of individuals and in providing a sliding fee scale or other documentable means to ensure access to health care.

In addition to the above, the DOH may require documentation to support 30 percent of services to the above listed groups for the past three years and your intention to serve at least 30 percent in the future.

## **COMPREHENSIVE PRIMARY CARE**

Comprehensive primary care (CPC) is a continuum of care not focused or limited to gender, age, organ system, a particular illness, or categorical population (e.g., developmentally disabled or those with cancer). CPC should be provided as an ongoing delivery of preventive, acute and chronic primary health services in an LRP-approved specialty. LRP-approved primary care specialties are family medicine, general internal medicine, general pediatrics, geriatrics, and obstetrics/gynecology.

If sites do not offer all primary health services, they must offer an appropriate set of primary health services necessary for the community and/or populations they serve. Sites that focus their efforts on a particular population defined by disease or diagnosis are ineligible for the LRP even if they provide CPC to that population. LRP-approved sites must be open to all patients in the community. Sites must also provide an appropriate referral network for other preventive, acute, and chronic health services.

## **DENTAL SERVICES**

Dental health facilities must offer comprehensive primary dental health services in general or pediatric dentistry. Specialty practices, for example, orthodontics and endodontics, do not meet the definition of comprehensive primary dental care and are not approved by the DOH.

## BEHAVIORAL AND MENTAL HEALTH SERVICES

For LRP participation, behavioral and mental health services **MUST** be provided at a practice site that offers comprehensive primary care (such as FQHCs, Look-Alikes and SCIs), **OR** is an outpatient provider licensed by the Pennsylvania Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS). Behavioral and mental health facilities are required to offer comprehensive primary behavioral health services to all residents of the community. Facilities that limit care to a specific population, such as individuals with developmental disabilities, are not eligible to participate in the LRP.

All behavioral health service sites that do not also provide comprehensive primary medical care must use the **LRP Comprehensive Behavioral Health Services Checklist** to verify that they offer comprehensive primary behavioral health care services including, but not limited to:

### **Core Comprehensive Behavioral Health Service Elements**

Must be provided directly, on-site, and not through affiliation or referral.

- Screening and Assessment
- Treatment Plans
- Care Coordination

### **Non-Core Behavioral Health Service Elements**

If not provided directly, on-site, these services must be provided through a formal affiliation agreement.

- Diagnosis
- Therapeutic Services
  - Psychiatric Medication Prescribing and Management
  - Chronic Disease Management
  - Substance Use Disorder Treatment
- Crisis/Emergency Services (including 24-hour crisis call access)
- Consultative Services
- Case Management

Behavioral Health Clinics must complete and submit the **LRP Comprehensive Behavioral Health Services Checklist**, including the formal affiliation agreements. A copy of the Checklist can be downloaded from: <https://www.health.pa.gov/topics/Health-Planning/Pages/Loan-Repayment.aspx>

## FREE OR DISCOUNTED SERVICES

LRP-approved sites are required to offer a Sliding Fee Discount Program and apply a Sliding Fee Schedule (SFS), so that the amount owed for services by eligible patients is adjusted based on the patient's ability to pay. Specifically, the Sliding Fee Discount Program must include establishing a schedule of fees for services; a corresponding schedule of discounts for eligible patients based on the patient's ability to pay; and policies and operating procedures, including those around applying for the discount program.

Eligibility for the SFS is based on a patient's annual income and family size under the U.S. Department of Health & Human Services annual Federal Poverty Guidelines (FPG) and be applied uniformly to all patients. Current poverty guidelines can be found at <https://aspe.hhs.gov/poverty-guidelines>.

If a patient who otherwise meets the discount program criteria has insurance coverage from a third party, a site can charge for services to the extent that the third party will make payment.

Sites must establish multiple methods of informing patients of the Sliding Fee Discount Program including prominently displaying notices about the discount program in common areas and on the site's website if one exists. In addition, information about the Sliding Fee Discount Program must be available in appropriate languages and literacy levels for the patient population served.

Sites that do not charge or bill for any services (i.e., a free clinic or an SCI) are exempt from the requirement to offer a Sliding Fee Discount Program.

*Sliding Fee Schedule* – must include the following elements:

- Applicable to all individuals and families with annual incomes at or below 200 percent of the **current** FPG
- Provide a full discount for individual and families with annual incomes at or below 100 percent of the FPG, with allowance for a nominal charge
- Adjust fees based on family size and income for individuals and families with incomes above 100 percent and at or below 200 percent of the FPG

*\*\*The DOH will reserve the right to determine the reasonableness of a site's nominal charge, prior to approval.\*\**

*Written Sliding Fee Discount Program Policy* – the policy must be in place for at least six continuous months prior to applying to become an LRP-approve site and must address the following:

- Patient eligibility, including definitions of income and family size, and frequency of re-evaluation of patient eligibility
- Documentation and verification requirements to determine patient eligibility
- How the discount program will be advertised to the patient population
- If the site chooses to collect a nominal charge for those at or below 100% of the Federal Poverty Level, an explanation of the nominal charge and policies around establishing and collecting nominal charges
- If any patient using the discount program will be sent to collection for outstanding debt



# Application Information

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## Application Procedure

Interested sites can submit their application online via the LRP website <https://www.health.pa.gov/topics/Health-Planning/Pages/Loan-Repayment.aspx>. Please read these instructions carefully before completing the Site Application. Each site administrator or designee will be held responsible for ensuring that all information reported on this application is true and accurate. Any intentional or negligent misrepresentation of the information contained in the application may result in the forfeiture of your organization's eligibility to participate in the LRP. Missing information will delay the processing of your application.

Once a site is LRP-approved, its approval is valid for two years, as long as the site continues to meet all LRP eligibility requirements and qualification factors. Any site that wants to reapply must submit a Site Application including the supporting documents. The LRP will notify a site three months before their approval is due to expire.

### CREATE USER ACCOUNT

Prior to completing an online application, the applicant must create a user account in the LRP portal by selecting "Request Account" on the main logon page. Only one user account can be created per organization. On the Create Account page, select Site Application as the Application Type. The user will be asked to select an Organization from the drop-down menu. If the organization name is not present in the drop-down menu, type it in on the line below. Only one of these two organization fields are required.

Note, everything in the LRP system is case and space sensitive. Usernames are limited to 10 characters and passwords must be 12 – 16 characters in length and contain upper- and lower-case letters, a number, and a special character.

### COMPLETE APPLICATION

Start a Practice Site Application by clicking on Site Application in the left-hand menu. Applicants are expected to complete each of the sections below to be able to submit an online application.

*Organization Details* – This section is for the organization information. The organization may or may not be the same as the practice site. An organization may have multiple practice sites. If an organization wishes to have multiple sites approved, they must complete a Site Application for each site. Include the name of the executive director of the organization and his or her title.

*Site Information* – This section is for the practice site information which is the physical location where the LRP participant will be providing primary care services. The Practice Site Director will be the individual contacted if additional information regarding the site or the practitioner is required.

*Providers* – This section is for recording current and full staffing levels based on 40-hour Full Time Equivalents (FTEs).

*Patient Information* – This section is for recording the number of active patients by source of payment. Fill in the number of patients and the system will automatically calculate the percentage and total numbers. For practices serving low-income patients, this data is used to determine that at least 30 percent of the site's patients be Medicaid patients (including those in Medicaid HMOs), sliding fee scale patients, and patients who are

unable to pay for services. Patients that are eligible for both Medicare and Medicaid should be included in the Medicaid numbers. Primary Care and Dental patients should be listed separately. If possible, Behavioral Health patients should also be listed separately. If not, Behavioral Health patients may be included in the Primary Care patient numbers.

*Requirements* – In this section, all requirements must be met for a site to be approved for loan repayment. By clicking the check box, the executive director or medical director verifies that each requirement is met. If a requirement cannot be met, provide an explanation in the Comments box. The organization must comply with all requirements.

*Submit Application* – In order for an application to be considered complete, a copy of the organization's sliding fee scale and policy must be uploaded. The written board-approved policy must address how telephone calls to the office are handled from callers who have no insurance; callers who cannot pay the full amount; and callers who receive Medicaid to document your nondiscrimination in serving these groups of individuals and in providing a sliding fee scale or other documentable means to ensure access to health care. A message, "Application Submitted Successfully," will be returned indicating successful submission of the application.

It is recommended that a copy of the Site Application be downloaded and saved for future reference. This can be accomplished by selecting the Site from the Submitted Sites dropdown menu and clicking on View Application. Generate Report provides a list of all Practice Sites for the Organization along with their status and approval dates.

- Site Applications for Certified Community Behavioral Health Clinics and Behavioral Health Outpatient Clinics will not be considered complete until the "**LRP Comprehensive Behavioral Health Services Checklist**" is completed and returned to [loanrepayment@pa.gov](mailto:loanrepayment@pa.gov). A copy of the Checklist can be downloaded from: <https://www.health.pa.gov/topics/Health-Planning/Pages/Loan-Repayment.aspx>.

Once "submitted", organizations will not be able to edit information in their applications. If an error in the application is detected, contact the LRP Administrator for advice on making corrections. Upon receipt of the application from the organization, LRP administrative staff will change the status of the application from "Submitted" to "Under Review" or "Pending" (if additional information or documentation is needed) until the application is either approved or rejected.

#### **RENEW APPLICATION**

Site Administrators can renew expired Site Applications from their organizational home page.

- Select the site for renewal from the drop-down menu under Submitted Sites.
- Click on the Renew Practice Site button.
- Review the information on each tab, hitting the Next button to move through the tabs.
- If changes to the application are required, hit the Edit button, make the changes, and hit the Update button.
- Continue through all tabs until you reach the Submit Application tab.
- Upload your site's current sliding fee schedule and discount policy. Certified Community Behavioral Health Clinics and Behavioral Health Outpatient Clinics will also have to provide a current behavioral health services checklist.

- Click that you agree to the signature statement and place your name in the Signature box.
- Hit the Submit Application button.

## Site Roles and Responsibilities

The mission of the LRP is to increase access to primary care services in underserved areas. To that effect, LRP-approved sites must continually meet the eligibility requirements and qualification factors set forth above. In addition to these requirements, sites must assist LRP practitioners in meeting their service obligation.

LRP practitioners enter into a Participation Grant Agreement with the DOH, thus it is important that their practice sites afford providers the opportunity to fulfill this Agreement. The DOH expects sites to do the following in support of their LRP practitioners:

- Ensure practitioners work only at LRP-approved practice sites. Each site must be approved prior to the beginning of a practitioner's assignment at that site.
- Make certain practitioners follow the LRP minimum hourly and weekly service requirement, however, the employment contract between the site and the practitioner may stipulate additional work hours.
  - Full-Time Clinicians are expected to provide continuous, full-time practice in the underserved area. Full-time practice is defined as not less than 40 hours per week, 48 weeks per year. Furthermore, the 40-hour week must include not less than four days per week, with not more than 12 hours of work to be performed in any given 24-hour period. Of the 40 hours per week, a minimum of 32 hours must be spent providing direct patient care. Up to eight hours per week may be spent providing patient care in alternative settings (e.g., hospital, nursing homes, shelters) as directed by the practice site or performing clinical-related administrative activities. Practitioners who provide obstetric services may spend up to 19 hours a week providing direct obstetric patient care at a hospital. Practitioners do not receive service credit for hours worked over the required 40 hours per week and excess hours cannot be applied to any other work week. Also, time spent while in an "on-call" status will not be counted toward the service commitment.
  - Half-Time Clinicians are expected to provide continuous, half-time practice in the underserved area. Half-time practice is defined as a minimum of 20 hours per week (not to exceed 39 hours per week), 48 weeks per year. Furthermore, the 20-hour week must include not less than two days per week, with not more than 12 hours of work to be performed in any given 24-hour period. Of the 20 hours per week, a minimum of 16 hours must be spent providing direct patient care. Up to four hours per week may be spent providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the practice site or performing clinical-related administrative activities. Practitioners who provide obstetric services may spend up to nine hours a week providing direct obstetric patient care at a hospital. Practitioners do not receive service credit for hours worked over the required 20 hours per week and excess hours cannot be applied to any other work week. Also, time spent while in an "on-call" status will not be counted toward the service commitment.
- Verify practitioners' continuous primary healthcare service by completing the practitioner's Service Verification Form upon submittal of a Practitioner Application and prior to each annual payment.

- Submit all proposed changes to a practitioner's practice site or work schedule, including terminations, resignations, and extended leaves of absence, to the DOH in writing for prior approval.

Failure to abide by these requirements may preclude a Practice Site from participation in the LRP.

## **Site Monitoring**

All participating practitioners and practice sites are subject to monitoring efforts conducted by the DOH or its designee.

# Definitions

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Behavioral Health Outpatient Clinic – A facility licensed as an outpatient provider by the Pennsylvania Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) that provides comprehensive primary behavioral health care services. The site must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The site must offer or ensure access to ancillary, inpatient, and specialty referrals.

Certified Community Behavioral Health Clinic (CCBHC) – A clinic certified by the Pennsylvania Department of Human Services under the Protecting Access to Medicare Act of 2014 to improve community behavioral health services.

Certified Rural Health Clinic (RHC) – A facility certified by the Centers for Medicare and Medicaid Services under section 1861(aa)(2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. RHCs are located in a non-urbanized area with an insufficient number of healthcare practitioners and provide routine diagnostic and clinical laboratory services.

Clinical-Related Administrative Activities – May include charting, care coordination, training, laboratory follow-up; patient correspondence, attending staff meetings, activities related to maintain professional licensure, and other non-treatment related activities pertaining to the participant's LRP-approved practice site. Any time spent in a management role (e.g., medical director) is also considered an administrative activity.

Comprehensive Primary Behavioral Health Services – Include but are not limited to: screening and assessment; diagnosis; treatment plans; care coordination; therapeutic services (including psychiatric medication prescribing and management, chronic disease management, and substance use disorder treatment); crisis/emergency services (including 24-hour crisis call access); consultative services; and case management.

Comprehensive Primary Care (CPC) - The delivery of preventive, acute and chronic primary health services in an LRP-approved specialty. LRP-approved primary care specialties are family practice, general internal medicine, general pediatrics, geriatrics, and obstetrics/gynecology. CPC is a continuum of care not focused or limited to gender, age, organ system, a particular illness, or categorical population. CPC should provide care for the whole person on an ongoing basis.

Federally Qualified Health Centers (FQHCs) – Nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service (PHS) Act.

Formal Affiliation Agreement – Written agreement that sets forth the terms and conditions under which two organizations agree to furnish integrated services to better meet patient and client needs. All affiliated entities for primary behavioral health care should accept applicable public insurance and offer discounts to those with low incomes and agree to see all patients regardless of their ability to pay.

FQHC Look-Alikes – Nonprofit entities that are certified by the Secretary of the Department of Health and Human Services (HHS) as meeting the requirements for receiving a grant under section 330 of the PHS Act but are not grantees.

Free Clinic – A medical facility offering community health care on a free or very low-cost basis. Care is generally provided in these clinics to persons who have lower or limited income and no health insurance, including persons who are not eligible for Medicaid or Medicare. Free clinics should provide care for acute, non-emergent conditions as well as a full range of primary care services and care for chronic conditions.

Full-Time Clinical Practice – Is defined as not less than 40 hours per week, 48 weeks per year. Furthermore, the 40-hour week must include not less than four days per week, with not more than 12 hours of work to be performed in any given 24-hour period. Of the 40 hours per week, a minimum of 32 hours must be spent providing direct patient care. Up to eight hours per week may be spent providing patient care in alternative settings (e.g., hospital, nursing homes, shelters) as directed by the practice site or performing clinical-related administrative activities. Practitioners who provide obstetric services may spend up to 19 hours a week providing direct obstetric patient care at a hospital. Practitioners do not receive service credit for hours worked over the required 40 hours per week and excess hours cannot be applied to any other work week. Also, time spent while in an “on-call” status will not be counted toward the service commitment.

Group or Solo Private Practice – A clinical practice that is made up of one or more providers who have ownership or an invested interest in the practice.

Half-Time Clinical Practice - Is defined as a minimum of 20 hours per week (not to exceed 39 hours per week), 48 weeks per year. Furthermore, the 20-hour week must include not less than two days per week, with not more than 12 hours of work to be performed in any given 24-hour period. Of the 20 hours per week, a minimum of 16 hours must be spent providing direct patient care. Up to four hours per week may be spent providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the practice site or performing clinical-related administrative activities. Practitioners who provide obstetric services may spend up to nine hours a week providing direct obstetric patient care at a hospital. Practitioners do not receive service credit for hours worked over the required 20 hours per week and excess hours cannot be applied to any other work week. Also, time spent while in an “on-call” status will not be counted toward the service commitment.

Health Professional Shortage Area (HPSA) – A geographic area, population group, public or nonprofit private medical facility or other public facility determined by HHS to have a shortage of primary healthcare professionals.

Health Resources and Services Administration (HRSA) – An operating agency of HHS.

Mobile Units – Medical vehicles that travel to underserved rural and urban communities. Clinicians working within a mobile unit that functions as part of an LRP-approved site will receive service credit for direct patient care.

Public Health Department – Health clinic operated by a state, county or local health department that provides comprehensive primary care services.

Sliding Fee Scale or Discounted Fee Schedule – A set of discounts that is applied to your practice’s schedule of charges for services, based upon a written policy that is non-discriminatory.

State Correctional Institute (SCI) – A state prison administered by the Pennsylvania Department of Corrections.