

HRSA Health Workforce Site Points of Contact Portals DT Log Out

DT

Dennis Terrones

NHSC Site Application

- View Communications**
- View Instructions
- Check Eligibility
- Confirm Site Details
- Check For Existing Sites
- Services and Staffing
- Behavioral Health
- Payments and Insurance

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NHSC Site Application

Location Name	Also Known As	Physical Address	Location ID	Submission Deadline
Apple Valley Community Clinic	Not Available	18818 Highway 18, Apple Valley, CA 92307	1669632911	06/25/2024

View Communications

There are no messages posted.

Message

Enter text here...

Post
Cancel

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- Identify POCs
- Review HPSAs
- Upload Documents

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Instructions

Welcome to the NHSC Online Site Application. Before you begin, carefully review the [NHSC Site Reference Guide](#) and the [NHSC Site Agreement](#) (Appendix A of the NHSC Site Reference Guide) to ensure your site meets all eligibility and program requirements. Sites must meet all requirements listed in the NHSC Site Agreement at the time of application and must continue to meet the requirements in order to maintain status as an NHSC-approved site.

If you are applying on behalf of multiple clinical service site locations, each site location must submit a separate application and independently meet the same eligibility criteria to be approved by the NHSC and to be eligible for obligated clinicians to receive service credit for time spent at that clinical service site location. Please note that approval of a main/administrative site does not indicate approval for affiliated satellite sites in the same organization.

If you have questions about the general application process or program requirements, contact your [State Primary Care Office](#). For technical issues in completing the application contact the [NHSC Call Center](#) at 1-800-221-9393 or Contact the [Division of Regional Operations \(DRO\) State Lead](#).

OMB Public Burden Statement

The purpose of this information collection is to obtain information through the National Health Service Corps Loan Repayment Program that is used to assess a Loan Repayment Program applicant's eligibility and qualifications for the Loan Repayment Program, or for NHSC Site Application and Recertification purposes. Clinicians interested in participating in the National Health Service Corps Loan Repayment Program must submit an application to the National Health Service Corps. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0127 and it is valid until 03/31/2026. Public reporting burden for this collection of information is estimated to average 0.49 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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Check Eligibility

All fields are required unless noted as optional.

Type of Site

State or Local Health Department v

Site Classification (Optional)

Public-Local v

Site Subtype

Locally Run v

Behavioral Health
Payments and Insurance
Telehealth
Identify POCs
Review HPSAs
Upload Documents
Finalize Agreements

NHSC Site Eligibility Questions

As an official representative of the applying site, please answer each of the following questions. For more information on NHSC member site eligibility requirements, please reference the [NHSC Site Reference Guide](#).

- As an official representative of the applying site, have you read the [NHSC Site Reference Guide](#) and do you understand the program requirements as listed in the NHSC Site Agreement included at the end of the Reference Guide?
 Yes No
- Is your site physically located in and does it serve the population of a [Health Professional Shortage Area \(HPSA\)](#) which corresponds to the services provided at the site?
 Yes No
- Is your site a comprehensive primary care outpatient facility, CMS Certified Critical Access Hospital or IHS Hospital?
 Yes No
- Does your site utilize a qualified [Sliding Fee Discount Program](#) (or provide free services) and has it been in place for at least 6 months?
 Yes No
- Does your site deny services to an individual based on inability to pay or enrollment in Medicare, Medicaid or your state's Children's Health Insurance Program (CHIP)?
 Yes No
- Does your site utilize a credentialing process which, at a minimum, includes reference review, licensure verification, and a query of the [National Practitioner Data Bank \(NPDB\)](#)?
 Yes No
- Does your site prominently display a statement in common areas (and on site's website if applicable) that explicitly states that 1) no one will be denied access to services due to inability to pay and 2) there is a discounted/sliding fee schedule available? Examples of acceptable signage and website language are located in the [Downloadable Resources](#) section of the [NHSC website](#) under "Site Policy Poster"?
 Yes No



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Confirm Site Details [Edit](#)


Please review the following site details to ensure accuracy. To make changes, please click on the edit icon in the top right corner and make the necessary changes. Once complete please select Save and Continue.

Note: If the site is co-located in a building with other clinics, please ensure there is a suite or floor number to specify the location of the site.

Physical Address

Name	Apple Valley Community Clinic		Also Known As	Not Available	
Address Line 1	18818 Highway 18				
Address Line 2	Not Available				
City	Apple Valley	State/Territory	California	ZIP Code	92307

Approximate Location



Standardized Address [📍](#)

18818 US Highway 18,
Apple Valley, CA 92307-2323

Latitude 34.537952

Longitude -117.253353

Is the map pin location accurate?
 Yes No


Contact Information

Website	https://wp.sbcounty.gov/dbh/	Email Address	dterrones@dbh.sbcounty.gov
Phone Number	(760) 995-8800	Ext.	Not Available
		Fax Number	Not Available

Site Unique Identifiers

DUNS#	Not Available	BHCMIS ID 📍	Not Available	CCN 📍	Not Available	ASUFAC 📍	Not Available
BPHC	Not Available						

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Similar Site(s) Found

We have identified one or more sites that are similar to the site information you have entered. Please review the list of sites below to ensure you are not creating a duplicate site.

To view additional information on the location, click on the site name. If one of the sites in the list is your site, please select the radio button next to it; if not, select "site is not listed" and continue.

SELECT	LOCATION NAME [%]	ADDRESS [%]	PROGRAM STATUS
<input type="radio"/>	Apple Valley Community Clinic	18818 US Highway 18, Apple Valley, CA 92307	NHSC Status: Inactive Nurse Corps Status: Inactive
<input type="radio"/>	Apple Valley Community Clinic	18818 US Highway 18, Apple Valley, CA 92307	NHSC Status: Inactive Nurse Corps Status: Inactive
<input checked="" type="radio"/>	Site Is Not Listed		

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Services and Staffing

All fields are required unless noted as optional.

Services Provided

Select the type of comprehensive primary medical, mental/behavioral health and/or dental care services provided onsite by checking all that apply.

Primary Medical Care <input type="checkbox"/> General Primary Care <input type="checkbox"/> Family Medicine <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> General Pediatrics <input type="checkbox"/> Geriatrics <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Women's Health	Primary Mental/Behavioral Health Care <input checked="" type="checkbox"/> General Mental Health Care <input checked="" type="checkbox"/> General Substance Use Disorder Treatment <input type="checkbox"/> Medication Assisted Treatment (MAT) Program <input type="checkbox"/> Opioid Treatment Program (OTP)	Primary Dental Care <input type="checkbox"/> General Dentistry <input type="checkbox"/> Pediatric Dentistry
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[Upload Documents](#)

[Finalize Agreements](#)

Language Needs

Respond to the following items to help us better understand the spoken language(s) of the patients that you serve and indicate any language access needs.

Please select the most prevalent language(s) spoken by your patients.

English ▼

Does your site offer language access assistance to support persons with limited English proficiency (*translators, interpreters, language lines, bilingual staff*)?

Yes No

Staffing

Enter the number of full time equivalents (FTEs) staff for each of the services below.

PHYSICIANS		MEDICAL SUPPORT PERSONNEL	
TYPE	FTEs	TYPE	FTEs
Family Practitioners	<input type="text" value="0"/>	Nurse Practitioners/Physician Assistants	<input type="text" value="0"/>
General Practitioners	<input type="text" value="0"/>	Certified Nurse Midwives	<input type="text" value="0"/>
Internists	<input type="text" value="0"/>	Nurses	<input type="text" value="1"/>
Obstetricians/Gynecologists	<input type="text" value="0"/>	Other Medical Support Personnel	<input type="text" value="2"/>
Pediatricians	<input type="text" value="0"/>	Total Medical Support Personnel	3.000

Psychiatrists	<input type="text" value="4"/>
Other Physician Specialists	<input type="text" value="# of FTEs"/>
Total Physicians	4.000
TOTAL MEDICAL SERVICES FTES 7.000	

ANCILLARY SERVICES		DENTAL SERVICES	
TYPE	FTES	TYPE	FTES
Laboratory Services Personnel	<input type="text" value="0"/>	Dentists	<input type="text" value="0"/>
Pharmacy Personnel	<input type="text" value="0"/>	Dental Hygienists	<input type="text" value="0"/>
X-Ray Services Personnel	<input type="text" value="0"/>	Dental Assistants, Aides, Technicians, and Support	<input type="text" value="0"/>
TOTAL ANCILLARY SERVICES FTES	0.000	TOTAL DENTAL SERVICES FTES	0.000

MENTAL AND BEHAVIORAL HEALTH SERVICES	
TYPE	FTES
Mental Health & Behavioral Health Specialists	<input type="text" value="1"/>
Mental Health & Behavioral Health Support Personnel	<input type="text" value="7"/>
TOTAL MH & BH SERVICES FTES	11.000

TOTAL OF ALL SERVICE STAFFING	18.000
--------------------------------------	---------------

Notes (Optional)
 Enter any relevant information

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Behavioral Health

Sites that provide behavioral and mental health services must submit documents to demonstrate services provided directly to patients on-site and services provided through active formal affiliation agreements.

All fields are required unless noted optional and must be completed to apply for NHSC Behavioral health approval.

Section I. Core Comprehensive Behavioral Health Service Elements

NHSC-approved Comprehensive Primary Behavioral Health Service sites must upload documentation demonstrating that Core Comprehensive Behavioral Health Services are provided on-site. Core service elements must be provided on-site; these services cannot be offered in-network, through referral, affiliation, or contract.

- 1. Are Screening and Assessments provided on-site?**
🔒
 Yes No
- 2. Are Treatment Plans provided on-site?**
🔒
 Yes No
- 3. Is Care Coordination provided on-site?**
🔒
 Yes No

- Upload Documents
- Finalize Agreements

Section II. Additional Comprehensive Behavioral Health Service Elements (Non-Core Elements)

NHSC-approved Comprehensive Primary Behavioral/Mental Health Service sites must upload documentation demonstrating patient access to non-core service elements, which may be provided on-site, in-network, through referral, affiliation, or contract. Acceptable documentation includes: affiliation agreements; memorandums of understanding/agreement; contracts; letters of referral; letters of support/commitment; or referral and follow-up policy.

1. Will this location provide Diagnosis? [?](#)

Yes No

2. Will this location provide Therapeutic Services for: [?](#)

2a. Psychiatric Medication Prescribing and Management

Yes No

2b. Substance Use Disorder Treatment

Yes No

2c. Short/Long-Term Hospitalization

Yes No

Custom Service (Optional)

Add

3. Will this location provide Crisis/Emergency Services? [?](#)

Yes No

4. Will this location provide Consultative Services? [?](#)

Yes No

5. Will this location provide Case Management? [?](#)

Yes No

Section III. Certification of Compliance with Behavioral Health Clinical Practice Requirements

Certify that the behavioral health site adheres to the clinical practice requirements for behavioral health providers under the NHSC and supports NHSC participants in meeting their obligation related to the clinical practice requirements.

1. This location offers employment opportunities that are Full-Time? [?](#)

Yes No

2. This location offers employment opportunities that are Part-Time? [?](#)

Yes No

Section IV. Additional Comprehensive Behavioral Health Service Elements

For each of the services under Section II provided off-site, enter the affiliated entity that provides the off-site service(s).

AFFILIATED ENTITIES

Add Affiliated Entity

NAME	ADDRESS	SERVICES COVERED	REGARDLESS OF PAYMENT?	AFFILIATION DATE	
Arrowhead Regional Medical Center	400 N. Pepper Ave., Colton, CA 92324	• Short/long-term Hospitalization	Yes	07/01/2009	x Remove



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Payments and Insurance

All fields are required unless noted as optional.

Coverage Types Accepted

Medicare

Yes No

Medicare Number

Medicaid

Yes No

Medicaid Number

Children's Health Insurance Program (CHIP)

Yes No

CHIP Number

- Review HPSAs
- Upload Documents
- Finalize Agreements

General Payment Information

According to the site's [Sliding Fee Discount Program](#), what is the nominal fee? If no fee is charged, enter \$0.

Patients and Visits by Primary Insurance Type

The following data tables are required and must be completed with the most recent six months of reporting data. Data may cross two calendar years (e.g. November – April). Please reference the [NHSC Site Reference Guide, Appendix D](#) for detailed instructions on completing all of the below data tables.

6 Month Reporting Period

 to

PATIENTS BY PRIMARY INSURANCE TYPE

INSURANCE	MEDICARE	MEDICAID	OTHER PUBLIC/ PRIVATE FUNDS	PRIVATE	SLIDING FEE SCHEDULE	SELF PAY	TOTAL
# OF PATIENTS	45	378	3	20	2	14	462
%	9.74%	81.82%	0.65%	4.33%	0.43%	3.03%	100%

PATIENT VISITS BY PRIMARY INSURANCE TYPE

INSURANCE	MEDICARE	MEDICAID	OTHER PUBLIC/ PRIVATE FUNDS	PRIVATE	SLIDING FEE SCHEDULE	SELF PAY	TOTAL
# OF VISITS	445	1,575	4	52	3	15	2094
%	21.25%	75.21%	0.19%	2.48%	0.14%	0.72%	100%

Patient Service Charges, Collections, and Adjustments

PAYMENT SOURCE	FULL CHARGES	AMOUNT COLLECTED	ADJUSTMENTS
MEDICARE	\$0	\$0	
MEDICAID	\$959,540	\$463,359	
OTHER PUBLIC/PRIVATE FUNDS	\$502	\$0	
PRIVATE INSURANCE	\$17,531	\$0	
SLIDING FEE	\$0	\$0	\$0
SELF PAY	\$0	\$0	\$0
TOTAL	\$977,573	\$463,359	\$0

Patient Applications for Sliding Fee Schedules (SFS)


TYPES	NUMBER OF APPLICANTS
SFS APPLICATIONS APPROVED	7
SFS APPLICATIONS NOT APPROVED	0
TOTAL	7

Additional information about any of the payments or insurance data above (Optional)

1000 characters remain

Provide additional information you feel would be useful in the review of your application.

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Telehealth Questions


All fields are required unless noted as optional.

Does your site utilize telehealth for the provision of comprehensive primary care (including medical, dental, or behavioral health)?

No Yes

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Identify POCs

We expect each service site to provide a minimum of two points of contact. At least one of these contacts must serve as a "Recruiter". If approved as a site, the "Recruiter" will be listed on the Health Workforce Connector.

Please note: You may only edit information for a site point of contact after they have confirmed their association with your site.

Current Points of Contact

NAME	ROLES	PROGRAM AFFILIATION	EMAIL	STATUS
David Denkers	Personnel Verifier Administrator Recruiter	Nurse Corps NHSC	ddenkers@dbh.sbcounty.gov	Active
Dennis Terrones	Personnel Verifier Administrator Recruiter	STAR Nurse Corps NHSC	deterrones@dbh.sbcounty.gov	Active
Jennifer Weed	Administrator Personnel Verifier	STAR Nurse Corps NHSC	jennifer.ferguson@dbh.sbcounty.gov	Active

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Update Site Points of Contact

Use the Manage Site POCs page to add or remove POCs to sites and to edit the Roles and Program Affiliations of your sites' POCs. Changes made there will be immediate, while proposing a POC below will only take effect if the Site Application is approved by NHSC.


Proposed Points of Contact + Add POC

NAME	ROLES	PROGRAM AFFILIATION	EMAIL	STATUS	ACTIONS
No Points of Contact Have Been Added Yet					

Additional Information (Optional)
Provide any comments, questions, or requests you have about your Site's POCs.

Enter additional information here

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Enter HPSA Information

Identified HPSAs

Below are the HPSA designations identified for this site based on the site's location and geocoded address and/or based on any unique identifier(s) (e.g., BCHMIS, CCN, ASUFAC) provided in the site details section of the application.

HPSA ID	HPSA NAME	AUTO-HPSA	SCORE	MCTA	HPSA DISCIPLINE	STATUS
1066279576	Low Income - MSSA 145.1b/Apple Valley	No	16	NA	Primary Care	Withdrawn
7067078342	MSSA 145.1a/b-Hesperia West/East	No	14	NA	Mental Health	Designated
7069990605	MSSA 145.1a/Hesperia West & MSSA 145.1b/Apple Vall	No	16	NA	Mental Health	Withdrawn



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Enter HPSA Information

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HPSA ID	HPSA NAME	AUTO-HPSA	SCORE	MCTA	HPSA DISCIPLINE	STATUS
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7067078342	MSSA 145.1a/b-Hesperia West/East	No	14	NA	Mental Health	Designated
7069990605	MSSA 145.1a/Hesperia West & MSSA 145.1b/Apple Vall	No	16	NA	Mental Health	Withdrawn
1063212297	MSSA 145.1b - Hesperia East	No	13	14	Primary Care	Designated
7065163918	MSSAs 145.1a & 145.1b/Hesperia West/Hesperia East	No	16	NA	Mental Health	Withdrawn


Recommend Additional HPSAs

You may recommend additional Health Professional Shortage Area (HPSA) IDs that were not identified above and are applicable to your site based on verified information found using the HRSA Data Warehouse HPSA Find tool. This field is not required for submission of the NHSC Site Application. NHSC and State Primary Care Office staff will verify this information and add all applicable HPSA IDs to the application during the review process. If a HPSA does not exist for the physical location of the applying site, the site application will be denied. For additional assistance in identifying HPSA IDs, contact your State Primary Care Office.

Enter the HPSA ID


[Add](#)

If this field does not recognize one of your proposed HPSAs, please continue with the application. The proposed HPSAs will be reviewed by a DRO representative and verified for use.



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NHSC Site Agreement

National Health Service Corps (NHSC) approved sites must meet all requirements stated below at the time of application and must continue to meet the requirements in order to maintain status as an NHSC-approved site.

Please thoroughly review the NHSC Site Agreement to ensure your site agrees to maintain compliance with all listed requirements before certifying and signing the agreement.

This Agreement certifies that the site named on this application meets all NHSC requirements as outlined below, and I, Dennis Terrones am authorized to provide such certification for the above named site.

- Is an eligible site type for NHSC approval, and is located in and treats patients from a federally designated **Health Professional Shortage Area (HPSA)**.
- Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. *[May or may not be applicable to Indian Health Service, Tribal or Urban Indian Health Clinics (ITUs), free clinics, or correctional facilities].*
 - Uses a schedule of fees or payments for services consistent with locally prevailing rates or charges and designed to cover the site's reasonable costs of operation. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*

Review HPSAs

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b. Uses a *discounted/sliding fee schedule* to ensure that no one who is unable to pay will be denied access to services, and the discount must be applicable to all individuals and families with annual incomes at or below 200 percent of the most current Federal Poverty Guidelines (FPG). The sliding fee schedule must also provide a full discount for individuals and families with annual incomes at or below 100 percent of the FPG, with allowance for a nominal charge only, consistent with site's policy; Must adjust fees (partial sliding fee discount) based solely on family size and income and no other factors for individuals and families with incomes above 100 percent and at or below 200 percent of the FPG. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*

c. Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*

d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable state agency for Medicaid and CHIP beneficiaries. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*

e. Prominently displays a statement in common areas and on site's official website and social media platforms (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay, and (ii) there is a discounted/sliding fee schedule available based on family size and income. When applicable, this statement should be translated into the appropriate language/dialect. *(May or may not be applicable to free clinics, or correctional facilities.)*

3. Provides culturally competent, comprehensive primary care services (medical, dental, and/or behavioral), which correspond to the designated HPSA type. For a detailed description of culturally and linguistically appropriate services in health, visit the [Office of Minority Health](#) website.

4. Uses a credentialing process that, at a minimum, includes reference review, licensure verification, and a query of the [National Practitioner Data Bank \(NPDB\)](#) of those clinicians for whom the NPDB maintains data.

5. Functions as part of a system of care that either offers or ensures access to ancillary, inpatient, and specialty referrals.

6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.

7. Maintains a clinician recruitment and retention plan, keeps a current copy of the plan on-site for review, and adopts recruitment policies to maintain appropriate clinical staffing levels needed to serve the community.

8. Does not reduce the salary of NHSC clinicians because they receive or have received benefits under the NHSC Loan Repayment or Scholarship programs.

9. Allows NHSC clinicians to maintain a primary care clinical practice (full-time or half-time) as indicated in their contract with NHSC and described in part below. **The site administrator must review and know the clinician's specific NHSC service requirements.** Time spent on call will not count toward a clinician's NHSC work hours. Participants do not receive service credit hours worked over the required hours per week, and excess hours cannot be applied to any other work week. Clinicians must apply for a suspension of their service obligation if their absences per year are greater than those allowed by NHSC. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in CAHs and IHS Hospitals, refer to the [NHSC website](#) and review the respective NHSC Loan Repayment Programs (LRP, SUD Workforce LRP, Rural Community LRP), Students to Service Loan Repayment Program and/or Scholarship Program Application and Program Guidance.

10. Communicates to the NHSC any change in site or clinician employment status for full-time and half-time, including moving an NHSC clinician to a satellite site for any or all of their hour work week, termination, etc.

11. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC-sponsored meetings, webinars, and other continuing education programs.

12. Maintains and makes available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation that contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.

13. Completes and submits [NHSC Site Data Tables](#) (requires up-to-date data for the preceding six months) to NHSC at the time of the site application, recertification, and NHSC site visits. The following eligible Auto-Approved NHSC Sites ARE NOT required to submit the NHSC Site Data Tables: 1) Federally Qualified Health Centers, and 2) Federally Qualified Health Center Look-Alikes. The standard Health Resources and Services Administration/Bureau of Primary Health Care Uniform Data System (UDS) report will be reviewed in place of the data tables. The following eligible NHSC sites must provide NHSC Site Data Tables upon request if HRSA needs them to determine NHSC site eligibility: 1) ITUs, 2) Federal Prisons, 3) State Prisons, and 4) Immigration and Customs Enforcement Health Service Corps sites. All other eligible NHSC site types must submit NHSC Site Data Tables at time of site application, recertification, and NHSC Site Visit.

14. Complies with requests for a site visit from NHSC or the State Primary Care Office with adherence to all NHSC requirements.


I certify that Apple Valley Community Clinic currently meets all requirements listed in the NHSC Site Agreement above and will continue to meet these requirements in order to maintain status as an NHSC-approved service site. I also verify that all the information given in this NHSC Site Application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and certify that the information given in this request is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986(45 CFR 79). I understand that submitting my request does not guarantee its approval, and that it requires review for compliance with my obligation and program policies.

Electronic Signature

Enter your BHW Site Administrator's portal password to complete your electronic signature.

Input Here

Submit



Jennifer Weed

NHSC Site Application

- View Communications
- View Instructions
- Check Eligibility
- Confirm Site Details
- Check For Existing Sites
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My Sites > Site Dashboard > NHSC Site Application Cancel Site Application

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Juvenile Justice Program	Not Available	755 E. Gilbert St, San Bernardino, CA 92415	2789925732	06/25/2024


View Communications

There are no messages posted.

Message

Enter text here...

Post
Cancel



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- Upload Documents

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NHSC Site Application

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Instructions

Welcome to the NHSC Online Site Application. Before you begin, carefully review the [NHSC Site Reference Guide](#), and the [NHSC Site Agreement \(Appendix A of the NHSC Site Reference Guide\)](#) to ensure your site meets all eligibility and program requirements. Sites must meet all requirements listed in the NHSC Site Agreement at the time of application and must continue to meet the requirements in order to maintain status as an NHSC-approved site.

If you are applying on behalf of multiple clinical service site locations, each site location must submit a separate application and independently meet the same eligibility criteria to be approved by the NHSC and to be eligible for obligated clinicians to receive service credit for time spent at that clinical service site location. Please note that approval of a main/administrative site does not indicate approval for affiliated satellite sites in the same organization.

If you have questions about the general application process or program requirements, contact your [State Primary Care Office](#). For technical issues in completing the application contact the [NHSC Call Center](#) at 1-800-221-9393 or Contact the [Division of Regional Operations \(DRO\) State Lead](#).

OMB Public Burden Statement

The purpose of this information collection is to obtain information through the National Health Service Corps Loan Repayment Program that is used to assess a Loan Repayment Program applicant's eligibility and qualifications for the Loan Repayment Program, or for NHSC Site Application and Recertification purposes. Clinicians interested in participating in the National Health Service Corps Loan Repayment Program must submit an application to the National Health Service Corps. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0127 and it is valid until 03/31/2026. Public reporting burden for this collection of information is estimated to average 0.49 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.



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Check Eligibility

All fields are required unless noted as optional.

Type of Site: State or Local Health Department
Site Classification (Optional): Public-Local
Site Subtype: Locally Run

NHSC Site Eligibility Questions

As an official representative of the applying site, please answer each of the following questions. For more information on NHSC member site eligibility requirements, please reference the NHSC Site Reference Guide.

1. As an official representative of the applying site, have you read the NHSC Site Reference Guide and do you understand the program requirements as listed in the NHSC Site Agreement included at the end of the Reference Guide?

Yes No

2. Is your site physically located in and does it serve the population of a Health Professional Shortage Area (HPSA) which corresponds to the services provided at the site?

Yes No

3. Is your site a comprehensive primary care outpatient facility, CMS Certified Critical Access Hospital or IHS Hospital?

Yes No

4. Does your site utilize a qualified Sliding Fee Discount Program (or provide free services) and has it been in place for at least 6 months?

Yes No

5. Does your site deny services to an individual based on inability to pay or enrollment in Medicare, Medicaid or your state's Children's Health Insurance Program (CHIP)?

Yes No

6. Does your site utilize a credentialing process which, at a minimum, includes reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB)?

Yes No

7. Does your site prominently display a statement in common areas (and on site's website if applicable) that explicitly states that 1) no one will be denied access to services due to inability to pay and 2) there is a discounted/sliding fee schedule available? Examples of acceptable signage and website language are located in the Downloadable Resources section of the NHSC website under "Site Policy Poster"?

Yes No

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Confirm Site Details Edit

Please review the following site details to ensure accuracy. To make changes, please click on the edit icon in the top right corner and make the necessary changes. Once complete please select Save and Continue.

Note: If the site is co-located in a building with other clinics, please ensure there is a suite or floor number to specify the location of the site.

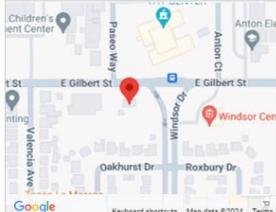
Physical Address

Name	Juvenile Justice Program	Also Known As	Not Available
Address Line 1	755 E. Gilbert St.		
Address Line 2	Not Available		
City	San Bernardino	State/Territory	California
		ZIP Code	92415

Upload Documents

Finalize Agreements

Approximate Location



Standardized Address

755 E. Gilbert St.
San Bernardino, CA 92415

Latitude 34.537952

Longitude -117.253353

Is the map pin location accurate?

Yes No

Contact Information


Website	https://wp.sbcounty.gov/dbh/	Email Address	deterrones@dbh.sbcounty.gov
Phone Number	(909) 421-4623	Ext.	Not Available
		Fax Number	Not Available

Site Unique Identifiers

DUNS#	Not Available	BHCMIS ID	Not Available	CCN	Not Available	ASUFAC	Not Available
BPHC	Not Available						

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No Similar Site(s) Found

No existing sites match the data entered for this location.

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Services and Staffing

All fields are required unless noted as optional.

Services Provided

Select the type of comprehensive primary medical, mental/behavioral health and/or dental care services provided onsite by checking all that apply.

<p>Primary Medical Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> General Primary Care <input type="checkbox"/> Family Medicine <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> General Pediatrics <input type="checkbox"/> Geriatrics <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Women's Health 	<p>Primary Mental/Behavioral Health Care</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> General Mental Health Care <input checked="" type="checkbox"/> General Substance Use Disorder Treatment <input type="checkbox"/> Medication Assisted Treatment (MAT) Program <input type="checkbox"/> Opioid Treatment Program (OTP) 	<p>Primary Dental Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> General Dentistry <input type="checkbox"/> Pediatric Dentistry
---	---	--

Upload Documents

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Language Needs

Respond to the following items to help us better understand the spoken language(s) of the patients that you serve and indicate any language access needs.

Please select the most prevalent language(s) spoken by your patients.

English

Does your site offer language access assistance to support persons with limited English proficiency (translators, interpreters, language lines, bilingual staff)?

Yes No

Staffing

Enter the number of full time equivalents (FTEs) staff for each of the services below.

MEDICAL SERVICES

PHYSICIANS

TYPE	FTEs
Family Practitioners	0
General Practitioners	0
Internists	0
Obstetricians/Gynecologists	0
Pediatricians	0
Psychiatrists	0
Other Physician Specialists	0
Total Physicians	0.000

MEDICAL SUPPORT PERSONNEL

TYPE	FTEs
Nurse Practitioners/Physician Assistants	0
Certified Nurse Midwives	0
Nurses	0
Other Medical Support Personnel	0
Total Medical Support Personnel	0.000

TOTAL MEDICAL SERVICES FTEs

0.000

ANCILLARY SERVICES

TYPE	FTEs
Laboratory Services Personnel	0
Pharmacy Personnel	0
X-Ray Services Personnel	0
TOTAL ANCILLARY SERVICES FTEs	0.000

DENTAL SERVICES

TYPE	FTEs
Dentists	0
Dental Hygienists	0
Dental Assistants, Aides, Technicians, and Support	0
TOTAL DENTAL SERVICES FTEs	0.000

MENTAL AND BEHAVIORAL HEALTH SERVICES

TYPE	FTEs
Mental Health & Behavioral Health Specialists	13
Mental Health & Behavioral Health Support Personnel	12
TOTAL MH & BH SERVICES FTEs	25.000

TOTAL OF ALL SERVICE STAFFING

25,000

Notes (Optional)

Enter any relevant information

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Behavioral Health

Sites that provide behavioral and mental health services must submit documents to demonstrate services provided directly to patients on-site and services provided through active formal affiliation agreements.

All fields are required unless noted optional and must be completed to apply for NHSC Behavioral health approval.

Section I. Core Comprehensive Behavioral Health Service Elements

NHSC-approved Comprehensive Primary Behavioral Health Service sites must upload documentation demonstrating that Core Comprehensive Behavioral Health Services are provided on-site. Core service elements must be provided on-site; these services cannot be offered in-network, through referral, affiliation, or contract.

1. Are Screening and Assessments provided on-site?

Yes No

2. Are Treatment Plans provided on-site?

Yes No

3. Is Care Coordination provided on-site?

Yes No

Upload Documents

Finalize Agreements

Section II. Additional Comprehensive Behavioral Health Service Elements (Non-Core Elements)

NHSC-approved Comprehensive Primary Behavioral/Mental Health Service sites must upload documentation demonstrating patient access to non-core service elements, which may be provided on-site, in-network, through referral, affiliation, or contract. Acceptable documentation includes: affiliation agreements; memorandums of understanding/agreement; contracts; letters of referral; letters of support/commitment; or referral and follow-up policy.

1. Will this location provide Diagnosis?

Yes No

2. Will this location provide Therapeutic Services for:

2a. Psychiatric Medication Prescribing and Management

Yes No

2b. Substance Use Disorder Treatment

Yes No

2c. Short/Long-Term Hospitalization

Yes No

Custom Service (Optional)

Add

3. Will this location provide Crisis/Emergency Services?

Yes No

4. Will this location provide Consultative Services?


Yes No

5. Will this location provide Case Management?


Yes No

Section III. Certification of Compliance with Behavioral Health Clinical Practice Requirements

Certify that the behavioral health site adheres to the clinical practice requirements for behavioral health providers under the NHSC and supports NHSC participants in meeting their obligation related to the clinical practice requirements.

1. This location offers employment opportunities that are Full-Time? 

Yes No

2. This location offers employment opportunities that are Part-Time? 

Yes No

Section IV. Additional Comprehensive Behavioral Health Service Elements

For each of the services under Section II provided off-site, enter the affiliated entity that provides the off-site service(s).

AFFILIATED ENTITIES

[Add Affiliated Entity](#)

NAME	ADDRESS	SERVICES COVERED	REGARDLESS OF PAYMENT?	AFFILIATION DATE	
Arrowhead Regional Medical Center	400 N. Pepper Ave., Colton, CA 92324	• Short/long-term Hospitalization	Yes	07/01/2009	X Remove


Section V. Add Documentation of On-Site Services and Formal Affiliation Agreements

For each of the services under Section I that are provided on-site, upload documentation of services.

For each of the services under Section II that are provided off-site and affiliated with sites identified in Section IV, upload the following supporting documentation.

Allowable Documents

- Affiliation agreements
- Memorandums of understanding/agreement
- Contracts
- Letters of referral
- Letters of support/commitment
- Referral and follow-up policy

 Select or Drop File Here

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Payments and Insurance

All fields are required unless noted as optional.

Coverage Types Accepted

Medicare

Yes No

Medicare Number

00000

Medicaid

Yes No

Medicaid Number

3699

Children's Health Insurance Program (CHIP)

Yes No

CHIP Number

00000

General Payment Information

According to the site's Sliding Fee Discount Program, what is the nominal fee? If no fee is charged, enter \$0.

\$0

Patients and Visits by Primary Insurance Type

The following data tables are required and must be completed with the most recent six months of reporting data. Data may cross two calendar years (e.g. November - April). Please reference the NHSC Site Reference Guide, Appendix D for detailed instructions on completing all of the below data tables.

6 Month Reporting Period

07/01/2023 to 12/31/2023

PATIENTS BY PRIMARY INSURANCE TYPE

INSURANCE	MEDICARE	MEDICAID	OTHER PUBLIC/ PRIVATE FUNDS	PRIVATE	SLIDING FEE SCHEDULE	SELF PAY	TOTAL
# OF PATIENTS	0	86	8	2	0	8	104
%	0%	82.69%	7.69%	1.92%	0%	7.69%	100%

PATIENT VISITS BY PRIMARY INSURANCE TYPE

INSURANCE	MEDICARE	MEDICAID	OTHER PUBLIC/ PRIVATE FUNDS	PRIVATE	SLIDING FEE SCHEDULE	SELF PAY	TOTAL
# OF VISITS	0	803	48	8	0	56	915
%	0%	87.76%	5.25%	0.87%	0%	6.12%	100%

Patient Service Charges, Collections, and Adjustments

PAYMENT SOURCE	FULL CHARGES	AMOUNT COLLECTED	ADJUSTMENTS
MEDICARE	\$0	\$0	
MEDICAID	\$119,590	\$44,240	
OTHER PUBLIC/PRIVATE FUNDS	\$392	\$0	
PRIVATE INSURANCE	\$0	\$0	
SLIDING FEE	\$0	\$0	\$0
SELF PAY	\$0	\$0	\$0
TOTAL	\$119,982	\$44,240	\$0

Patient Applications for Sliding Fee Schedules (SFS)

TYPES	NUMBER OF APPLICANTS
SFS APPLICATIONS APPROVED	0
SFS APPLICATIONS NOT APPROVED	0
TOTAL	0

Additional information about any of the payments or insurance data above (Optional)

Pending Medicare Certification.
CHIP patient will not be turned away. Sites are under UMDAP.

JW
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Telehealth Questions

All fields are required unless noted as optional.

Does your site utilize telehealth for the provision of comprehensive primary care (including medical, dental, or behavioral health)?

No

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Identify POCs

We expect each service site to provide a minimum of two points of contact. At least one of these contacts must serve as a "Recruiter". If approved as a site, the "Recruiter" will be listed on the Health Workforce Connector.

Please note: You may only edit information for a site point of contact after they have confirmed their association with your site.

Current Points of Contact

NAME [↕]	ROLES	PROGRAM AFFILIATION	EMAIL [↑↓]	STATUS [↑↓]
David Denkers	Personnel Verifier Administrator Recruiter	Nurse Corps NHSC	ddenkers@dbh.sbcounty.gov	Active
Dennis Terrones	Personnel Verifier Administrator Recruiter	STAR Nurse Corps NHSC	derrones@dbh.sbcounty.gov	Active
Jennifer Weed	Administrator Personnel Verifier	STAR Nurse Corps NHSC	jennifer.ferguson@dbh.sbcounty.gov	Active

Update Site Points of Contact

Use the [Manage Site POCs](#) page to add or remove POCs to sites and to edit the Roles and Program Affiliations of your sites' POCs. Changes made there will be immediate, while proposing a POC below will only take effect if the Site Application is approved by NHSC.

Proposed Points of Contact

[+ Add POC](#)

NAME [↕]	ROLES	PROGRAM AFFILIATION	EMAIL [↑↓]	STATUS [↑↓]	ACTIONS
No Points of Contact Have Been Added Yet					

Additional Information (Optional)

Provide any comments, questions, or requests you have about your Site's POCs.

Enter additional information here

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Enter HPSA Information

Identified HPSAs

Below are the HPSA designations identified for this site based on the site's location and geocoded address and/or based on any unique identifier(s) (e.g., BCHMIS, CCN, ASUFAC) provided in the site details section of the application.

HPSA ID	HPSA NAME	AUTO-HPSA	SCORE	MCTA	HPSA DISCIPLINE	STATUS
1066279576	Low Income - MSA 145.1b/Apple Valley	No	16	NA	Primary Care	Withdrawn
7067078342	MSA 145.1a/b-Hesperia West/East	No	14	NA	Mental Health	Designated
7069990605	MSA 145.1a/Hesperia West & MSA 145.1b/Apple Vall	No	16	NA	Mental Health	Withdrawn
1063212297	MSA 145.1b - Hesperia East	No	13	14	Primary Care	Designated
7065163918	MSA 145.1a & 145.1b/Hesperia West/Hesperia East	No	16	NA	Mental Health	Withdrawn

Finalize Agreements

Recommend Additional HPSAs

You may recommend additional Health Professional Shortage Area (HPSA) IDs that were not identified above and are applicable to your site based on verified information found using the HRSA Data Warehouse HPSA Find tool. This field is not required for submission of the NHSC Site Application. NHSC and State Primary Care Office staff will verify this information and add all applicable HPSA IDs to the application during the review process. If a HPSA does not exist for the physical location of the applying site, the site application will be denied. For additional assistance in identifying HPSA IDs, contact your State Primary Care Office.

Enter the HPSA ID

If this field does not recognize one of your proposed HPSAs, please continue with the application. The proposed HPSAs will be reviewed by a DRO representative and verified for use.



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NHSC Site Agreement

National Health Service Corps (NHSC) approved sites must meet all requirements stated below at the time of application and must continue to meet the requirements in order to maintain status as an NHSC-approved site.

Please thoroughly review the NHSC Site Agreement to ensure your site agrees to maintain compliance with all listed requirements before certifying and signing the agreement.

This Agreement certifies that the site named on this application meets all NHSC requirements as outlined below, and I, Jennifer Weed am authorized to provide such certification for the above named site.

1. Is an eligible site type for NHSC approval, and is located in and treats patients from a federally designated Health Professional Shortage Area (HPSA).
2. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. *(May or may not be applicable to Indian Health Service, Tribal or Urban Indian Health Clinics (ITUs), free clinics, or correctional facilities.)*
 - a. Uses a schedule of fees or payments for services consistent with locally prevailing rates or charges and designed to cover the site's reasonable costs of operation. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
 - b. Uses a discounted/sliding fee schedule to ensure that no one who is unable to pay will be denied access to services, and the discount must be applicable to all individuals and families with annual incomes at or below 200 percent of the most current Federal Poverty Guidelines (FPG). The sliding fee schedule must also provide a full discount for individuals and families with annual incomes at or below 100 percent of the FPG, with allowance for a nominal charge only, consistent with site's policy; Must adjust fees (partial sliding fee discount) based solely on family size and income and no other factors for individuals and families with incomes above 100 percent and at or below 200 percent of the FPG. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
 - c. Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
 - d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable state agency for Medicaid and CHIP beneficiaries. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
 - d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable state agency for Medicaid and CHIP beneficiaries. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
 - e. Prominently displays a statement in common areas and on site's official website and social media platforms (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay; and (ii) there is a discounted/sliding fee schedule available based on family size and income. When applicable, this statement should be translated into the appropriate language/dialect. *(May or may not be applicable to free clinics, or correctional facilities.)*
3. Provides culturally competent, comprehensive primary care services (medical, dental, and/or behavioral), which correspond to the designated HPSA type. For a detailed description of culturally and linguistically appropriate services in health, visit the Office of Minority Health website.
4. Uses a credentialing process that, at a minimum, includes reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) of those clinicians for whom the NPDB maintains data.
5. Functions as part of a system of care that either offers or ensures access to ancillary, inpatient, and specialty referrals.
6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
7. Maintains a clinician recruitment and retention plan, keeps a current copy of the plan on-site for review, and adopts recruitment policies to maintain appropriate clinical staffing levels needed to serve the community.
8. Does not reduce the salary of NHSC clinicians because they receive or have received benefits under the NHSC Loan Repayment or Scholarship programs.
9. Allows NHSC clinicians to maintain a primary care clinical practice (full-time or half-time) as indicated in their contract with NHSC and described in part below. **The site administrator must review and know the clinician's specific NHSC service requirements.** Time spent on call will not count toward a clinician's NHSC work hours. Participants do not receive service credit hours worked over the required hours per week, and excess hours cannot be applied to any other work week. Clinicians must apply for a suspension of their service obligation if their absences per year are greater than those allowed by NHSC. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in CAHs and IHS Hospitals, refer to the NHSC website and review the respective NHSC Loan Repayment Programs (LRP, SUD Workforce LRP, Rural Community LRP), Students to Service Loan Repayment Program and/or Scholarship Program Application and Program Guidance.
10. Communicates to the NHSC any change in site or clinician employment status for full-time and half-time, including moving an NHSC clinician to a satellite site for any or all of their hour work week, termination, etc.
11. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC-sponsored meetings, webinars, and other continuing education programs.
12. Maintains and makes available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation that contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.

12. Maintains and makes available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation that contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.

13. Completes and submits [NHSC Site Data Tables](#) (requires up-to-date data for the preceding six months) to NHSC at the time of the site application, recertification, and NHSC site visits. The following eligible Auto-Approved NHSC Sites ARE NOT required to submit the NHSC Site Data Tables: 1) Federally Qualified Health Centers, and 2) Federally Qualified Health Center Look-Alikes. The standard Health Resources and Services Administration/Bureau of Primary Health Care Uniform Data System (UDS) report will be reviewed in place of the data tables. The following eligible NHSC sites must provide NHSC Site Data Tables upon request if HRSA needs them to determine NHSC site eligibility: 1) ITUs, 2) Federal Prisons, 3) State Prisons, and 4) Immigration and Customs Enforcement Health Service Corps sites. All other eligible NHSC site types must submit NHSC Site Data Tables at time of site application, recertification, and NHSC Site Visit.

14. Complies with requests for a site visit from NHSC or the State Primary Care Office with adherence to all NHSC requirements.

I certify that **Apple Valley Community Clinic** currently meets all requirements listed in the **NHSC Site Agreement** above and will continue to meet these requirements in order to maintain status as an NHSC-approved service site. I also verify that all the information given in this **NHSC Site Application** is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and certify that the information given in this request is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986(45 CFR 79). I understand that submitting my request does not guarantee its approval, and that it requires review for compliance with my obligation and program policies.

Electronic Signature

Enter your BHW Site Administrator's portal password to complete your electronic signature.

Input Here

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