

Addressing Michigan's Workforce Shortages Through HPSAs and Recruitment and Retention Programs

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Michigan Department of Health & Human Services (MDHHS)

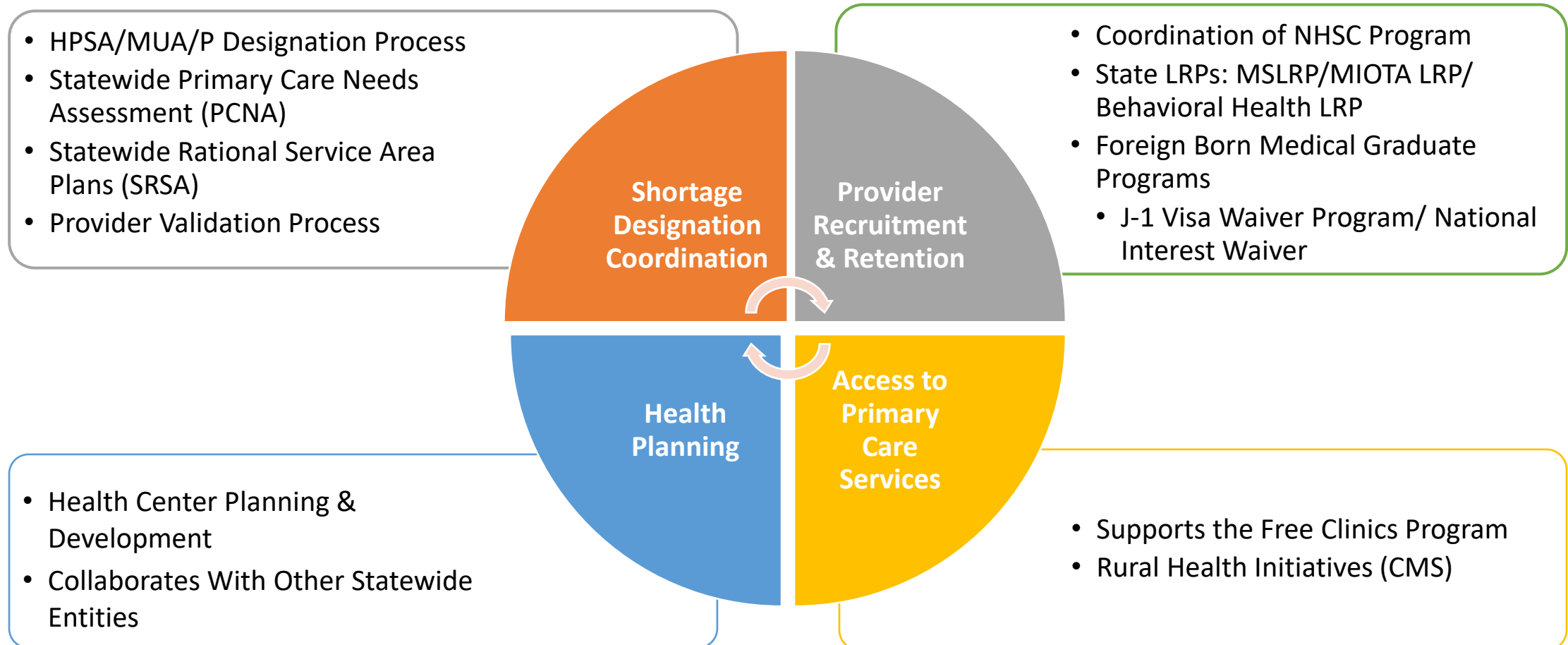
Thursday, April 25th, 2024
2024 MCRH Annual Conference



Lite Organizational Chart: Michigan PCO



Workforce/ Access & Grants Management Section's Key Program Areas & Primary Care Office (PCO) Grant



Objectives



Describe the Shortage Designation process in Michigan, including the HPSA scoring criteria, new Maternity Care Target Areas (MCTA), and Statewide Rational Service Areas (SRSA).



Discuss why some designations were officially withdrawn in January 2024, what to expect after losing designation status, and how to request a HPSA reinstatement for programs eligibility such as the CMS Rural Health Clinic certification process.

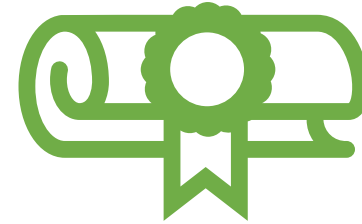


Summarize how state and federal programs use shortage designations to reduce health care shortages in high need areas through loan repayment programs for the recruitment and retention of providers.

What are Shortage Designations?



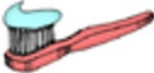








Federally designated geographic area, population group, or facility experiencing a shortage of health services and/or providers.



There are several types of shortage designations, each linked to federal and state programs.

Types of Shortage Designations:

HPSA (Health Professional Shortage Area)	MUA/P (Medically Underserved Area/Population)
A shortage of:	Limited access to:
 Primary Care  Mental Health  Dental Health	 Primary Care
Providers in a:	Services in a:
 Geographic Area  Population Group  Facility	 Geographic Area  Population Group
<ul style="list-style-type: none"> ▪ Exceptional MUP: specific population subset that due to <u>unusual circumstances</u> do not have access to primary care services. ▪ Governor’s Designated Secretary-Certified Shortage Areas for Rural Health Clinics based on state-established shortage plan/criteria <u>for the establishment of a Rural Health Clinic.</u> 	

Facility HPSAs

Automatic Facility HPSAs (Auto-HPSAs):

- Health Center (funded under Sec. 330, e.g., FQHC)
- Health Center Look-Alikes
- Tribally-Run Clinics
- Urban Indian Organizations
- Tribal Health Centers
- Federally-run Indian Health Service Clinics
- CMS-Certified Rural Health Clinics (RHCs) meeting NHSC site criteria

Not Auto-HPSAs:

- Correctional Facility (medium-maximum security federal, state and youth detention facilities)
- State Mental Hospitals (Mental Health HPSA only)
- Other Facility (OFAC): Public or non-profit private medical facilities serving a HPSA

Shortage Designation Management System (SDMS)

BHW Portal:

<https://programportal.hrsa.gov/extranet/landing.seam>

Welcome to
the **BHW**
portal

I am ...

AN APPLICANT

[Applying for the NHSC Loan Repayment Program ▶](#)

[Applying for the NHSC Scholarship Program ▶](#)

[Applying for the Nurse Corps Scholarship Program ▶](#)

[Applying for the Nurse Corps Loan Repayment Program ▶](#)

[Applying for the Faculty Loan Repayment Program ▶](#)

[Applying for the Students to Service Loan Repayment Program ▶](#)

[Applying for the STAR Loan Repayment Program ▶](#)

[Applying for the Pediatric Specialty Loan Repayment Program ▶](#)

A PARTICIPANT

[In a Loan Repayment or Scholarship Program ▶](#)

A SITE POINT OF CONTACT, REPRESENTATIVE OR PCO

[An Auto-HPSA Point of Contact ▶](#)

[An NHSC, Nurse Corps or Other Site Point of Contact ▶](#)

[A State Primary Care Office Member ▶](#)

[A School Representative ▶](#)

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Application Process Steps: HPSA Designation Criteria

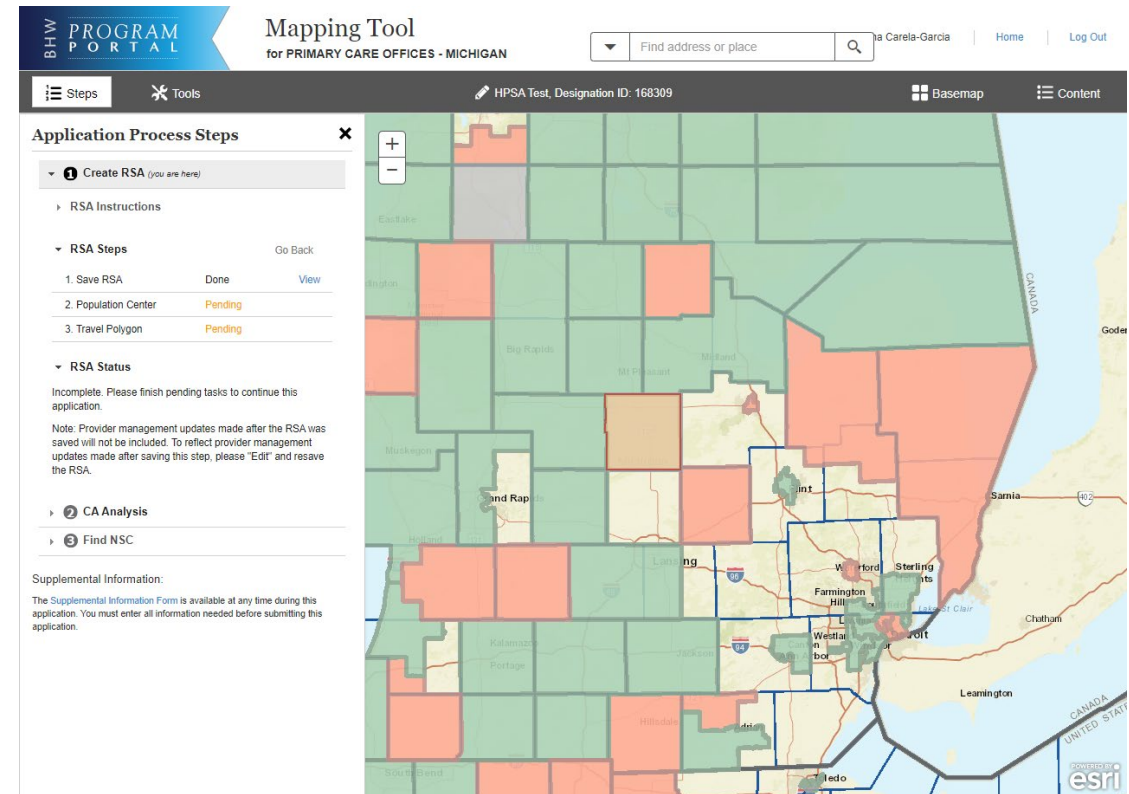
While each type of HPSA designation has its own distinct rules, there are several cross-cutting factors that go into any designation application.

To achieve a HPSA designation, the area under consideration must:

Be a **Rational Service Area (RSA)**

Have a certain **population to providers ratio**

Demonstrate that health professionals in contiguous areas are **excessively distant, over-utilized, or inaccessible** to the population under consideration



BHW PROGRAM PORTAL Mapping Tool for PRIMARY CARE OFFICES - MICHIGAN

Find address or place Search Carela-Garcia Home Log Out

HPSA Test, Designation ID: 168309 Basemap Content

Application Process Steps

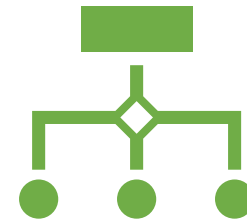
- 1 Create RSA (you are here)
 - RSA Instructions
 - RSA Steps Go Back
 - 1. Save RSA Done View
 - 2. Population Center Pending
 - 3. Travel Polygon Pending
 - RSA Status
 - Incomplete. Please finish pending tasks to continue this application.
 - Note: Provider management updates made after the RSA was saved will not be included. To reflect provider management updates made after saving this step, please "Edit" and resave the RSA.
- 2 CA Analysis
- 3 Find NSC

Supplemental Information:
The Supplemental Information Form is available at any time during this application. You must enter all information needed before submitting this application.

Rational Service Area (RSA)



A state-identified geographic area within which most area residents could or do seek and obtain most of their health care services.



RSAs can be:

A whole county;

Multiple counties;

Sub-counties (but not smaller than a census tract);

Statewide Rational Service Areas (SRSA); or

Catchment areas (for mental health only).

Ratio of population to providers

HPSA	Primary Care	Dental Health	Mental Health	
Geographic	3,500:1	5,000;1	6,000:1 & 20,000:1 (CMH and Psych)	9,000:1 (CMH only) 30,000:1(Psych only)
Geographic “High Needs” Certain high-need indicators are present	3,000:1	4,000:1	20,000:1 (CMH and Psych)	6,000:1 (CMH only) 20,000:1 (Psych only)
Population	3,000:1	4,000:1	4,500:1 & 15,000:1 (CMH and Psych)	6,000:1 (CMH only) 20,000:1 (Psych only)
If there are NO eligible providers in the RSA, certain minimum population requirements	Min Pop 500	Min Pop 1,000	Min Pop 3,000 (Geographic) Min Pop 1,500 (Geographic HN and Population)	

CMH= Core Mental Health Providers & Psych= Psychiatrists

Source: Shortage Designation Management System (SDMS): Manual for Policies and Procedures User Guide

Ratio of Population to Providers: Which Providers Count?



Primary Care

Includes Doctors of Medicine (MD) and Doctors of Osteopathy (DO) who provide services in the following specialities:

- General or Family Practice,
- Internal Medicine,
- Obstetrics and Gynecology (OB/GYN), and
- Pediatrics.

For the Maternity Care Target Area (MCTA) scores: only OB/GYN and Certified Nurse Midwife (CNM) are counted.



Mental Health

Includes:

- Only Psychiatrists, but may include other Core Mental Health providers, such as:
- Clinical Psychologists,
- Clinical Social Workers,
- Psychiatric Nurse Specialists, and
- Marriage and Family Therapists.



Dental Health

Includes:

- Dentists, and considers
- the number of Dental Auxiliaries.

Dental Auxiliaries are defined as any non-dentist staff employed by the dentist to assist in the operation of the practice.

Only these providers type are included in the shortage designation process. Note that providers solely engaged in administration, faculty, research, training, and inpatient care are excluded from the full time equivalent (FTE) calculation and from the population-to-provider ratios.

Analysis of Contiguous area (CA) and Nearest source of care (NSC)

CA= All whole counties, multiple counties, or sub-counties that border the RSA under consideration for designation within a travel polygon (30 minutes for Primary Care and 40 minutes for Dental and Mental Health)

Excessively distant providers?

Over-utilized?

Inaccessible providers?

Demographic disparity?

Economic barriers?



NSC is used to determine the time and distance the population of the RSA must travel to seek care outside of the RSA. The system will identify the NSC in the following radius for each discipline:

Primary Care: 50 miles or 60 minutes

Dental Health: 60 miles or 90 minutes

Mental Health: 60 minutes

HPSA Scoring Calculations

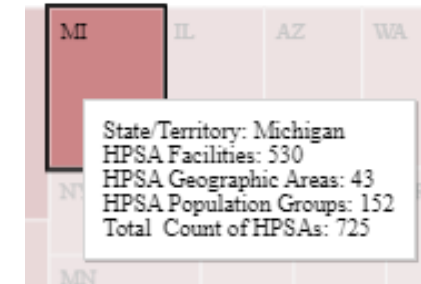
Criteria	Primary Care			Dental Health			Mental Health
	Max Pts Awarded	Multiplier	Total Points Possible	Max Pts Awarded	Multiplier	Total Points Possible	Max Pts Awarded
Population:Provider Ratio	5	x 2	= 10	5	x 2	= 10	7
% of Population below FPL	5	x 1	= 5	5	x 2	= 10	5
Travel distance/time to NSC	5	x 1	= 5	5	x 1	= 5	5
Infant Mortality Rate or Low Birth Weight	5	X 1	= 5				
Water Fluoridation				1	x1	= 1	
Ratio of children under 18 to adults 18-64							3
Ratio of adults 65 and older to adults 18-64							3
Substance abuse prevalence							1
Alcohol abuse prevalence							1
Max Score:	= 25			= 26			= 25

Maternity Care Target Area (MCTA)

- In November 2022, new MCTA scores were implemented as part of a national shortage designation update.
- Maternity Care Health Professional Target Area within an existing Primary Care (PC) HPSA designation that has a shortage of maternity health care professionals.
 - Not a new HPSA designation type, but a new PC HPSA sub-score
 - Only OB/GYN and Certified Nurse Midwife (CNM) providers are counted
- Use of MCTAs:
 - NHSC LRP FY 2024: To establish priorities for the NHSC programs, Increase in award amount to primary care medical providers.
 - Potential use for additional federal funding to address the shortage of maternity care health professionals in high need areas.
- Auto-HPSA organizations may review and submit HPSA rescore requests through their Auto-HPSA Point of Contact (POC) portal account :
<https://programportal.hrsa.gov/extranet/landing.seam>
- More information can be found here: [Federal Register :: Criteria for Determining Maternity Care Health Professional Target Areas](#)

HPSAs and MUAs/Ps in Michigan

- As of March 2024, there is a total of 725 HPSAs and 114 MUA/P designations in Michigan.
- Most of the HPSA designations are facility HPSAs, including Automatic Facility HPSA (Auto-HPSA) designations for FQHCs, ITUs, and eligible Certified RHCs, per federal policy and regulations.



Michigan's HPSA Statistics by Discipline and Type

Discipline	Total HPSAs	Geographic Areas	Population Group	Facility	Population of Designated HPSAs	Practitioners Needed to Remove Designations
Primary Care	252	8	65	179	2,698,029	490
Mental Health	232	35	23	174	3,689,920	144
Dental Health	241	0	64	177	1,581,932	298

Source: HRSA Data Warehouse. Second Quarter of Fiscal Year 2024, Designated HPSA Quarterly Summary, as of March 31, 2024. Available at <https://data.hrsa.gov/topics/health-workforce/health-workforce-shortage-areas>

New Shortage Designations/Updates

HPSAs designations are required to be updated every 3 years.

Since the last national update in 2021, we were able to reinstate most of the HPSAs placed in Proposed for Withdrawal (PFW) status:

- Replaced HPSA types with new designations
- Updated Contiguous Areas (CAs)
- Collaborated with providers and PCO partners to validate provider data

Conducted assessments for new MUA/MUP designations, Governor's Designated Secretary-Certified Shortage Areas for Rural Health Clinics, and facility specific designations, particularly in non-HPSA designated areas:

- One new Governor's designation for Benzie County was approved in 2021
- State/County Mental Hospital Application assessments for the four State Operated Inpatient Psychiatric Hospitals in Michigan
- First Other Facility (OFAC) designation for mental health was recently approved for clinic in the Traverse City area

Gathered and updated data for new Special Population HPSAs such as Medicaid Eligible Population (five new HPSAs approved in February 2024)

HPSAs in Proposed for Withdrawal Status



Service areas with HPSAs in PFW Status that lost their partial or full county HPSA designations in January 2024*

Primary Care HPSA (7)	Mental Health HPSA (4)	Dental Health HPSA (4)
Barry County	Barry County	Benzie County
Charlevoix County	Ionia County	Cass County
Emmet County	St. Clair County	Charlevoix County
Grand Traverse County	Washtenaw County	Shiawassee County
Lapeer County		
Shiawassee County		
St. Clair County		
<p><i>New HPSA applications were approved after the official withdrawal date, reinstating the HPSA status in areas that lost designations in early January (highlighted in green).</i></p>		
<p>You may also find current HPSA information by state/county, address, or/and facility type here: https://data.hrsa.gov/tools/shortage-area</p>		

* Losing the service areas' HPSAs does not necessarily mean losing the facility Auto-HPSAs or facility-specific designations for some facilities type such as FQHCs, Certified RHCs, Tribal Clinics.

Primary Care HPSAs: Then and Now

Michigan Health Professional Shortage Areas (HPSA) - Primary Care September 2021

HPSA Score

- 3 - 14
- 15 - 17
- 18 - 20

Not Designated

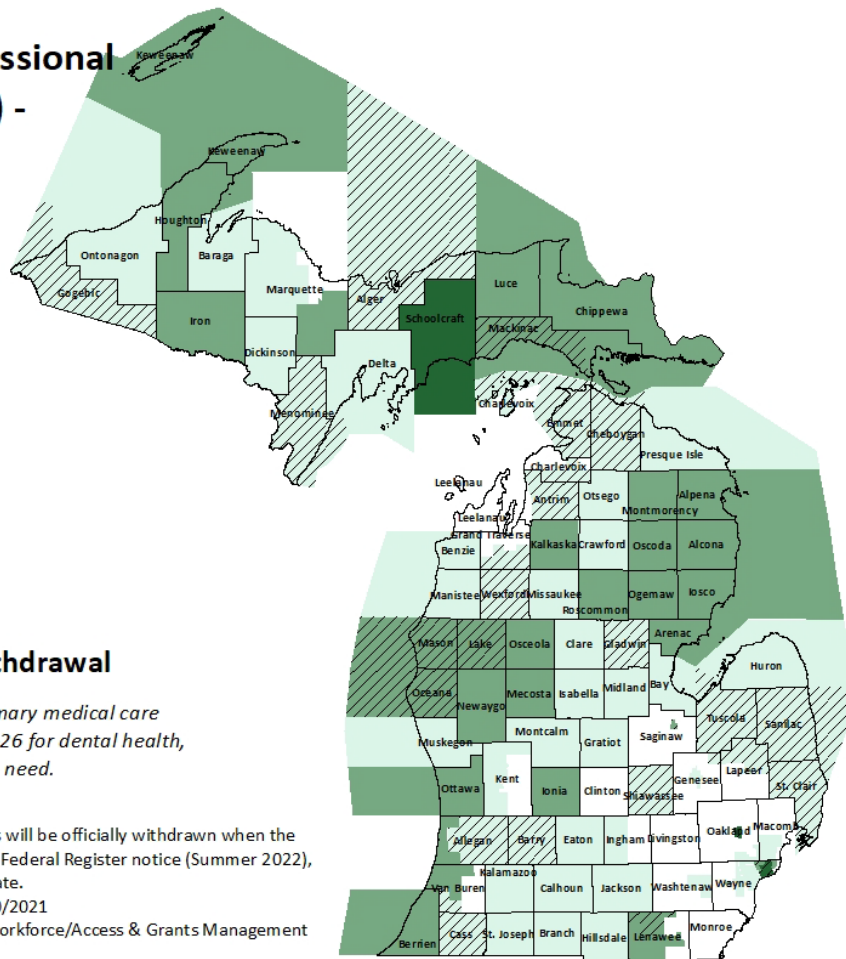
Proposed For Withdrawal

HPSA scores range from 0-25 for primary medical care and mental health disciplines, and 0-26 for dental health, with higher scores indicating greater need.

2021 NSDU 2.0: Proposed for Withdrawal HPSAs will be officially withdrawn when the next list of designated HPSAs is published in the Federal Register notice (Summer 2022), unless they are updated/replaced before that date.

Data Source: HRSA Data Warehouse, as of 09/20/2021

Map prepared by MDHHS Office of Planning - Workforce/Access & Grants Management Michigan Primary Care Office (PCO)



Health Professional Shortage Areas (HPSA) - Primary Care Michigan, March 2024

HPSA Score

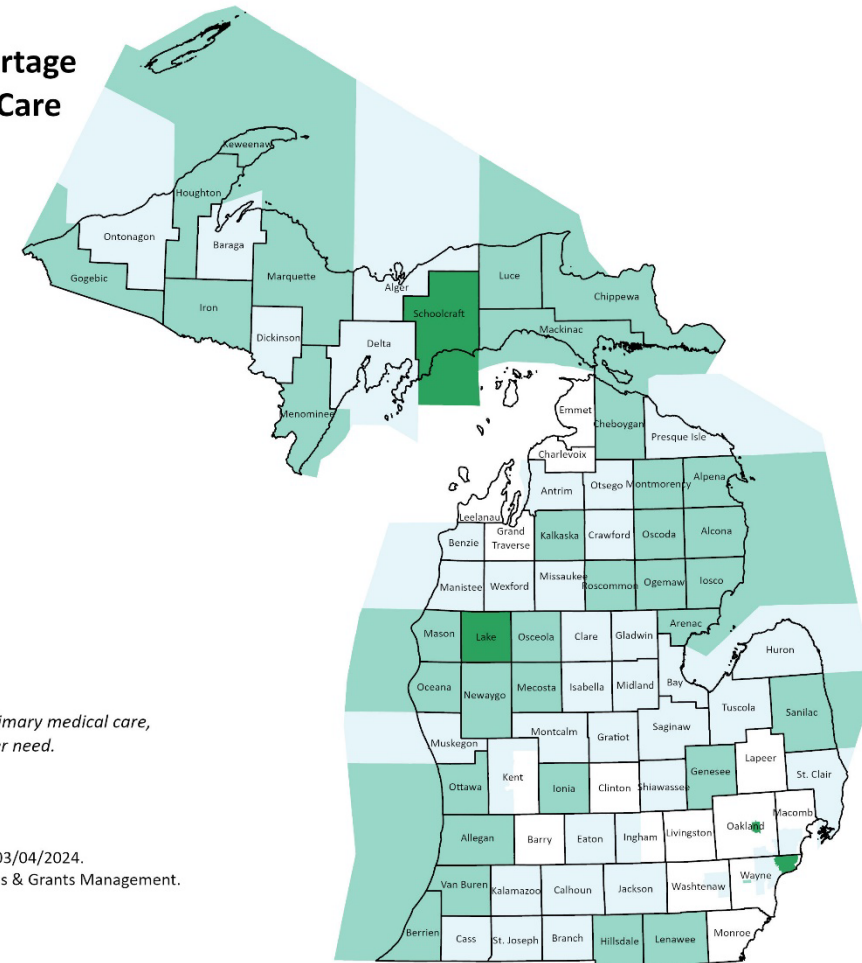
- 8 - 14
- 15 - 17
- 18 - 19

Not Designated

HPSA Scores range from 0-25 for primary medical care, with higher scores indicating greater need.

Data Source: HRSA Data Warehouse, as of 03/04/2024.

Map prepared by MDHHS Workforce/Access & Grants Management. Michigan Primary Care Office (PCO).



Primary Care MCTAs and MUA/P Designations

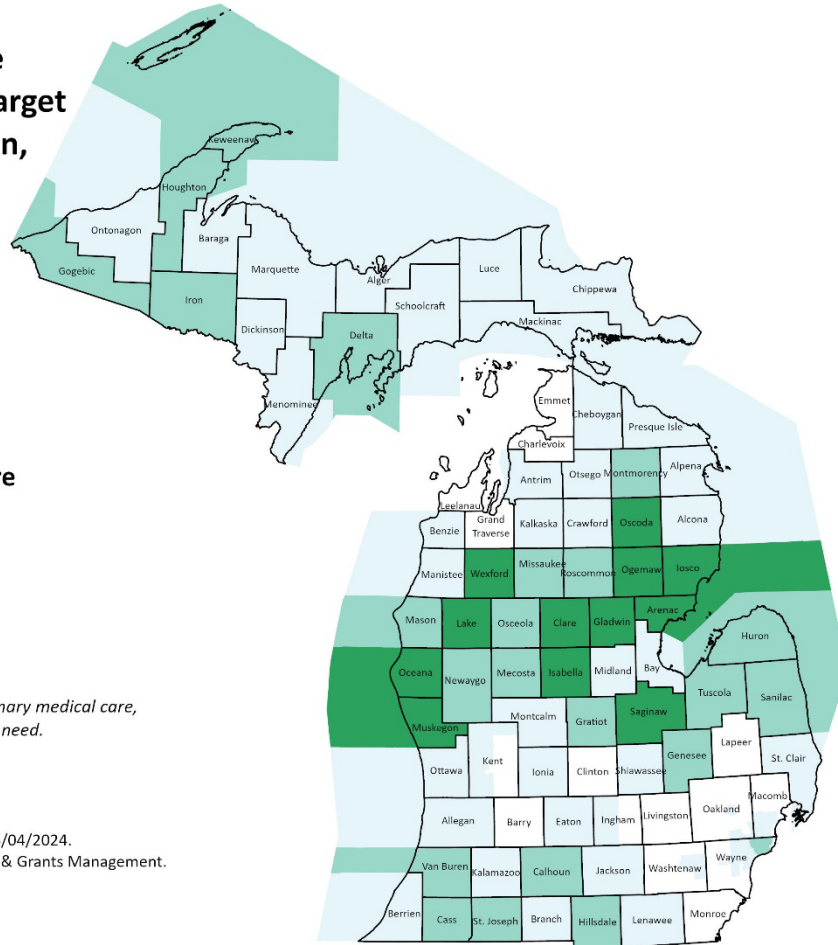
Designated Primary Care HPSA - Maternity Care Target Areas (MCTA) in Michigan, March 2024

Primary Care MCTA Score

- 5 - 14
- 15 - 17
- 18 - 22
- Not Designated

HPSA Scores range from 0-25 for primary medical care, with higher scores indicating greater need.

Data Source: HRSA Data Warehouse, as of 03/04/2024.
Map prepared by MDHHS Workforce/Access & Grants Management, Michigan Primary Care Office (PCO).



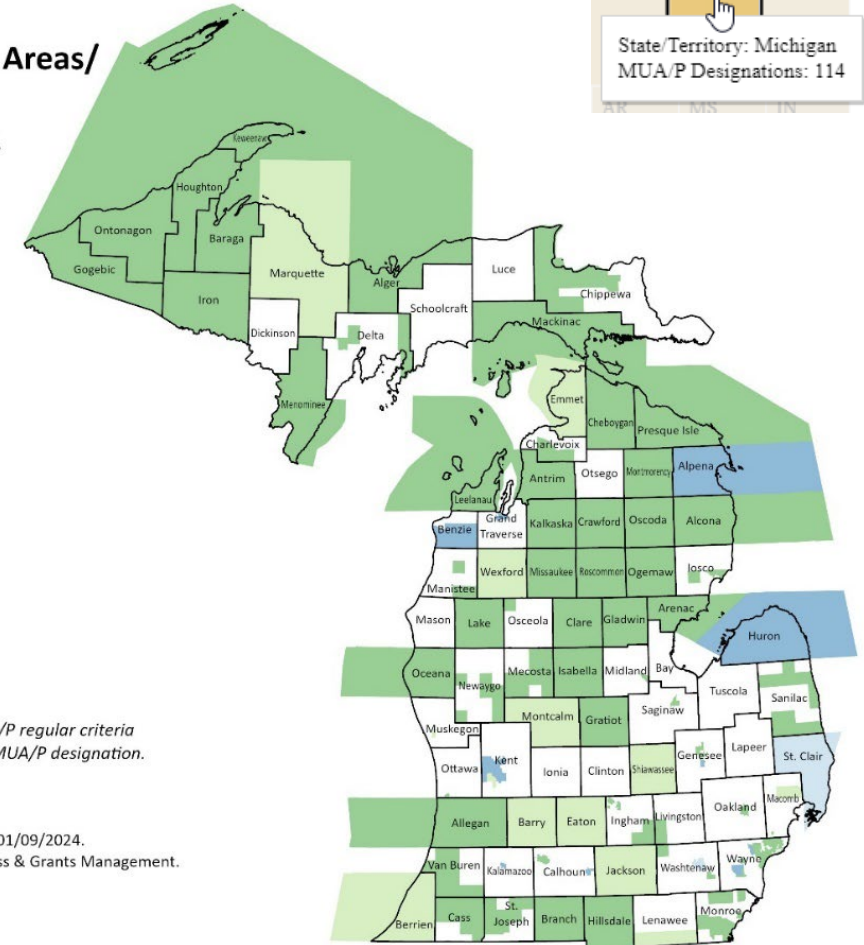
Medically Underserved Areas/Populations (MUA/P) Michigan, January 2024

Designation Type

- MUA
- MUA-GE
- MUP
- MUP-GE
- Not Designated

GE = Governor's Exception*
*Some areas not meeting the MUA/P regular criteria may still qualify as special type of MUA/P designation.

Data Source: HRSA Data Warehouse, as of 01/09/2024.
Map prepared by MDHHS Workforce/Access & Grants Management, Michigan Primary Care Office (PCO).



Mental Health HPSAs: Then and Now

Michigan Health Professional Shortage Areas (HPSA) - Mental Health September 2021

HPSA Score

5 - 14

15 - 17

18 - 20

Not Designated

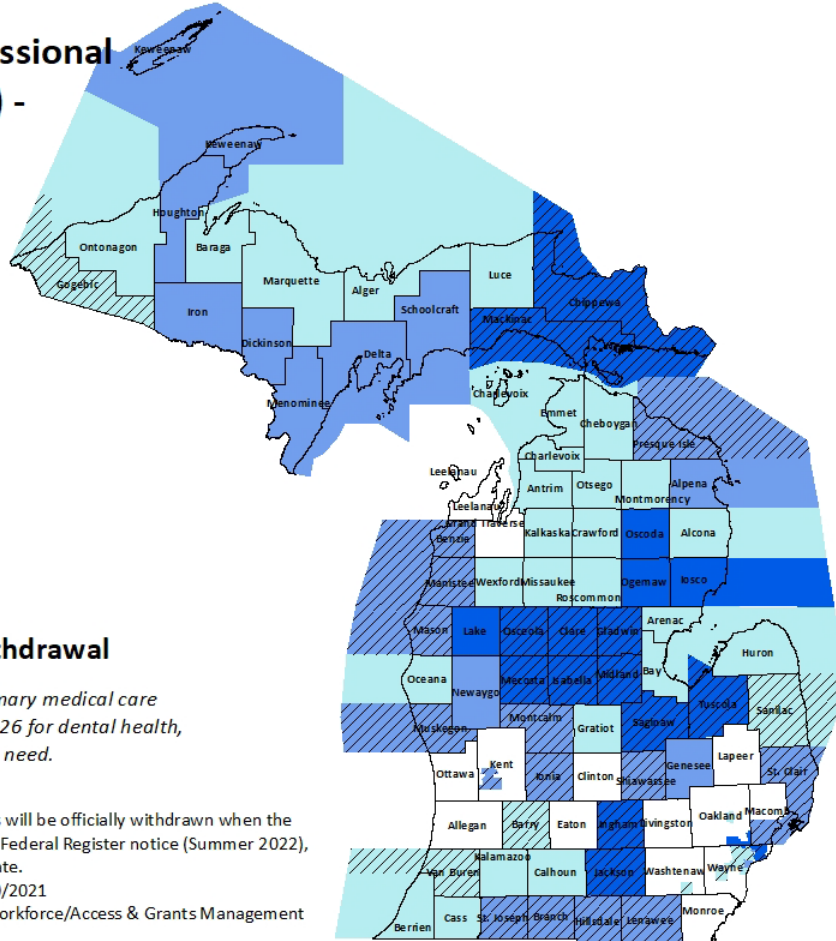
Proposed For Withdrawal

HPSA scores range from 0-25 for primary medical care and mental health disciplines, and 0-26 for dental health, with higher scores indicating greater need.

2021 NSDU 2.0: Proposed for Withdrawal HPSAs will be officially withdrawn when the next list of designated HPSAs is published in the Federal Register notice (Summer 2022), unless they are updated/replaced before that date.

Data Source: HRSA Data Warehouse, as of 09/20/2021

Map prepared by MDHHS Office of Planning - Workforce/Access & Grants Management Michigan Primary Care Office (PCO)



Health Professional Shortage Areas (HPSA) - Mental Health Michigan, March 2024

HPSA Score

5 - 14

15 - 17

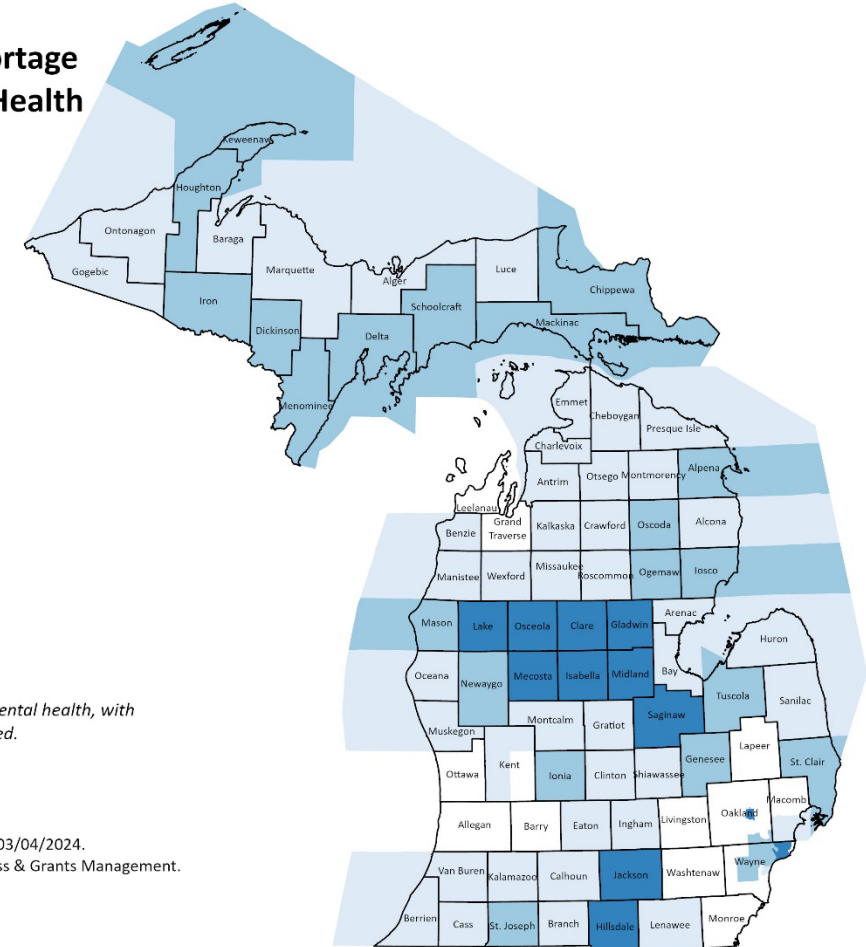
18 - 20

Not Designated

HPSA Scores range from 0-25 for mental health, with higher scores indicating greater need.

Data Source: HRSA Data Warehouse, as of 03/04/2024.

Map prepared by MDHHS Workforce/Access & Grants Management Michigan Primary Care Office (PCO).



From the 28 MH HPSAs initially placed in PFW status, two service areas lost their partial or full county HPSA designations in 2024.

Dental Health HPSAs: Then and Now

Michigan Health Professional Shortage Areas (HPSA) - Dental Health September 2021

HPSA Score

- 6 - 14
- 15 - 17
- 18 - 21
- Not Designated

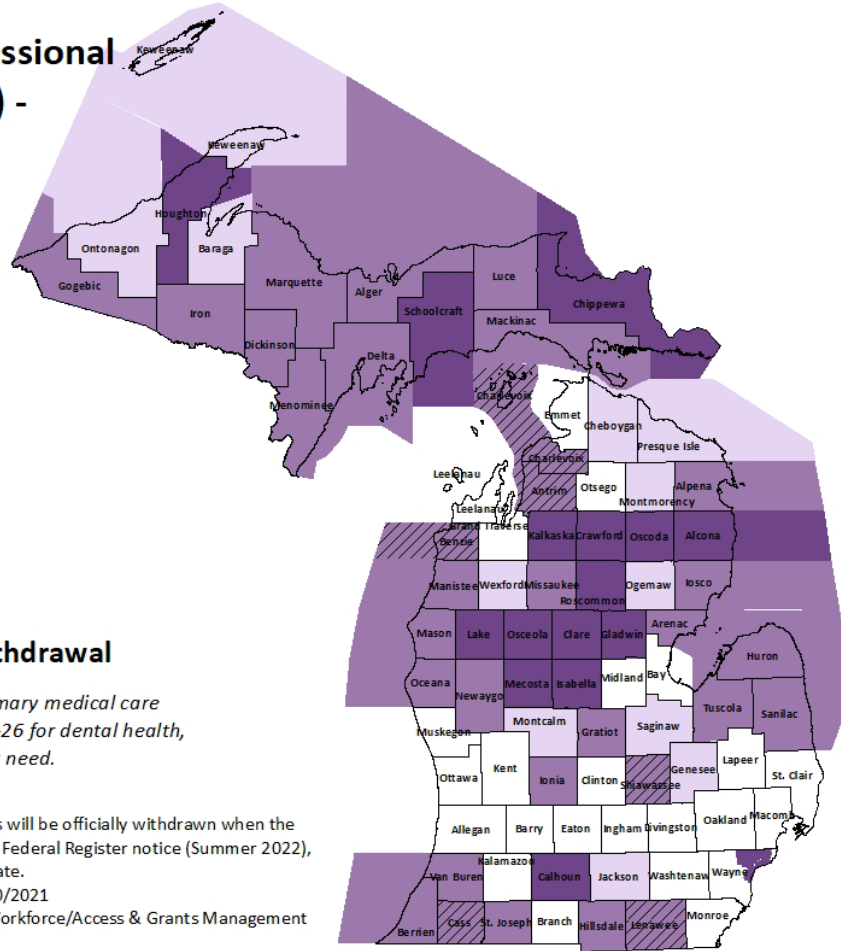
Proposed For Withdrawal

HPSA scores range from 0-25 for primary medical care and mental health disciplines, and 0-26 for dental health, with higher scores indicating greater need.

2021 NSDU 2.0: Proposed for Withdrawal HPSAs will be officially withdrawn when the next list of designated HPSAs is published in the Federal Register notice (Summer 2022), unless they are updated/replaced before that date.

Data Source: HRSA Data Warehouse, as of 09/20/2021

Map prepared by MDHHS Office of Planning - Workforce/Access & Grants Management Michigan Primary Care Office (PCO)



Health Professional Shortage Areas (HPSA) - Dental Health Michigan, March 2024

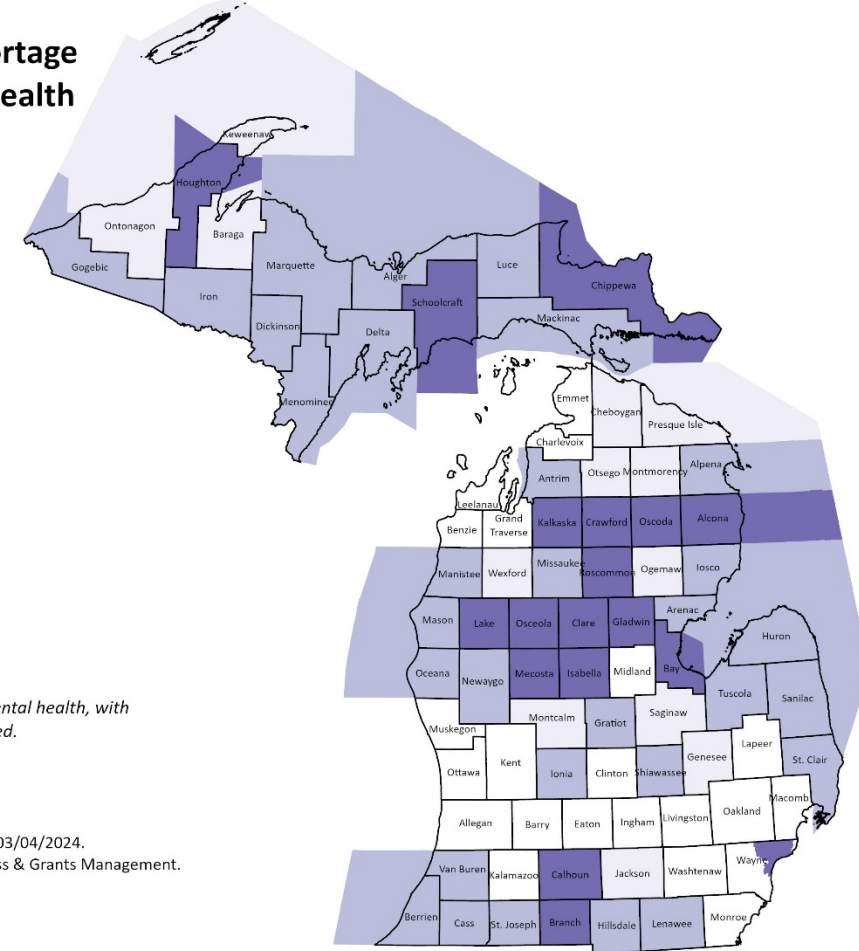
HPSA Score

- 6 - 14
- 15 - 17
- 18 - 21
- Not Designated

HPSA Scores range from 0-26 for dental health, with higher scores indicating greater need.

Data Source: HRSA Data Warehouse, as of 03/04/2024.

Map prepared by MDHHS Workforce/Access & Grants Management. Michigan Primary Care Office (PCO).

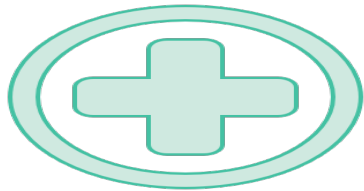


From the five DH HPSAs initially placed in PFW status, two service areas lost their partial or full county HPSA designations in 2024.

Statewide Rational Service Areas (SRSA) Plans

Overview

Statewide Rational Service Area (SRSA) Plans: HRSA's Expectations



Detail Statewide RSAs, that reasonably reflect effective primary care, dental, and mental health access and utilization patterns.

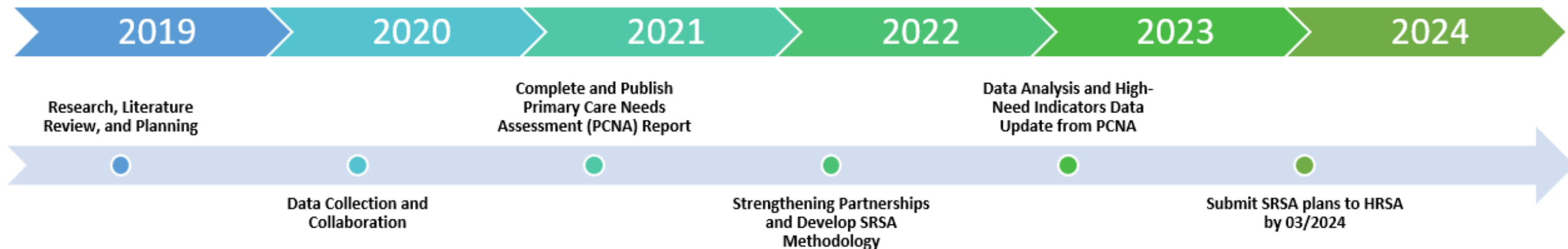


Purpose: Create pre-determined RSAs using parameters and priorities identified in the [Primary Care Needs Assessment \(PCNA\)](#)



Goal: Utilize data gathered from the pre-determined RSAs to measure fluctuations in health outcomes (i.e., provider shortages, unmet need, barriers to healthcare, etc.) over a period of 3 to 5 years.

Five-Year Project Timeline



Key Project Milestones

Phase I - 2019

- Researched SRSAs' potential usage and outcomes for communities and populations in Michigan.
- Met with, and learned best practices from other states that have established SRSAs (ongoing PCO Office Hours and other meetings).
- Created and shared report with purpose of the SRSA plans to inform key stakeholders and to identify areas for collaboration.
- Planning, coordination, & data inventory, including list of all safety net sites in Michigan for GIS analysis.
- Developed new strategic partnerships with internal and external stakeholders.
- Planning meeting with key stakeholders to gain understanding of SRSAs and provide information on the assessment process.
- Developed PCNA methodology and presented preliminary results to gain input and recommendations from PCO partners.

Phase II- 2020-2021

- Presented PCNA final findings to internal and external stakeholders. Participated in webinars and conferences to share PCNA findings and build new strategic partnerships for SRSA plans.
- Published PCNA on the public MDHHS website and Submitted PCNA report to HRSA before deadline in 2021.
- Gained access to MDHHS Health Services Data Warehouse in 2020 (renew annually), which includes Medicaid claims and provider information.
- Review and revise provider data in SDMS (Ongoing).
- Analyze workforce distribution and over-utilized providers/areas in MI.
- Identified set of criteria for establishing SRSAs (including some exceptions) and developed SRSA methodology.
- Utilized final findings of the needs assessment to identify additional RSA health indicators and for the SRSA Validity Statements.
- Identified additional attributes for the SRSA plans by a collaborative partnership.
- Participated in quarterly workforce meetings and updated PCO partners about the SRSA plans development (ongoing).
- National Shortage Designation Update in 2021.

Phase III and Phase IV - 2022-2024

- MCTA provider updates and National Shortage Designation Update in 2022.
- Updated PCNA High-Need Indicators data for SRSAs.
- Continue updating provider records in SDMS and revised health workforce distribution maps and current HPSAs.
- Completed Accessibility Analysis Using Medicaid Claims Data to detect and quantify health care utilization and commuting patterns using GIS analysis and patient zip code claims data.
- Created three SRSA maps for the delivery of primary care, dental, and mental health services.
- Established SRSA boundaries and SRSA Validity Statements.
- Completed detailed SRSA workforce report and presented final findings to key stakeholders.
- Submitted SRSA Plans to HRSA by 03/2024.
- Published SRSA report on the public MDHHS website.
- Begin the public process to request additional feedback from key community stakeholders, including Auto-HPSA POCs.

Set of SRSA criteria

1. Current HPSA's RSAs will be considered rational service areas unless new data or health care utilization patterns support any changes.
2. RSAs shall follow existing political boundaries and established state health regions, whenever possible. For example,
 - a. Mental Health Catchment Areas (MHCA)
 - b. Local Public Health Departments Service Areas
 - c. Michigan Prosperity Regions
 - d. Tribal Service Areas
3. RSAs must be group of census tracts, group of county subdivisions, catchment area (mental health only), a whole county, or a group of contiguous counties whose population centers are within 30 minutes travel time of each other for primary care (or 40 minutes for mental health or dental health care).
4. The population in the RSA should not ideally exceed 250,000.
 - a. Catchment Area RSA (for mental health only)- must not exceed 999,999.
5. If the geographic area is not a whole county RSA, must provide an RSA validity justification based on at least one of the following:
 - a. Distinctive travel patterns,
 - b. Physical access barriers,
 - c. Strong self-identity of a neighborhood that has a minimum population of 20,000, or/and
 - d. Similar socio-economic characteristics.

Set of SRSA criteria (Continued)

6. If no political boundary exists, demographics and proximity to safety net facilities and neighboring communities will be used to form an RSA. In addition to other health indicators from the Michigan PCNA (e.g., population estimates/density, poverty, etc.) and areas with at least one of the high-need indicators listed below:
 - a. Over 20 % of the population is over 65 years of age.
 - b. Over 17 % of the population is below the 100 % federally defined poverty level.
 - c. The infant mortality rate (five-year average) is at least 15 % above the state average.
 - d. The presence of a sole practitioner or no eligible providers in the area.
 - e. The Medicaid-eligible population is 14 % or greater.
 - f. The unemployment rate is higher than the state average.
 - g. Water Fluoridation (for dental health only): less than 50% of the population has access to fluoridated water.
 - h. Substance Misuse & Alcohol Misuse Rates (for mental health only): the alcohol or/and substance misuse rate is in the worst quartile for the nation, region, or state.
7. Rural RSAs must have at least one safety net facility within the geographic area.
8. Sub-County RSA components must physically connect without a break and may not contain interior gaps (i.e., donut holes).
9. Sub-county RSA must be built from U.S. Census Tracts (federal requirement) or county subdivisions and generally align with “communities”.
10. Sub-County RSAs shall not cross county lines (with some exceptions to align with communities, tribal service area, or based on utilization patterns).
11. SRSAs must be revised every decennial census, or as needed per HRSA deadlines, with stakeholders' meetings when changes are needed.

Healthcare Utilization Patterns Using 2022 Medicaid Claims Data



Medicaid claims data for each discipline and Geographic Information System (GIS) analyses were used to identify health care utilization patterns in Michigan.



Goal: To assess commuting patterns of health care utilization and community-level attributes to identify geographic regions most in need of primary care, dental health, and mental health access in Michigan.



GIS provided useful and relevant information to make better informed decisions to establish the SRSA boundaries.



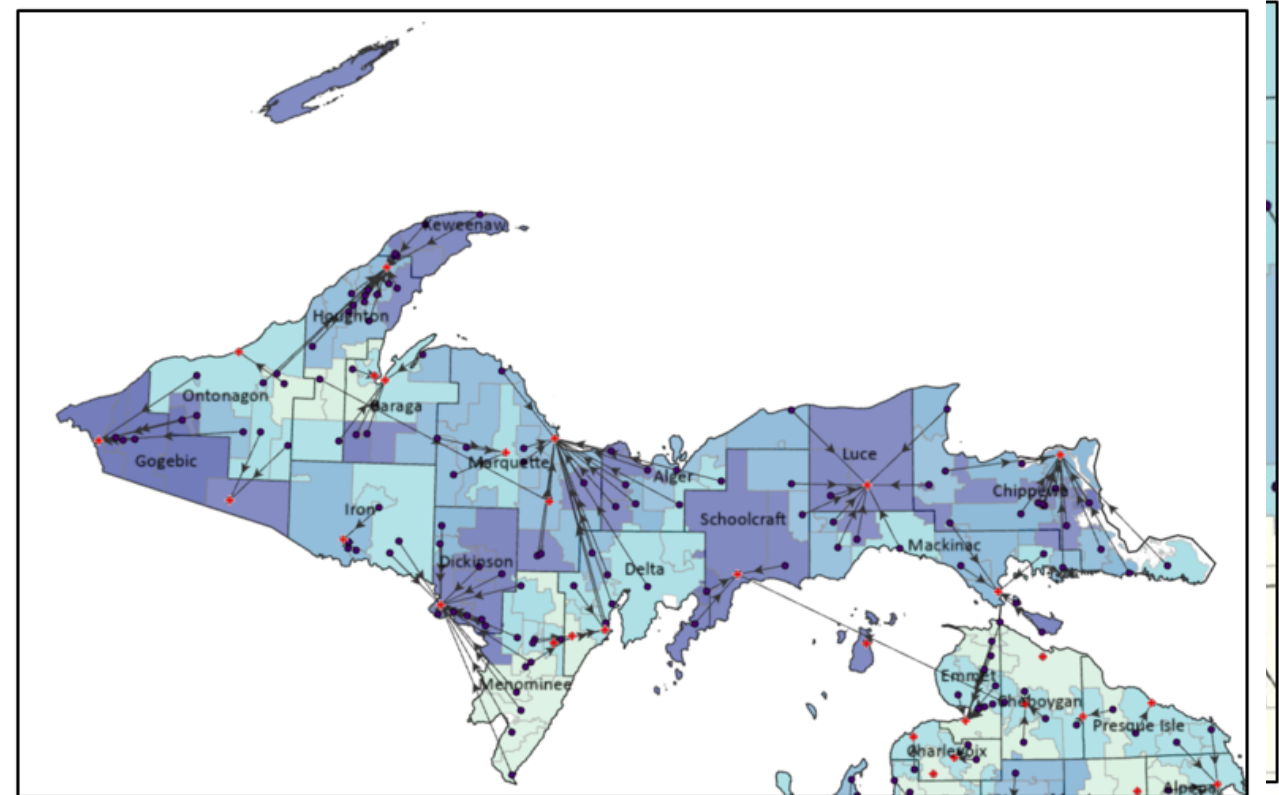
The initial claims data analysis revealed Medicaid patients' utilization and commuting patterns for primary care, mental, and dental health in Michigan and helped understanding where the residents residing in a specific area seek health care.

Example: Primary Care Utilization Patterns

- Medicaid Claims for primary health care visits:
 - A total of 15,127,420 claims included in the analysis
 - 1,090 patient zip codes
 - 165 unique preferred provider zip codes
- Most of the patient to provider commuting pattern is clustered around a preferred provider zip code in the same county and there is less flow of patients traveling across regions to seek primary care services.
- Metropolitan areas: the commuting patterns are more localized around urban centers and areas of locally high supply of provider options.
- Rural areas: Significant movement of patients traveling to nearest providers in another zip code or county to seek primary care, which may indicate a longer travel distance and less supply of eligible providers in the area.
- Note that the patient to provider flow arrow is not shown when the patient zip code and the preferred destination zip code are the same.

Primary Care Utilization Patterns Using Medicaid Claims Data:
Patient and Provider Zip Codes and Preference Percentage

Upper Peninsula:



- County
- Patient Zip Code
- Patient to Provider Flow
- + Preferred PC Provider Zip Code

Source: MDHHS Health Services Data Warehouse, Community Health Automated Medicaid Processing System (CHAMPS). Map prepared by MDHHS Policy and Planning - Workforce/Access & Grants Management.

Established SRSA boundaries and RSA Validity Statements

The Medicaid claims analysis helped informing the SRSA plans.

Other factors were considered for each discipline based on the SRSA criteria.

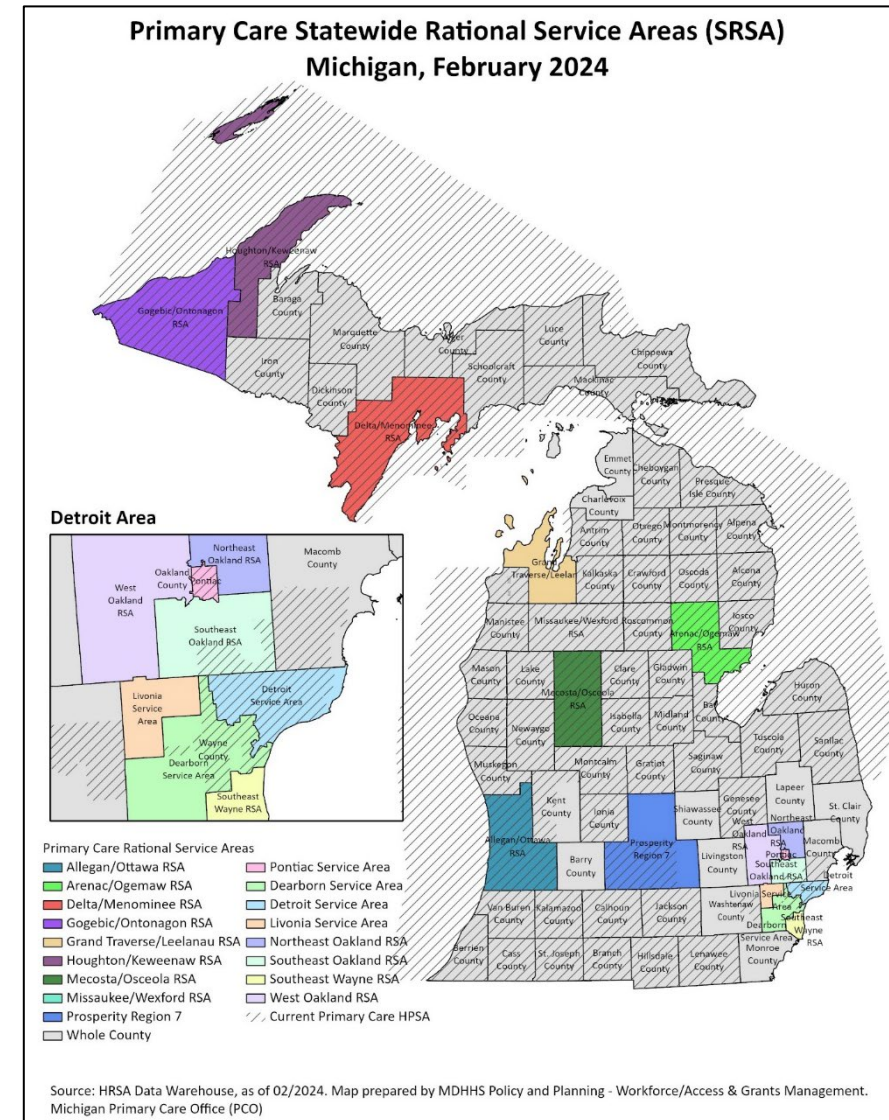
Zip code-based areas were not necessarily used as the established RSA. The zip code boundaries did not always follow geopolitical boundaries.

The components of the established service areas had to be formed at the census tract, county subdivision, catchment area (mental health only), or county level to follow federal RSA requirements and the SRSA criteria.

The service areas were revised and adjusted based on contiguousness, non-overlapping, and removing interior gaps (i.e., donut holes).

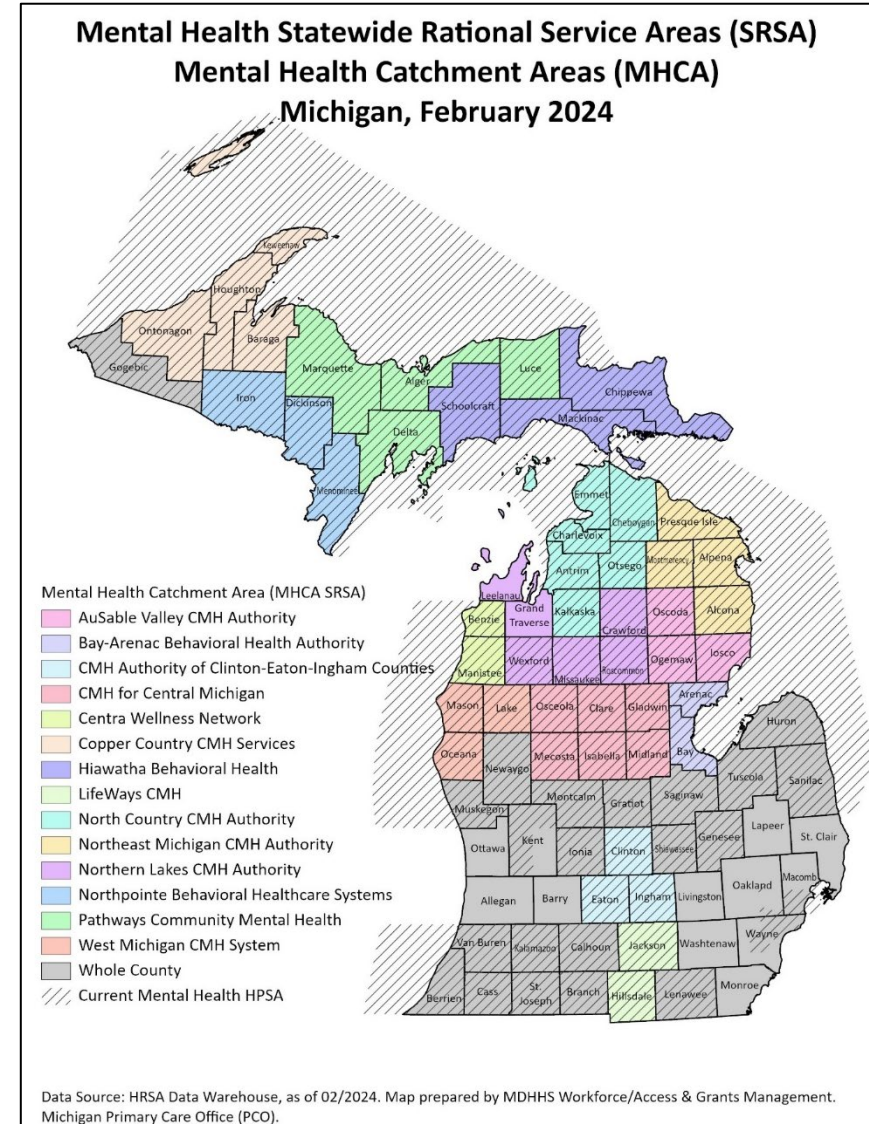
Primary Care SRSA Plan

- The SRSA Plan for primary care is based on the SRSA criteria, Medicaid claims analysis, existing political boundaries, and established state health regions such as Local Health Departments and Prosperity Regions in Michigan.
- A total of 79 RSAs for primary care were identified:
 - 62 single county RSAs,
 - nine multi-county RSAs, and
 - eight county subdivision RSAs
- Per federal regulations, some of the service areas were adjusted to meet several spatial validation requirements..



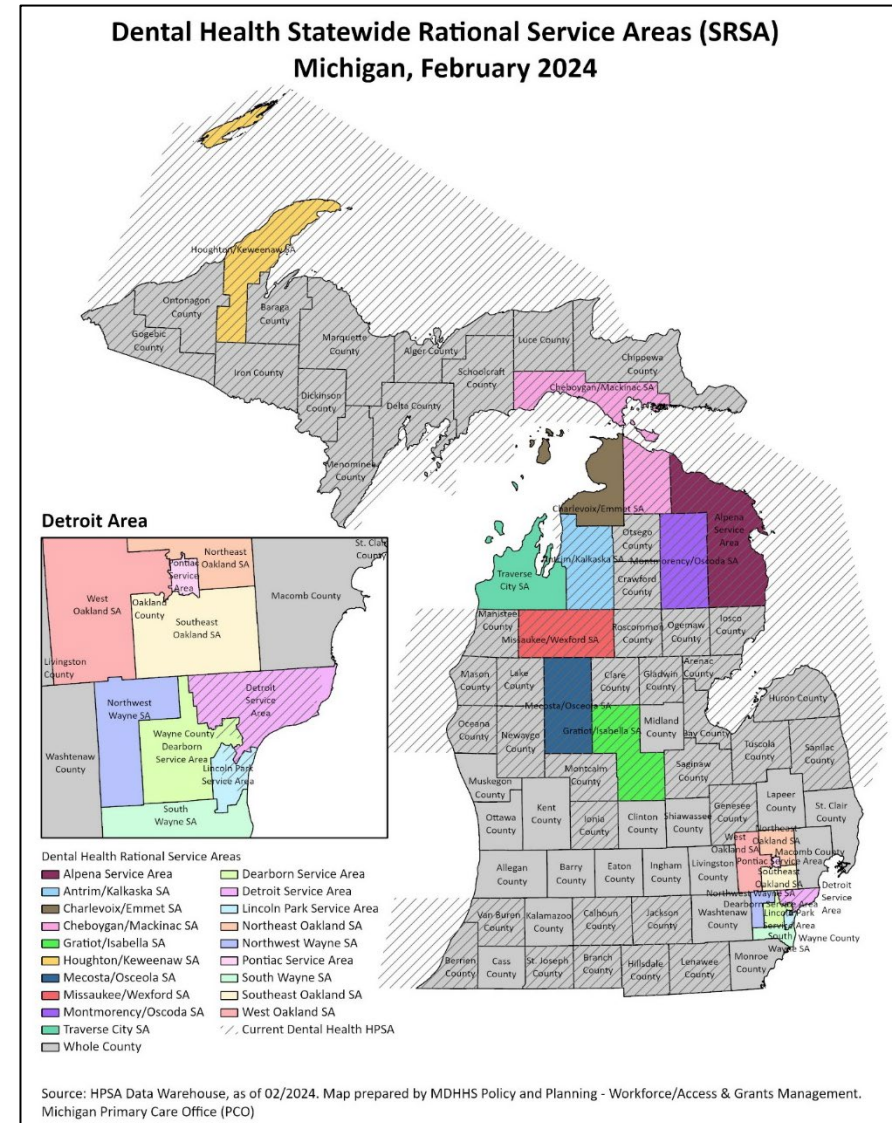
Mental Health SRSA Plan

- Mental health services in Michigan are coordinated through local Community Mental Health Services Programs (CMHSPs).
- The SRSA plan for mental health services reflects the state-approved Mental Health Catchment Area (MHCA) plan.
- It represents the service areas of the 46 local Community Mental Health Services Programs, formed under Act 258 of the Public Acts of 1974 as amended (the Mental Health Code). The 46 community mental health regions represent:
 - 32 whole counties and
 - 14 group of counties governed by a local mental health authority
- Many of these CMHSPs are also part of the ten Prepaid Inpatient Health Plans (PIHPs) in Michigan.
- Most of the current HPSA designations for mental health in Michigan are based on the MHCA map.



Dental Health SRSA Plan

- The SRSA Plan for dental health is based on the SRSA criteria, Medicaid claims analysis, existing political boundaries, and established state health regions.
- A total of 78 RSAs for dental health were identified:
 - 59 single county RSAs,
 - ten multi-county RSAs, and
 - nine county subdivision RSAs
- Per federal regulations, some of the service areas were adjusted to meet several spatial validation requirements..



Conclusions

- The SRSA report provides a valuable resource and reliable information on health care access, the availability and use of health care services, and workforce distribution in Michigan.
- The three sets of SRSA boundaries and the Medicaid claims analysis helped understanding Medicaid patients travel patterns and visualize and compare the access to care issue across the state, especially in rural Michigan and underserved areas and populations.
- Individual and composite maps identified areas in the state with the greatest need for increased access to primary care, dental, and mental health services.
- In general, health care utilization patterns for Medicaid patients in Michigan do not always follow geo-political boundaries but the availability of eligible providers in the area.
- The RSAs in rural Michigan are larger than the RSAs in urban areas, which may indicate longer travel distances for Medicaid patients and the underserved population to access health care services in the area.
- In metropolitan areas such as Detroit in Wayne County, the RSAs are more localized around urban centers and areas of locally high supply of providers based on the commuting patterns and less flow of patients traveling across regions to seek health care services.

Next Steps and Future Work

- Share the SRSA plans on the public MDHHS website, and through different media such as webinars and presentations to request additional feedback from community stakeholders and revise the SRSA plans, if needed.
- Explore further potential use for claims data to calculate travel times/distance and identify where accessibility affects utilization and provider adequacy.
- The SRSA boundaries may be used to conduct impact analysis on current HPSAs and updating the statewide community needs assessment with new SRSA boundaries.
- Proactively seek new designations for areas and populations with access to care barriers as demonstrated by provider shortages or other high need indicators, particularly areas that lost their HPSA status in January 2024.
- Prepare for the 2024 National Shortage Designation Update (NSDU) in the fall (tentatively scheduled).
 - Update all the state Correctional Facility designations.
 - Assist Auto-HPSAs with the HPSA rescore process.
- Continue validating provider data in SDMS using available data sources:
 - Annual Medicaid Claims Data (2023)
 - New information on active licenses (LARA)
 - [HPSA Physician Questionnaire Form](#)



SRSA Feedback Survey:

<https://forms.office.com/g/3EyT7TSjiE>

Shortage Designations* Help Target Resources**

Shortage Designation Type	National Health Service Corps (NHSC)	NURSE Corps	State Loan Repayment Program	Health Center Program	IHS Loan Repayment Program	CMS HPSA Bonus Payment Program	CMS Rural Health Clinic Program	J-1 Visa Waiver
Primary Care								
Geographic HPSA	X	X	X		X	X	X	X
Population HPSA	X	X	X		X		X	X
Facility HPSA	X	X	X		X			X
Dental Care								
Geographic HPSA	X		X		X			
Population HPSA	X		X		X			
Facility HPSA	X		X		X			
Mental Health								
Geographic HPSA	X	X	X		X	X		X
Population HPSA	X	X	X		X			X
Facility HPSA	X	X	X		X			X
MUA				X			X	X
MUP				X				X
Exceptional MUP (Unique Local Conditions)				X				X
State Governor's Certified Shortage Area							X	

*42 USC §254e(d)(1): "The Secretary shall determine health professional shortage areas in the States, publish a descriptive list of the areas, population groups, medical facilities, and other public facilities so designated, and at least annually review and, as necessary, revise such designations." **List of programs is not exhaustive. **More information is available at: <https://bhwh.hrsa.gov/shortage-designation/types>**

Provider Recruitment and Retention Programs



Michigan State Loan Repayment Program (MSLRP) Overview



Michigan State Loan Repayment Program (MSLRP) is administered by the Michigan Department of Health and Human Services

MSLRP helps employers recruit and retain primary medical, dental, and mental healthcare providers

MSLRP provides loan repayment to those entering into MSLRP service obligations
(up to \$300,000 in tax-free funds to repay educational debt over a period of up to 10 years)

MSLRP service obligations require participants to provide full-time primary healthcare services in Health Professional Shortage Areas (HPSAs) at non-profit clinics for two years

MSLRP Eligibility

Participant Eligibility

- Must be a U.S. citizen
- Commit to a 2-year service obligation
- Provide primary care to an ambulatory population
- Provide full-time healthcare services
- Be included on the list of eligible provider types
- Have an active license with appropriate certifications

Practice Site Eligibility

- Located in a HPSA or have a HPSA facility designation
 - This information can be found on the HPSA-Find website
<https://data.hrsa.gov/tools/shortage-area>
- Nonprofit Site
- Have a Sliding Fee Schedule based on the current Federal Poverty Guidelines
- Have a Sliding Fee Schedule Policy that complies with the National Health Service Corps

MSLRP Eligible Practice Sites

- Certified Rural Health Clinics
- Community Health Centers
- Federally Qualified Health Center 'Look-Alikes'
- Community Mental Health Clinics
- Tribal-Affiliated Primary Care Clinics
- Hospital-Affiliated Primary Care Clinics
- Local Health Departments
- Other Not-for Profit Primary Care Clinics
- Private/Not for Profit Primary Care Clinics
- State Psychiatric Hospitals
- State/Federal Correctional Facilities
- State-funded Primary Care Clinics
- Urgent care sites physically separate from emergency rooms or emergency departments

Behavioral Health Loan Repayment Program

PROGRAM OVERVIEW

- Administered by the Michigan Department of Health & Human Services.
- Incentivizes behavioral health care providers to practice in underserved areas within Michigan
 - Prioritizes practitioners who provide services to child and adolescent patient populations.
- Participants must provide full-time behavioral health services at:
 - (1) an eligible, non-profit practice site, located within a mental Health Professional Shortage Area (HPSA), or at
 - (2) a public school-based setting.
- Provides up to \$300,000 in loan repayment over a period of up to 10 years, through contractual service obligation periods of 2 years.

Behavioral Health Loan Repayment Program

PROVIDER ELIGIBILITY

- Must be a U.S. Citizen
- Behavioral health provider with an eligible discipline, detailed in list of provider types
- Provide full-time, in-person services out of an eligible, non-profit practice site(s)
 - Provide at least 32 hours of direct behavioral health care services per week out of full-time requirement
- Commit to a 2-year service obligation
- Cannot be concurrently enrolled in another state or federal loan repayment program
- Hold active professional license or certification within the State of Michigan, if applicable

PRACTICE SITE ELIGIBILITY

- Facility must be classified as one of the following:
 - **Non-Profit, Mental-Health Practice Site within a Mental Health Professional Shortage Area (HPSA)**
 - **Non-Profit, Mental-Health Practice Site with a HPSA Facility Designation** – not located within a HPSA area, but has its own facility HPSA-designation
 - **Public-School Based Site** – K-12 public school-based setting; no HPSA-designation required
- HPSA-designation status can be found using locator tool:
<https://data.hrsa.gov/tools/shortage-area/hpsa-find>

Behavioral Health Loan Repayment Program

Eligible Practice Sites

Community
Mental Health
Authority (CMH)

Public Schools or
Public School-
Based Sites

Non-Profit,
Outpatient
Behavioral Health
Clinics

Non-Profit,
Outpatient
Community Health
Organizations

Michigan Opioid Treatment Access Loan Repayment Program (MIOTA)

Administered by the Michigan Department of Health and Human Services.

Incentivizes healthcare providers to expand Michigan's capacity to treat Opioid Use Disorder (OUD).

Eligible providers will receive loan repayment for beginning or expanding opioid treatment in Michigan.

Purpose of the program is to expand availability of treatment of OUD and any co-occurring Substance Use Disorder (SUD), including Medications to treat Opioid Use Disorder.

MIOTA Provider Eligibility

Provide full-time healthcare services

Commit to a 2-year service obligation

Eligible providers must:

- Begin providing medication opioid use disorder treatment in Michigan:
 - by having obtained a standard Drug Enforcement Agency (DEA) registration certificate, or
 - Already be providing treatment using a standard DEA registration certificate, or
- Provide services as a SUD counselor within an opioid treatment program or serving individuals with an Opioid Use Disorder, Stimulant Use Disorder (StUD), or SUD program.

MDHHS Loan Repayment Programs

Provider Eligibility

Michigan State Loan Repayment Program (up to \$60,000 for 2-year loan repayment agreement)

- Dentists: DDS or DMD
- Physicians: MD or DO (Family Practice, Internal Medicine, OB/GYN, Pediatrics, Geriatrics)
- Physician Assistants (Primary Care, including the same specialties as MDs and DOs)
- Nurse Practitioners (Primary Care, including the same specialties as MDs and DOs)
- Psychiatrists
- Certified Nurse Midwives
- Clinical or Counseling Psychologists (Ph.D./Masters)
- Licensed Professional Counselors (Ph.D./Masters)
- Marriage and Family Therapists (Ph.D./Masters)
- Psychiatric Nurse Specialists (Masters)
- Clinical Social Workers (Masters)
- Mental Health Counselors (Masters)
- Psychologists (Masters) and MSWs providing autism services

Behavioral Health Loan Repayment Program (up to \$60,000 for 2-year loan repayment agreement)

- Psychiatrists (MDs or DOs)
- Psychologists
- Psychiatric Nurse Specialist
- Licensed Masters Social Workers (LMSW)
- Limited Licensed Masters Social Workers (LLMSW)
- Licensed Professional Counselor (LPC)
- Limited Licensed Professional Counselor (LLPC)
- Licensed Marriage Or Family Therapist
- Limited Licensed Marriage Or Family Therapist
- Board Certified Behavioral Analysts (BCBA)
- Board Certified Assistant Behavioral Analysts (BCABA)

MI Opioid Treatment Access LRP (\$15,000 to \$30,000 for a 2-year loan repayment agreement)

- Physicians or Psychiatrists (MDs or DOs)
- Psychologists
- Nurse Practitioners (NP)
- Physician Assistants (PA)
- Substance Use Disorder (SUD) Counselors
- Licensed or Limited Licensed Masters Social Workers
- Licensed or Limited Licensed Professional Counselor
- Licensed or Limited Licensed Marriage or Family Therapist

Behavioral Health Professional Recruitment Internship Stipend Program



- Purpose: Increase the availability of behavioral health professionals by providing internship stipends to students in the process of obtaining behavioral health treatment credentials
- Eligible recipients will receive \$25 for each hour spent in an intern capacity up to a maximum of \$15,000.
- Eligible recipients must be in the process of completing a degree that would lead to one of the following behavioral health professions:
 - Behavior Analyst
 - Marriage or Family Therapist
 - Social Worker
 - Professional Counselor
 - Psychologist
- Approved sites include a public behavioral health-based system, defined as a:
 - Local community mental health or subcontracted entity; and/or
 - Indian Health Service/Tribally Operated Facility or program/Urban Indian Clinic; or
 - Public school, in the state of Michigan

PROGRAM OVERVIEW

- The MDHHS Section 1914 Program is administered by the Michigan Department of Health and Human Services
- Incentivizes BSWs to obtain MSW and practice in public behavioral health
- MDHHS will grant Section 1914 award funds to each participating university
 - The university will then manage the administration of awarded funds with program participants at the school
- The MDHHS Section 1914 Program intends to provide one-time, \$30,000 stipends to BSWs who agree to enter a full-time advanced standing MSW program and fulfill the program's post-graduation service obligation
- MDHHS Section 1914 Program service obligations require participants to provide at least two years of full-time service in public sector behavioral health within Michigan after graduation from MSW program

PROGRAM REQUIREMENTS FOR STUDENT PARTICIPATION

- Must hold a bachelor's degree in social work.
- Must be eligible to enroll into a full-time, advanced standing MSW program at a university within Michigan that is contracted with the MDHHS Section 1914 Program.
- Must fulfill all requirements for graduation from the advanced standing MSW program.
- Must obtain licensure as a Master's Social Worker in Michigan after graduation.
- After graduation, must commit to at least two years of full-time employment in the public behavioral health sector in areas including, but not limited to:
 - Community mental health
 - Substance use disorder programs
 - Crisis intervention
 - Local crisis call centers
 - Mobile crisis care
 - Crisis stabilization
 - Psychiatric emergency services
 - Rapid postcrisis care
- Employment during service obligation must be within Michigan.

J-1 Visa Waiver Programs

The J-1 visa is a student visa used by medical professionals from other countries who are studying in the United States.

A requirement of the visa is that the student must return to their home country for two years before they would be eligible to work in the U.S.

J-1 visa waiver programs allow individuals to skip the return-home requirement, letting them transition directly from education to employment

In Michigan, two J-1 visa waiver programs are available, the Conrad 30 Program and the U.S. Exchange Visitor Program

J-1 Visa Waiver Programs

- Conrad 30
 - Administered by MDHHS
 - Limited to 30 participants per year
 - Applications will be available on June 1st
 - Can only apply during annual *September 1st - November 1st* application cycle
 - Eligibility
 - Doctors of any specialty
 - Working in Michigan
 - HPSA prioritized but not required
- U.S. Exchange Visitor
 - Administered by US DHHS
 - Unlimited but with narrow criteria
 - Can apply at any time
 - Eligibility
 - Primary Care physicians
 - Working in a HPSA
 - With a score of 7 or higher

National Health Service Corps (NHSC) Loan Repayment Programs

Health Resources and Services Administration (HRSA)

MSLRP

1. Accepts nonprofit practice sites only
2. Sites do not have to be pre-approved
3. Dental Hygienists are not eligible
4. Accepts Limited License and Fully Licensed Behavioral Healthcare Providers
5. Requires an employer contribution
6. Offers only full-time contracts
7. Selection criteria centered on the needs of the state for MSLRP (priority applicants). Lottery numbers are assigned.

NHSC LRP

1. Accepts nonprofit and for-profit practice sites
2. Sites must be pre-approved by HRSA
3. Dental Hygienists are eligible for NHSC
4. Accepts only Fully Licensed Behavioral Healthcare Providers
5. No employer contribution with NHSC
6. Offers full and half-time contracts
7. NHSC selection criteria strongly based on practice site HPSA score

Key Differences between MSLRP and NHSC LRP Programs

National Health Service Corps (NHSC) Loan Repayment Programs (LRPs)

You can only apply to *one* program!

NHSC LRP

- Recruit and retain medical, dental, and mental/behavioral health clinicians in underserved areas.

NHSC SUD Workforce LRP

- Recruit and retain medical, nursing, and behavioral/mental health clinicians *to provide evidence-based SUD treatment and counselling* in underserved areas.

NHSC Rural Community LRP

- Recruit and retain medical, nursing, and behavioral/mental health clinicians *to provide evidence-based SUD treatment and counselling* in rural-underserved areas.





WHICH ONE IS RIGHT FOR YOU?

PROGRAM TYPE	NHSC Loan Repayment Program	NHSC SUD Workforce Loan Repayment Program	NHSC Rural Community Loan Repayment Program
DISCIPLINES ELIGIBLE FOR ALL PROGRAMS	Physicians (DO/MD)* • Nurse Practitioners (NP)* • Physician Assistants (PA)* • Certified Nurse Midwives (CNM)* Health Service Psychologists (HSP) • Licensed Clinical Social Workers (LCSW) • Psychiatric Nurse Specialists (PNS) Marriage and Family Therapists (MFT) • Licensed Professional Counselors (LPC)		
DISCIPLINES ELIGIBLE FOR SPECIFIC PROGRAMS	<p>+</p> Dentists (DDS/DMD) Dental Hygienists (RDH)	<p>+</p> Substance Use Disorder (SUD) Counselors Pharmacists (PHARM) Registered Nurses (RN)	<p>+</p> Substance Use Disorder (SUD) Counselors Pharmacists (PHARM) Registered Nurses (RN) Certified Registered Nurse Anesthetists (CRNA)
AWARD AMOUNT	UP TO \$75K full-time / UP TO \$37.5K* part-time UP TO \$50K full-time / UP TO \$25K part-time	UP TO \$75K full-time / UP TO \$37.5K part-time	UP TO \$100K full-time / UP TO \$50K part-time
SPANISH-LANGUAGE AWARD ENHANCEMENT	Up to \$5,000 for clinicians who demonstrate Spanish-language oral proficiency. This is in addition to the maximum award amounts for each program for full- or half-time service.		
SERVICE COMMITMENT	2 YEARS	3 YEARS	
NHSC HEALTH CARE SITE	✓ Any NHSC-approved site	✓ Any NHSC-approved SUD site	✓ Any rural, NHSC-approved SUD site

*In 2024, primary care providers, including physicians, nurse practitioners, certified nurse midwives, and physician assistants can apply for an increased award amount. Other eligible disciplines providing dental and behavioral health services can apply for the standard award.

All programs use one application, **but you can only apply to one program.**

General Eligibility Requirements

Eligibility



U.S. citizen or national



Currently work,
or applying to work,
at an NHSC-approved site



Have unpaid government
or commercial loans for
school tuition, reasonable
educational costs, and
reasonable living expenses,
segregated from all other
debts



Licensed to practice
in state where employer
site is located

Must be licensed in one of the following eligible disciplines:

- Physician (MD or DO)
- Nurse practitioner (primary care)
- Certified nurse-midwife
- Physician assistant
- Dentist (general or pediatric)
- Registered dental hygienist
- Psychiatrist
- Psychologist (health service)
- Licensed clinical social worker
- Psychiatric nurse specialist
- Marriage and family therapist
- Licensed professional counselor
- Registered nurse
- Pharmacist
- Substance use disorder counselor
- Nurse anesthetist

NHSC ELIGIBLE SITE TYPES

- Federally Qualified Health Centers
 - Community Health Center
 - Migrant Health
 - Homeless Program
 - Public Housing Program
 - School-Based Program
 - Mobile Clinic
- Indian Health Service Facilities
- Certified Rural Health Clinics
- FQHC Look-Alikes
- Correctional or Detention Facilities
(Federal/State/Immigration and Customs Enforcement)
- Critical Access Hospitals
- Community Mental Health Centers
- State or Local Health Departments
- Community Outpatient Facilities
 - Hospital Affiliated
 - Non-Hospital Affiliated
- Private Practices (Solo & Group Practice)
- School-Based Clinics
- Mobile Clinics
- Free Clinics
- Substance Use Disorder Treatment Facilities



*Outpatient Clinics Only

NHSC Loan Repayment Application Cycles



Application cycles are open and closes on May 9, 2024



All 3 loan repayment programs are open at the same time



Providers can only apply to one program

Apply to Become an NHSC Site

- Becoming an NHSC Site can assist your organization in recruitment and retention of primary, dental and mental health care providers
- **The New Site Application Cycle opens in the spring**
 - For sites that have **never** been approved as an NHSC-approved site
 - For sites that are currently **inactive** for NHSC due to expiration
- **The Site Recertification Cycle opens in the fall**
 - For sites that display “active” under Program on the Bureau of Health Workforce Customer Service Portal Site Dashboard and have an expiration date
- This application cycle typically lasts 6-8 weeks
- It is necessary to read the **Site Reference Guide** and the **NHSC Site Agreement** when applying to become an NHSC site
- **Sites must submit an application every three years**

NHSC Auto-Approved Sites

- Eligible auto-approved sites include:
 - FQHCs
 - Community Health Centers
 - School-Based Programs
 - Mobile Clinics
 - FQHC Look-Alikes
 - American Indian Health Facilities
 - Correctional or Detention Facilities
 - Federal Prisons
- Auto-approved sites can request NHSC approval at any time
 - Sites do not need to wait for the annual site application cycle
 - [Auto-Approved NHSC Sites | NHSC \(hrsa.gov\)](https://www.hrsa.gov/nhsc/auto-approved-sites)

Centers for Medicaid and Medicare Services-Certified RHCs requesting an Auto-HPSA Score

- In order for Centers for Medicaid and Medicare Services-Certified RHCs to request an Auto-HPSA Score:
 - Must become NHSC approved sites
 - Not required to be in geographic or population HPSAs to apply for site approval
 - Submit an application, and under the section “Confirm Site Details,” include your Certification Number
 - This will allow HRSA to apply the facility shortage-area designation score
- If HRSA approves the application, HRSA will then calculate the auto-designation score and notify the site and the state Primary Care Office
- This process takes place during the New NHSC Site Application Cycle (Spring) and the NHSC Site Recertification Cycle (Fall)

Loan Repayment Program Updates

MDHHS Behavioral Health Expansion:

- Unprecedented amount of funds for Behavioral Health Care Providers
- For those participating in the Behavioral Health Loan Repayment Program and the Michigan State Loan Repayment Program

NHSC Funding:

- American Rescue Plan funds will be coming to an end
- May impact sites with lower HPSA scores

MDHHS Workforce/Access & Grants Management Section Primary Care Office (PCO) Contact Information

Website:

[Workforce/Access & Grants Management
Section \(michigan.gov\)](https://www.michigan.gov/workforce-access-grants)

Primary Care Office Director:

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Free Clinic Program:

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