

**Prescriber Recruitment and Retention Initiative (PRRI)**

Guidelines for accessing funds from the A1: Workforce Development project for the purposes of recruiting or retaining prescribers in the IDN 4 region.

Effective date: CY 2018

1. About the program
	1. It is no secret that there is a critical shortage of prescribing staff in NH, and like other IDNs, IDN 4 is acutely impacted by this shortage. In the proposal for the A1 Workforce Development section of the 1115 waiver grant, Network4Health stated that we will increase capacity in this region with up to 4 Psychiatrists and up to 2 Psychiatric Advanced Practice Nurses. In recognition of the need for these prescribers, Network4Health is implementing the Prescriber Recruitment and Retention Initiative (PRRI). This program will allow Network4Health partner organizations to access funds to be utilized as a method for increasing the numbers of available prescribers in the region, and retain them wherever possible. This document lays out the guidelines that partner agencies need to follow in order to access funds through this program.
2. Definitions:
	1. ‘Prescribers’ will be defined as:
		1. Psychiatrists (M.D. or O.D.)
		2. Advanced Practice Nurses (APRN’s)
			1. Specifically Psychiatric Nurse Practioners
3. Eligibility
	1. Only organizations who have signed a Letter of Commitment and Certificate of Authorization indicating their formal partnership with Networtk4Health are eligible to apply for this program
	2. Organizations need to have a signed and executed contract with Catholic Medical Center allowing the organization to directly invoice CMC
	3. If your organization does not have these documents completed yet, please contact Rossana Goding, Grant Financial Analyst, Network4Health / Catholic Medical Center; 603.663.8704; rossana.goding@cmc-nh.org.
4. Award amounts
	1. Network4Health is prepared to offer 50%, up to $10,000, towards the cost of hiring or retaining a prescriber in the region
5. Length of program
	1. This program will be in effect for CY 2018 or until the maximum dollar commitment is reached, whichever comes first
	2. For CY 2018, Network4Health is committing $100,000 to this effort
6. Exclusions
	1. Funds cannot be used to hire/employ a qualifying prescriber currently employed with another Network4Health partner organization unless agreed to by both entities as part of a sharing agreement. (See ‘consortium’ below)
7. Allowable covered costs
	1. PRRI funds can be used for the following purposes:
		1. ‘Buying out’ the contract for a prescriber currently working for the partner through an agency
		2. Using the funds to retain a prescriber who has indicated an intention to leave for a different employment opportunity
		3. A ‘recruitment bonus’ to sway a prescriber to come to the region
		4. Employing a search/recruitment firm who specializes in the recruitment of qualifying prescribers
		5. Moving or relocation expenses consistent with moving to the region
	2. Other reasonable costs associated with bringing a prescriber to a region will be considered on a case-by-case basis
8. Hiring a prescriber through a ‘consortium’
	1. There are a number of partners in the region who would benefit from the services of a prescriber, but don’t have the funds or demand to support one full-time. In these instances, Network4Health would encourage partners to consider applying as a consortium where the prescriber may provide services to clients at more than one agency
		1. The agencies can apply as a consortium to access PRRI funds to bring a prescriber to the region
		2. The limit of 50% of cost up to $10,000 per prescriber, per year will still apply
	2. Guidelines for forming a consortium
		1. It is the responsibility of the partnering organizations to consider how best to employ the prescriber and share services. One consideration may be that at least one organization be the lead and ‘employer of record’ which will employ the prescriber
		2. It is the responsibility of the partnering organizations to establish an agreement as to how many parts of an FTE would be spent for each partner
			1. Example: Partner A (lead and ‘employer of record’) = .5 FTE; Partner B = .25 FTE; Partner C = .25 FTE
		3. It is the responsibility of the partnering agencies to establish the business processes needed (i.e. invoicing, service agreements, etc.) in order for the prescriber to provide services and be paid for work
		4. It is the responsibility of the partnering organizations to notify the prescriber of this arrangement
9. Duration
	1. Partner organizations can apply for funds multiple times provided they are hiring/recruiting multiple prescribers
		1. Recruitment/retention funds can only be paid out 1x per year, per prescriber
	2. Awards will be given out until funds for that CY are expended
	3. Decisions about extension of this program into the next CY will be made in the last quarter of CY 2018
10. Application process
	1. Please complete the application in full, found at the bottom of this document
	2. Please attach:
		1. Job description the prescriber is applying for including: Number of hours working; call rotation; etc.
		2. Proof that the prescriber candidate is eligible to apply for licensure or has current licensure to practice in NH and meets the minimum requirements for performing the job
		3. Copy of a signed letter from the hiring entity indicating the amount promised to the candidate
		4. Hire letter (if applicable)
		5. If applying as a consortium:
			1. Documentation of agreement between participating agencies that should include how many hours of service the prescriber is providing for each partner
	3. **Documentation needed after the fact**
		1. Once the award is approved from Network4Health, organizations are asked to submit some additional documentation:
			1. A copy of the check or payment made to the prescriber
			2. Proof of employment of prescriber (ex: copy of badge, screen shot from HRIS system page, etc.)
	4. All documentation should be submitted in electronic **.PDF format**
	5. **Applications should be submitted to: Geoff Vercauteren, Director of Workforce Development, Network4Health,** **geoffrey.vercauteren@cmc-nh.org**
		1. Reviewers reserve the right to ask applying agencies for further documentation in order to make an informed decision in the shortest time possible
11. Review process
	1. Each application will be reviewed by the Network4Health Executive Director, Workforce Development Director and other staff as needed
	2. Each application will be decided on a case-by-case basis and reviewers will take into consideration factors including: Cost of recruitment/retention; number of hours candidate is looking to work; matching funds from partner organization; etc.
	3. Reviewers may contact partner applicants for more information and clarification
	4. Every effort will be made to turn decisions around in a reasonable amount of time. Reviewers will take into consideration factors related to the timing of an offer being made to a potential prescriber.
12. Award process
	1. Partners will be notified of via email for the approval/not approval of their application
	2. If approved, the partner will invoice Network4Health/Catholic Medical Center for the approved amount
	3. A check will be cut within 30 days, payable to the organization
13. Questions and clarifications
	1. Please contact Geoff Vercauteren, Director of Workforce Development, Network4Health, geoffrey.vercauteren@cmc-nh.org, 603-851-9387



**Prescriber Recruitment and Retention Initiative (PRRI)**

Application for Accessing Funds

Effective date: CY 2018

Date of Submission:

Applying alone or as part of a consortium/partnership (as identified above): \_\_\_ Alone \_\_\_ Consortium

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| --- |
| Primary or Individual Organization |
| Name of the Organization | Contact Name | Title/Position |
| *Write here* |  *Write here* | *Write here* |
| Phone | Email | Address |
| *Write here* | *Write here* | *Write here* |
| Partnering Organizations (if applying as a consortium) |
| Name of the Organization*Write here**Write here**Write here**Write here**Write here**Write here**Write here* | Contact Name*Write here**Write here**Write here**Write here* | Title/Position |
|  |  |  |
| Phone | Email | Address |
|  |  |  |
| Name of the Organization | Contact Name | Title/Position |
| *Write here* | *Write here**Write here**Write here* |  |
| Phone | Email | Address |
|  | *Write here* |  |
| Name of the Organization | Contact Name | Title/Position |
|  | *Write here* | *Write here* |
| Phone | Email | Address |
|  | *Write here* | *Write here* |

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| Briefly, please describe the services your organization(s) provides: |
| *Write here* |

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| About the prescriber candidate: |
| Prescriber Name: | Prescriber credentials (APRN, MD, etc.) including expiration dates of each and state of issuance: |
| *Write here* | *Write here* |
| Is this prescriber currently able to prescribe in NH? | \_\_\_ Yes \_\_\_No |
| If no, is this prescriber eligible to gain licensure to prescribe in NH? | \_\_\_ Yes \_\_\_No |
| Please explain: |
| *Write here* |
| Most recent position: | Most recent employer and location: | Dates of employment: |
| *Write here* | *Write here* | *Write here* |
| Other licenses, certifications or credentials relevant to this role: |
| *Write here* |
| Please describe how your organization has become connected to or found this prescriber: |
| *Write here* |
| How many hours and % FTE is the prescriber willing to work? | *Write here* |
| Will the prescriber be doing on call work? | *Write here* |
| Describe the work the prescriber is going to be performing and with what populations: |
| *Write here* |
| What is the total cost expected to retain or hire this prescriber? What amount of money is the organization looking to access from N4H (50% of allowable costs up to $10,000)? Please justify these costs and add how these funds will be spent. |
| *Write here* |
| Are there specific circumstances reviewers need to take into consideration regarding the timeline for hiring this prescriber (ex: Competing offers, contract running out, etc.)? Please explain: |
| *Write here* |

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| Network4Health use only – Do not write in this space |
| Date received: | Date review completed: | Reviewed by: |
|  |  |  |
| Decision: \_\_\_ Approved \_\_\_ Not approved \_\_\_ Approved with contingency |
| Explanation: |
|  |
| Amount approved:  | Date closed: |
| Notes: |
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