

13949, (eff 4-30-24)

CHAPTER He-C 800 OFFICE OF RURAL HEALTH

Readopt with amendment He-C 801.03, effective 2/23/2021 (Document #13172), to read as follows:

He-C 801.03 Health Professions Survey.

(a) Pursuant to RSA 126-A:5, XVIII-a, the following licensed health care providers shall complete and submit, as part of their license renewal process, the relevant survey provided by the SORH, for the purpose of collecting and analyzing data regarding the New Hampshire primary care workforce:

- (1) For advanced practice registered nurses, the “New Hampshire APRN Licensure Survey” (August 2023);
- (2) For physician assistants, the “New Hampshire Physician Assistant Licensure survey” (October 2023);
- (3) For physicians, the “New Hampshire Physician Licensure Survey” (April 2024);
- (4) For mental health practitioners, the “New Hampshire Mental Health Practitioner Licensure Survey” (April 2023);
- (5) For drug and alcohol counselors, the “New Hampshire Alcohol and Drug Counselor Licensure Survey” (April 2024);
- (6) For psychologists, the “New Hampshire Psychologist Licensure Survey” (April 2024);
- (7) For dentists, the “New Hampshire Dentist Licensure Survey” (February 2024); and
- (8) For dental hygienists, the “New Hampshire Dental Hygienist Licensure Survey” (March 2023).

(b) Health care providers shall complete the survey form via the online link located on the health professions data center at <https://www.dhhs.nh.gov/health-professions-surveys>.

(c) Health care providers shall submit the completed form by:

- (1) Using the submission prompt at the end of the online link;
- (2) Emailing as an attachment to the relevant email address, as follows:
 - a. For advanced practice registered nurses, NHAPRNSurvey@dhhs.nh.gov;
 - b. For physician assistants, NHPASurvey@dhhs.nh.gov;
 - c. For physicians, NHPhysicianSurvey@dhhs.nh.gov;
 - d. For mental health practitioners, NHMHPractionerSurvey@dhhs.nh.gov
 - e. For drug and alcohol counselors, NHLADCSurvey@dhhs.nh.gov;
 - f. For psychologists, NHPsychologistSurvey@dhhs.nh.gov;
 - g. For dentists, NHDentistSurvey@dhhs.nh.gov; and
 - h. For dental hygienists, NHRDHSurvey@dhhs.nh.gov; or

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(3) Printing the completed form and submitting the paper copy by:

- a. Faxing to (603) 271-4506; or
- b. Mailing a paper survey to:

Rural Health & Primary Care
Division of Public Health Services
29 Hazen Drive
Concord, NH 03301

APPENDIX

Rule	Specific State or Federal Statutes the Rule Implements
He-C 801.03	RSA 126-A:5, XVIII-a

13949, (eff 4-30-24)

Readopt with amendment “New Hampshire Physician Licensure Survey” (March 2023), effective 3/18/2023 (Document #13579, Expedited), and incorporated by reference in He-C 801.03(a)(3), effective 2-23-21 (Document # 13172), to read as follows:



NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs for all
Department of Health and Human Services

New Hampshire Physician Licensure Survey

Physician Name: _____

Email: _____ Date of Birth: ____ / ____ / ____

New Hampshire (NH) License Number: _____

1. **10-digit NPI number:** _____ **No NPI number**

If you do not know your NPI number, please visit <https://npiregistry.cms.hhs.gov/> to locate it.

2. **Which best describes your current practice status in NH?** (Select one)

Remainder of survey pertains only to providers engaged in full/part time clinical practice in NH.

Full/Part time clinical practice at one or more locations in NH
(Select this option if you work 2 or more scheduled hours per week)

Clinical work as a Locum Tenens at one NH location for one year or longer

If you did not check one of the boxes above, check the appropriate box below and skip the remainder of survey

Clinical work as a Locum Tenens for less than one year at one location

Infrequent clinical practice in NH (less than 2 scheduled hours per week, on average)

Volunteer or seasonal work ONLY

Non-direct patient care services only, being delivered from outside of NH

Per diem clinical work in NH

Medical administrative/Legal services ONLY

Clinical teaching/Clinical research ONLY

Other work using medical license/training

No clinical or medical related work within NH

Not currently working; if checked: Unemployed/Looking On extended leave Other

Retired

3. **What is your current gender identity?** (Check all that apply):

Female

Male

Transgender woman/Transgender female

Transgender man/Transgender male

Other identity (e.g., non-binary, genderqueer, gender-diverse, gender fluid, etc.)

Choose not to disclose

4. Are you Hispanic/Latino?

Yes No

5. Race: (Select all that apply)

If you feel the following response choices do not accurately represent your identity, please skip this question.

White; Black or African American; Amer. Indian or Alaska Native; Asian (Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian); Native Hawaiian or Other Pacific Islander

6. Do you speak another language other than English in your clinical practice?

Yes No

6a. If yes, what language(s)? (Select all that apply)

African _____;

American Sign Language;

European - (Portuguese, French, German, Italian, Greek, Other European _____);

East Asian - (Chinese, Japanese, Korean, Other East Asian _____);

Middle Eastern - (Arabic; Persian, Hebrew, Other Middle Eastern _____);

South/Southeast Asian - (Hindi, Thai, Vietnamese, Other South/Southeast Asian _____);

Spanish

7. In what state did you complete your most recent residency program, prior to NH medical licensure?

7a. Name of residency program/institution:

7b. Residency specialty:

7c. Year of completion:

8. Do you prescribe Food and Drug Administration (FDA) approved medications for the treatment of substance use disorders, including alcohol use disorders (AUD) or opioid use disorders (OUD)?

Yes No

8a. If yes, what is the average number of active patients you prescribe to?

- 1-10
 11-24
 25+

9. What is your current citizenship/visa status?

- Native-born U.S. citizen
 Naturalized U.S. citizen
 Permanent resident
 On a U.S. work visa (e.g. H-1B, J-1, etc.)
 Other – in U.S. via other arrangement

10. Did you live or work in NH prior to receiving your NH medical license?

- Yes No

11. How many consecutive years have you practiced clinical medicine in NH, as a physician?

_____ years

12. Do you expect that you will be practicing medicine in NH 5 years from now?

- Yes, at about the same level I'm currently working
 Yes, but I expect to increase my hours
 Yes, but I expect to reduce my hours
 No, but I expect to be practicing in another state
 No, I do not plan to practice medicine 5 years from now

13. How many total hours per week do you typically spend providing clinical medicine across all service locations (i.e. locations with scheduled services of at least 2 hours per week)?

Clinical services include direct patient care, as well as any administrative activities related to charting, billing for services, and participation in clinical team activities. It does not include time spent on managerial and oversight activities of the organization or clinical team.

_____ (hours per week)

NH PRACTICE SITE QUESTIONS

The following questions should be completed for each NH location at which you routinely practice medicine (i.e. at least 2 hours of scheduled services per week). **Note:** If you provide two distinct and separate services at the same address, please list each separately. Before completing, copy pages 4-7 for each site at which you practice.

14. **Practice Name:** _____

Note: If you provide **telemedicine** or **non-fixed** services only, for one or multiple locations, enter “Telemedicine” or “Non-fixed,” respectively, for the site name.

15. **Approximately how many hours per week do you typically spend providing clinical services at this location?** The hours should **not** include time spent admitting, discharging, performing daily rounds on hospitalized patients, on-call, or on corporate/management activities **unless you are a Hospitalist**.

_____ hours per week

16. **Please identify (with an “x”) the specialty(ies) that best define your practice, at this site:**

Specialty #1(Principal); Specialty #2(Secondary); Specialty #3(Tertiary)

Your principal specialty is the specialty that you spend the most time practicing at this site.

Area of Practice	Principal (select one)	Secondary (select one, if applicable)	Tertiary (select one, if applicable)
Addiction Medicine			
Adolescent Medicine			
Allergy and Immunology			
Anesthesiology			
Cardiology			
Child Psychiatry			
Critical Care Medicine			
Dermatology			
Endocrinology			
Emergency Medicine			
Family Medicine			
Gastroenterology			
General Practice			
Geriatric Medicine			
Gynecology Only			
Hematology			
Hepatology			
Hospice & Palliative Medicine			
Hospital Medicine (Hospitalist)			
Infectious Diseases			
Internal Medicine (General)			
Medical Genetics			
Medical Toxicology			
Nephrology			

Neurology			
Neuromusculoskeletal Medicine			
Nuclear Medicine			
Obesity Medicine			
Obstetrics and Gynecology			
Occupational Medicine			
Oncology			
Ophthalmology			
Orthopedics			
Otolaryngology			
Pain Medicine			
Pathology			
Pediatrics (General)			
Pediatric Subspecialties			
Physical Med. & Rehab.			
Preventive Medicine/Public Health			
Psychiatry			
Pulmonology			
Radiation Oncology			
Radiology			
Rheumatology			
Sleep Medicine			
Sports Medicine			
Surgery (General)			
Surgery – Subspecialties			
Urology			
Wound Care			
Other (please specify):			

17. Are you a non-fixed setting provider?

A non-fixed setting is when a provider delivers direct patient care for 2+ hours per week in locations other than a fixed office or clinic site (e.g. business/home visiting services). Note that the provider may be employed by a single agency or practicing independently. Telemedicine is considered a fixed location.

Yes (skip the rest of the survey) No

18. Are you a telemedicine-only or telepsychiatry-only provider?

Yes No

18a. If yes, do you provide services for a NH practice site?

Yes No (skip to question 20)

19. Practice Phone: (____) _____ - _____ **Extension:** _____

Practice Physical Street Address (NH only): _____

Practice City: _____ Zip: _____

20. Check the appropriate box below which best describes your work setting at this location:

- Hospital/Inpatient/ Day surgery center services only (hospitalist, ER, etc.) *(skip the rest of the survey)*
- Extended/Institutional care only (nursing home/SNF, residential treatment, etc.) *(skip the rest of the survey)*
- Substance use disorder treatment centers *(skip the rest of the survey)*
- NH telemedicine/telepsychiatry only; services delivered from within NH
(skip to question 25 if providing services for a NH practice site; otherwise skip the rest of the survey)
- NH telemedicine/telepsychiatry only; services delivered from outside of NH
(skip to question 25 if providing services for a NH practice site; otherwise skip the rest of the survey)
- Educational Institution (college/university health) *(skip the rest of the survey)*
- Veterans Administration (VA) – outpatient/inpatient *(skip the rest of the survey)*
- State/Federal prison clinic *(skip the rest of the survey)*
- City/County correctional facility *(skip the rest of the survey)*
- Rehabilitation facility (OT/PT/ST) *(skip the rest of the survey)*
- Corporate setting *(skip the rest of the survey)*
- A non-traditional setting (e.g. home care, mobile services, etc.) *(skip the rest of the survey)*
- Other **NON-outpatient** setting *(skip the rest of the survey)*
- A non-direct patient care office setting (radiologists, pathologists, etc.) *(skip the rest of the survey)*
- Outpatient/Office-based setting** *(None of the above describes this location)*

Primary care physicians only:

21. Is this location an urgent/convenient care setting?

An urgent/convenient care setting is one that is typically utilized on an episodic basis, when patients cannot wait for the next available appointment in their regular primary care office.

Primary care specialties include Family Medicine, Internal Medicine, Pediatrics, Obstetrics/Gynecology, and General Practice

- Yes *(skip the rest of the survey)* No

Primary care physicians and psychiatrists only:

22. What is your 10-digit organizational NPI number? _____ No organizational NPI

If you do not know your NPI number, please visit <https://npiregistry.cms.hhs.gov/> to locate it. (NPI Type = Organization; Organization Name = enter organization name; State = New Hampshire)

Primary care physicians only:

23. **Approximately** what percentage of the hours at this address is spent providing each of the following categories of care: (Total must equal 100%)

- a. In-Person Primary Medical Care _____%
Primary care includes the initial assessment (first contact) and primary diagnosis of undifferentiated disease, primary treatment of acute conditions, and ongoing management of chronic illness. It also encompasses the performance of health promotion, disease prevention, health maintenance, counseling, and patient education activities, as well as advocating for the patient and coordinating the use of the entire health care system to benefit the patient. Specialties outside of Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology, and General Practice are typically not considered to deliver primary medical care.
- b. Telemedicine Primary Medical Care (providing services remotely) _____%
- c. In-Person Specialty Care/Procedures _____%
- d. Telemedicine Specialty Care (providing services remotely) _____%
- e. In-Person Mental Health/Substance Use Disorder Care (not incidental to primary medical care) _____%
- f. Telemedicine Mental Health/Substance Use Disorder Care (providing services remotely) _____%

Psychiatrists only:

24. **Approximately** what percentage of the hours at this address is spent providing each of the following categories of care: (Total must equal 100%)

- In-Person Services _____%
- Telepsychiatry _____%

25. **Does this location participate in any of the following federal programs?**

Participation in these programs requires formal application and acceptance. Specific definitions apply. Please read the following before indicating participation in any of these programs:

"Federally Qualified Health Center" (FQHC) is an official federally designated status for non-profit organizations receiving ongoing federal grant support under Section 330 of the Public Health Service Act.

"Rural Health Clinic" (RHC) is an official federally designated status granted to specific primary care service delivery locations in rural areas. RHCs receive enhanced Medicaid and Medicare reimbursement. Do not indicate RHC status if you indicated participation in the FQHC program above.

- No federal program participation at this location
- Federally Qualified Health Center
- Federally certified Rural Health Clinic

26. Do **you** accept **NH Medicaid** as a form of payment at this location?

- Yes No

27. Is a formal sliding fee discount policy offered at this location?

Sliding fee discount policies (or sliding fee scales) are based upon federal poverty guidelines, and patient eligibility is determined by annual income and family size. These scales are established to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied. This does not include standard, discounted rates for everyone set by the facility or negotiated reductions granted on a case-by-case basis.

Note: If unsure, please ask a practice manager/staff. NH is federally required to collect this information for shortage designation purposes.

- Yes No

Federal program participation only:

27a. If yes, **approximately** what percentage of visits do **you** provide on a sliding fee discount basis?

_____ % (Enter a number between 1 and 100) Don't know

If % is not known, please enter the following contact information of a practice manager/staff who can provide the percentage of visits on a sliding fee discount basis:

Contact Name, Title: _____

Phone Number: _____ - _____ - _____

Email: _____

28. Are **you** currently accepting new patients at this location?

- Yes No N/A (not a primary location for patient intake from the general population)

29. Are there routine, non-urgent (i.e. wellness, acute, follow-up) outpatient appointments set at this location?

- Yes No

29a. If yes, **approximately** what is the present wait for a routine appointment for:

- 1) A new patient to see **you** _____ days
 - New patients are not currently accepted
 - Don't know
- 2) An established patient to see **you** _____ days
 - Don't know

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Readopt with amendment “New Hampshire Alcohol and Drug Counselor Licensure Survey” (March 2023), effective March 24, 2023 (Document #13593), and incorporated by reference in He-C 801.03(a)(5), effective 2/23/2021 (Document #13172), to read as follows:

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NH DIVISION OF
Public Health Services
Improving health, preventing disease, reducing costs for all
Department of Health and Human Services



New Hampshire Alcohol and Drug Counselor Licensure Survey

Provider Name: _____

Email: _____ **Date of Birth:** ____/____/____

New Hampshire (NH) License Number: _____

1. **10-digit NPI number:** _____ **No NPI number**
If you do not know your NPI number, please visit <https://npiregistry.cms.hhs.gov/> to locate it.

2. **Which best describes your current practice status in NH?** (Select one)
Remainder of survey pertains only to providers engaged in full/part time clinical practice in NH

Full/Part time clinical practice at one or more locations in NH
(Select this option if you work more than 2 scheduled hours per week, on average)

If you did not check the box above, check the appropriate box below and skip remainder of survey

- Infrequent clinical practice (less than 2 scheduled hours per week, on average)
 Per diem clinical practice in NH
 Clinical teaching/Clinical research ONLY
 Administrative/Legal services ONLY
 Other work using license/training
 No clinical related work within NH
 Not currently working; select reason: Unemployed/Looking On extended leave Other
 Retired

3. **What is your current gender identity?** (Check all that apply):

- Female
 Male
 Transgender woman/Transgender female
 Transgender man/Transgender male
 Other identity (e.g., non-binary, genderqueer, gender-diverse, gender fluid, etc.)
 Choose not to disclose

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4. **Are you Hispanic/Latino?** Yes No5. **Race:** (Select all that apply)*If you feel the following response choices do not accurately represent your identity, please skip this question.*

White; Black or African American; Amer. Indian or Alaska Native; Asian (Indian,
 Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian _____);
 Native Hawaiian or Other Pacific Islander

6. **Do you speak another language other than English in your clinical practice?** Yes No6a. **If yes, what language(s)?** (Select all that apply)

African _____;
 American Sign Language;
 East Asian – (Chinese, Japanese, Korean, Other East Asian _____);
 European – (Portuguese, French, German, Italian, Greek, Other European _____);
 Middle Eastern – (Arabic, Persian, Hebrew, Other Middle Eastern _____);
 South/Southeast Asian – (Hindi, Thai, Vietnamese, Other South/Southeast Asian _____);
 Spanish

Master Licensed Alcohol and Drug Counselor (MLADC)7. **Did you hold any of the following NH mental health practitioner licenses prior to applying for MLADC licensure? (Select all that apply):**

Licensed Alcohol and Drug Counselor (LADC)
 Licensed Independent Clinical Social Worker (LICSW)
 Licensed Clinical Mental Health Counselor (LCMHC)
 Licensed Marriage and Family Therapist (LMFT)

MLADCs8. **Do you currently hold any of the following NH mental health practitioner licenses? (Select all that apply):**

LICSW
 LCMHC
 LMFT

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9. **Where did you complete your highest level of education prior to receiving your current NH license (school name, state)?**

10. **Year of graduation:** _____

11. **Licensed Alcohol and Drug Counselor (LADC) – After graduating with your degree, in what state did you complete the remainder of your 4,000/6,000 hours of supervised practical training for NH licensure? If you gained hours in more than one state, please indicate the state in which you most recently received practical training in order to apply for licensure.**

If the program was online-only, please indicate in which state you were stationed

12. **MLADCs - In what state did you complete your post-masters, supervised practical training for NH licensure?**

If the program was online-only, please indicate in which state you were stationed

Did you live or work in NH prior to receiving your current NH license?

Yes No

13. **How many consecutive years have you provided clinical services in NH, under your current license type?**

_____ years

14. **Do you expect that you will be clinically practicing in NH 5 years from now, under your current license?**

- Yes, at about the same level I'm currently working
- Yes, but I expect to increase my hours
- Yes, but I expect to reduce my hours
- No, but I expect to be practicing in another state
- No, I do not plan to clinically practice under my current license type 5 years from now

15. **How many total hours per week do you provide clinical services across all service locations (i.e. locations with scheduled services of at least 2 hours per week)?**

Clinical services include direct patient care, as well as any administrative activities related to charting, billing for services, and participation in clinical team activities. It does not include time spent on managerial and oversight activities of the organization or clinical team.

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_____ (hours per week)

NH PRACTICE SITE QUESTIONS

The following questions should be completed for each NH location at which you routinely provide substance use disorder services (i.e. at least 2 hours of scheduled services per week). Before completing, copy pages 4-5 for each site at which you practice.

16. **Practice Name:** _____

Note: If you provide **telehealth** or **non-fixed** services only, for one or multiple locations, enter “Telehealth” or “Non-fixed” respectively, **once** for the site name.

17. **Approximately how many hours per week do you typically spend providing clinical services at this location?** The hours should **not** include time on-call, or on corporate/management activities.

_____ hours/week

18. **Are you a non-fixed setting provider?**

A non-fixed setting is when a provider delivers direct patient care for 2+ hours per week in locations other than a fixed office or clinic site (e.g. business/home visiting services). Note that the provider may be employed by a single agency or practicing independently. Telemedicine is considered a fixed location.

 Yes (skip the rest of the survey) No
19. **Are you a telemedicine-only provider?**
 Yes No
20a. **If yes, do you provide services for a NH practice site?**
 Yes No (skip to question 22)
20. **Practice Phone:** (_____) _____ - _____ **Extension:** _____**Practice Physical Street Address (NH only):** _____**Practice City:** _____ **Zip:** _____21. **Check the appropriate box below which best describes your work setting at this location:**

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Hospital services only | (skip the rest of the survey) |
| <input type="checkbox"/> Inpatient substance use disorder treatment center | (skip the rest of the survey) |
| <input type="checkbox"/> Substance use disorder clinics (Methadone, specialized treatment facility, etc.) | (skip the rest of the survey) |
| <input type="checkbox"/> Extended/Institutional care only (nursing home/SNF, residential | (skip the rest of the survey) |

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- treatment, etc.)
- NH telemedicine only; services delivered from within NH
(skip to question 26 if providing services for a NH practice site; otherwise skip the rest of the survey)
- NH telemedicine only; services delivered from outside of NH
(skip to question 26 if providing services for a NH practice site; otherwise skip the rest of the survey)
- State/Federal prison clinic *(skip the rest of the survey)*
- City/County correctional facility *(skip the rest of the survey)*
- Corporate/Educational institution or Veterans Administration (VA) *(skip the rest of the survey)*
- A non-traditional setting (home care, mobile services, etc.) *(skip the rest of the survey)*
- Other **NON-outpatient/office-based** setting *(skip the rest of the survey)*
- Outpatient/Office-based setting** *(none of the above describes this location)*

22. Approximately what percentage of the hours at this address is spent providing each of the following categories of care: (Total must equal 100%)

In-Person Services _____ %

Telemedicine _____ %

23. Does this location participate in any of the following federal programs?

Participation in these programs requires formal application and acceptance. Specific definitions apply. Please read the following before indicating participation in any of these programs:

"Federally Qualified Health Center" (FQHC) is an official federally designated status for non-profit organizations receiving ongoing federal grant support under Section 330 of the Public Health Service Act.

"Rural Health Clinic" (RHC) is an official federally designated status granted to specific primary care service delivery locations in rural areas. RHCs receive enhanced Medicaid and Medicare reimbursement. Do not indicate RHC status if you indicated participation in the FQHC program above.

- No federal program participation at this location
- Federally Qualified Health Center
- Federally certified Rural Health Clinic

24. Is a formal sliding fee discount policy offered at this location?

This does not include standard, discounted rates for everyone set by the facility or negotiated reductions granted on a case-by-case basis. Sliding fee discount policies (or sliding fee scales) are based upon federal poverty guidelines, and patient eligibility is determined by annual income and family size. These scales are established to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied.

- Yes
- No

25. Do you accept NH Medicaid as a form of payment at this location?

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Yes No

26. Are you currently accepting new patients at this location?

Yes No N/A (not a primary location for patient intake from the general population)

27. Are there routine, non--urgent outpatient appointments set at this location?

Yes No

27a. If yes, approximately what is the present wait for a routine appointment for:

- 1) A new patient to see **you** _____ days
 Don't know
- 2) An established patient to see **you** _____ days
 Don't know

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Readopt with amendment “New Hampshire Psychologist Licensure Survey” (March 2023), effective March 24, 2023 (Document #13593), and incorporated by reference in He-C 801.03(a)(6), effective 2/23/2021 (Document #13172), to read as follows:

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New Hampshire Psychologist Licensure Survey

Provider Name: _____

Email: _____ **Date of Birth:** ____/____/____

New Hampshire (NH) License Number: _____

1. **10-digit NPI #** _____ **No NPI #**

If you do not know your NPI number, please visit <https://npiregistry.cms.hhs.gov/> to locate it.

2. **Which best describes your current practice status in NH?** (Select one)

Remainder of survey pertains only to providers engaged in full/part time clinical practice in NH

Full/Part time clinical practice at one or more locations in NH
(Select this option if you work more than 2 scheduled hours per week, on average)

If you did not check the box above, check the appropriate box below and skip the remainder of the survey

- Infrequent clinical practice (less than 2 scheduled hours per week, on average)
- Per diem clinical practice in NH
- Clinical teaching/Clinical research ONLY
- Administrative/Legal services ONLY
- Other work using license/training
- No clinical related work within NH
- Not currently working; if checked: Unemployed/Looking On extended leave Other
- Retired

3. **What is your current gender identity?** (Check all that apply):

- Female
- Male
- Transgender woman/Transgender female
- Transgender man/Transgender male
- Other identity (e.g., non-binary, genderqueer, gender-diverse, gender fluid, etc.)
- Choose not to disclose

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4. Are you Hispanic/Latino?

- Yes No

5. Race: (Select all that apply)

If you feel the following response choices do not accurately represent your identity, please skip this question.

- White; Black or African American; Amer. Indian or Alaska Native; Asian (Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian _____);
- Native Hawaiian or Other Pacific Islander

6. Do you speak another language other than English in your clinical practice?

- Yes No

6a. If yes, what language(s)? (Select all that apply)

- African _____;
- American Sign Language;
- East Asian - (Chinese, Japanese, Korean, Other East Asian _____);
- European - (Portuguese, French, German, Italian, Greek, Other European _____);
- Middle Eastern - (Arabic; Persian, Hebrew, Other Middle Eastern _____);
- South/Southeast Asian - (Hindi, Thai, Vietnamese, Other South/Southeast Asian _____);
- Spanish

7. Where did you graduate with your psychology degree (school name, state)?

8. Year of graduation: _____

9. In what state did you complete your post-doctoral, supervised clinical experience for NH licensure? _____

10. Did you live or work in NH prior to receiving your NH, psychologist license?

- Yes No

11. How many consecutive years have you provided clinical services in NH, as a psychologist?

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_____ years

12. Do you expect that you will be practicing psychology in NH 5 years from now?

- Yes, at about the same level I'm currently working
- Yes, but I expect to increase my hours
- Yes, but I expect to reduce my hours
- No, but I expect to be practicing in another state
- No, I do not plan to clinically practice 5 years from now

13. How many total hours per week do you clinically practice across all service locations (i.e. locations with scheduled services of at least 2 hours per week)?

Clinical services include direct patient care, as well as any administrative activities related to charting, billing for services, and participation in clinical team activities. It does not include time spent on managerial and oversight activities of the organization or clinical team.

_____ (hours per week)

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NH PRACTICE SITE QUESTIONS

*The following questions should be completed for each NH location at which you routinely practice clinical psychology (i.e. at least 2 hours of scheduled services per week). **Note:** Before completing, copy pages 4-5 for each site at which you practice.*

14. **Practice Name:** _____

Note: If you provide **telemedicine** or **non-fixed** services only, for one or multiple locations, enter “Telemedicine” or “Non-fixed” respectively, **once** for the site name.

15. **Approximately how many hours per week do you typically spend providing clinical services at this location?** *The hours should **not** include time on-call, or on corporate/management activities.*

_____hours/week

16. **Are you a non-fixed setting provider?**

A non-fixed setting is when a provider delivers direct patient care for 2+ hours per week in locations other than a fixed office or clinic site (e.g. business/home visiting services). Note that the provider may be employed by a single agency or practicing independently. Telemedicine is considered a fixed location.

Yes (*skip the rest of the survey*) No

17. **Are you a telemedicine-only provider?**

Yes No

17a. **If yes, do you provide services for a NH practice site?**

Yes No (*skip to question 19*)

18. **Practice Phone:** (_____) _____ - _____ **Extension:** _____

Practice Physical Street Address (NH only): _____

Practice City: _____ **Zip:** _____

19. **Area(s) of practice at this location:** (Select all that apply)

- Adult/General Psychology
- Child and Adolescent Psychology
- Couple and Family Psychology
- Geriatric Psychology
- Hospice/Palliative Psychology
- Primary Care Psychology
- Psychological Assessment
- Substance Use Disorder/Addiction Disorder Psychology

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20. Check the appropriate box below which best describes your work setting at this location:

- Hospital services only *(skip the rest of the survey)*
- Inpatient substance use disorder treatment center *(skip the rest of the survey)*
- Inpatient mental health treatment center *(skip the rest of the survey)*
- Extended/Institutional care only (nursing home/SNF, residential treatment, etc.) *(skip the rest of the survey)*
- Substance use disorder clinics (e.g. Methadone, specialized treatment facility, etc.) *(skip the rest of the survey)*
- NH telemedicine only; services delivered from within NH
(skip to question 26 if providing services for a NH practice site; otherwise skip the rest of the survey)
- NH telemedicine only; services delivered from outside of NH
(skip to question 26 if providing services for a NH practice site; otherwise skip the rest of the survey)
- Educational Institution *(skip the rest of the survey)*
- Veterans Administration (VA) *(skip the rest of the survey)*
- State/Federal prison clinic *(skip the rest of the survey)*
- City/County correctional facility *(skip the rest of the survey)*
- Corporate setting *(skip the rest of the survey)*
- A non-traditional setting (home care, mobile services, etc.) *(skip the rest of the survey)*
- Other **NON-outpatient** setting *(skip the rest of the survey)*
- Outpatient/Office-based setting** *(none of the above describes this location)*

21. Approximately what percentage of the hours at this address is spent providing each of the following categories of care: (Total must equal 100%)

In-Person Services _____ %

Telemedicine _____ %

22. Does this location participate in any of the following federal programs?

Participation in these programs require formal application and acceptance. Specific definitions apply. Please read the following before indicating participation in any of these programs:

"Federally Qualified Health Center" (FQHC) is an official federally designated status for non-profit organizations receiving ongoing federal grant support under Section 330 of the Public Health Service Act.

"Rural Health Clinic" (RHC) is an official federally designated status granted to specific primary care service delivery locations in rural areas. RHCs receive enhanced Medicaid and Medicare reimbursement. Do not indicate RHC status if you indicated participation in the FQHC program above.

- No federal program participation at this location
- Federally Qualified Health Center
- Federally certified Rural Health Clinic

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23. Is a formal sliding fee discount policy offered at this location?

This does not include standard, discounted rates for everyone set by the facility or negotiated reductions granted on a case by case basis. Sliding fee discount policies (or sliding fee scales) are based upon federal poverty guidelines, and patient eligibility is determined by annual income and family size. These scales are established to ensure that a non-discriminatory, uniform, and reasonable charge is consistently and evenly applied. Patients must be informed of sliding fee discount availability 42 USC § 254b(k)(3)(G) (via the intake process, on the website, etc.).

Yes No

24. Do you accept NH Medicaid as a form of payment at this location?

Yes No

25. Are you currently accepting new clients at this location?

Yes No N/A (not a primary location for client intake from the general population)

26. Are there routine, non-urgent outpatient appointments set at this location?

Yes No

26a. If yes, approximately what is the present wait for a routine appointment for:

- 1) A new client to see **you** _____ days
 Don't know
- 2) An established client to see **you** _____ days
 Don't know