



Invest Rural NJ Information Session

Presented by The Center for Health Equity and Wellbeing, New Jersey's Public Health Institute (CHEW-NJPHI)



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The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

Session Agenda



Welcome from New Jersey Department of Health (NJDOH)

Official welcome and opening remarks.



CHEW-NJPHI Introduction

An overview of the CHEW-NJPHI initiative.



Rural Health Transformation (RHT) Program 2026

Details about the RHT program.



Introduction to Invest Rural NJ

Learn about the Invest Rural NJ program.



Supporting Documentation

Examples of acceptable and unacceptable supporting documentation.



IRNJ Enrollment Status

Where things stand with Invest Rural NJ enrollment.



Question and Answer

Opportunity for audience questions.

Welcome from the New Jersey Department of Health (NJDOH)



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Assistant Commissioner, Population
Health Branch



Damon Koslow, MA
Executive Director, Office of Primary
Care and Rural Health, Population
Health Branch



Brianna Foulks, MSHCM
Executive Assistant to the Executive
Director, Office of Primary
Care and Rural Health, Population Health
Branch



SECTION

CHEW-NJPHI

Center for Health Equity and Wellbeing, New Jersey's Public Health Institute Overview

The CHEW Team



**Denise Anderson,
Ph.D., MPH**
Inaugural Executive
Director



**Wesley
Tahsir-Rodriguez, MPH**
Director of Operations and
Public Health Programs



Melissa Domizio
Executive Assistant to the
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MPH**
Program Manager -
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Program Manager -
Health Opportunity Zones



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MHS**
Program Coordinator -
Workforce



**Marcus Henry,
MPH**
Program Coordinator -
Health Opportunity Zones

Who We Are: CHEW-NJPHI

New Jersey's designated Public Health Institute — a statewide, nonpartisan nonprofit



A convener, connector, collaborator, and supporter working across communities, health systems, government, and partners statewide.

- **Designated in 2025**

Formally designated New Jersey's Public Health Institute by Governor Phil Murphy and the NJ Department of Health.

- **Built through partnership**

Developed with The Nicholson Foundation, the Robert Wood Johnson Foundation, NJDOH, and the National Network of Public Health Institutes; incubated by Acenda Integrated Health.

- **Our mission**

Collaborative, community-driven partnerships that improve health, strengthen public health infrastructure, and advance equity and quality of life for all.

Our Vision

A New Jersey where every person and every community has a fair and just opportunity to experience health and quality of life to their full potential.

Our Four Strategic Pillars

Home of Invest Rural NJ



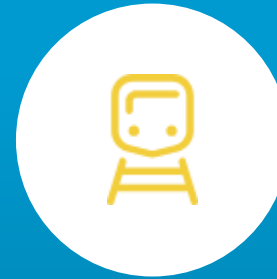
Health Equity (Health Opportunity Zones)

Advancing targeted, place-based strategies to reduce disparities.



Democracy & Health (Civic Engagement & Public Policy)

Strengthening nonpartisan civic participation and health policy advocacy.



Public Health Infrastructure & Workforce Development

Building, training, and sustaining the next generation of public health leaders.



Trust in Science (Evidence-Based Action & Clinical Trials Diversification)

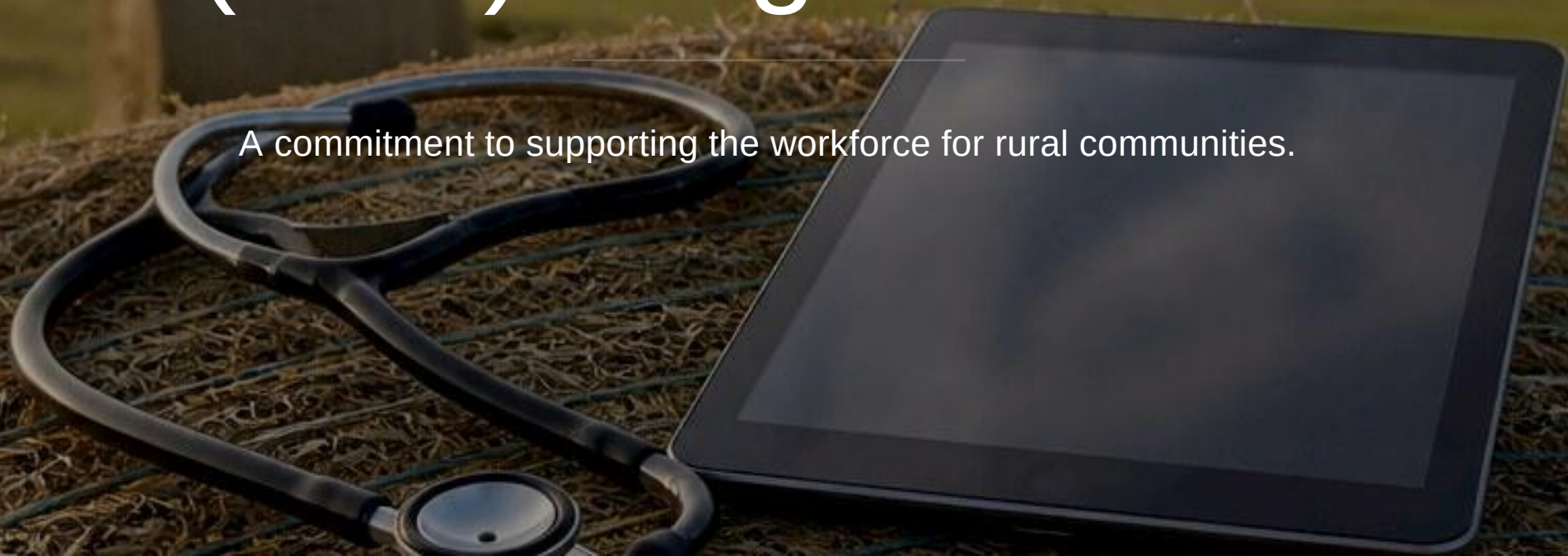
Advancing public trust through transparent, inclusive engagement with science.

Our core values: Equity • Vitality • Activation • Integrity • Accountability • Trustworthiness

Learn more in the CHEW-NJPHI Strategic Plan 2025–2027 at equityandwellbeing.org

Rural Health Transformation (RHT) Program 2026

A commitment to supporting the workforce for rural communities.



RHT Program 2026 at a Glance



Program Authorization

Authorized by the One Big Beautiful Bill Act (OBBBA) as a state-led rural health transformation program.



Funding

\$50 billion nationally over five years (2026–2030), awarded to states.



Purpose

Long-term, sustainable improvements to rural care — not short-term service expansion.



Award Contingency

All awards are subject to federal appropriations and program approval.

Five strategic goals of the RHT Program

Preventive Measures

Chronic Disease
Monitoring & Control

Workforce Development

Infrastructure
Development

Tech Innovation

Invest Rural NJ advances the Workforce Development goal: recruiting, training, and retaining a highly skilled rural health care workforce.

From RHT to Invest Rural NJ

NJ DOH RFA: Advancing Technology, Prevention, and Workforce Capacity in Rural New Jersey



Activity A: Rural Preventive Health Initiatives

Activity B: Technology Solutions, Telehealth & Remote Patient Monitoring

Activity C: Training & Capacity Building

Activity D: Clinical Workforce Recruitment & Retention Initiative

Administered by CHE W-NJ PHI as Invest Rural NJ

What Invest Rural NJ does

Provides multi-year financial incentives to eligible clinicians who commit to at least five years of rural service at approved practice sites, prioritizing uninsured and underinsured patients. Service must be in-person (telehealth does not qualify). CHE W-NJ PHI administers outreach, the application and review process, incentive payments, and compliance and reporting.



NEW JERSEY
RURAL HEALTH TRANSFORMATION

SECTION

Invest Rural NJ

Invest Rural NJ

Incentives for Rural Clinicians

Workforce Incentive

Minimum annual incentive for new and existing rural clinicians.

Licensure

Must hold an active professional license.

Service Commitment

Mandatory 5-year commitment to providing services in a rural area.

Location Requirements

Services must be delivered in federally or New Jersey-recognized rural locations.

Impact Demonstration

Must show the need for services and the positive impact of service expansion.

Commitment to Rural Service

Requires evidence of dedication to serving rural communities.

Target Populations

Services must focus on high-need groups like Medicaid, Medicare, uninsured, or offer a sliding fee scale.

Site-Based Incentives

Available for shared or hybrid staffing models.

Invest Rural NJ: Clinician Eligibility



Tier 1

Physicians (MD/DO) and Dentists (specialties included)



Tier 2

Nurse Practitioners (NPs), Physician Assistants (PAs), Psychiatric NPs, Certified Nurse Midwives



Tier 3

Registered Nurses (RNs) and Licensed Practical Nurses (LPNs)



Tier 4

Licensed Clinical Social Workers (LCSWs), Licensed Social Workers (LSWs), Licensed Professional Counselors (LPCs), Licensed Marriage and Family Therapists (LMFTs), Licensed Associate Counselors (LACs), Psychologists, Licensed Behavior Analysts (LBAs), Board Certified Behavior Analysts (BCBA/BCBA-D), Licensed Assistant Applied Behavior Analysts (LaBAs), Licensed Clinical Alcohol and Drug Counselors (LCADCs)



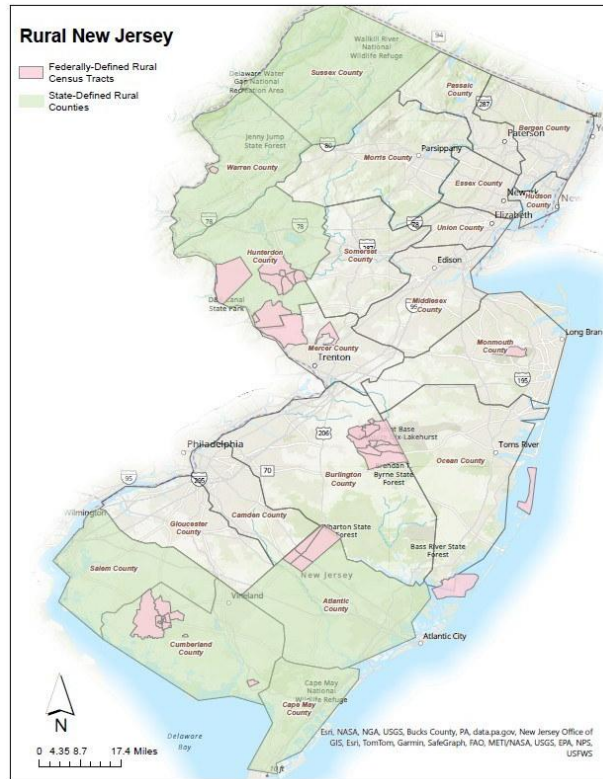
Tier 5

NEW

Dental Hygienists, Registered Dietitian Nutritionists, Pharmacists, Radiologic Technologists, Medical Laboratory Technologists/Technicians, Physical Therapists, Occupational Therapists, Speech-Language Pathologists, Optometrists, Audiologists, International Board-Certified Lactation Consultants, and Respiratory Therapists

Program design, eligibility criteria, funding structure, and implementation details are subject to change based on guidance and approvals from the Centers for Medicare & Medicaid Services (CMS) and at the discretion of the New Jersey Department of Health (NJ DOH).

Invest Rural NJ: Eligible Areas & Entities



- **Eligible Rural NJ Areas**

Includes Federally-Defined Rural Census Tracts and State- Defined Rural Counties.

- **Eligible Entities**

Hospitals, Ambulatory Care Centers, FQHCs, CCBHCs, and Individual/Group Private Practices.

Program design, eligibility criteria, funding structure, and implementation details are subject to change based on guidance and approvals from CMS and at the discretion of the NJ DOH.

An Alternative View of Rural Eligibility

New Jersey Rural Health Transformation (RHT) Program

Eligible Rural Areas – 2026

The RHT program in 2026 includes both federally-defined and state-defined rural areas in New Jersey. State-defined rural areas are based at the county-level, whereas federally-defined rurality is based at the census tract (CT) level. The table below presents all counties that have either full or partial rurality and the CTs that meet the federally-defined rurality criteria.

County	State Rural Definition*	Federal Rural Definition**	Federal Rural CTs	Non-Exclusive List of Townships within Federal Rural CTs
Atlantic	Full County	Partial (4 CTs)	108, 109, 110, 111	Hammonton
Burlington		Partial (9 CTs)	7021.01, 7022.06, 7022.07, 7022.08, 7022.09, 7022.1, 7048.01, 9821.11, 9822	Browns Mills, Fort Dix, Hockamik, New Hanover, Pointville, Upton
Cape May	Full County	-	-	-
Cumberland	Full County	Partial (12 CTs)	101.03, 104.02, 106, 107.02, 201, 202, 203.01, 203.02, 204, 205.02, 205.03, 206	Bowentown, Bridgeton, Dutch Neck, Harmony, Hopewell, Lakeside-Beebe Run, Laurel Heights, Shiloh, Silver Lake, West Park <i>[Also includes Bayside State Prison and Fairton Federal Correctional Institution]</i>
Hunterdon	Full County	Partial (9 CTs)	113.01, 113.03, 113.04, 113.05, 113.06, 114, 115, 118, 119	Barbertown, Flemington, Kingwood, Lambertville, Milltown, Point Breeze
Mercer		Partial (2 CTs)	33.04, 38	Ackers Corner, Bear Tavern, Coopers Corner, Harborton, Harts Corner, Princessville, Rosedale
Monmouth		Partial (1 CT)	8099.03	Naval Weapons Station Earle - Mainside
Ocean		Partial (2 CTs)	9800, 9801	Great Bay Boulevard, Island Beach State Park
Salem	Full County	-	-	-
Sussex	Full County	-	-	-
Warren	Full County	Partial (1 CT)	317	Belvidere

*State-Defined rural areas meet the criteria of a population density of less than 500 persons per square mile.

**Federally-Defined rural areas meet the criteria set by HRSA. HRSA's rural health grants eligibility analyzer provides an interactive platform to search and view all federally-defined rural areas. <https://data.hrsa.gov/topics/rural-health/rural-health-eligibility?tab=StateCounty>

Invest Rural NJ: Clinician Incentives

Five-year incentive amount by tier — new vs. current clinicians

Tier	Eligible clinicians	New to rural NJ	Current clinician
Tier 1	Physicians (MD/DO) and Dentists	\$400,000	\$150,000
Tier 2	NPs, PAs, Psychiatric NPs, CNMs	\$250,000	\$125,000
Tier 3	RNs and LPNs	\$150,000	\$75,000
Tier 4	Behavioral health clinicians (LCSWs, LSWs, LPCs, LMFTs, LACs, LBAs, BCBAs, LaBAs, LCADCs, Psychologists)	\$180,000	\$100,000
Tier 5	Ancillary & Specialty Clinical Workforce	\$150,000	\$75,000

NEW

Relocation support: \$25,000 – \$100,000 by tier

For out-of-state moves and in-state (mileage-based) moves.

Program design, eligibility criteria, funding structure, and implementation details are subject to change based on guidance and approvals from the Centers for Medicare & Medicaid Services (CMS) and at the discretion of the New Jersey Department of Health (NJDOH). Participants are responsible for taxes on financial incentives.

How to Apply



Program staff may request clarifying or additional information during the application review and verification process.

Items Needed Before Initiating Clinician Application

Prepare these documents for a smooth application process.

1

Identification

A copy of your driver's license or passport.

2

Work Schedule

A copy of your current or proposed work schedule.

3

Professional License

A copy of your professional license or proof of license application submission.

4

Offer Letter

For new applicants, a signed offer letter if you are new to rural NJ.

5

Most Recent Paystub

For current applicants, your most recent paystub if you are currently working in rural NJ.

6

Proof of Address Change

If requesting relocation support, provide a lease agreement, mortgage statement, or utility bill.

7

Sliding Fee Scale/ Charity Care Policy/Managed Care Organization (MCO) agreement

A copy of your facility's sliding fee scale.

8

Proof of Hybrid/Shared Staffing Model

If applicable, provide an executed MOU, contract, or affiliate agreement between health systems and FQHCs/Free clinics, a shared staffing agreement outlining clinician deployment, and a joint employment or subcontracting agreement.

IRNJ Clinician Application Components

Twelve sections plus screening, UPI, and file upload • HIPAA-compliant JotForm • Save and return any time

Get started

Screening

Work authorization status; confirm 30+ hours/week of direct, in-person patient care.

Unique Participant Identifier (UPI)

IRN + name characters + date of birth.

1 Applicant Information

Legal name, date of birth, contact details; new-to-rural-NJ or retention applicant, with start or commencement date.

2 Professional Information

Clinician type, primary specialty, license type, number, states, dates, and current status.

Your rural practice

3 Rural Practice Site Information

Each site name, address, and organization type; supervisor or site contact.

4 Rural Workforce Status

New or returning after a 24-month gap, or currently practicing at a rural site (≤ 6 months / > 6 months).

5 Recruitment & Relocation

Relocating out-of-state, in-state, or not; new address or desired counties; in-state mileage.

9 Geographic Priority

State-defined rural county or federal RCT; SVI, HPSA, and MUA/P designations.

10 Practice Readiness

Estimated time to begin patient care (new applicants).

11 FQHC Participation

Already working at, willing to work, or not willing to work part-time at an FQHC within an RCT.

Narratives & sign-off

6 Commitment & Retention Narrative

Why rural practice, ties to rural or underserved areas, ability to commit long term (250 words).

7 Site Need & Access Impact

How your role reduces vacancies and wait times, expands services, and serves high-need populations (250 words).

8 Equity & Priority Populations

Populations your practice primarily serves; how your role advances equitable access (150 words).

12 Attestations & Acknowledgements

Accuracy; incentives are taxable and not salary or loan repayment; funding contingency; consent to verification; five-year service agreement.

File Upload

ID, work schedule, license, offer letter (new) or paystub (current), relocation proof, sliding fee / charity care / MCO document, hybrid staffing proof if applicable.

Have your documents ready before you start. Program staff may request clarifying or additional information during review.

Create your unique participant identifier (UPI)

Please create a unique identifier for your application. We are asking for you to create a UPI to connect clinician and employer companion applications together. Your UPI should contain the following:

- IRN in the beginning
- First character and third character of first name
- First character and third character of last name
- Date of birth (MMDDYY)

Example:

First name: John

Last name: Smith

Date of birth: 04/03/2020

UPI: IRNJhSi040320

Clinician UPI *

SECTION 1. Applicant Information

At the end, upload copy of ID, Passport or Green Card for verification

Full Legal Name *

Date of Birth (MM/DD/YYYY) *

Contact information *

Phone Number

Current Home Address
(City/State/Zip Code)

Primary Email *

example@example.com

Employment Status:

Applicant Type *

- ☐ New recruitment applicant to rural NJ
- ☐ Currently work in rural NJ (retention applicant)

New Applicant-Anticipated start date at rural site *

Date

At the end, upload signed offer letter

Retention Applicant- Commencement date current at rural site *

Date

At the end, upload proof of current employment (most recent paystub)

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Save

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SECTION 2. Professional Information

Clinician Type (select one): *

Please Select



Primary Specialty (if applicable):

License Information (At the end, upload copy of license for verification) *

License Type:

License Number:

State(s) Licensed:

Original Issue Date:

License Expiration Date:

What is the current status of your license? *

Please Select



SECTION 3. Rural Practice Site Information

Rural Site listing *

Rural Site Name

Site Address

Organization Type

Please Select



Add New

Please provide additional information about your rural practice site if it does not neatly fit within the organization type categories listed above.

All organization types **must** meet Federal or State definitions of rurality. All organizational entities **must** serve Medicaid, Medicare, uninsured populations, underinsured populations, have a sliding fee scale, Charity Care policy and/or Managed Care Organization (MCO) participation agreement.

Supervisor/Site Contact Name *

Supervisor/Site Contact Email *

example@example.com

SECTION 4. Rural Workforce Status

Which best describes you? (Select one)

New applicants to rural NJ health care: *

- ☐ Never worked in rural health care previously
- ☐ Returning to rural practice after ≥24-month gap

For applicants currently practicing in rural health care in NJ *

- ☐ Practicing at a rural site ≤ 6 months (December 2025- May 2026)
- ☐ Practicing at a rural site > 6 months

If practicing at a rural site for more than 6 months, please indicate length of time: *

Please Select



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SECTION 5. Recruitment and Relocation

Are you relocating for this position? *

- ☐ Yes, I am relocating from Out-of-State
- ☐ Yes, I am relocating In-State
- ☐ No, I am not relocating

If you have already identified or secured a new address, please share it below. If you are still exploring relocation, please tell us which counties and/or municipalities you are considering.

New Address locating to:

Desired Relocation Counties/ Municipalities

- | | | |
|---|--|--|
| ☐ Atlantic County | ☐ Bergen County | ☐ Burlington County |
| ☐ Camden County | ☐ Cape May County | ☐ Cumberland County |
| ☐ Essex County | ☐ Gloucester County | ☐ Hudson County |
| ☐ Hunterdon County | ☐ Mercer County | ☐ Middlesex County |
| ☐ Monmouth County | ☐ Morris County | ☐ Ocean County |
| ☐ Passaic County | ☐ Salem County | ☐ Somerset County |
| ☐ Sussex County | ☐ Union County | ☐ Warren County |

Estimated distance (miles from old to new in-state address/desired counties/ municipalities) *

In-state relocations only

SECTION 6. Commitment & Retention Narrative

In 250 words or fewer, please describe:

- Why you are interested in rural practice
- Any personal, professional, or community ties to rural and underserved areas
- Factors that support your ability to commit to long-term rural service

✖

0/250

SECTION 7. Site Need & Access Impact

In 250 words or fewer, describe how your role addresses access gaps at the rural site, such as:

- Reducing high vacancy/ hard-to-fill role; long wait times; limited speciality access
- Expanding services (primary care, dental, behavioral health, OB, etc.)
- Serving high-need populations (Medicaid, Medicare, uninsured and underinsured populations)

✖

0/250

SECTION 8. Equity & Priority Populations

Will your clinical practice primarily serve any of the following? (Check all that apply)

✖

- | | |
|--|---|
| ☐ Medicaid-insured patients | ☐ Medicare-insured patients |
| ☐ Uninsured/underinsured/Charity Care/Sliding fee scale | ☐ Maternal & child health populations |
| ☐ Behavioral health/substance use populations | ☐ Racially or ethnically underserved populations |
| ☐ LGBTQ+ populations | ☐ Migrant or agricultural workers |
| ☐ Veterans | ☐ People with disabilities |

At the end, upload copy sliding fee scale, Charity Care policy, and/or Managed Care Organization (MCO) participation agreement.

Briefly describe how your role advances equitable access (150 words max): ✖

0/150

SECTION 9. Geographic Priority

Is the proposed site location(s) in any of the following? (Check all that apply) *

- ☐ State Defined Rural County
- ☐ Federally Rural Census Tract (RCT)

What additional geographic priority designations apply? (Check all that apply)

- ☐ High Social Vulnerability Index (SVI) area
- ☐ Hard-to-fill rural region
- ☐ Persistent health professional shortage area
- ☐ Federal Rural Census Tract (RCT)
- ☐ Medically underserved areas/ populations (MUA/P)

Links listed below to help identify site location:

- [Social Vulnerability Map](#)
- [Federal Rural Health Eligibility \(RCT\)](#)
- [Health Professional Shortage Area](#)
- [HRSA MUA/P Find](#)

Specify RCT: *

SECTION 10. Practice Readiness

If new to rural health care in NJ, please answer below.

Estimated time to begin patient care at rural site *

- ☐ Immediately/already credentialed
- ☐ Within 90 days
- ☐ 3-6 months
- ☐ More than 6 months

SECTION 11. FQHC Participation

If not already, are you willing to work part time at an FQHC within an RCT? *

- ☐ Yes, I already work at an FQHC
- ☐ Yes, I am willing to work part time at an FQHC
- ☐ No, I am not willing to work part time at an FQHC

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Save

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Optional: Additional information for reviewers consideration (150 words max)

0/150

SECTION 12. Attestations & Acknowledgements

By signing below, I attest that: *

- ☐ All information provided is accurate and complete
- ☐ I understand incentives are **taxable income**
- ☐ Incentives are **not salary, wages, or loan repayment**
- ☐ Participation is contingent upon continued program funding and compliance
- ☐ I consent to verification of employment, licensure, and other components of my application
- ☐ I acknowledge that participation in Invest Rural NJ requires execution of a five-year rural service agreement and commitment to fulfilling the associated service obligation

File Upload

To complete your application, please upload the following materials available.

- Copy of identification (driver's license, passport, Green Card etc.)
- Copy of work schedule or proposed work schedule
- Copy of license or license application submission
- Signed offer letter (**new to rural NJ applicant only**)
- Most recent paystub (**current rural NJ applicants only**)
- Proof of address change (**for relocation support request only**)
 - Acceptable forms of proof:
 - Lease agreement or mortgage statement
 - Utility bill
- Copy of sliding fee scale, Charity Care policy, and/or Manage Care Organization (MCO) participation agreement

Support services are offered at reduced costs based on a patient's income and ability to pay.
- Proof of hybrid/shared staffing model between health systems and FQHCs, if applicable
 - Acceptable forms of proof:
 - Executed MOU or agreement
 - Contract or affiliate agreement between entities
 - Shared staffing agreement outlining clinician deployment
 - Joint employment or subcontracting agreement

File Upload



Browse Files

Drag and drop files here

Back

Save

Submit Application

Powered by Jotform



Acceptable Documentation- Work Schedule

To Who it May Concern,

In response to your request, please find below [REDACTED] weekly work schedule, for her start date of 8/17/26, reflecting the hours worked at all site locations.

I attest that this schedule is accurate and reflects [REDACTED] regular work schedule as of the date of this correspondence.

	Mon	Tues	Weds	Thurs	Fri
Location	[REDACTED]				
Hours	10am - 6pm	8am - 4pm	8am - 4pm	8am - 4pm	8am - 4pm

Please let me know if any additional information or documentation is needed.

Sincerely,

EMP [REDACTED]
EMP [REDACTED]

Pattern Template Shift Template Comment Copy/Paste Delete

08:30 - 17:00, M - F
4/23/2024-Forever

New Pattern 6/09/2024-Forever Add New Pattern

Start Date 4/23/2024

No.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1		8:30 AM - 5:00 PM	8:30 AM - 5:00 PM	8:30 AM - 5:00 PM	8:30 AM - 5:00 PM	8:30 AM - 5:00 PM	

UKG Employee timecards

24104 19 of 26

Current Pay Period 26 Employee(s) selected

Go to

Share New pending Calculate totals

General Information

Manager George, Lisa

Primary Job 6/28/2025 - Forever

Primary Labor Category 6/28/2025 - Forever

Contact Information

Timekeeping

Pay code	Amount	In	Transfer	Out	Shift	Daily	Period	Ab
		6:30 AM		5:00 PM	10.00	10.00	10.00	
		6:30 AM		5:00 PM	10.00	10.00	20.00	
		6:30 AM		5:00 PM	10.00	10.00	20.00	
		6:30 AM		5:00 PM	10.00	10.00	40.00	
		6:30 AM		5:00 PM	10.00	10.00	40.00	
		6:30 AM		5:00 PM	10.00	10.00	50.00	
		6:30 AM		5:00 PM	10.00	10.00	60.00	

Key Takeaways

- ✓ Name is visible
- ✓ You can see the hours worked each day, and they align with 30+ hours
- ✓ Typed schedules should be on letterhead with an attestation and signature from the employer

Acceptable Documentation- Sliding Fee Scales/ Charity Care Policy/M CO

Title: Financial Assistance Policy and Billing and Collection Policy (#111)

NJ Charity Care is a New Jersey program in which free or discounted care is available to patients who receive inpatient and outpatient services at acute care hospitals throughout the State of New Jersey. Hospital assistance and reduced charge care are only available for necessary emergencies or other medically necessary care.

NJ Charity Care is available to New Jersey residents who:

1. Have no health coverage or have coverage that pays only part of the bill;
2. Are ineligible for any private or governmental sponsored coverage (such as Medicaid); and
3. Meet the income and assets criteria described below.

Fee Schedule /Scholarship

ANNUAL HOUSEHOLD INCOME	FAMILY SIZE		
	1	2 to 4	5 PLUS
\$ 0-\$15,060	\$ 26	\$ 26	\$ 26
\$15,061 - \$20,649	\$ 30	\$ 30	\$ 26
\$20,650 - \$30,959	\$ 36	\$ 30	\$ 26
\$30,360 - \$41,279	\$ 48	\$ 36	\$ 30
	\$	\$	\$

FEE Schedule

% Federal Poverty Level	SLIDING FEE					
	0% - 100%	100%-125%	126%-150%	151%-175%	176%-200%	>201%
SERVICE DESCRIPTION	FEE	FEE	FEE	FEE	FEE	FEE
Partial Care	\$ 5	\$ 20	\$ 50	\$ 75	\$ 100	\$ 250
IOP	\$ 10	\$ 25	\$ 40	\$ 50	\$ 70	\$ 95
Standard	\$ 26	\$ 30	\$ 36	\$ 48	\$ 60	\$ 84

Sliding fee scale/scholarship or policy should be from your organization

Acceptable Documentation- Hybrid / Shared Staffing Model

- Clearly shows an amendment/agreement between the physician and employer.
- Explains that the clinician works at the service site and 1 day per week at an FQHC.

AMENDMENT TO EMPLOYMENT AGREEMENT

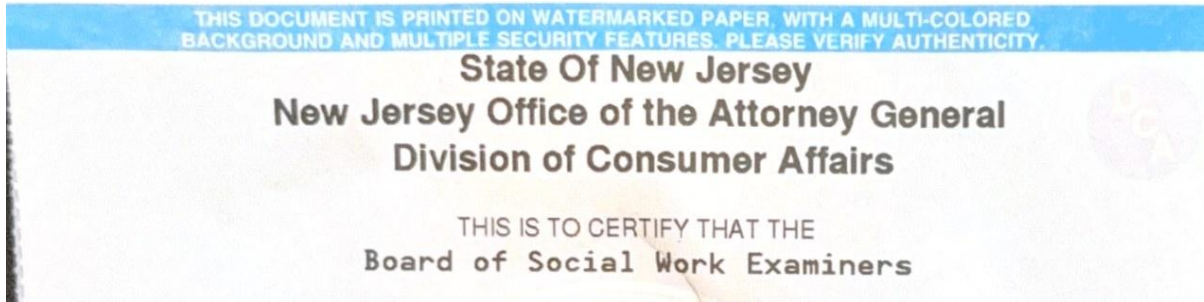
This Amendment is made this 15th day of May 2025 to the Employment Agreement dated September 6, 2024, (the "Agreement") by and between [REDACTED] ("Employer") and [REDACTED] ("Physician").

B. Duties and Responsibilities ("Services"): The duties of Physician shall be as follows:

Physician shall provide an anticipated 1.0 FTE (with 1.0 FTE representing 2,080 hours worked annually) of patient care four (4) days per week at the [REDACTED] location and one (1) day per week at the FQHC location ("Clinical Services") for the benefit of patients presenting at Employer's and Employer's affiliate locations, including those operated by Hospital [REDACTED] and [REDACTED]. Physician shall provide on-site Clinical Services at a minimum of forty (40) hours per week at times to be mutually established with the Chairperson of the Department (excluding weeks during which Physician is on vacation pursuant to this Agreement).

Physician shall report administratively to Employer's System Executive Director, and operationally to the Unit Director(s) to which Physician is assigned. Additionally, Physician shall report to Medical Director for clinical matters including psychiatric standards of care, client complaints pertaining to medical care, peer review, privileging, credentialing, quality assurance and utilization review

Acceptable Documentation- Professional License



- When uploading your professional license, make sure it is **up to date**.
- If you are in the process of updating your license, submit that documentation.



Unacceptable Documentation- Work Schedule

Work Schedule

Monday: 8am-6pm

Tuesday: 8am-6pm

Wednesday: 8am-6pm

Thursday: OFF

Friday: 8am-6pm

Saturday: OFF

Sunday: OFF

I work
8a-1p M → W @ [redacted]
1p-6p M → W @ [redacted]
[redacted]
[redacted]
off Thursdays
8am → 6p in office on Fridays

Work schedules should:

- Clearly display your name
- Have a breakdown of hours
- Be typed on letterhead, attested, and signed by the employer

Work schedules **should not** be handwritten or typed plainly

Viewing overall schedule

June 2026

☒ Hide Weekends ☐ Block Information ☐ Surgeon ☐ Group ☐ Service ☐ Unblocked

Monday	Tuesday	Wednesday	Thursday	Friday
1 Clinic Day Do Not Double Book Procedures block	2 Clinic Day Do Not Double Book Procedures block	3 Clinic Day Do Not Double Book Procedures block	4 Clinic Day Do Not Double Book Procedures block	5 Clinic Day Do Not Double Book Procedures block
8 Clinic Day Do Not Double Book Procedures block	9 Clinic Day Do Not Double Book Procedures block	10 Clinic Day Do Not Double Book Procedures block	11 Clinic Day Do Not Double Book Procedures block	12 Clinic Day 3 cases --- 9h 10m Do Not Double Book Procedures block
15 Clinic Day Do Not Double Book Procedures block	16 Clinic Day Do Not Double Book Procedures block	17 Clinic Day Do Not Double Book Procedures block	18 Clinic Day Do Not Double Book Procedures block	19 Clinic Day Do Not Double Book Procedures block
22 Clinic Day Do Not Double Book Procedures block	23 Clinic Day Do Not Double Book Procedures block	24 Clinic Day Do Not Double Book Procedures block	25 Clinic Day Do Not Double Book Procedures block	26 Clinic Day 3 cases --- 4h 40m Do Not Double Book Procedures block
29 Clinic Day Do Not Double Book Procedures block	30 Clinic Day Do Not Double Book Procedures block			

Unacceptable Documentation- Hybrid / Shared Staffing Model

PROFESSIONAL AND ADMINISTRATIVE SERVICES AGREEMENT

This Professional Services Agreement (the "Agreement"), dated as of January 1, 2019 (the "Effective Date"), by and between [REDACTED] d/b/a [REDACTED] [REDACTED] on behalf of its itself and its healthcare provider affiliates, with an address at [REDACTED] ([REDACTED]) and [REDACTED] [REDACTED], with an address at [REDACTED]

WITNESSETH:

WHEREAS, [REDACTED] provides health care services in various areas which include [REDACTED] surrounding areas in [REDACTED] (the "Service Area");

WHEREAS, the Service Area is a medically underserved community which is in great need of a primary health care services center that provide care to patients including the uninsured and underinsured;

- A general professional or administrative agreement between an entity and FQHC does not count as Hybrid/Shared Staffing for applicants.

- It does not contain the clinician's name, hours that are to be spent at the FQHC, or a signature from both parties.

IRNJ Employer Companion Application

Version 2 (July 2026) • Five sections completed by the employer after conditional acceptance

1 Employer Representative

- Name, title, department
- Email and phone
- Relationship to applicant

2 Clinician Information

- Name and date of birth
- Profession and clinical specialty
- Hire date
- Each eligible site with hours worked per week

3 Verification & Workforce Impact

- Certify 30+ hrs/week of in-person patient care (no telehealth)
- New hire relocation: in-state or out-of-state
- Hard-to-fill role: open vacancies and months unfilled
- New-patient wait time
- Service areas strengthened
- Payer mix (% uninsured, Medicaid, Medicare, commercial)

4 Employer Certifications

- Incentives do not replace or reduce salary or benefits
- Compensation maintained at baseline
- Incentive is in addition to employer compensation
- Annual employment verification and program reporting
- Information is true, complete, and accurate

5 Authorized Signatory

- Name, title, and email of the person who will execute the Employer Agreement
- May differ from the person completing the application
- Agreement must be executed before incentive payments are issued

No cost to the employer. Ongoing burden is minimal: annual verification of employment and good standing plus limited impact reporting. Program staff may request clarifying or additional information during review.

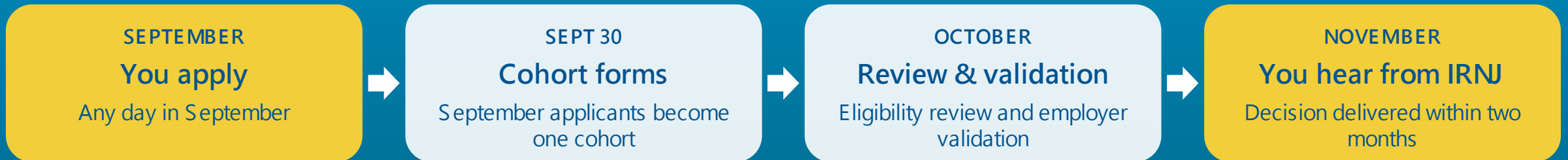
Rolling Applications

Apply any time — a new cohort forms at the end of every month and moves through the enrollment cycle together



🔄 Repeats every month — application remains open until all slots are filled

Example: apply in September, hear from the program by November



Apply in October → hear by December • Apply in November → hear by January • and so on, every month

Applications are reviewed on a first-come, first-served basis — if you are ready, apply now.

Invest Rural NJ: Enrollment Status

Cycle 1 (2026) • Live as of 09.18.2026 • Source: IRNJ Application Review Log

Applications reviewed

113

Cycle 1 to date

Conditionally enrolled

90

80% of reviewed

Employer verifications

90

56 verified in good standing

Clinician agreements

24

executed • 43 sent

Relocation support

2

clinicians • \$200,000 committed

Who is enrolling

Registered Nurses		27 (30%)
Physicians		24 (27%)
Nurse Practitioners		17 (19%)
Behavioral Health		13 (14%)
LPNs		7 (8%)
Physician Assistants		1 (1%)
Dentists		1 (1%)

84 retention • 5 new to rural NJ • Counties: Warren 65, Atlantic 44, plus Cumberland, Sussex, Hunterdon

Where enrollees are in the process

Conditionally enrolled		90 (100%)
Employer verification sent		90 (100%)
Verified — good standing		56 (62%)
Clinician agreement sent		43 (48%)
Clinician agreement executed		24 (27%)
Employer agreement		Not started
Payment documentation		Not started
Payment remitted		Not started

Progress to Cycle 1 target: 57 of 596 clinicians assigned (10%). One employer verification returned with a discrepancy and is being resolved.

Aggregate figures only — no applicant identifiers. Enrollment is ongoing; apply now to join the next monthly cohort.



SECTION

Partnership with New Jersey Health Care Quality Institute (NJHCQI)

NJHCQI: Our Quality Improvement Partner



Who they are

An independent New Jersey nonprofit improving the safety, quality, and affordability of health care for everyone.

A trusted convener of health systems, providers, insurers, employers, and community leaders, working across Policy, Quality Improvement, and Community Health.

What NJHCQI provides to Invest Rural NJ participants

- 1 Virtual learning collaboratives**
Peer learning and collaborative problem-solving with experts and partners statewide.
- 2 A voice in the agenda**
Needs assessments let participants shape learning topics and technical assistance.
- 3 Evidence-based tools and resources**
Practical tools designed specifically for rural health care settings.
- 4 Data translation support**
Help turning practice data into effective quality improvement strategies.

Focus areas

Retention & clinician satisfaction

Burnout prevention & staff wellbeing

Team-based, integrated care

Patient access & experience

Continuous quality improvement

Select Invest Rural NJ offerings facilitated by NJHCQI provide multidisciplinary continuing education units.

Resources

Invest Rural NJ Resources

CHEW-NJPHI NJDOH Partnership Page (includes Invest Rural NJ):

<https://equityandwellbeing.net/njdoh-partnership-portfolio/>

Social Vulnerability Interactive (SVI) Map:

<https://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html>

Rural Health Grants Eligibility Analyzer:

<https://data.hrsa.gov/topics/rural-health/rural-health-eligibility>

Health Professional Shortage Area (HPSA) Finder:

<https://data.hrsa.gov/topics/health-workforce/shortage-areas/hpsa-find>

Find Medically Underserved Area and Medically Underserved Population (MUA/P) designations:

<https://data.hrsa.gov/topics/health-workforce/shortage-areas/mua-find>

Join the Invest Rural NJ Listserv:

<https://mailchi.mp/1d332fdfeeaa/rnj-subscription-page>

Contact Us: investruralnj@equityandwellbeing.org

Frequently Asked Questions (FAQs): Coming soon!



How to Apply to Invest Rural NJ

Are you an eligible clinician with a signed offer letter for an eligible rural location, or an eligible clinician currently working in an eligible rural area and location?

If you meet these criteria and are interested in applying to the Invest Rural NJ program, please use the QR code on the screen or the link in the chat to begin your application.



Invest Rural NJ

**Growing and stabilizing New Jersey's rural clinical workforce:**

Invest Rural NJ is a rural workforce incentive initiative designed to recruit and retain clinicians in rural communities across New Jersey. The program supports a stronger, more stable healthcare workforce by providing incentives that help rural sites attract new talent and retain existing providers serving communities with limited access to care.

Invest Rural NJ is focused on improving access to primary care, dental care, and behavioral health services in rural areas by reducing workforce shortages, vacancy duration, and turnover. The initiative is designed to support rural providers and sites in building sustainable staffing models that improve continuity of care for residents.

By investing in the people who deliver care, Invest Rural NJ helps address one of the most significant barriers to better health outcomes in rural communities: reliable access to a qualified and committed clinical workforce.

[Invest Rural NJ Information Session](#)[Invest Rural NJ Clinician Application](#)

(Click [here](#) to view a PDF preview of the Invest Rural NJ application before beginning the online application.)

Additional Invest Rural NJ Resources:

Social Vulnerability Interactive (SVI) Map - [SVI Interactive Map](#) | [Place and Health - Geospatial Research, Analysis, and Services Program \(GRASP\)](#) | [ATSDR](#)

Rural Health Grants Eligibility Analyzer - [Rural Health Grants Eligibility Analyzer](#)

Health Professional Shortage Area (HPSA) Finder - [HPSA Find](#)

Find Medically Underserved Area and Medically Underserved Population (MUA/P) designations - [Find MUA/P](#)

Get More Information

Email questions about Invest Rural NJ to investruralnj@equityandwellbeing.org.

Stay up to date on Invest Rural NJ updates by joining the listserv at [Invest Rural NJ Listserv](#)

Questions & Answers