

**Funding Opportunity #17835  
Grants Gateway # DOH01-DRPLR5-2019**

**New York State Department of Health  
Office of Primary Care and Health System Management  
Center for Health Care Policy and Resource Development  
Division of Workforce Transformation**

**Request for Applications  
Doctors Across New York Physician Loan Repayment and Physician  
Practice Support Programs Cycle V**

**ADDENDUM # 1**

**5/11/2018**

*The following has been updated/modified in the RFA. Strike-through indicates deleted text; underlined text is new.*

**Section II. Who May Apply**

**A. Eligible Physician Applicants**

A physician is eligible for a DANY award for the period (January 1, 2019 – December 31, 2022~~1~~) to repay qualified educational debt or pay costs of establishing or joining a medical practice if the following requirements are met:

**B. Eligible Health Care Facility Applicants**

A health care facility is eligible for a DANY award for the period (January 1, 2019 – December 31, 2022~~1~~) to provide a physician with a sign-on bonus, funds to repay outstanding educational debt, and/or enhanced compensation (not including salary offsets) if the following requirements are met:

**Section III. Project Narrative B.2 Application Limits**

No more than two applications will be accepted from a health care facility with the same operating certificate number or health care facility that is a medical practice with the same Department of State Identification Number. If a health care facility or employed physician of that health care facility, in aggregate, submit more than two applications, only the first two eligible applications received will be reviewed.

## **RFA # 17835**

**New York State Department of Health**  
*Office of Primary Care and Health Systems Management*  
*Center for Health Care Policy and Resource Development*  
*Division of Workforce Transformation*

### **Request for Applications**

**Doctors Across New York**  
**Physician Loan Repayment and**  
**Physician Practice Support Programs**  
**Cycle V**

### **QUESTIONS AND ANSWERS**

*Questions below were received by the deadline announced in the RFA. The NYSDOH is not responsible for any errors or misinterpretation of any questions received.*

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA # **17835**. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

### **GRANTS GATEWAY**

**Question 1:** How do I determine if my agency is pre-qualified through the Grants Gateway?

**Answer 1:** Your organization's status can be viewed by accessing your document vault and observing the current status noted in the details panel at the top of your document vault main menu. The status can also be obtained by running the "State Prequalification Application Status Report" under the Management Screens section of your vault.

**Reminder:** Only non-profit organizations are required to be pre-qualified. To do so, an organization must have submitted a registration form, identified a grantee delegated administrator, entered required documents into the document vault, and submitted the document vault for review. Please note the documents in the vault must be submitted with sufficient time to be reviewed and approved - waiting until the last minute is not advised. If your agency vault is in review status and not yet prequalified, please send an email to the mail log for this solicitation at [DANY2018@health.ny.gov](mailto:DANY2018@health.ny.gov) in order to request expedited handling of your document vault

**Question 2:** Can an agency apply if they are not prequalified through the Grants Gateway?

**Answer 2:** Non-profit organizations must be prequalified by the date and time applications are due. If a not for profit organization is not prequalified the application will be rejected. Individuals and governmental entities do not need to be prequalified.

**Question 3:** What does the asterisk \* mean in the Grants Gateway on-line application?

**Answer 3:** The asterisk\* alerts applicants that a response is mandatory. Applicants will not be allowed to submit their application without completing all mandatory questions.

**Question 4:** Are there character limits for Gateway fields?

**Answer 4:** Character limits are included in the Grants Gateway fields. As an applicant types their response; the number of characters allowed as a response is shown. As an applicant types a response, the number of characters (including spaces) used will be displayed up to the maximum allowed. Applicants will not be able to exceed the character limit allowed per question.

**Question 5:** I am trying to get a copy of the RFA. Can you advise me on how to get it?

**Answer 5:** The RFA is located in the Grants Gateway system. You can access the Grants Gateway through the following link:

[https://grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx)

Once you are in the Grants Gateway, you can access the RFA by clicking on Browse Opportunity. Select the Opportunity from the list of RFAs.

You can also, click on “Search for Opportunities” and type in DOCTORS on the “Search for Grant Opportunity” Line. Click on the grant opportunity on the list. Once in the Opportunity, click on “View Grant Opportunity” to view the RFA. Please note that you cannot be logged in as any of your grantee roles when viewing the opportunity. Potential applicants should also go to the DANY webpage at

[https://www.health.ny.gov/professionals/doctors/graduate\\_medical\\_education/doctors\\_across\\_ny/](https://www.health.ny.gov/professionals/doctors/graduate_medical_education/doctors_across_ny/) for additional information to assist in completing the application.

**Question 6:** The website says I need to pre-register in Grants Gateway to apply for this grant. Do I register as the applicant or does the hospital I’ll be working for need to register?

**Answer 6:** You can register as an individual or the health care organization can apply on your behalf.

**Question 7:** For the current DANY program, it seems applicants are now required to register as an administrator of an organization and obtain a NYS SFS Vendor ID just to be able to apply for the grant if the application comes out. Is this true, or am I misunderstanding something?

**Answer 7:** No. Individuals are still eligible to apply. For purposes of facilitating the application process through the Grants Gateway, individual physician applicants must register for a Grants Gateway account (in which they name themselves as the administrator) and obtain a NYS SFS Vendor ID number. The customized steps for individual physician applicants on how to fill out the “Registration Form for Administrators” and the “Substitute W-9 Form” are listed in Section IV (N) (1) of the RFA. In addition, you may contact the Grants Gateway Help Desk for more information at [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov) or (518) 474-5595 (Monday thru Friday 8am to 4:30pm).

**Question 8:** When I try to register it seems the administrator form is designed for a business (i.e. it asks for Vendor ID, Business ID and other organization information). Is this the right form to complete to register?

**Answer 8:** If you are referring to the Registration Form for Administrator, the Department has provided customized directions indicating how an individual physician applicant should successfully complete it. These directions are listed below and also in Section IV (N) (1) of the RFA and describe what to enter for each field on the form.

**Organization Information:**

- Legal Name – Enter your full legal name.
- Federal ID – Enter your social security number.
- SFS Vendor ID – If you have a SFS Vendor ID, enter it here. If not, complete the Substitute W-9 Form and submit it together with the Grants Gateway Registration Form.
- Street Address – Enter your street address. This is the default address where official correspondence should be mailed.

**Organization Type:**

- Check the box Labelled “Individual”.

**Delegated Administrators:**

- Enter your last name, first name, phone number, and email address.
- You will act as your own Authorized Administrator.

**Authorization:**

- Enter your own name under the Box labelled “Head of Organization”.
- Enter your phone number, email address, and sign and date where prompted.

**Acknowledgement to be completed by a Notary Public:**

- This section is to be completed by a Notary Public.
- A signed, notarized original form must be sent to the New York State Grants Reform Team at the address provided in the instructions.

- Once this form is processed and approved, you will then be provided with a Username and Temporary Password allowing you to access the Grants Gateway.

**Question 9A:** When filling out the application for the grants gateway, do we enter our employer as the Organization information?

**Question 9B:** If I can apply as an individual, do I use my personal information in the "organization information" section?

**Answer 9(A-B):** See answer to Question 8.

**Question 10:** Will I be able to submit my information and supporting documents before May 16th? If I do this, can I simply press "submit" on May 16th if everything I need is prepared?

**Answer 10:** The gateway will not open prior to May 16<sup>th</sup>, 2018 for any submissions. However, you can download a copy of the RFA and the Attachments now and complete all questions on paper so that when the Gateway does open, you can more quickly enter the data.

**Question 11:** What are the steps to register in the Gateway?

**Answer 11:** You need to submit a Grants Gateway registration form and, if you don't currently have a NYS Vendor ID, the W-9 form to the Grants reform team at the address listed on the registration form.

Registration Form:

[https://grantsreform.ny.gov/sites/default/files/registration\\_form\\_for\\_administrator.pdf](https://grantsreform.ny.gov/sites/default/files/registration_form_for_administrator.pdf)

W-9 Form: [https://grantsreform.ny.gov/sites/default/files/sub\\_w9.pdf](https://grantsreform.ny.gov/sites/default/files/sub_w9.pdf)

Steps are included in the RFA Section IV (N) (1) on how to register both as an individual and as a health care facility. In addition, you may contact the Grants Gateway Help Desk for more information: at [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov) or (518) 474-5595 (Monday thru Friday 8am to 4:30pm).

**Question 12:** Can individual physician submit their application in the Gateway without a Vendor ID Number?

**Answer 12:** Yes, you can submit with Vendor ID blank if the individual also submits the W-9 form with it. The Grants Reform Team will then initiate the process to get the individual physician a Vendor ID number.

**Question 13:** What time will the Gateway on May 16, 2018?

**Answer 13:** The Gateway will be open for application submissions starting at: 9:00 am Eastern Standard Time on May 16, 2018.

### **WHO MAY APPLY**

**Question 14:** Is any physician working in a non-profit eligible for this grant?

**Answer 14:** A physician must meet the specifications listed in RFA Section II Who May Apply and be registered in the Grants Gateway in order to be eligible to apply for this grant.

**Question 15A:** I started working at my current employer (located in an underserved area) on July 1, 2014. Does this make me eligible for this DANY award period?

**Question 15B:** I began my employment at a qualified center in an underserved area on July 1, 2015. Does this make me eligible for this DANY award period?

**Question 15C:** The doctor we want to name in the contract started working for our health care facility (an underserved area) in October 2014. Would he be eligible for this grant?

**Answer 15(A-C):** In the instances described in 15(A-C) above, the physician would not qualify for the DANY grant because they began working as a physician in an underserved area earlier than August 31, 2015. Per the RFA, a physician cannot have worked in ANY underserved area between the dates of August 30, 2010 and August 30, 2015

**Question 16:** A physician cannot have been practicing in an underserved area from 8/30/2010-8/30/2015. Is this “area” just within New York State?

**Answer 16:** The “area” referred to in this question is within New York State only.

**Question 17A:** I have been a resident physician in an underserved area from July 2014 – June 2018? Would I be eligible for this grant opportunity?

**Question 17B:** The doctor we want to name in the contract was in medical training in Brooklyn and in her residency in Albany between 8/30/15 and 8/30/15 [sic]. Would that be considered working as a physician in an underserved area and therefore disqualify her?

**Question 17C:** Regarding not practicing in an underserved area between August 30, 2010 - August 30, 2015, does that include residency/fellowship training?

**Question 17D:** I am a graduating resident physician, who will be completing my residency in June 2018. The RFA states that “the physician cannot have worked as a physician in any capacity in any underserved area, as defined in Attachment 7 of this RFA, between the dates of August 30, 2010 and August 30, 2015”. Does this include time spent in residency?

**Answer 17(A-D):** Physician cannot have worked in ANY underserved area between the dates: August 30, 2010 – August 30, 2015. However, these limits do not apply to time spent as a resident or fellow.

**Question 18:** I have been out of residency since 2011, but was recruited to an underserved area this past July 2017. Will I be eligible to apply for the loan forgiveness program?

**Answer 18:** If the physician has not worked in any capacity in any underserved area between August 30, 2010 and August 30, 2015 then they are eligible to apply for this grant opportunity.

**Question 19:** The RFA states that the physician cannot have worked in any capacity in any underserved area between August 30, 2010 and August 30, 2015. I completed residency in June 2015. Am I eligible for this grant?

**Answer 19:** Physician cannot have worked in ANY underserved area between the dates: August 30, 2010 – August 30, 2015. However, these limits do not apply to time spent as a resident or fellow.

- If after completing your residency, if you began working in June or July 2015 in an underserved area then you would not be eligible to apply for this grant.
- If after completing your residency, if you began working in August 2015 then you would be eligible to apply for this grant.

**Question 20:** A doctor we are considering applying on behalf of currently works as a part time consulting child psychiatrist (for 5 years now) and has never been an employee. They would like to invite her to work fulltime, using the DANY grant to bring her on board. Would she qualify under these circumstances?

**Answer 20:** The physician cannot have worked as a physician in any capacity (part-time or full-time) in any underserved area between the dates of August 30, 2010 – August 30, 2015.

**Question 21:** “I began working at XYZ Hospital in July 2015 and finished working there approximately April 2016.” Am I eligible to apply for this grant?

**Answer 21:** A physician cannot have worked as a physician in any capacity between the dates of August 30, 2010 – August 30, 2015. If XYZ is in an underserved area, and you began working there in July 2015, then you are not eligible to apply for this grant. However, these limits do not apply to time spent as a resident or fellow.

**Question 22:** Can facilities that are not currently licensed by OASAS, but are in the process of becoming licensed, apply for this procurement?

**Answer 22:** No, only a facility that is licensed, but not operated, by the New York State Office of Alcoholism and Substance Abuse Services pursuant to MHL Article 32 are eligible to apply for this procurement.

**Question 23:** We are a team of (3) physicians planning to serve a rural community hospital as one group. As one group, we make up one full-time team that rotates around to serve the region with our specialty. Can the grant be given to the group or to one designee from the group?

**Answer 23:** The grant is for an applicant that is either an individual physician or a health care facility applying on behalf of a physician as defined in our RFA. The physician named in the DANY award must be an individual in full time employment status. Each grant application can only name one physician for the DANY service award.

**Question 24A:** Is it better to apply as an individual or should I have the health care facility I work for apply on my behalf?

**Question 24B:** Is it better for me to submit the application on my behalf or for the hospital facility to submit it for me? I would use the entire award amount on loan repayment. I wasn't sure if there was any benefit for the facility to submit it or just doing it all myself.

**Answer 24(A-B):** You can apply either way, one type of applicant does not have a clear advantage over the other when the Department goes to make awards. Awards are primarily made in order of the date and time of receipt of initial application until funding is exhausted for that region or provider category. See page 33 of the RFA for award process details.

**Question 25A:** Can Doctor of Pharmacy apply for this grant opportunity?

**Question 25B:** Can dentists apply for this grant opportunity?

**Question 25C:** Can midlevel's apply for this grant opportunity or is it strictly for physicians?



**Question 25D:** Can Nurse Practitioners or Physician Assistants apply for this grant opportunity?

**Answer 25(A-D):** Only Doctors of Medicine (MD) and Doctors of Osteopathy (DO) qualify for this opportunity.

**Question 26:** Do therapists, RN's, Physician Assistants (PA), and psychologists also count as physicians?

**Answer 26:** The physician must be a graduate of an allopathic (MD) or osteopathic (DO) medical school. Therapists, RN's, PA's and Psychologists are not eligible for funding under this RFA.

**Question 27:** Are VA employees eligible for Doctors Across NY funding?

**Answer 27:** A physician employed by a health care facility operated by the federal government is not eligible to apply under this RFA.

**Question 28:** Can a pathologist apply for this grant?

**Answer 28:** Work as a pathologist does not qualify as being in full time clinical practice for the purposes of this RFA. Per the RFA, full time clinical practice, is defined as at least 40 hours of service (with a minimum of 32 clinical hours) per week for at least 45 weeks per year. In addition, clinical practice must include seeing, treating and interacting with patients.

**Question 29:** We employ physicians with clinical, administrative, and public health responsibilities. Would they be eligible for this grant or do you require individuals with purely clinical responsibilities?

**Answer 29:** To be eligible for this grant, physician needs to be working full time. Per the RFA, full time clinical practice, is defined as at least 40 hours of service (with a minimum of 32 clinical hours) per week for at least 45 weeks per year. The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. The 40 hours per week may not include time spent in "on-call" status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in Attachment 3 of this application during that time. Any hours worked in excess of 40 hours per week shall not be applied to any other work week.

**Question 30:** I provide a free clinic to underinsured/uninsured patients that cannot pay for services rendered. Would documentation of the free clinic support the requirements for this section?

**Answer 30:** For the purposes of this RFA, the applicant may use documentation from the free clinic to answer question number 6 in Option C of Attachment 7. The applicant then would need to be able to respond affirmatively to the five additional questions for Option C to be complete.

**Question 31:** Are employed doctors who run their own practices owned by the hospital eligible for this grant?

**Answer 31:** A doctor who runs their own practices operated by the hospital are eligible to apply for this grant opportunity as an individual physician.

**Question 32:** Will the loan repayment cover a Physician working for the city of New York or a county appointment, i.e. as a department of health official, commissioner of health (with clinical responsibilities in addition to administrative) in a NY county or jurisdiction?

**Answer 32:** To be eligible for this grant, physician needs to be working full time. Per the RFA, full time clinical practice, is defined as at least 40 hours of service (with a minimum of 32 clinical hours) per week for at least 45 weeks per year. The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. The 40 hours per week may not include time spent in "on-call" status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in Attachment 3 of this application during that time. Any hours worked in excess of 40 hours per week shall not be applied to any other work week

## **EDUCATIONAL LOANS**

**Question 33:** I am trying to figure out if some of my loans (private) are under Title IV higher education act, however some of the lending institutions are not sure. From my understanding these funds from DANY can only be applied to federal/private loans which are only eligible under Title IV higher education act?

**Answer 33:** Loans made by or guaranteed by the federal or state government or made by a lending or educational institution must be approved under Title IV of the federal Higher Education Act. Your individual loan institution should be able to verify this on your behalf. All loan statements submitted with an application will be sent to the Higher Education Services Corporation (HESC) for verification before any DANY awards are made.

**Question 34:** If I were to refinance my loans would I still be able to apply and receive the funds from DANY?

**Answer 34:** Refinanced loans are eligible if they are marketed as educational loans and must be from lending institutions subject to governmental regulation.

**Question 35:** Can I use DANY funding to repay private and federal loans?

**Answer 35:** DANY funds can be used to repay qualified educational debt, both state and federal. Alternative student loans (or private loans) specifically used for higher education purposes only are eligible if they are marketed as educational loans and must be from lending institutions subject to governmental regulation.

**Question 36:** Is it ok to have the National Health Service Corp (NHSC) loan repayment program be “under review” when I submit this DANY application? I won't know if I received the NHSC award until about September 2018.

**Answer 36:** You may apply to the DANY grant if you have a NHSC application “under review”. DANY funding decisions will be made in the Fall of 2018. If you were offered both grants, in order to accept the DANY award, you would need to decline the NHSC award. Per the RFA, no other state or federal loan forgiveness obligation can overlap or coincide with the 3-year DANY service obligation. The ONLY exception is the federal Public Service Loan Forgiveness Program.

**Question 37:** If an applicant paid for their graduate medical loans first because they had a higher interest rate, can they still apply to DANY with their outstanding undergraduate loan amount?

**Answer 37:** Both undergraduate and graduate educational loans are eligible to be considered for the DANY program.

**Question 38:** If an applicant has educational loans in their parents' names, do those loans qualify for DANY loan repayment?

**Answer 38:** Educational loans must be in the physician's own name.

**Question 39:** Can you put your loans in deferment status while you apply and still qualify for DANY?

**Answer 39:** A physician may have loans in deferment or forbearance status. However, applicants are not eligible if loans are in default status.

## **USE OF FUNDS**

**Question 40A:** What is DOH's definition of "enhanced compensation"?

**Question 40B:** Please define/provide examples regarding what qualifies as "enhanced compensation" to the physician.

**Answer 40(A-B):** Enhanced compensation means additional funding over and above what would have been provided to the physician prior to a DANY award being granted. For example, if the physician salary had been set at \$X, you could give the physician a bonus (on top of the \$X salary) with funds from the grant. However, you could not use the funds to pay a portion of \$X since doing so would be considered a salary offset. Money should be used to provide added support to the physician.

**Question 41:** Does enhanced compensation include a quality bonus based on the hospital's quality measures?

**Answer 41:** A quality bonus or productivity bonus would qualify if they provide additional funding over and above what would have been provided to the physician prior to the DANY award being granted.

**Question 42A:** Can the hospital recoup costs (i.e. signing bonus, student loan, retention yearly bonus) for recruiting if the provider started in the window August 31, 2015 – January 1, 2019?

**Question 42B:** XYZ Hospital will be purchasing a new building and has recruited new physicians (many of which were paid sign-on bonus) within 2018. Can XYZ Hospital use DANY funds to be reimbursed for either the building purchase expense or the sign on bonuses?

**Answer 42(A-B):** Expenses reimbursable under this grant opportunity must have incurred after January 1, 2019 (the start date of the DANY contract).

**Question 43:** Would the hospital be responsible for providing the funds for physician loan repayment directly to the physician and then the physician pays the debt?

**Answer 43:** Grant fund payments are made to the individual or health care facility that holds the contract. If a hospital applied for loan repayment funds for a physician, the payment is made to the hospital with expectation that 100% of the funds be passed along to the physician named in the contract.

**Question 44:** If the hospital used DANY funds to repay outstanding educational debt what documentation would be required to ensure that funds were used to cover the educational debt?

**Answer 44:** As defined in the RFA Section IV (H) Payment & Reporting Requirements of Grant Awardees, it states that physicians accepting monies for loan repayment are expected to use the funds to pay down qualified educational debt. Annual statements submitted must demonstrate that all disbursed grant funds were applied in full to the loan following receipt of payment from the Department. These statements must come from the educational institution holding the loan and statements must be current within 30 days.

**Question 45:** Could a sign-on bonus be provided to the physician prior to the grant period January 1, 2019 – December 31, 2021?

**Answer 45:** For the expense to be eligible for the grant, it needs to have been incurred after January 1, 2019.

#### **IMPORTANT DATES:**

**Question 46:** I have a question regarding Section II (B) (5). Does this refer to the current employment contract with the health system I am employed by or does this have to do with the DANY award service obligation itself?

**Answer 46:** For an individual physician employed with a health care system, this question deals with your employment contract. This question does not relate to the DANY service obligation. Your employment contract and your DANY contract are two separate and distinct things.

- All DANY contracts have obligations from January 1, 2019 – December 31, 2021.
- Your employment contract (i.e. with XYZ hospital) needs to have started no earlier than August 31, 2015 and no later than January 1, 2019.
- In addition, the employment contract must include at least the entire DANY service obligation period. If your current contract does not spell this out, you can submit an addendum to the contract for verification of these dates.

**Question 47:** Please clarify the dates of the three-year service obligation which must be referenced in the physician's employment contract.

**Answer 47:** The DANY service obligation runs for three years from January 1, 2019 – December 31, 2021.

**Question 48:** Section V, Program Specific Question, number 4d states the following: “What is the anticipated (or actual) start date that the physician will be beginning in the position for which they will be fulfilling their DANY service obligation?” Would you clarify what date you are looking for?

**Answer 48:** We are looking for the date the physician started or will start working at the position for which they will be fulfilling their DANY service obligation.

### **APPLICATION LIMITS**

**Question 49:** We are an organization that employs physicians to work a large health care system. We are not eligible to apply for a grant ourselves but would like to aid our eligible physicians to submit their applications. Can we register in the Grants Gateway and allow unlimited number of physicians to submit using one vendor ID number?

**Answer 49:** No. You are not able to register in the Grants Gateway and allow unlimited number of physicians to submit using one vendor ID number. For each registered user in the Grants Gateway, this RFA limits the number of allowed applications to two. In addition, this RFA states, no more than (2) awards will be made to support a DANY service obligation to be carried out at the same health care facility. A health care facility is defined as having the same operating certificate number, or in the case of a medical practice the same Department of State Identification Number. If more than two applications for a service obligation at XYZ hospital are received, then only the first two applications will be reviewed. This application limit will apply regardless of whether the application is submitted by a physician or a health care facility.

**Question 50A:** Is there a limit on how many applications you will fund for physicians who work or will be working in the same location and for the same employer?

**Question 50B:** With respect to only accepting two applicants per institution, does this mean only two applicants per large hospital system, or two applicants per division of a larger hospital system?

**Question 50C:** I have a clarifying question regarding the number of applications per facility versus per system. Is it limited to two for both?

**Question 50D:** If a physician at our facility applies for a loan forgiveness award, can we (health care facility) still apply for two awards for recruitment/retention costs?

**Question 50E:** If we have three primary care applicants who work in XYZ Hospital (which is in a HPSA), would this grant potentially fund all three applications?

**Answer 50(A-E):** No more than (2) awards will be made to support a DANY service obligation to be carried out at the same health care facility. A health care facility is defined as having the same operating certificate number, or in the case of a medical practice the same Department of State Identification Number. If more than two applications for a DANY service obligation at XYZ hospital are received, then only the first two applications received from eligible applicants will be reviewed. This application limit will apply regardless of whether the application is submitted by a physician or a health care facility. A physician should not be named in more than one application.

**Question 51:** If a hospital submits two applications and, unbeknownst to the hospital, two or more of the hospital's physicians submit individual applications, will all applications for physicians serving that hospital be initially reviewed?

**Answer 51:** The first two applications received from eligible applicants for DANY service obligations to be carried out at the same health care facility will be reviewed. In addition, no more than 2 awards will be made to service obligations at the same facility.

**Question 52:** Is there a scenario in which a hospital submits two applications but one (or both) of these applications will not be considered at all because one or more physician applications were submitted ahead of the hospital's applications?

**Answer 52:** This scenario may occur. See answer to question 51.

**Question 53:** If a health facility submits an application for a physician and the physician also submits their own application would that increase their chances of getting funded?

**Answer 53:** A physician should not be named in more than one application. If we receive two applications with the same physician name, the second application received will be disqualified.

**Question 54:** If a health facility submits two applications for two physicians (A and B) and a third physician (C) who also works for the same facility submits a separate application on his/her own behalf, is that allowed? If so, is there a maximum number of applications that can be submitted by individual physicians that are associated with the same entity?

**Answer 54:** We encourage physicians that are applying to contact their facilities administrative office to coordinate their application submission. There is a limit on how many application we

will review from the same health care facility, regardless of whether it's from an individual or the facility. See answer to #50(A-E).

### **AWARD AMOUNTS/LIMITS**

**Question 55:** Are there awards for less than \$120,000 for individual physicians? I have just under \$100,000 left on my educational loan.

**Answer 55:** The DANY grant will award up to \$40,000 per year for three years (totaling up to \$120,000). You can request less than this amount if your loan balance is lower than \$120,000. However, you cannot request more than \$120,000.

### **REVIEW AND AWARD PROCESS**

**Question 56:** Is there preference given to primary care physicians or are all physician weighted the same.

**Answer 56:** No preference will be given to a primary care physician over a specialist.

**Question 57:** Is there preference over the HPSA score for the facility?

**Answer 57:** No preferences are given based on the HPSA score for the facility. HPSA designation will only be used to assist in identifying an underserved area (see Attachment 7 – Option A).

### **SECTION IV (H) - PAYMENT & REPORTING REQUIREMENT**

**Question 58:** Since payments will be made semiannually or quarterly, I assume interest will accrue on the rest of my education loan. Is this correct?

**Answer 58:** Every loan has its own specifications regarding interest accruals. Consult your educational loan institution directly for details on your specific loan interest plan.

**Question 59:** Will the DANY payment be deposited into my bank account or directly to my loaner?

**Answer 59:** Grant fund payments are made to the individual or health care facility that holds the contract. If the contractor is a facility, the expectation is that 100% of the funds be passed



along to the physician named in the contract. It is the physician's responsibility to, in turn, pay their educational loan directly.

**Question 60:** In considering a practice support grant, for support in starting a practice, will expenses incurred to prepare the clinic be retroactively covered (receipts), given the Physician must work for three months under the terms of this contract before payment is made?

**Answer 60:** For an expense to be eligible for the grant, it needs to have been incurred after January 1, 2019

### **PROGRAM SPECIFIC QUESTIONS**

**Question 61:** My question is if I am able to pay off my loans after 2 years and therefore do not require loan repayment funds in the 3rd year, do I remain in a 3-year agreement with the DANY program? If loans are paid within 2 years then am I obligated to continue to uphold the rules of the DANY program for the 3rd year?

**Answer 61:** All DANY contracts provide funds in exchange for a physician's commitment to work in an underserved area for a three-year period. If you do not uphold your full three-year commitment then penalty provisions will apply.

### **ATTACHMENTS / UPLOADS**

#### ***Attachment 2 – Application Cover Page***

**Question 62:** Should I list my home or work address for Section 1: "Individual Physician or Health Care Facility applying for Funding, Applicant Address" and Section 2: "Physician Information, Physician Address"?

**Answer 62:** For Section 1 - list the name of the person (or facility) that is applying for the DANY grant. For Section 2 – list the name of the physician who will be completing the DANY service obligation. For example: If an individual physician is applying for this grant then they would list themselves in both Section 1 and Section 2. If a health care facility is applying for this grant, then they would list themselves in Section 1 and the name of their physician in Section 2. The addresses used should be ones in which you can receive postal mail.

**Question 63:** In Section 3 "Contact information of person completing the application", should this be me if I am the individual physician applying? I don't really understand the "I am duly authorized to subscribe and submit this report on behalf of..." It makes it sound like I have an agent who should be signing here.

**Answer 63:** If you are an individual physician applying for this grant, then you would provide your contact information here. If you are a health care facility applying for this grant, then you would provide the name of the person at your facility who is completing/handling this grant submission (i.e. Sally Smith – Grant Coordinator for XYZ Hospital).

### ***Attachment 2 – Site Information***

**Question 64:** My contract is with the hospital. I work in 3 different clinics within the hospital system. Do I list each clinic as a separate site or list the hospital as one main site? If each clinic needs to be listed as a separate site, do I need to answer questions under Option C (Option A/B- don't apply to me) for each site and at least 6 questions need to be "yes" for each site? Or should I provide data for the hospital for these questions?

**Answer 64:** The applicant would list each clinic as a separate site (on its own separate page) for Attachment 2. For each clinic to be eligible, the applicant would need to answer "yes" to six questions in Option C for each of the three separate clinics (i.e. answer Attachment 7 three separate times - once for each site) and include documentation for all three sites.

### ***Attachment 4 - Loan Statements for Qualified Educational Debt***

**Question 65:** Is Attachment 4 only for individual physician applicants?

**Answer 65:** Attachment 4 needs to be filled out for every applicant that is requesting funds to repay qualified educational debt. The loan statements should be dated no more than 30 days prior to submission.

**Question 66:** If a healthcare facility's application is for a doctor with whom the facility's contract includes assistance with loan repayment, would the facility need to submit the physician's loan statements? If the facility does need to do this, does that then require the facility also to obtain the physician's signature on Attachment 5 (Consent to Disclosure)?

**Answer 66:** The health care facility would be required to submit copies of the physician's loan statements with their grant application as Attachment 4. They would also be required to obtain the physician's signature on Attachment 5 and upload that into their grant application as well.

**Question 67:** Should the qualified educational debt for Physician Loan Repayment reflect the balanced owed at the time of application submission or the DANY contract start date of January 1, 2019?

**Answer 67:** An applicant applying for funds to repay qualified educational debt must submit loan statements dated no more than 30 days prior to applying. Therefore, the amount requested should not exceed the amount owed in such statement. Statements will be forwarded to Higher Education Services Corporation (HESC) to verify the existence and amount of the qualified educational debt that may be awarded, up to \$120,000.

### ***Attachment 7 – Tool to Identify an Underserved Area***

**Question 68:** I work at XYZ location. How do I determine if I work in an underserved area?

**Answer 68:** Refer to Attachment (7). You must be able to determine you are an underserved area using either Option A, Option B, or Option C.

**Question 69:** I am a psychiatrist working in different areas of Manhattan for a non-profit organization that serves the homeless or formerly homeless population. Therefore, some of the sites HPSA score doesn't reflect the need as all of these clients are underserved and one of the sites is not located in an HPSA designated area. I am not sure of which option to complete for attachment 7.

**Answer 69:** In Attachment 3, you identified your work locations. For each work location listed, you need to provide proof that it is in an underserved area. In this specific situation, some locations may be identified using Option A and others using Option B. You may also consider Option C if necessary. The importance is that you provide supporting documentation for EACH location and upload it as Attachment 9.

**Question 70:** How do I figure out if the facility I am at qualifies for DANY? I checked Underserved Option A using <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>? It seems like it qualifies.

**Answer 70:** You would enter the address where you would be working into the Data Warehouse website. The resulting search will tell you if your location is in a HPSA, MUA or MUP. Print out this information from the website and upload this document as Attachment 9 in the Grants Gateway online application.

**Question 71:** If the hospital is not in a rural area, does this disqualify me from applying?

**Answer 71:** You must be able to complete either Option A, Option B or Option C to qualify for this grant. Your site may not be rural; however, it may still qualify as an underserved area if you can successfully answer “yes” to six out of the 17 questions in Option C.

**Question 72:** The hospital is in an area MUP; however, I am not a primary care/psychiatric physician. I am a specialty surgeon. Can I choose Option A or do I have to choose Option C?

**Answer 72:** You must choose Option C. Options A and B can only be answered by primary care or Psychiatric physicians.

**Question 73:** I work in the NYC jail system as a primary care doctor. When I last looked into this program, the map did not include Rikers Island, but it seems wrong that this would be the case, as this is a very underserved population. Is this work location eligible?

**Answer 73:** For Rikers Island to be considered an underserved area, the applicant would need to Complete Option C of Attachment 7, successfully answer “yes” to six out of the 17 questions, and provide supporting documentation.

**Question 74:** My current employer is not technically in one of the listed underserved towns in Attachment 8. However, I would consider our area underserved because many providers are nearing retirement, we have a large refugee population, and patients must drive a long distance to reach this type of specialty care. Am I eligible to apply?

**Answer 74:** If the applicant cannot identify their location as an underserved area using Option A or Option B, then they must utilize Option C. To be considered an underserved area, the applicant would need to successfully answer “yes” to six out of the 17 questions in Option C and provide supporting documentation.

**Question 75:** According to the instructions for question 1 in Option C, applicants are to go to the Census Bureau’s American FactFinder website and “Click ‘Income’ tab on the left to find the median household income”. This statistic is different from the median family income, which is the actual data required for Question 1. Are we to supply median household income, or median family income?

**Answer 75:** Median Family Income.

**Question 76:** According to the instructions for questions 1-5 under Option C, applicants are to go to the Census Bureau’s American FactFinder. The data provided through this resource is 18 years old (i.e., from the 2000 census). Do applicants have the option of using the more recent 2010 census data, or the 2012-16 American Community Survey 5-year estimates, which are

both also available through the American FactFinder website? Or are we all required to respond to Questions 1-5 using 2000 census data only?

**Answer 76:** Applicants may use 2010 census data; however, they should not use the American Community Survey 5-year estimates.

**Question 77:** Option C, questions 8-10 are regarding primary care services. If I am a not a primary care physician (sub-specialist), do I automatically answer "no" to these questions? If my answer to question 8 is "no," do I need to supply 4-months of ED data?

**Answer 77:** If you are not a primary care physician, then you would not be able to use questions 8-10 to verify that you work in an underserved area. You would need to answer "no" to these questions and not include any supporting data.

**Question 78A:** Option C, questions 9-12: Do these questions require supporting data to be uploaded? If so, what type of documentation is needed?

**Question 78B:** Option C, question 9-12: Regarding reporting of hospital specific data – what format would you like this information? Do you need print outs of the 4 months of ER data, or of the 1 year of hospital data? Is it sufficient for me to get the numbers reported by our various departments (billing, ER, outpatient services) and to just report that in a single document?

**Answer 78(A-B):** There is no required documentation upload to support a "yes" answer to questions 9-12 of Option C. When you complete the attestation included in Attachment 2, you are personally affirming that these "yes" answers are valid and true of the health care organization.

**Question 79:** Option C, question 12: "Search for a practice physician in the same specialty at the health care facility has not produced a physician in (12) months." Can you provide further context on this question? I read it as "Have any physicians in the same specialty at the health care facility been hired as a result of a search in the past year?"

**Answer 79:** The question is asking if searches for a practice physician in the same specialty (as the physician named in the DANY application) has not produced a hire in the past 12 months. In other words, were past recruiting efforts unsuccessful thus you are looking for DANY funds to add incentives for a physician to join the organization and fill this open position. When you complete the attestation included Attachment 2 you are personally affirming that these "yes" answers are valid and true of the health care organization you work for.

**Question 80:** Option C, question 13: should I report the distance to the next-closest treatment facility or the distance to the next-closest board-certified specialist physician?

**Answer 80:** The applicant should report the distance to the next closest provider practicing in the same specialty as the physician listed in the DANY application. That physician may be in an independent treatment facility or hospital.

**Question 81:** Option C, question 14-16: How do I provide supporting documentation for questions 14-16?

**Answer 81:** There is no required documentation upload to support a “yes” answer to questions 14-16 of Option C. When the applicant completes the attestation included Attachment 2, they are personally affirming that these “yes” answers are valid and true of the health care organization.

**Question 82:** Option C, question 17 - How can I calculate this data based on the website given?

**Answer 82:** On the website, select the county where your hospital is located and click “GO”. The results should show all hospitals in that county. Move your cursor over the map, click on the blue “H” which represents your facility. Corresponding hospital admission data will be reflected next to the map. Finally choose your preventable condition from the pull-down list located beside the map and click “refresh”. Print out a copy of this information and upload it as part of the supporting documentation in Attachment 9.

**Question 83:** According to the instructions for question 17 under Option C, the applicant is to provide a PQI hospitalization rate “for the hospital serving the site”. The RFA provides a NYSDOH webpage as a resource for this question. The mapping tool on this PQI webpage allows the user to view the PQI hospitalization rate for a given zip code or group of zip codes, but not for a specific hospital (although we are allowed to view the geographic distribution of patients from any given hospital). Are we to select the zip codes that the map identifies as the hospital’s primary service area, and then find the PQI rate for the selected cluster of zip codes? If not, how are we to ascertain the hospital’s rate of hospitalization for PQI conditions?

**Answer 83:** On the website, select the county where your hospital is located and click “GO”. The results should show all hospitals in that county. Move your cursor over the map, click on the blue “H” which represents your hospital. Corresponding hospital PQI data will be reflected next to the map. Use this data as supporting documentation for question 17 and upload it (along with any other supporting documentation) in Attachment 9.

**Question 84:** XYZ Hospital, an Article 28 facility, is purchasing the buildings and employing all physicians of an independent family practice on July 1, 2018. The family practice is in a rural county per Attachment 8. Would we would be applying via Option B in Attachment 7?

**Answer 84:** XYZ Hospital may utilize Option B if they are applying for funds related to expenses of the family practice or primary care/psychiatric physicians working in that practice located in a rural county or town. It is important to note that those expenses must be incurred after January 1, 2019 (the date the DANY contract begins).

**Question 85:** Option C, one of the questions is the provider must see at least 25% of visits are Medicaid, child health plus...etc. Does this include managed Medicaid vendors (Fidelis & United Healthcare)?

**Answer 85:** Visits to managed Medicaid providers may be included in this calculation.

#### ***Attachment 8 – Rural Counties and Towns***

**Question 86:** My practice location is not listed under the rural towns and counties. However, I serve the population of many of these rural areas since I am one of very few specialists between Albany and Westchester. Can I circle the places I serve?

**Answer 86:** The site itself must be in a rural town or county on order to utilize Attachment 7, Option B. In addition, Option B is only for primary care and psychiatry, not any other specialties. However, you may still qualify as working in an underserved area if you can successfully answer “yes” to six out of the 17 questions in Option C and provide supporting documentation.

#### ***Attachment 10 – Vendor Responsibility Attestation***

**Question 87A:** I am a physician preparing to apply to DANY for assistance with repayment of educational loans. In my understanding, Attachment 10 is not necessary if the DANY funds are to be used only for physician education loan repayment. Can you please confirm whether I can omit Attachment 10?

**Question 87B:** Attachment 10 - is not for individual physician applicants, correct? Just want to be sure.

**Answer 87(A-B):** A Vendor Responsibility Questionnaire is required only from Health Care Facility Applicants applying for an award of greater than \$100,000. Since the questionnaire is not required for individual physician applicants, then the Attestation (Attachment 10) is not required by individual physician applicants.

## **BUDGET**

**Question 88:** For the three-year, fixed term budget, are you looking for an itemized breakdown for each of the three contract years? Or are you looking for an overall itemized budget whose lump sum would be divided by three to determine the annual payout amount?

**Answer 88:** We are looking for an overall itemized budget whose lump sum would be no more than \$120,000. That lump sum would be divided by three to determine the fixed annual payout amount.

## **DEFAULT PROVISIONS**

**Question 89:** What happens if a physician leaves before his/her 3-year commitment is fulfilled? Would they have to pay back the entire amount received, or would they be able to keep the funding received for the years completed? In the webinar's Power Point presentation, you say that severe consequences will result if the physician fails to complete his/her DANY service obligation.

**Answer 89:** The penalties for default are detailed in Section IV, (P) Default Provisions. The default provisions differ based on the source of the funding.

**Question 90:** If the health facility receives DANY funding to help a physician repay outstanding qualified educational debt and that physician fails to complete their three-year service obligation who repays the funds to the Department?

**Answer 90:** Applicants should be aware that the penalty for default would always be assessed against the individual or organization that holds the contract. Thus, if a hospital applied for a DANY award for one of their physicians and the physician left prematurely, the hospital would be responsible for repayment.

## **CONTRACT MODIFICATIONS**

**Question 91:** If my current position is in a service eligible area and I relocate to another service eligible region is that considered a breach of contract?

**Answer 91:** A physician grantee may request a change of location which may be treated as a contract modification. Section IV (Q) of the RFA details what is involved with requesting a change of location.



**Question 92:** If during the 3-year grant period, the physician leaves the hospital and the hospital replaces the physician, can the grant continue?

**Answer 92:** A health care facility grantee may request to replace a physician who leaves the hospital with another physician for the grant to continue. However, the grantee would need to contact the Department directly to obtain approval before any possible change takes place.

**Question 93:** If practice location sites had to be changed from the original location listed in the application (i.e. if it is a rented/leased property vs an owned commercial property) would that change the grant terms? Granted the location remains within the HRSA guidelines.

**Answer 93:** The grantee would need to contact the Department directly to review the new location to obtain approval prior to any change taking place.

### **TAX ISSUES**

**Question 94:** Funds to support loan repayment under the DANY Physician Loan Repayment and Physician Practice Support programs may be currently exempt from federal and state taxes. Can/will this change?

**Answer 94:** The Department has no control over if tax laws change in the future. Please consult your tax professional for more information.

### **OTHER SCHOLARSHIPS & LOAN FORGIVENESS**

**Question 95:** My ten-year payments for Public Service Loan Forgiveness would be eligible for forgiveness on 12/1/2020. If I was approved for the DANY funding from 1/1/19 to 12/31/21, would I be able to receive the PSLF funding?

**Answer 95:** The applicant would be able to receive Public Service Loan Forgiveness Funds and DANY funds simultaneously. HESC checks on loan balances periodically, and if your loan is forgiven under the PSLF program on 12/1/2020, then you would not be able to continue to receive DANY funding after that point. However, to prevent a default, the physician would need to continue to fulfill the DANY service obligation.

**Question 96:** I have received the Regents Physician Loan Forgiveness Award for 2017 - 2019. Does this make me ineligible for DANY as an individual physician applicant?

**Answer 96:** A physician participating in DANY cannot be fulfilling an obligation under any state or federal loan repayment program (except the Public Service Forgiveness Program) where the obligation period would overlap or coincide with the DANY service obligation.

**Question 97:** If I choose to return the award monies to the Regents program (the Regents Program said I could and I would not be considered a breach of service obligation on their part since returning the award) would I then qualify for DANY? Would your program consider that a breach of service obligation? What would I write for an answer to Program Specific Question 5b?

**Answer 97:** If you returned the funds to the Regents program (with their approval) then DANY would not consider this a breach of service obligation. In 5b, state “Yes – however if awarded for DANY funds, physician will withdraw from the Regents program”. As noted in the RFA, a physician participating in DANY cannot be fulfilling an obligation under any state or federal loan repayment program (except the Public Service Forgiveness Program) where the obligation period would overlap or coincide with the DANY obligation period.

**Question 98:** Many of us who are applying to DANY have also applied for the federal National Health Service Corps (NHSC) for loan repayment. It is possible to accept or decline the award from NHSC award prior to DANY making their award decisions in Fall 2018? DANY (at least in my case) is the much-preferred program.

**Answer 98:** An applicant may apply to DANY if your award status for NHSC is still pending. However, the applicant cannot accept the DANY service award and still receive the NHSC award simultaneously. To participate with DANY, the applicant would have to decline or withdraw from the NHSC program.

**Question 99:** If NHSC makes their awards prior to DANY and requires acceptance/decline prior to Fall 2018, is there someone to speak with at DANY to gauge likelihood of getting the DANY loan repayment award?

**Answer 99:** The Department will not announce awards until the Fall of 2018 and cannot speak to anyone individually prior to this time.

**Question 100:** I was wondering if the DANY grant interferes with any income based loan repayment plans through the Dept of Education?

**Answer 100:** No. The method under which you currently repay the loan has no bearing on your eligibility for an award.

## **EMPLOYMENT CONTRACTS OR BUSINESS PLAN**

**Question 101A:** I'll be starting my job at XYZ Hospital (a non-profit) in September 2018. I have a signed contract. Am I eligible to apply for this grant?

**Question 101B:** If I sign a contract and start employment July 2, 2018, am I eligible for the DANY grant?

**Question 101C:** I'm currently finishing my training in another state but will start at XYZ Hospital in September 2018. Am I eligible since I have a signed contract and starting in September?

**Question 101D:** If a doctor has been recently hired, can they be eligible or does it have to be a brand-new employee?

**Question 101E:** If a doctor is already employed physicians does it matter how long they have been employed?

**Question 101F:** If my contract starts 08/2018, will it still qualify for the (01/2019-12/2021) contract period?

**Answer 101(A-F):** The date on which the physician's employment contract or business plan begins must be no earlier than August 31, 2015 and no later than January 1, 2019.

**Question 102A:** I will be applying as individual for loan repayment. I currently working for a community hospital upstate NY underserved rural area and I am not sure if my current contract is specific enough. Would an addendum of my current contract be acceptable to fulfill the mentioned items on contract?

**Question 102B:** I understand, there needs to be an agreement between the applicant and employer throughout the entire DANY period January 1, 2019 – December 31, 2021. I have a contract for two years from November 2017 - November 2019. I am eligible for annual renewal (theoretically ad infinitum). My employer doesn't usually provide contracts with specific numbers of years. I don't know if they will be able to rewrite the contract in any other form but what would be the minimum documentation needed?

**Question 102C:** About the contract reflecting "no discrimination". My contract is in the form of a letter, there is no mention of discrimination explicitly. Is there additional paperwork that I should include? Does a letter from my boss with this wording suffice?

**Question 102D:** About the contract accepting insurances, this is not specifically stated in my contract, is a letter from my boss enough or should I include the paperwork for insurance credentialing that I completed? I personally treat patients with Medicare/Medicaid/Child Health

Plus and/or private insurance and I know that my institution does not discriminate based on insurance or lack thereof.

**Question 102E:** I have a contract with my hospital which renews on an annual basis for a duration of 5 years. Would this be sufficient for the DANY requirement of service to cover from January 1, 2019 to December 31, 2021?

**Question 102F:** Pertaining to questions 3m, 3n, 3o & 3p in Minimum Physician Eligibility Requirements - The healthcare system I work for is compliant, however my employment contract does not specifically state this information. Does my employment contract need to be changed?

**Answer 102(A-F):** Applicants may utilize an addendum to an employment contract or business plan to address/incorporate the required DANY requirements; including that employment will cover at least the period from January 1, 2019 - December 31, 2021.

**Question 103:** Your website states a 3-year contract is needed, but does that mean it must start on January 1, 2019 for 3 years?

**Answer 103:** The contract with your employer cannot begin earlier than August 31, 2015 or later than January 1, 2019. The DANY service obligation dates are set at January 1, 2019 to December 31, 2021. The applicant must ensure that their employment contract covers at least the dates of the DANY service obligation period.

**Question 104:** Does the program retroactively assist with loans or do the terms of the contract begin whenever the loan is disbursed.?

**Answer 104:** The terms of the contract begin on January 1, 2019. The application cannot submit expenses accrued prior to this date however qualified educational loans may have occurred prior to this date.

**Question 105:** Do I need to have a 3-year contract signed for the period January 1, 2019 to December 31, 2021?

**Answer 105:** To apply for this grant opportunity, the applicant must ensure that their signed employment contract covers at least the dates of the DANY service obligation period or include an addendum that covers these same dates.

**Question 106:** The typical work week for my employer is 35 hours of paid work and 5 hours of unpaid lunch/break. This totals 40 hours/week, includes a minimum of 32 clinical hours and

does not include “on call” time. Does this fulfill the definition of a full-time clinical practice as defined by the DANY RFA?

**Answer 106:** Yes this fulfills the definition of full time because the applicants work week includes a minimum of 32 clinical hours and 40 total work hours. Meal breaks are considered a practice related administrative activity.

**Question 107:** If a doctor’s employment contract does not specifically state that he/she is practicing at a facility located in an MUA (but owned by the hospital that is not located in an MUA), do we need to provide documentation to prove that he/she is practicing in an MUA? If yes, what documentation is acceptable?

**Answer 107:** The Department would need an addendum to the physician’s contract which states the location where the physician will be carrying out their DANY service obligation.

**Question 108:** Is there preference over those that sign a one versus two or three-year contract?

**Answer 108:** All DANY awards are for the same three-year period of January 1, 2019 to December 31, 2021. There are no one-year or two-year contracts.

**Question 109:** I have a question regarding the “minimum 32 clinical hours/week”. Part of my job responsibilities include oversight of the infection control program at the hospital, for which I round on patients daily and assist as a specialist consultant on all the patients admitted to the Children’s Hospital daily. In addition, I have clinics and work on the general consulting service managing patients at regular intervals. Some weeks are 60 hours of clinical time and some may be 30 hours of clinical time. Is there some average of clinical hours/week that is acceptable or would meet the criteria for inclusion in this grant opportunity? Is 32 hours/week an average over a month? Or an average over a set amount of time? How should we understand “clinical hours” in regard to specialty care where not all of patient care is direct face to face contact. Some of my clinical time is spent working with home infusion clinics to ensure delivery of appropriate antibiotic therapy, ensuring authorization of necessary procedures and radiology tests, tracking down babies exposed to perinatal HIV and ensuring they are brought to clinic for screening, following up labs and coordinating care, all of which are essential to patient care in the high-risk community I serve.

**Answer 109:** There is no average of clinical hours/week that is acceptable to meet the criteria for inclusion in this grant opportunity. The 32 hours per week is not an average – it is a weekly requirement. Per the RFA, any hours worked in excess of 40 hours per week shall not be applied to any other work week. In addition, clinical hours are defined as time spent seeing, treating and interacting with patients.

**Question 110A:** My current contract extends through August 30, 2020. I am currently working with my employer to addend this contract to extend it through December 31, 2021. If this is not able to be accomplished by May 16, 2018, could I instead submit a letter (along with my current contract) from my employer that we are working on this addendum and will be completed prior to the start of my DANY contract period?

**Question 110B:** Is it acceptable to use a letter format in addition to an existing employment contract rather than an addendum to the employment contract?

**Answer 110(A-B):** If a physician's employment contract is not specific enough to meet the requirements of this RFA, the applicant may submit an addendum to the contract. A letter is not acceptable.

**Question 111:** Section II (Who may apply), question 17 a & b: Does this need to be specifically documented in the contract? If so, is an addendum to the contract acceptable? How can I enter into an agreement with the State agency for the plan under Titles XIX and XXI of the social security act?

**Answer 111:** Section II, question 17 a & b may be addressed in an addendum to the employment contract. Title XIX and XXI of the Social Security Act refers to the Medicaid and State Children's Health Insurance Program, respectively. For information on enrolling in these programs go to: [www.emedny.org](http://www.emedny.org) or contact the Department's Office of Health Insurance Programs via email to [providerenrollment@health.ny.gov](mailto:providerenrollment@health.ny.gov) or by calling 800-343-9000.

**Question 112:** One of the eleven physicians has a loan repayment clause in his employment contract that mirrors the terms of Cycle IV vs. Cycle V. Is it allowable to execute an employment contract amendment to reflect the enhanced terms of Cycle V, as his plans are to practice for entire (1/1/19 – 12/31/2021) service obligation period?

**Answer 112:** If a physician's employment contract is not specific enough to meet the requirements of this RFA, the applicant may submit an addendum to the contract.

**Question 113:** Since most commercial leases occur in multiple year sequences, how will that affect the Practice Support Grant?

**Answer 113:** If a health care facility intends to change their location (i.e. because of a new lease agreement), they must notify the Department to request a contract modification. This should occur prior to the change taking place. Section IV (Q) of the RFA details what is involved with requesting a change of location.

## **MISCELLANEOUS QUESTIONS**

**Question 114:** If an applicant submits an application and they receive feedback that some piece is still required in the next 10 days, does the application time stamp reflect the original application submission date and time or does it get bumped to when the requested additional information is received? In other words, if I were to submit the application on May 16<sup>th</sup> and I receive an email saying something else is required or needs to be changed, does my application reflect that May 16<sup>th</sup> date or would it now be whenever my new information is received from you? Hope the question makes sense but if not just let me know and I can clarify.

**Answer 114:** The Gateway will time and date stamp when the application is initially received. If there are outstanding items and if you respond with missing information within the 10-day time frame, then your initial date and time will stand. If you do not respond within the 10-day time frame then you will be disqualified from this funding opportunity.

**Question 115:** Will an application be viable if a healthcare facility applies without the naming a specific physician? More specifically, how do we reconcile the requirement to name the physician in the application if we wish to utilize the grant funds to recruit an as-yet unknown physician(s), whether from our upcoming class of graduating residents or from the medical community at-large.

**Answer 115:** For the application to be complete, the applicant must provide the name of the physician who will be carrying out the DANY service obligation.

**Question 116:** I missed the webinar, is there a way that I can still watch the video recording?

**Answer 116:** Webinar slides and a link to the live recording, are posted on our website at: [https://www.health.ny.gov/professionals/doctors/graduate\\_medical\\_education/doctors\\_across\\_ny/](https://www.health.ny.gov/professionals/doctors/graduate_medical_education/doctors_across_ny/)

**Question 117:** I may use the new NY State Family Leave 6 hours per week from January 1, 2019 – May 8, 2019 which would mean I would technically attend work 34 hours per week during that time but would still be on a full-time position and contract. Would I still be eligible? After May 8, I would not use any more family leave and would resume 40 hours per week service. Also, just to clarify the leave is to care for my child under one year of age.

**Answer 117:** If you qualify for an award, your contract start date would remain as January 1, 2019. However, we would defer the obligation until the Family Medical Leave Act (FMLA) leave has ended and your work hours comply with the requirements of the program. This would therefore extend your 3-year contract for any time that you were out on FLMA.



**Question 118:** The name on my NYS medical license includes my middle name, do I need to use that full name on my application or will it be okay to use my usual professional name, which does not include my middle name?

**Answer 118:** When naming a physician in the application, the applicant should use the name on the medical license so the Department can accurately verify the license.

**Question 119:** RFA Section II (10) (i): This section refers to a “general hospital.” My salary line is through the children’s hospital (which shares the same tax ID and Medicare/Medicaid ID with the adjacent adult hospital). I am credentialed to treat both children and adults by the institution at large. Should I be presenting data for the overall hospital (including adult care and pediatric care) or should I just present data (in Attachment 9) from the children’s hospital as that is the source of my salary line and to whom my contract is linked.

**Answer 119:** The applicant should present data on the population that will be served, and should be as specific as possible.

## **QUESTIONS ASKED DURING THE WEBINAR**

**Question 120:** If I am only in a Grantee Role, can someone submit the application I worked on in their Grantee Signatory Role? How would I share my application with them?

**Answer 120:** Someone with the Grantee Signatory Role can submit your application. You don’t have to share the application with them, they can click on “Applications” link in Grants Gateway and search for it. However, if you want to share it with someone, then go to the application in Grants Gateway, click on “Management Tools”, click on “Add/Edit People”, click the person’s name from the “Current People Assigned” list, click “Save”. Now the application will become a task for that person on their home page in Grants Gateway.

**Question 121:** Can an admin change his role, or add him/herself as a new member, to another higher access role?

**Answer 121:** Grantee Delegated Admin (GDA) is the highest access role. This is the person who controls all the users within the account. GDA’s can add a new account for themselves, they can add new accounts for other people, and they can remove accounts if the person has left the organization. A GDA cannot change their roles, the only thing they can do is add a member to a new role.



**Question 122:** For “reference only” attachments, we do not have to upload anything - correct?

**Answer 122:** The applicant does not need to upload anything for “reference only” attachments.

**Question 123:** We are an Article 31 and 32 Agency. Do we qualify if our geographic area comes back positive for Mental Health HPSA, but not primary care HPSA?

**Answer 123:** The answer depends on the physician listed in the DANY application. If the physician is a psychiatrist and the service location is in a mental health HPSA then the physician is eligible under Attachment 7, Option A. If the physician is a primary care physician and the service location is not a primary care HPSA then the physician is not eligible under Attachment 7, Option A. In this second example to be eligible, the applicant would need to answer “yes” to six questions in Attachment 7, Option C.

**Question 124:** What if the physician works in a MUA by the HRSA data but is not primary care, do we still have to do Option C?

**Answer 124:** Attachment 7, Option A can only be used for physicians that are in primary care or psychiatry. If the physician is a specialist, then the applicant must complete Option C.

**Question 125:** How are you treating HPSA's that are proposed for withdrawal?

**Answer 125:** If your location is defined as a HPSA at the time of application, you may use this designation to complete Attachment 7.

**Question 126:** In Attachment 7 you say, “if the physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics” etc. Do you mean the physician must be board certified?

**Answer 126:** The RFA does not state that the physician must be board certified. The physician must be licensed to practice medicine in New York State by the time the three-year DANY service obligation begins.

**Question 127:** If a physician is hired to work at one site and received the award, but in a year, we open a new site that is also located within an underserved area, do we still need approval even if this new site is still part of the same operating certificate?

**Answer 127:** The grantee needs to notify the Department of the change in location and obtain approval for that contract modification before making the change.

**Question 128:** Is Option A for qualifying as underserved area status prioritized over Option C?

**Answer 128:** Option A, Option B and Option C are all considered equally when making awards.

**Question 129:** What if we do not have an identified physician? Can we receive assistance identifying one or matching us to one?

**Answer 129:** For the application to be complete, the applicant must provide the name of the physician who will be carrying out the DANY service obligation. The Department does not maintain a list of physicians available for recruitment.

**Question 130:** Our physician is still finishing school and we have a scheduled start date for fall 2018. Can we apply on their behalf?

**Answer 130:** Naming this doctor in your application is acceptable since the date on which the physician's employment contract or business plan begins is no earlier than August 31, 2015 and no later than January 1, 2019. The application must include a signed employment contract with the physician (or a business plan if the physician is starting in private practice).

**Question 131:** Are you only reviewed for your requested amount, or would you be awarded more or less based on applicants and awards going out?

**Answer 131:** The DANY grant will award up to \$40,000 per year for three years (for a maximum of \$120,000 over a three-year period). An applicant is only reviewed for their requested amount and would not be awarded more than that requested amount. An applicant may be awarded less than that amount that include the following circumstances: (1) the applicant requested more than \$120,000 total; (2) HESC verified a lower amount for the outstanding educational debt; (3) the applicant included expenses that are disallowed; or (4) the applicant is one of the last awardees being considered for program funding and the program has a limited amount available to be awarded.

**Question 132:** What if you have been paying off your loans and you have less than \$120,000? Can you still request the \$120,000? How do you make the request?

**Answer 132:** An individual applicant seeking to use DANY funds for loan repayment must include educational loan statements dated no more than 30 days prior to submission. Such statements will be forwarded to the New York State Higher Education Services Corporation (“HESC”) to verify the existence and amount of qualified education debt. No DANY award shall be made in excess of the outstanding amount of educational debt as verified by HESC.

**Question 133:** You mentioned loans will be reviewed by HESC? How to make sure [sic] loans are approved before contract signed?

**Answer 133:** Loans and loan amounts will be verified by HESC at the time of application and before awards are made and a contract is signed.

**Question 134:** My current employment contract is through 2020, do I need to have a redone contract that would cover through 2021 prior to application?

**Answer 134:** When applying, applicants may utilize an addendum to an employment contract or business plan to address/incorporate the required DANY requirements; including that employment will cover at least the period from January 1, 2019 - December 31, 2021.

**Question 135:** You were going to mention the \$1.5M in Federal Funds.

**Answer 135:** We have requested an additional \$1.5 million in federal funds for the DANY program. It has not yet been verified that we will receive these funds. DANY will make approximately (75) awards with the \$9 million available in state funds. Should the federal funds become available, that will require state matching funds, additional awards will be made.

**Question 136:** If I sign a contract with a facility and after review, my loans are not eligible for DANY, what happens then?

**Answer 136:** An employment contract with a health care facility could include a clause that the physician’s employment is contingent on receiving a DANY award.

**Question 137:** Can individuals apply for enhanced reimbursement/funds to retain a physician? Or only for loan repayment?

**Answer 137:** Individual physicians can only apply for loan repayment to work in a qualified health care facility or to start or join a medical practice that is registered with the Department of State as a PC or PLLC. Medical practices or other health care facilities can apply for enhanced compensation to recruit or retain a physician

**Question 138:** How should FQHC's respond if the specific site where the practice is located is not in a geographic HPSA? By definition, all FQHC's are automatic facility HPSA's because they serve a disproportionate share of low-income, uninsured, high need populations.

**Answer 138:** A FQHC DANY applicant that has identified a primary care physician or psychiatrist should complete Attachment 7, Option A. Further, if a primary care physician or psychiatrist DANY applicant is working in or intends to work in a FQHC, he/she would also complete Attachment 7, Option A. Other scenarios would require the applicant to complete Attachment 7, Option C.

**Question 139:** The town I work in has a HPSA of 17, but the Federally Qualified Health Center I work for has a HPSA score of 19. Can I submit the FQHC verification of HSPA score instead of the score from the town I work in?

**Answer 139:** No preferences are given based on the HPSA score of the facility. HPSA designations will only be used to assist in identifying an underserved area (see Attachment 7, Option A). Option A directs applicants to verify that the area or site where the physician will be practicing is located in, or serves one or more HPSA, MUA or MUP.

**Funding Opportunity #17835  
Grants Gateway # (DOH01-DRPLR5-2019)**

**New York State Department of Health  
Office of Primary Care and Health Systems Management  
Center for Health Care Policy and Resource Development  
Division of Workforce Transformation**

**Request for Applications**

*Doctors Across New York Physician Loan  
Repayment and Physician Practice Support Programs  
Cycle V*

**KEY DATES**

<b>Release Date:</b>	<b>April 18, 2018</b>
<b>Applicant Webinar:</b>	<b>April 25, 2018</b>
<b>Questions Due:</b>	<b>May 2, 2018</b>
<b>Questions, Answers and Updates Posted (on or about):</b>	<b>May 9, 2018</b>
<b>Application Submission Start Date:</b>	<b>May 16, 2018</b>
<b>Application Submission Deadline:</b>	<b>June 13, 2018 by 4:00 PM – E.S.T.</b>
<b>DOH Contact Name &amp; Address:</b>	Karolyn Garafalo New York State Department of Health Corning Tower, Room 1695 Albany, New York 12237 DANY2018@health.ny.gov

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## **I. Introduction**

The New York State Doctors Across New York (“DANY”) initiative includes several programs collectively designed to help train and place physicians in underserved communities, in a variety of settings and specialties, to care for New York’s diverse population. The DANY Physician Loan Repayment (“PLR”) and Physician Practice Support (“PPS”) programs make funds available to help recruit physicians to and encourage them to remain in medically underserved areas of the state. Funding is provided in exchange for a physician’s commitment to work in an underserved area for a three-year period (“DANY service obligation period”).

This is the fifth DANY PLR/PPS cycle of funding, referenced herein as Cycle V. Previous cycles awarded funding in amounts that were different for PLR and PPS and that required different lengths of time for the physician’s commitment to work in an underserved area. For Cycle V, pursuant to changes made by Public Health Law (“PHL”) § 2807-m(12) in 2016, both PLR and PPS awards will provide up to \$40,000 per year for three years to or on behalf of a physician who agrees to practice in an underserved area for the three-year DANY service obligation period. Up to \$9 million is currently available under this Request for Applications (“RFA”), which is expected to result in approximately 75 three-year awards. Additionally, up to \$1.5 million in federal funds may become available.

Pursuant to PHL § 2807-m, DANY funds can be awarded to: (1) a physician to pay qualified educational debt; (2) a physician to submit the costs of establishing or joining medical practices; or (3) a health care facility to recruit or retain a physician by providing the physician with a sign-on bonus, funds to repay outstanding qualified educational debt, or enhanced compensation. In all cases, 100 percent of the funds ultimately must be distributed to the physician or the physician’s practice.

As required by PHL § 2807-m, one-third of funding awarded under this RFA must be allocated to physicians practicing in and health care facilities located in New York City (comprised of New York, Bronx, Kings, Queens and Richmond counties) with the remaining two-thirds to individual physicians practicing in and health care facilities located in the rest of the state. The statute further provides that no less than fifty percent of available funds be allocated to physicians who will be working in general hospitals.

The New York State Department of Health (“Department”) will host a webinar for this funding opportunity on April 25, 2018. Applicants are strongly encouraged to attend the applicant webinar, which will provide technical assistance in completing the application. A recording of the webinar will be posted to the Department’s website shortly after the live event. The website address where the recording can be located will be included in the Question and Answers that will be posted on or about the date listed on the cover page of this RFA.

Anyone who potentially may be interested in applying for this program should start the process as soon as possible by registering for a Grants Gateway account at the following website: <https://grantsreform.ny.gov/grantees>. Additionally, not for profit applicants must be prequalified in the Grants Gateway in order to apply for this grant opportunity on or before the date the applications are due.

## **II. Who May Apply**

Only physicians and health care facilities that meet the criteria set forth below are eligible to apply for

DANY funding through this RFA.

### **A. Eligible Physician Applicants**

A physician is eligible for a DANY award for the period (January 1, 2019 – December 31, 2022) to repay qualified educational debt or pay costs of establishing or joining a medical practice if the following requirements are met:

1. The physician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
2. The physician must be a graduate of an allopathic or osteopathic medical school.
3. The physician must be licensed to practice medicine in New York State by the time the three-year DANY service obligation begins.
4. The physician must be in good standing, meaning that he or she:
  - a. Has not been excluded from or terminated by the federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>);
  - b. Has not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>);
  - c. Is not under indictment for, or has not been convicted of any felony as defined by New York State Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>); and
  - d. Has not had his or her medical license revoked in any state or territory in the United States.
5. The physician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
6. The physician must not have any judgment liens arising from debt to the federal or any state government.
7. The physician must not be delinquent in child support payments.
8. The physician must not have previously received DANY PLR or PPS funding.
9. The physician must not be fulfilling an obligation under any state or federal loan repayment program which overlaps or coincides with the three-year DANY service obligation.
10. The physician must have either an employment contract or a business plan, as described below:
  - a. A physician who seeks a DANY award to repay educational debt must have an employment contract with a health care facility requiring the physician to provide physician services for at least the entire DANY service obligation period. For these purposes, a “health care facility” means:



- i. A general hospital, diagnostic and treatment center (“D&TC”), or a nursing home licensed by the New York State Department of Health pursuant to PHL Article 28;
- ii. A facility certified, but not operated, by the New York State Office of Mental Health (“OMH”) pursuant to Mental Hygiene Law (“MHL”) Article 31;
- iii. A facility licensed, but not operated, by the New York State Office of Alcoholism and Substance Abuse (“OASAS”) pursuant to MHL Article 32;
- iv. A hospital or nursing home operated by the New York State Department of Health, meaning Helen Hayes Hospital, the New York State Veterans Home at Batavia, the New York Veterans Home at Montrose, the New York State Veterans Home at Oxford, or the New York State Veterans Home at St. Albans; or
- v. A medical practice that is registered with the New York State Department of State as a Professional Corporation (“PC”) or Professional Limited Liability Corporation (“PLLC”).

A physician employed by a health care facility operated by a New York State agency, other than the Department of Health or the State University of New York (“SUNY”), is not eligible to apply under this RFA. A physician employed by a health care facility operated by the federal government is not eligible to apply under this RFA.

- b. A physician who seeks a DANY award to pay costs to establish or join a medical practice must have a business plan for at least the entire DANY service obligation period, where such practice is or will be registered with the New York State Department of State as a PC or PLLC.
11. The health care facility or practice where the physician will be employed or the medical practice that the physician will establish or join must be located in an underserved area, as defined in Attachment 7 of this RFA.
  12. The services that the physician will provide under the employment contract or business plan must constitute full time clinical practice, meaning at least 40 hours of service (with a minimum of 32 clinical hours) per week for at least 45 weeks per year. The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. The 40 hours per week may not include time spent in “on-call” status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in Attachment 3 of this application during that time. Any hours worked in excess of 40 hours per week shall not be applied to any other work week.
  13. The physician cannot have worked as a physician in any capacity in any underserved area, as defined in Attachment 7 of this RFA, between the dates of August 30, 2010 and August 30, 2015.
  14. The date on which the physician’s employment contract or business plan begins must be no earlier than August 31, 2015 and no later than January 1, 2019.
  15. The start date of the physician’s DANY service obligation under this contract will be January 1, 2019.

16. The employment contract or business plan, as applicable, must reflect that the physician will provide health services to individuals in the area without discriminating against them:
  - a. Because of their inability to pay for those services; or
  - b. Because of their enrollment in or utilization of insurance provided under Part A “Medicaid” or Part B “State Children’s Health Insurance Program” of Title XVIII of the Social Security Act (42 U.S.C. 1395).
17. The employment contract or business plan, as applicable, must reflect that the physician:
  - a. Shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act; and
  - b. Shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan if no current agreement exists with the employing facility.

## **B. Eligible Health Care Facility Applicants**

A health care facility is eligible for a DANY award for the period (January 1, 2019 – December 31, 2022) to provide a physician with a sign-on bonus, funds to repay outstanding educational debt, and/or enhanced compensation (not including salary offsets) if the following requirements are met:

1. The health care facility must be one of the following:
  - a. A general hospital, D&TC, or a nursing home licensed by the New York State Department of Health pursuant to PHL Article 28;
  - b. A facility licensed, but not operated, by the New York State Office of Mental Health pursuant to MHL Article 31;
  - c. A facility licensed, but not operated, by the New York State Office of Alcoholism and Substance Abuse Services pursuant to MHL Article 32; or
  - d. A medical practice that is registered with the New York State Department of State as a PC or PLLC.

A health care facility operated by any other New York State agency, other than SUNY, or by the federal government is not eligible under this RFA. A health care facility operated by SUNY can use a DANY award only to provide a physician with funds for loan repayment.

2. The health care facility must be located in an underserved area, as defined in Attachment 7 of this RFA.
3. The health care facility must have an employment contract with a physician requiring the provision of physician services for the DANY service obligation period.

4. The physician with whom the health care facility has an employment contract for the DANY service obligation period must meet the following criteria:
  - a. The physician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
  - b. The physician must be a graduate of an allopathic or osteopathic medical school.
  - c. The physician must be licensed to practice medicine in New York State by the time the three-year DANY service obligation begins.
  - d. The physician must be in good standing, meaning that he or she:
    - i. Has not been excluded from or terminated by the federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>);
    - ii. Has not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>);
    - iii. Is not under indictment for, or has not been convicted of any crime as defined by New York State Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>); and
    - iv. has not had his or her medical license revoked in any state or territory in the United States.
  - e. The physician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
  - f. The physician must not have any judgment liens arising from debt owed to the federal or any state government.
  - g. The physician must not be delinquent in child support payments.
  - h. The physician must not have previously received DANY PLR or PPS funding.
  - i. The physician must not be fulfilling an obligation under any state or federal loan repayment program which overlaps or coincides with the three-year DANY service obligation.
  - j. The physician cannot have worked as a physician in any capacity in any underserved area, as defined in Attachment 7 of this RFA, between the dates of August 30, 2010 and August 30, 2015.
5. The date on which the physician's employment contract begins must be no earlier than August 31, 2015 and no later than January 1, 2019.
6. The start date of the physician's DANY service obligation under this contract will be January 1, 2019.
7. The services that the physician will provide under the employment contract or business plan must constitute full time clinical practice, meaning at least 40 hours of service (with a minimum of 32

clinical hours) per week for at least 45 weeks per year. The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. The 40 hours per week may not include time spent in “on-call” status except to the extent that the physician is regularly scheduled and providing patient care at a site identified in Attachment 3 of this application during that time. Any hours worked in excess of 40 hours per week shall not be applied to any other work week.

8. The employment contract must reflect that the physician will provide health services to individuals in the area without discriminating against them:
  - a. Because of their inability to pay for those services; or
  - b. Because of their enrollment in or utilization of insurance provided under Part A “Medicaid” or Part B “State Children’s Health Insurance Program” of Title XVIII of the Social Security Act (42 U.S.C. 1395).
9. The employment contract must reflect that the physician:
  - a. Shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act; and
  - b. Shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan if no current agreement exists with the employing facility.

### **III. Project Narrative**

DANY awards will provide up to \$40,000 per year for three years to or on behalf of a physician who agrees to practice in an underserved area for the three-year period, referenced herein as the DANY service obligation period. To be considered for funding, applicants must meet the eligibility requirements outlined in Section II (Who May Apply).

#### **A. Use of Funds**

DANY funds can be awarded to: (1) a physician to pay qualified educational debt; (2) a physician to pay costs of establishing or joining medical practices; or (3) a health care facility to help retain and recruit a physician by providing that physician with a sign-on bonus, funds to repay outstanding educational debt, or enhanced compensation (except where the award is made to a health care facility operated by SUNY). In all cases, 100 percent of the funds ultimately must be distributed to the physician. Accordingly, funding awarded under this RFA can be used only as follows:

1. Repaying qualified educational debt: For purposes of this RFA, “qualified educational debt” means any outstanding amounts remaining on student loans that were used by the physician to pay graduate or undergraduate tuition or related educational expenses, where such loans were made by or guaranteed by the federal or state government or made by a lending or educational institution approved under Title IV of the federal Higher Education Act. An applicant seeking to use DANY

funds for loan repayment must include educational loan statements dated no more than 30 days prior to submission (to be uploaded as Attachment 4). Such statements will be forwarded to the New York State Higher Education Services Corporation (“HESC”) to verify the existence and amount of qualified education debt. Applicants must complete Attachment 5 to give consent for HESC to disclose any loan information to the Department. No DANY award shall be made in excess of the outstanding amount of educational debt as verified by HESC. Where a DANY award is made for this purpose, the physician will be required to submit educational loan statements on an annual basis to ensure payments are being applied to the loans.

2. Supporting the cost of establishing or joining a medical practice: DANY funding awarded to a physician to pay costs of establishing or joining medical practices can be used for expenses such as acquiring the land or a building where the practice will be located, capital investment, renovation of existing space, minor medical equipment (for a maximum of \$10,000), equipping and furnishing the space, rent, insurance, and payment of salaries of office personnel (see Section V.A.4 Budget). Upon claiming an award, the physician will be required to submit vouchers with receipts of qualified expenses for reimbursement.
3. Helping health care facilities recruit or retain physicians: A DANY award made to a health care facility can be used to provide one physician, who must be identified in the application, with a sign-on bonus, repayment of outstanding qualified educational debt, enhanced compensation, or any combination thereof, with one exception: a health care facility operated by SUNY can only use DANY funds for loan repayment of outstanding qualified educational debt. In all cases, 100 percent of funding provided under the award must go to the physician.

## **B. Application Limits**

1. No more than one application will be accepted from a single physician. If a physician submits more than one application, only the application received first will be reviewed.
2. No more than two applications will be accepted from a health care facility with the same operating certificate number or health care facility that is a medical practice with the same Department of State Identification Number. If a health care facility submits more than two applications, only the first two applications received will be reviewed.

## **C. Award Limits**

1. A minimum of one-third of DANY funds awarded under this RFA shall be allocated to physicians practicing in and health care facilities located in New York City (comprised of New York, Bronx, Kings, Queens and Richmond counties) with the remaining two-thirds to individual physicians practicing in and health care facilities located in the rest of the state.
2. No less than fifty percent of the funds awarded under this RFA shall be used to support a DANY service obligation to be carried out in a general hospital. This provision shall not apply if less than fifty percent of the eligible funding is requested from such applicants.
3. No more than five percent of the funds awarded under this RFA shall be used to support a DANY service obligation to be carried out at a health care facility exclusively licensed by OMH.
4. No more than five percent of the funds awarded under this RFA shall be used to support a DANY

service obligation to be carried out at a health care facility exclusively licensed by OASAS.

5. No more than two awards will be made to support a DANY service obligation to be carried out at a health care facility with the same operating certificate number or, in the case of a medical practice, the same NYS Department of State registration number, regardless of whether the applications were submitted by physicians or health care facilities.

#### **D. Application Deadlines**

All applications must be received via the Grants Gateway by the date and time noted on the cover of this RFA and must contain a valid email address where the applicant can receive correspondence. The Department will review applications in the order they are received and will notify the applicant, via email, if the application is complete or incomplete. If the application is deemed complete, no further action by the applicant is needed. If the application is incomplete, the Department will provide the applicant a list of outstanding items via email. The applicant will have one opportunity to supply this missing information to the Department within 10 business days of the date on which the Department provided the list of outstanding items. All missing information must be emailed to: [DANY2018@health.ny.gov](mailto:DANY2018@health.ny.gov). If any of the missing information is not emailed to the Department within such 10-day period, review of the application will terminate and the application will be denied.

An Applicant may withdraw an application at any time by notifying the Department in writing via email or by letter to the address listed below.

## **IV. Administrative Requirements**

### **A. Issuing Agency**

This RFA is issued by the New York State Department of Health. The Department is responsible for the requirements specified herein and for the evaluation of all applications.

### **B. Question and Answer Phase**

All substantive questions must be submitted in writing or via email to:

Karolyn Garafalo  
Division of Workforce Transformation  
Center for Health Care Policy and Resource Development  
Office of Primary Care and Health Systems Management  
New York State Department of Health  
Corning Tower, Room 1695  
Albany, New York 12237  
[DANY2018@health.ny.gov](mailto:DANY2018@health.ny.gov)

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the cover of this RFA.

Questions of a technical nature can be emailed to DANY2018@health.ny.gov. **Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

**Applicants must be registered in the Grants Gateway in order to apply for this grant opportunity. If you have any potential interest in applying for this program, DOH recommends that you start the process now by registering for a Grants Gateway account at the following website: <https://grantsreform.ny.gov/grantees>.**

When applying for a Grants Gateway account, be sure to request the role of “Grantee Contract Signatory” or “Grantee System Administrator” since these roles are necessary to submit an application.

Some helpful links for questions of a technical nature are as follows:

- Grants Gateway Videos (includes a document vault tutorial and an application tutorial) on YouTube: <https://grantsreform.ny.gov/youtube>
- Grants Gateway Team Email: [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)  
Phone: 518-474-5595  
Hours: Monday thru Friday 8am to 4:30pm  
(Application Completion, Policy, and Registration questions)
- Agate Technical Support Help Desk  
Phone: 1-800-820-1890  
Hours: Monday thru Friday 8am to 8pm  
Email: [helpdesk@agatesoftware.com](mailto:helpdesk@agatesoftware.com)  
(Technical questions)

Prospective Applicants should note that all clarifications and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application. This RFA has been posted on the NYS Grants Gateway website at: [https://grantsgateway.ny.gov/IntelliGrants\\_NYSGG/module/nysgg/goportal.aspx](https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx) and a link provided on the Department's public website at: <http://www.health.ny.gov/funding/>. Questions and Answers, as well as any updates and/or modifications, will be posted on the Grants Gateway. All such updates will be posted by the date identified on the cover of this RFA.

### **C. Letter of Interest**

A letter of interest is not required for this funding opportunity.

### **D. Applicant Webinar**

**An applicant webinar will be held for this project.** This webinar will be held on the date and time posted on the cover sheet of this RFA. Applicants are strongly encouraged to attend the applicant webinar, which will provide technical assistance in completing the application. A recording of the webinar will be posted on the Department's website shortly after the live event. The website address where the recording can be located will be included in the Question and Answers that will be posted on or about the date listed on the cover of this RFA. Failure to attend the applicant webinar will not

preclude the submission of an application, however; participation is highly encouraged.

## **E. How to File an Application**

Applications must be submitted online via the Grants Gateway by the date and time posted on the cover of this RFA. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Reform website at the following web address: <https://grantsreform.ny.gov/Grantees> and select the “Grantee Quick Start Guide Applications” from the menu on the left. There is also a more detailed “Grantee User Guide” available on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsreform.ny.gov/training-calendar>.

To apply for this opportunity:

1. Log into the Grants Gateway as either a “Grantee” or “Grantee Contract Signatory”.
2. Click on the “View Opportunities” button under “View Available Opportunities”.
3. In the Search Criteria, enter the Grant Opportunity name <Doctors Across New York Physician Loan Repayment and Physician Practice Support Programs> and select the Department of Health as the Funding Agency.
4. Click on “Search” button to initiate the search.
5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the Applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an Applicant’s ability to submit their application.** Both DOH and Grants Gateway staff are available to answer Applicant’s technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Gateway Team is available under Section IV. B. of this RFA.

**PLEASE NOTE:** Although DOH and the Grants Gateway staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time, there is no guarantee that they will be resolved in time for the application to be submitted and, therefore, considered for funding.

The Grants Gateway will always notify Applicants of successful submission. If a prospective grantee does not get a successful submission message assigning their application a unique ID number, it has not successfully submitted an application. During the application process, please pay particular attention to the following:

- Not-for-Profit Applicants must be prequalified on the due date for this application submission. Be sure to maintain prequalification status between funding opportunities. Three of a not-for-profit’s essential financial documents - the IRS990, Financial Statement and Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s



prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.

- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an application.
- Prior to submission, the system will automatically initiate a global error checking process to protect against incomplete applications. An Applicant may need to attend to certain parts of the application prior to being able to submit the application successfully. Be sure to allow time after pressing the submit button to clean up any global errors that may arise. You can also run the global error check at any time in the application process. (see p.66 of the Grantee User Guide).
- Grantees should use numbers, letters and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Grantees should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

<b>Role</b>	<b>Create and Maintain User Roles</b>	<b>Initiate Application</b>	<b>Complete Application</b>	<b>Submit Application</b>	<b>Only View the Application</b>
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

**PLEASE NOTE: Waiting until the last several days to complete your application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.**

Late applications will not be accepted. **Applications will not be accepted via fax, e-mail, hard copy or hand delivery.**

#### **F. Department of Health’s Reserved Rights**

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.
3. Make an award under the RFA in whole or in part.

4. Disqualify any Applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications.
6. Use application information obtained through site visits, management interviews and the state's investigation of an Applicant's qualifications, experience, ability or financial standing, and any material or information submitted by the Applicant in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to application opening, direct Applicants to submit proposal modifications addressing subsequent RFA amendments.
9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Conduct contract negotiations with the next responsible Applicant, should the Department be unsuccessful in negotiating with a selected Applicant.
13. Utilize any and all ideas submitted with the applications received.
14. Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
15. Waive or modify minor irregularities in applications received after prior notification to the Applicant.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's application and/or to determine an offerer's compliance with the requirements of the RFA.
17. Negotiate with successful Applicants within the scope of the RFA in the best interests of the State.
18. Eliminate any mandatory, non-material specifications that cannot be complied with by all Applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the state.

#### **G. Term of Contract**

Any contract resulting from this RFA will be effective only upon approval by the New York State Department of Health.

It is expected that contracts resulting from this RFA will be three-year fixed term contracts and Applicants will start on January 1, 2019 and serve until December 31, 2021.

Continued funding throughout this three-year period is contingent upon availability of funding and state budget appropriations. The Department also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

A sample New York State Master Contract for Grants can be found in the Forms Menu once an application to this RFA is started.

#### **H. Payment & Reporting Requirements of Grant Awardees**

1. No advances will be allowed for contracts resulting from this procurement.
2. No payment shall be made before a contract is executed.
3. Physicians must work for three months under the terms of this contract before payment is made.
4. Payments will be made quarterly or semiannually at the discretion of the Department and only after the reports listed below are received.
5. Physicians accepting monies for loan repayment are expected to use the funds to pay down qualified educational debt. Statements submitted must demonstrate that all disbursed grant funds were applied in full to the loan following receipt of payment from the Department.
6. The grantee will be required to submit the following reports periodically (at the discretion of the Department):
  - Progress reports to verify employment;
  - Educational loan statements (current within 30 days); and/or
  - Expenditure reports.

Such reports will be submitted to the following designated payment office (below) or in the future through the Grants Gateway:

Division of Workforce Transformation  
Center for Health Care Policy and Resource Development  
Office of Primary Care and Health Systems Management  
New York State Department of Health  
Corning Tower, Room 1695  
Albany, New York 12237  
[DANY2018@health.ny.gov](mailto:DANY2018@health.ny.gov)

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting

documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: [epayments@osc.state.ny.us](mailto:epayments@osc.state.ny.us) or by telephone at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any claims for reimbursement submitted under this contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms shall provide that the Contractor will be reimbursed for actual expenses incurred as allowed in the Contract Budget and Workplan.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Contract for Grants.

## **I. Minority & Woman-Owned Business Enterprise Requirements**

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health ("DOH") recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises ("MWBE") and the employment of minority groups members and women in the performance of New York State contracts.

## **J. Business Participation Opportunities for MWBEs**

For purposes of this solicitation, the New York State Department of Health hereby establishes a goal of 0%.

This RFA does not establish minimum goals for participation of minority or women-owned business.

Therefore, completion of the MWBE Utilization Plan is not required. Funded Applicants are encouraged to engage with firms found in the directory for the acquisition of required product(s) and/or service(s) associated with this grant.

In addition, successful awardees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

#### **K. Limits on Administrative Expenses and Executive Compensation**

On July 1, 2013 limitations on administrative expenses and executive compensation contained within Governor Cuomo's Executive Order #38, and related regulations published by the Department (Part 1002 to 10 NYCRR – Limits on Administrative Expenses and Executive Compensation) went into effect. Applicants agree that all state funds dispersed under this procurement will, if applicable to them, be bound by the terms, conditions, obligations and regulations promulgated by the Department. To provide assistance with compliance regarding Executive Order #38 and the related regulations, please refer to the Executive Order #38 website at: <http://executiveorder38.ny.gov>.

#### **L. Vendor Identification Number**

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award and in order to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover page. If not enrolled, to request assignment of a Vendor Identification number, please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: [http://www.osc.state.ny.us/vendor\\_management/forms.htm](http://www.osc.state.ny.us/vendor_management/forms.htm).

Additional information concerning the New York State Vendor File can be obtained on-line at [http://www.osc.state.ny.us/vendor\\_management/index.htm](http://www.osc.state.ny.us/vendor_management/index.htm), by contacting the SFS Help Desk at 855-233-8363, or by email at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov).

#### **M. Vendor Responsibility Questionnaire**

The New York State Department of Health strongly encourages that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep system online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

A completed Vendor Responsibility Questionnaire is required **only** from Health Care Facility

Applicants applying for an award of greater than \$100,000. The Health Care Facility Applicant must then also assure that they have completed a Vendor Responsibility Questionnaire by filling out the Vendor Responsibility Attestation (Attachment 10) and uploading it to the Grants Gateway. Individual Physician Applicants do NOT need to complete this questionnaire or attestation.

## **N. Vendor Prequalification for Not-for-Profits**

All not-for-profit vendors subject to prequalification are required to prequalify prior to grant application and execution of contracts.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires not-for-profits to register in the Grants Gateway and complete the Vendor Prequalification process in order for applications to be evaluated. Information on these initiatives can be found on the Grants Reform Website at <https://grantsreform.ny.gov/>.

**Applications received from Not-for-Profit Applicants that have not registered and are not prequalified in the Grants Gateway on the application due date listed on the cover of this RFA cannot be evaluated. Such applications will be disqualified from further consideration.**

**\* If you are a For-Profit entity you do not need to be pre-qualified but must register in the Grants Gateway in order to apply for funding.**

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The Vendor Prequalification Manual on the Grants Reform Website details the requirements and an online tutorial are available to walk users through the process.

### **1. Register for the Grants Gateway**

If you have not done business with, or received a grant from New York State in the past two years, you will need to complete and submit the following two forms:

- Registration Form for Administrator; and
- Substitute W-9 Form.

If you are applying as a Health Care Facility Applicant, the instructions for these two forms will be included on the second page of each of the PDF's available for download on the Grants Reform Website at <http://GrantsReform.ny.gov>. To locate these PDF's:

- Click on *Grantees* tab at the top left of the page.
- On the left side panel for *Quick Links*, under *Grants Gateway* you will see links for Registration Form for Administrator and Substitute Form W-9.
- Download a copy of each form for completion.

- Each form has an instruction page included with it explaining how the form should be completed as a health care facility applicant.
- A signed, notarized original form must be sent to NYS Grants Reform at the address provided in the instructions.
- Once this form is processed and approved, you will then be provided with a Username and Temporary Password allowing you to access the Grants Gateway.

If you are applying as an Individual Physician Applicant, DO NOT follow the instructions provided with the forms at the time of download. Instead download the forms as described above, then follow these customized instructions to complete them accurately.

- a) When completing the Grants Gateway **Registration Form for Administrator**, reference the below instructions:

Organization Information:

- Legal Name – Enter your full legal name.
- Federal ID – Enter your social security number.
- SFS Vendor ID – If you have a SFS Vendor ID, enter it here. If not, complete the Substitute W-9 Form (see part b) and submit it together with the Grants Gateway Registration Form.
- Street Address – Enter your street address. This is the default address where official correspondence should be mailed.

Organization Type:

- Check the box Labelled “Individual”.

Delegated Administrators:

- Enter your last name, first name, phone number, and email address.
- You will act as your own Authorized Administrator.

Authorization:

- Enter your own name under the Box labelled “Head of Organization”.
- Enter your phone number, email address, and sign and date where prompted.

Acknowledgement to be completed by a Notary Public:

- This section is to be completed by a Notary Public.
- A signed, notarized original form must be sent to the New York State Grants Reform Team at the address provided in the instructions.
- Once this form is processed and approved, you will then be provided with a Username and Temporary Password allowing you to access the Grants Gateway.

- b) Completion of the **Substitute W-9 Form** is necessary in order to obtain a New York State SFS Vendor ID. When completing the Substitute W-9 Form, reference the below instructions:

Part I:

- Box 1 - print your full legal name.
- Box 3 - check the box labeled “Individual Sole Proprietor”.

Part II:

- Box 1 - enter your Social Security Number (SSN).

Part II

- Box 2 - check the box labeled “Social Security Number (SSN).

Part III:

- Box 1 - print the address where official correspondence should be mailed. This will become the default address.
- Box 2 - print the address where purchase orders should be sent. Please note that purchase orders will be sent via email by default.

Part IV:

- Print your own name, email address, and phone number.
- You will act as your own Executive Authorized to Represent the Vendor.

Part V:

- Check the appropriate box indicating your exemption status from backup withholding.
- Sign the line marked “Signature” and date where marked.
- Print your name, phone number, and email address.

If you have previously registered and do not know your Username, please email [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov). If you do not know your Password, please click the Forgot Password link from the main log in page and follow the prompts.

## **2. Complete Your Prequalification Application (Not for Profits Only)**

- Once you have obtained your Username and Temporary Password, log in to the [Grants Gateway at http://GrantsReform.ny.gov](http://GrantsReform.ny.gov). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the State agency you have the most grants with (i.e. Department of Health). This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.



- Specific questions about the prequalification process should be referred to your agency representative at [DANY2018@health.ny.gov](mailto:DANY2018@health.ny.gov) or to the Grants Gateway Team at [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov).

### **3. Submit Your Prequalification Application**

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.
- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

**APPLICANTS ARE STRONGLY ENCOURAGED TO BEGIN THE PROCESS AS SOON AS POSSIBLE IN ORDER TO PARTICIPATE IN THIS OPPORTUNITY.**

### **O. General Specifications**

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.
2. Contractors will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.
3. Submission of an application indicates the Applicant's acceptance of all conditions and terms contained in this RFA, including the terms and conditions of the contract. Any exceptions allowed by the Department during the Question and Answer Phase (Section IV.B.) must be clearly noted in a cover letter attached to the application.
4. An applicant may be disqualified from receiving awards if such Applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

### **P. Default Provisions**

At the time of contract, a physician will be notified of the source of his/her DANY grant funding; either state monies or a combination of state and federal monies. Most of DANY funds are exclusively state funds, however, a few awards will be supported by a combination of state and federal monies.

There are significant financial consequences in the event a physician fails to complete his/her three-year service obligation. Moreover, there are substantial differences between the default penalties

depending on the source of their funding. These default provisions are defined in the Master Grant Contract as follows:

1. State Funding (100%): In the event of default, the physician will repay the State of New York according to the following formula:  $A = 3 [\phi] (T - S)/T$ .
  - "A" is the amount the State is entitled to recover;
  - "[phi]" is the sum of the amounts paid under this contract to or on behalf of the CONTRACTOR and the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at a rate equal to that owed on underpayments of New York State personal income tax;
  - "T" is the total number of months in the individual's period of obligated service; and
  - "S" is the number of months of such period served by him in accordance with the terms of this contract.
2. Combined State (50%) and Federal (50%) Funding: In the event of default, the physician will, within one year of defaulting, repay the State of New York the greater of either \$31,000 or the sum of:
  - The proportionate amount of the loan repayments paid by the State of New York to the physician representing any period of obligated service not completed; AND
  - \$7,500 multiplied by the number of months of obligated service not completed; AND
  - Interest on the above amount calculated from the date of default at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach.

Uncollectable accounts, or failure to fully repay the amounts stated below, will be referred to the New York State Attorney General's Office for possible legal action.

## **Q. Contract Modifications**

Contractors may be permitted to change the service location of the physician or defer the contract period of the physician as described below.

1. Change of Location:
  - Physicians who request to change their service location(s) for reasonable cause may submit such request in writing to the Department.
  - Examples of a reasonable cause may include: loss of job, facility reorganization or closure, family relocation, etc.
  - The new location must meet all the requirements listed under this RFA.
  - The decision to permit a change of location will be solely at the discretion of the Department.
2. Request to Defer Obligation:

- Physicians who request to defer their service obligations for reasonable cause may submit a request in writing to the Department.
- Examples of reasonable cause may include: maternity or paternity leave, personal or family illness, military service, etc.
- The decision to permit a deferral will be solely at the discretion of the Department.
- Any deferral period granted by the Department will be added to the obligated physician's term obligation.

## **R. Tax Issues**

Funds to support loan repayment under the DANY Physician Loan Repayment and Physician Practice Support programs may be currently exempt from federal and state taxes. Funds used for purposes other than loan repayment in the Physician Practice Support program are currently not tax exempt. If you receive monies for loan repayment, you should not be issued a 1099 statement. Please consult your tax professional for more information about your specific tax situation.

Section 10908 of the Patient Protection and Affordable Care Act (PL 111-148) addresses federal taxability of state loan repayment programs that are not part of the Federal State Loan Repayment (SLRP) program. This section puts the state loan repayment programs on par with the federal/state SLRP programs in terms of federal taxability. The text is as follows:

SEC. 10908. Exclusion for assistance provided to participants in state student loan repayment programs for certain health professionals.

(a) In general —Paragraph (4) of section 108(f) of the Internal Revenue Code of 1986 is amended to read as follows:

"(4) Payments under national health service corps loan repayment program and certain state loan repayment programs.—In the case of an individual, gross income shall not include any amount received under section 338B(g) of the Public Health Service Act, under a State program described in section 338I of such Act, or under any other State loan repayment or loan forgiveness program that is intended to provide for the increased availability of healthcare services in underserved or health professional shortage areas (as determined by such State)."

(b) Effective date — The amendment made by this section shall apply to amounts received by an individual in taxable years beginning after December 31, 2008.

**PLEASE CONSULT YOUR TAX PROFESSIONAL FOR MORE INFORMATION ABOUT YOUR SPECIFIC TAX SITUATION.**

## **V. Completing the Application**

### **A. Application Format/Content**

Please refer to the Quick Start Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Reform website at:  
<https://grantsreform.ny.gov/grantees>.

It is the Applicant's responsibility to ensure that all materials to be included in the application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the date and time posted on the cover of this RFA.

Respond to each of the questions in all sections described below when completing the Grants Gateway online application. Your responses along with the mandatory pre-submission uploads listed below will comprise your application.

## **1. Pre-Submission Uploads (Attachments)**

The following attachments include both reference materials and items that must be completed and uploaded with the application. Many of the items in Attachment 7 will require supporting documentation. This documentation will be required for all applicants to justify that the physicians will be working in an underserved area. Responses will be uploaded as Attachment 9. Grants Gateway will not allow you to submit your application if any of the **mandatory uploads** are not attached.

- Attachment 1: Starting a Grant Application (for reference only)
- Attachment 2: Application Cover Page (mandatory)
- Attachment 3: Site Information (mandatory)
- Attachment 4: Loan Statements for Qualified Educational Debt  
(mandatory only for applicants seeking loan repayment)
- Attachment 5: Consent to Disclosure  
(mandatory only for applicants seeking loan repayment)
- Attachment 6: Employment Contract or Business Plan (mandatory)
- Attachment 7: Tool to Identify an Underserved Area (mandatory)
- Attachment 8: Rural Counties and Towns (for reference only)
- Attachment 9: Supporting Documentation for the Underserved Area (mandatory)
- Attachment 10: Vendor Responsibility Attestation  
(not mandatory for all applicants, see Section IV M of this RFA)
- Attachment 11: NYS Grants Gateway Vendor User Guide (for reference only)

## **2. Program Specific Questions**

The following questions are to be answered in the format provided in the Grants Gateway. All questions require an answer.

### **Part 1: Applicant Identification**

Indicate the type of Applicant. **You are not eligible unless you can answer “Yes” to ONE of the following (5) options:**

1a. Are you an Individual Physician Applicant?

Yes

No

1b. Are you a Health Care Facility Applicant operating as a general hospital, D&TC, or a nursing home licensed by the Department of Health pursuant to PHL Article 28?

Yes

No

1c. Are you a Health Care Facility Applicant licensed, but not operated, by the Office of Mental Health pursuant to MHL Article 31?

Yes

No

1d. Are you a Health Care Facility Applicant licensed, but not operated, by the Office of Alcoholism and Substance Abuse Services pursuant to MHL Article 32?

Yes

No

1e. Are you a Health Care Facility Applicant operating as a medical practice that is registered with the New York State Department of State as a Professional Corporation (PC) or a Professional Limited Liability Corporation (PLLC)?

Yes

No

## **Part 2: Physician Identification**

Provide the name of the physician who will be completing the DANY service obligation.

2a. Physician Name: \_\_\_\_\_

## **Part 3: Minimum Physician Eligibility Requirements**

**THE PHYSICIAN WHO IS COMPLETING THE DANY SERVICE OBLIGATION IS ELIGIBLE TO PARTICIPATE IN THIS PROGRAM ONLY IF THE APPLICANT CAN ANSWER “YES” TO QUESTIONS (A-P) PERTAINING TO THE PHYSICIAN.**

3a. Is the physician a U.S. citizen or permanent resident alien holding an I-155 or I-551 card?

Yes                      No

3b. Is the physician a graduate of an allopathic or osteopathic medical school?

Yes                      No

3c. Will the physician be licensed to practice in New York State by the time the three-year DANY service obligation begins?

Yes                      No

3d. Is the physician in good standing with the Department, meaning that he or she has not been excluded from, or terminated by, the Federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>)?

Yes                      No

3e. Is the physician in good standing with the Department, meaning that he or she has not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>)?

Yes                      No

3f. Is the physician in good standing with the Department, meaning that he or she is not under indictment for, or has not been convicted of any crime as defined by NYS Penal Code (see <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO:>)?

Yes                      No

3g. Is the physician in good standing with the Department, meaning the physician has not had his or her medical license revoked in any state or territory in the United States?

Yes                      No

3h. Does the physician have a three-year employment contract or business plan to provide medical services in a health care facility or practice (defined in Section II A & B of this RFA)?

Yes                      No

3i. Is the health care facility or practice where the physician will be employed, or the medical practice that the physician will establish or join, located in an underserved area (defined in Attachment 7, of the RFA)?

Yes No

3j. Will the physician will be in full-time clinical practice (defined in Section II A & B of this RFA)?

Yes No

3k. Is the date on which the physician's employment contract or business plan begins no earlier than August 31, 2015 and no later than January 1, 2019?

Yes No

3l. Is the start date of the physician's DANY service obligation under this contract January 1, 2019?

Yes No

3m. Does the employment contract or business plan reflect that the physician will provide health services to individuals in the area without discriminating against them because of their inability to pay for those services?

Yes No

3n. Does the employment contract or business plan reflect that the physician will provide health services to individuals in the area without discriminating against them because of enrollment in or utilization of insurance provided under Part A "Medicaid" or Part B "State Children's Health Insurance Program" of Title XVIII of the Social Security Act (42 U.S.C. 1395)?

Yes No

3o. Does the employment contract or business plan reflect that the physician will accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment is made under Part B of Title XVIII of such act?

Yes No

3p. Does the employment contract or business plan reflect that the physician will enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under Titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan or if no current agreement exists with the employing facility?

Yes

No

**IF THE APPLICANT CANNOT ANSWER YES TO QUESTIONS (A-P) LISTED ABOVE  
STOP. THIS APPLICATION CANNOT BE PROCESSED.**

**THE PHYSICIAN WHO IS COMPLETING THE DANY SERVICE OBLIGATION IS  
ELIGIBLE TO PARTICIPATE IN THIS PROGRAM ONLY IF THE APPLICANT CAN  
ANSWER “NO” TO QUESTIONS (Q-V) PERTAINING TO THE PHYSICIAN.**

3q. Is the physician in breach of a health professional service obligation to the federal government, any state government or a local government?

Yes

No

3r. Does the physician have any judgement liens arising from debt owed to the federal or any state government?

Yes

No

3s. Is the physician delinquent in child support payments?

Yes

No

3t. Is the physician a past recipient of DANY PLR or PPS funding?

Yes

No

3u. Is the physician fulfilling an obligation under any state or federal loan repayment program which overlaps or coincides with the three-year DANY service obligation?

Yes

No



3v. Has the physician worked as a physician in any capacity in ANY underserved area (as defined in Attachment 7 of this RFA) between the dates of August 30, 2010 and August 30, 2015?

Yes

No

**IF THE APPLICANT CANNOT ANSWER NO TO QUESTIONS (Q-V) LISTED ABOVE  
STOP. THIS APPLICATION CANNOT BE PROCESSED.**

**Part 4: Physician Current Status**

4a. Is the physician currently licensed to practice as a physician in New York State?

Yes

No

If yes, provide license number: \_\_\_\_\_

If no, provide the date license application was submitted to the New York State Education Department: (mm/yy): \_\_\_\_/\_\_\_\_

If neither, you are not eligible for the DANY funding opportunity.

4b. Is the physician a resident?

A resident is an individual enrolled in a graduate medical education program that is accredited by a nationally recognized accreditation body and/or an individual enrolled in a medical or osteopathic residency program that is approved by any other nationally recognized organization (i.e., specialty board). This definition includes fellows, chief residents, and residents.

Yes

No

If yes, provide the anticipated date of completion (mm/yy): \_\_\_\_/\_\_\_\_

4c. What is the physician's medical specialty? \_\_\_\_\_

4d. What is the anticipated (or actual) start date that the physician will be beginning in the position for which they will be fulfilling their DANY service obligation?

\_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

**Part 5: Other Scholarships, Loan Forgiveness, Etc.**

A physician participating in DANY cannot be fulfilling an obligation under any state or federal loan repayment program (except the Public Service Forgiveness Program) where the obligation period would overlap or coincide with the DANY obligation period.

5a. Has the physician received a NYS Regents Health Care Scholarship?

Yes                      No

If yes, date of service obligation: \_\_\_\_\_

5b. Has the physician received a Regents Physician Loan Forgiveness Award Program?

Yes                      No

If yes, date of service obligation: \_\_\_\_\_

5c. Has the physician received a National Health Service Corps Scholarship?

Yes                      No

If yes, date of service obligation: \_\_\_\_\_

5d. Has the physician received a National Health Service Corps Loan Repayment Award?

Yes                      No

If yes, date of service obligation: \_\_\_\_\_

5e. Has the physician received any other loan repayment program funds other than listed above, please specify:

Yes                      No

If yes, name of program: \_\_\_\_\_

If yes, date of service obligation: \_\_\_\_\_

5f. Has the physician applied for any scholarships, loan forgiveness, or other funds which are pending a decision?

Yes

No

If yes, name the program: \_\_\_\_\_

If yes, when will the physician be notified of their award status:  
\_\_\_\_\_/\_\_\_\_\_(mm/yy)

### 3. Work Plan

This RFA has a Grant Opportunity Defined Work Plan set in the Grants Gateway. The Objectives and Tasks cannot be removed from the Work Plan. The Applicant will adhere to the implementation of Work Plan activities per the standardized Work Plan.

In the Project Summary Section of the Grants Gateway on-line application, Applicants are instructed to enter the dates of service in the Contract Period. The Applicant will enter the following dates: January 1, 2019 – December 31, 2021.

The Applicant will add the **County(ies) of Service** and the **Medical Specialty** in the Project Summary paragraph. No other information is required to be entered into the Project Summary section of the work plan.

### 4. Budget

As previously mentioned there are two different types of applicants: Individual Physician Applicants and Health Care Facility Applicants. The following guidelines must be adhered to by each type of applicant when completing the budget.

#### Individual Physician Applicants:

- Budgets submitted by Individual Physician Applicants employed by a health care facility or medical practice may propose to use funds only to repay outstanding qualified educational debt.
- Budgets submitted by Individual Physician Applicants as a sole provider or partner in a medical practice may propose to use funds only for the following, to:
  - Repay outstanding qualified educational debt; or
  - Support the cost of establishing or joining a medical practice:
    - i. Acquiring land or a building;
    - ii. Capital investment;
    - iii. Renovation of existing space;
    - iv. Equipping and furnishing space;
    - v. Minor medical equipment (for a maximum of \$10,000);

- vi. Rent and insurance; or
- vii. Payment of salaries of office personnel.

Health Care Facility Applicants:

- a) Budgets submitted by Health Care Facility Applicants seeking to recruit or retain a physician may propose to use funds only for the following:
  - Repay a physician's outstanding qualified educational debt (which can only be paid directly to the physician); or
  - Retain or recruit physicians (i.e. sign-on bonuses; or enhanced compensation to the physician). In such cases, 100 percent of the award must go to the physician.

All Applicants are instructed to prepare a three-year, fixed term budget for the period for which they are applying. The service dates are January 1, 2019 - December 31, 2021. Grant awards for successful Applicants will be up to \$40,000 per year and up to \$120,000 for the three-year term. Applicants may not exceed the grant award amount. All costs must relate directly to the provisions of this RFA. One hundred percent of the funds should go to the physician, or the physician's practice.

When completing budget in the Grants Gateway, applicants should refer to Section 6.2.9.1 – Expenditure Budget of the Grantee User Guide (available at: <http://grantsreform.ny.gov/Grantees> and clicking on “Grantee User Guide” in the Quick Links Menu) for instructions on how to complete the online Budget.

Please refer to the training video – Grantee Tutorial: Apply for Funding (available at: <http://grantsreform.ny.gov/youtube> and clicking the appropriate link) for detailed instructions on how to complete the online budget with examples. This content begins approximately nine minutes into the video. Online training opportunities are also available at: <http://grantsreform.ny.gov/training-calendar>.

Based on this particular funding opportunity, below is a customized quick summary on how to complete budgets within the Grants Gateway:

Applicants requesting funds **ONLY** for loan repayment of outstanding qualified educational debt should complete the Expenditure Based budget in the following manner:

- a) Log onto Grants Gateway with your username and password.
- b) Access your online application.
  - If you have started an application and have logged out of the system, the next time you log in, the application will be found in your *My Tasks* section on the home page.
  - If you have not started an application, reference Attachment 1 (Starting a Grant Application) for the steps on how to start one.
- c) Click on the *Forms* menu at the top of the page.

- d) Under *Expenditure Budget*, click on *Other Expense Detail*.
- For *Other Expenses-Type/Justification* enter: Repayment of Educational Loans;
  - For *Justification* enter: Repayment of Educational Loans; and
  - For *Total Grant Funds* enter: amount you are requesting (which shall be no more than \$120,000 for the three-year term).
- e) Click *Save* after all information is entered.
- f) Again, click on the *Forms* menu at the top of the page.
- g) Under *Other Narrative*, in the free text area, indicate the total funds requested per year. For example:
- If it is \$120,000 or greater, then request \$40,000 per year for three years.
  - If it is less than \$120,000, then divide the total amount by 3 and request that amount in each of the three years.
- h) Click *Save* after all information is entered.

Applicants requesting funds for anything **OTHER THAN** exclusively for loan repayment of outstanding qualified educational debt should complete the Expenditure Based budget in the following manner:

- a) Log onto Grants Gateway with your username and password.
- b) Access your online application.
- If you have started an application and have logged out of the system, the next time you log in, the application will be found in your *My Tasks* section on the home page.
  - If you have not started an application, reference Attachment 1 (Starting a Grant Application) for the steps on how to start one.
- c) Click on the *Forms* menu at the top of the page.
- d) Under *Expenditure Budget*, click on each applicable detail budget form you need to include in your budget.
- e) Enter all required information.
- Be sure to Click on the Save button after all information is entered.
  - Additional expenses may be included in each budget category form by clicking the *Add* button in the blue toolbar near the top of your screen.
- f) After you save each detail budget form, hover over the *Forms Menu* and click on the associated Narrative form.

- Use this form to provide a detailed justification for each budget line.
- Provide sufficient detail to demonstrate that specific uses and amounts of funding have been carefully considered, are reasonable and are consistent with the approaches described in the Workplan.

g) Once your detail pages have been completed, click on the Expenditure Summary and SAVE.

ANY INELIGIBLE BUDGET ITEMS WILL BE REMOVED FROM THE BUDGET PRIOR TO CONTRACTING. THE BUDGET AMOUNT REQUESTED WILL BE REDUCED TO REFLECT THE REMOVAL OF THE INELIGIBLE ITEMS.

## **B. Freedom of Information Law**

All applications may be disclosed or used by DOH to the extent permitted by law. DOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the application that an Applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

## **C. Review & Award Process**

Applications meeting the guidelines set forth above will be reviewed and evaluated by the Department. Applications will be evaluated on a Pass/Fail basis.

Applications will be accepted beginning on the first day of the application period as stated on the cover page of this RFA and running continuously until 4 p.m. on the due date stated on the cover page of this RFA. Applications will be time and date stamped upon receipt by the Gateway, and Department staff will review applications in the order in which they are received.

The Department will notify an Applicant by e-mail if the application is complete or incomplete. If the application is complete, no further action by the Applicant is needed. If the application is incomplete, the Department will provide the Applicant a list of outstanding items. The Applicant will have one opportunity to supply the missing information within 10 business days of being notified by the Department via email. All missing information must be emailed to: DANY2018@health.ny.gov. If the Applicant fails to respond to the missing information request within this time period, the application will not be processed any further and will not be funded. Because of this, it is advantageous to submit a complete application, and to respond to the Department's email regarding any omissions, as soon as possible. The due date will be clearly stated in the communication from the Department advising that the application is incomplete. No additional information will be accepted after this due date.

**A complete application does not guarantee that the Applicant will be awarded funding.**

The pool of complete and eligible applications, will be awarded in order of the date and time of receipt of initial application according to the funding allocations established in the paragraph below until available funding is exhausted for that region or provider category. When funding has been depleted to a level such that an Applicant's total requested funding amount cannot be met, the Applicant will be offered a reduced award amount. If the Applicant accepts that amount, no further awards will be made. If the Applicant declines that amount, the next eligible Applicant will be offered an award until funds are completely exhausted. The Department reserves the right to allocate funding in ways to best serve the interests of the State.

As required by PHL § 2807-m, one-third of funding awarded under this RFA must be allocated to facilities and Individual Physician Applicants in New York City with the remaining two-thirds to facilities and Individual Physician Applicants located in the rest of the state. No less than fifty percent of available funds must be allocated to physicians working in general hospitals. Within the group of applicants eligible and identified for funding, federal funds will be assigned at the discretion of the Department.

**The Department anticipates that awards will be announced in fall 2018. Awardees will have a DANY contract start date of January 1, 2019.**

Applicants will be deemed to fall into one of three categories: (1) approved and funded, (2) approved but not funded due to lack of resources, or (3) not approved. Approved but not funded applications may be funded should additional funds become available.

Once the Department makes the award announcements, Applicants that are not approved may request a debriefing of their application. Please note the debriefing will be limited only to the strengths and weaknesses of the subject application and will not include any discussion of other applications. Requests must be received no later than fifteen (15) business days from date of award or non-award announcement.

To request a debriefing, please send an email to [DANY2018@health.ny.gov](mailto:DANY2018@health.ny.gov). In the subject line, please write: Debriefing Request Doctors Across New York: PLR and PPS.

## **VI. Attachments (Pre-submission Uploads)**

Please note that certain attachments are provided by the NYSDOH while others will be uploaded by the applicant in the "Pre-Submission Uploads" section of an online application and are not included in the RFA document. In order to access the online application and other required documents such as the attachments, prospective Applicants must be registered and logged into the NYS Grants Gateway in the user role of either a "Grantee" or a "Grantee Contract Signatory".

- Attachment 1: Starting a Grant Application (provided for reference only by DOH)
- Attachment 2: Application Cover Page (to be completed and uploaded by applicant)
- Attachment 3: Site Information (to be completed and uploaded by applicant)
- Attachment 4: Loan Statements for Qualified Educational Debt (to be uploaded by applicants seeking loan repayment)

- Attachment 5: Consent to Disclosure (to be uploaded for applicants seeking loan repayment)
- Attachment 6: Employment Contract or Business Plan (to be uploaded by applicant)
- Attachment 7: Tool to Identify an Underserved Area (to be uploaded by applicant as Attachment 9 along with supporting documentation)
- Attachment 8: Rural Counties and Towns (provided for reference only by DOH)
- Attachment 9: Supporting Documentation for the Underserved Area
- Attachment 10: Vendor Responsibility Attestation (to be completed and uploaded by certain applicants, as applicable:
- Attachment 11: NYS Grants Gateway Vendor User Guide (provided for reference only by DOH)



## Starting a Grant Application

### Funding Opportunity # 17835 Grants Gateway # DOH01-DRPLR5-2019

## 1 Prerequisites

- 1.1 **Registration:** All entities that wish to apply for grants in NY State must be registered in the Grants Gateway. This process includes filling out and mailing a signed and notarized registration form. Your organization will not be able to start a grant application until it has an account with the Grants Gateway. If your organization does not yet have an SFS (Statewide Financial System) Vendor ID number, the registration process will take an extra 2-3 business days to be processed.

Related Links:

- 1.1.1 [Registration Form](#)
- 1.1.2 [Video: Grants Gateway Registration](#)
- 1.1.3 [Grants Gateway Registration](#)

- 1.2 **Prequalification:** All non-profit organizations applying for grants in NY State must be prequalified in the Grants Gateway prior to the grant application due date and time.

**NOTES:**

Governmental entities and for-profit organizations are not required to be prequalified.

You may work on your prequalification and grant applications simultaneously; you don't have to wait for prequalification to start an application.

Related Links:

- 1.2.1 [Vendor Prequalification Manual](#)
- 1.2.2 [Maintaining Prequalification document](#)
- 1.2.3 [Video: Grants Gateway Prequalification](#)

1.3 **System Roles:** You must be logged in under the right role in order to begin a grant application. The role of *Grantee Delegated Administrator* **cannot** start a grant application. However, this user can create accounts for roles that can start applications.

1.3.1 **Grantee:** This role can start, edit, and save a grant application, but can't submit the application.

1.3.2 **Grantee Contract Signatory:** This role can start, edit, save, and submit (sign) a grant application.

1.3.3 **Grantee System Administrator:** This role has the same rights as the Grantee Contract Signatory.

1.3.4 The *Grantee Delegated Administrator* can add a new account by following these steps:

- 1) Click on **Organization(s)**
- 2) Click on **Organization Members**
- 3) Click on **Add Member**
- 4) Click on **New Member**
- 5) Fill out the required fields on the blank New Member page and select the appropriate role.
- 6) Click **[SAVE AND ADD TO ORGANIZATION]** when complete.

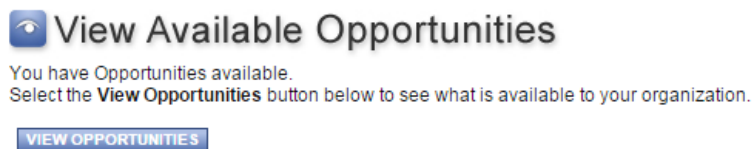
Refer to the section starting on page 15 of the [Grantee User Guide](#) for detailed instructions.

## 2 Search for the Grant Opportunity

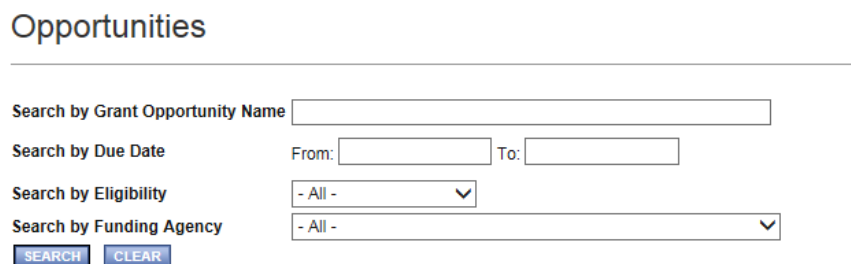
2.1 Log in to the Grants Gateway system in either one of the following roles

- Grantee
- Grantee Contract Signatory
- Grantee System Administrator

2.2 On your home page there is a section called “View Available Opportunities”. Click on the **[VIEW OPPORTUNITIES]** button.



2.3 Search for the grant by using some of the search fields. You can select the agency's name or type in a key word in the Grant Opportunity Name field



- 2.4 The results will appear below the search box. Click on the link to the Grant Opportunity you wish to apply for; this will bring you to the Opportunity Funding Profile page.
- 2.5 Begin your application by clicking on the [APPLY FOR GRANT OPPORTUNITY] button.

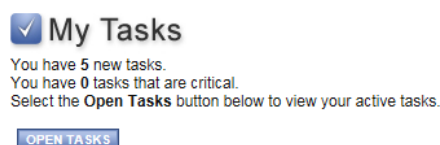
**APPLY FOR GRANT OPPORTUNITY**

### 3 Work through the Forms Menu

Everything that is required of you will be found in the “Forms Menu” of the application. The Forms Menu includes several pages of forms and documents that you must complete and save. This includes your project address, questions to be answered (Program Specific Questions), your budget, a work plan, and attachments (Pre-Submission Uploads).

### 4 Finding an Application You’ve Already Started

If you’ve started an application and have logged out of the system, the next time you log in, the application will be found in your “My Tasks” section on the home page. You can also use the “Applications” search function at the top of the page to search for all applications started for your organization.



### 5 Submitting Your Application

All grant applications have a due date and time. The Grants Gateway system will not accept applications after the specific time applications are due. You are strongly encouraged to submit your application 24 or 48 hours in advance of the deadline to ensure that any problems you encounter are handled before the deadline.

- 5.1 Log in to the Grants Gateway system in either one of the following roles
  - Grantee Contract Signatory
  - Grantee System Administrator
- 5.2 Locate (search for) and access the application
- 5.3 Review the application: You can go through each section in the Forms Menu and/or you can click on the “Print Application” option which will show you all of your text-based answers (it will not show you the attachments you have added).
- 5.4 Submit the application
  - 5.4.1 Click on Status Changes and apply the status of **Application Submitted**.
- 5.5 Confirm that the application was submitted: You will receive an email a few minutes after submission, confirming that the application was submitted; your task will go away (as it is now a task for the state agency); the status of the application will change to “Assignment of Reviewers”.

Application Cover Page

**Funding Opportunity # 17835  
Grants Gateway # DOH01-DRPLR5-2019**

DANY Physician Loan Repayment/Physician Practice Support Programs

**Section 1: Individual Physician or Health Care Facility applying for Funding**

**1. Applicant Name:**

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**2. Applicant Address:**

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**3. Applicant Identification (Check one):**

\_\_\_\_\_ Individual Physician Applicant.

\_\_\_\_\_ Health Care Facility Applicant operating as a general hospital, diagnostic and treatment center (D&TCs), or nursing home licensed by the New York State Department of Health.

\_\_\_\_\_ Health Care Facility Applicant licensed, but not operated by NYS Office of Mental Health (OMH).

\_\_\_\_\_ Health Care Facility Applicant licensed, but not operated by New York State Office of Alcoholism and Substance Abuse (OASAS).

\_\_\_\_\_ Health Care Facility Applicant operating as a medical practice that is registered with the New York State Department of State as a PC or PLLC?

**4. Grants Gateway Vendor ID #: \_\_\_\_\_**

**Only Answer questions (5-7) if you are a Health Care Facility Applicant. If you are an Individual Physician Applicant, skip to Section 2.**

5. Status: \_\_\_\_\_ Not for Profit \_\_\_\_\_ For Profit

6. FEIN #: \_\_\_\_\_

7. New York State DOH, OASIS or OMH Operating Certificate # or Department of State Identification # (if applicable):

\_\_\_\_\_  
*You may contact your finance department or administrative office for this information.*

**Section 2: Physician Information**

8. Contact Information for the Physician Completing the DANY Service Obligation:

Physician Name:

\_\_\_\_\_

Physician Address:

\_\_\_\_\_

\_\_\_\_\_

Physician Phone: \_\_\_\_\_

Physician Email: \_\_\_\_\_

9. Physician Specialty:

\_\_\_\_\_

10. Physician Practice Location:

\_\_\_\_\_ New York City \_\_\_\_\_ Rest of the State

11. What Will DANY Funds Be Used For? (Check all that apply):

\_\_\_\_\_ A Physician to repay outstanding qualified educational debt.

\_\_\_\_\_ A Physician to establish or join a medical practice.

\_\_\_\_\_ A Health Care Facility to retain or recruit physicians (i.e. sign-on bonuses, repayment of physician's outstanding qualified educational debt or enhanced compensation to the physician.)

**Section 3: Attestation and Authorized Representative**

**12. Contact Information of the Person Completing the Application:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this report on behalf of: \_\_\_\_\_

I further certify that the information contained in this report (including all attachments) is accurate, true and complete in all material respects.

**Signature of Authorized Applicant Representative:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

Site Information

**Funding Opportunity # 17835  
Grants Gateway # DOH01-DRPLR5-2019**

DANY Physician Loan Repayment/Physician Practice Support Programs

**Instructions: Complete all sections of this form. If serving more than one site, complete a separate form for each site. You will upload all completed pages into the Grants Gateway together.**

Site # \_\_\_\_\_ of \_\_\_\_\_

**1. Site name:**

\_\_\_\_\_

**2. Site address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. On an annual basis, what is the percentage of total work hours the physician will provide clinical services at this site:**

\_\_\_\_\_ %

**4. This site is primarily located in an area identified as (Check one):**

\_\_\_\_\_ Rural

\_\_\_\_\_ Inner City

\_\_\_\_\_ Suburban

**5. County where site is located:** \_\_\_\_\_

**6. Other counties served by this site:** \_\_\_\_\_

**Loan Statements  
For Qualified Educational Debt**

**Funding Opportunity # 17835  
Grants Gateway # DOH01-DRPLR5-2019**

**DANY Physician Loan Repayment/Physician Practice Support Programs**

Applicants are instructed to upload the most current Loan Statements for qualified educational debt\* here as Attachment 3 in the Grants Gateway online application. These statements should be no greater than (30) days from the date in which the application is submitted.

\* Qualified educational debt is defined in Section III (A) of this RFA.



Consent to Disclosure

**Funding Opportunity # 17835**  
**Grants Gateway # DOH01-DRPLR5-2019**

DANY Physician Loan Repayment/Physician Practice Support Programs

I authorize and provide my consent for any lender, servicer, the U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to disclose to NYS Higher Education Services Corporation (HESC) any information relevant to HESC's review and consideration of my outstanding student loan debt. I give HESC permission to contact and disclose my personal information to any lender, servicer, U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to facilitate HESC's review and consideration of my outstanding student loan debt. I give HESC permission to share my personal information with its agents, business partners, other State and/or federal agencies, and other institutions or individuals necessary for the purpose of evaluating my student loan debt. I give HESC permission to use whatever means it deems necessary to verify any information I have provided, or will provide, to be used for the purpose of evaluating my student loan debt, including but not limited to, documentation submitted or accessed through other parties.

---

Applicant's Name (Print)

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Applicant's Signature

---

Date

**Employment Contract or  
Business Plan**

**Funding Opportunity # 17835  
Grants Gateway # DOH01-DRPLR5-2019**

**DANY Physician Loan Repayment/Physician Practice Support Programs**

Applicants are instructed to upload a copy of their employment contract\* **or** business plan (if the physician is not employed and is in a private practice) here as Attachment 4 in the Grants Gateway online application.

An employment contract or business plan must cover at minimum the dates January 1, 2019 – December 31, 2021, which are the dates attributed to this DANY grant cycle.

\* Employment contract is defined in Section II (A) of this RFA.

Tool to Identify an Underserved Area

**Funding Opportunity # 17835**  
**Grants Gateway # DOH01-DRPLR5-2019**

DANY Physician Loan Repayment/Physician Practice Support Programs

**Choose Options A, B or C as necessary per the instructions below. Note that you MUST complete one of these sections in order for your application to be accepted. Applicants should review all options before proceeding with their response.**

**OPTION A – Primary Care/Psychiatric Physician in a HPSA / MUA / MUP**

Select Option A if the physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics, Geriatrics, OB/GYN or Adult /Child Psychiatry – **AND** -

The area or site where the physician will be practicing is located in, or serves one or more of the following:

- Federally-Designated Primary Care or Mental Health Professional Shortage Area(s) - HPSA
- Medically Underserved Area(s) - MUA, or
- Medically Underserved Population(s) - MUP

To identify if a facility is located in a HPSA, MUA or MUP (or is designated as a HPSA) go to:

- <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>.

The website will require you to enter the address under consideration. The resulting search should yield all HPSA's, MUA's and MUP's by status, in which the address is located.

Applicants are instructed to upload documents supporting your HPSA/MUA/MUP status as Attachment 9 in the Grants Gateway online application.

**OPTION B – Primary Care/Psychiatric Physician in a Rural County or Town**

Select Option B if the physician will be practicing in General Internal Medicine, Family Practice, General Pediatrics, Geriatrics, OB/GYN and Adult or Child Psychiatry – **AND** -

The area or site where the physician will be practicing is located in a rural county or town.

To identify if a facility is located in a rural county or town go to:

- Attachment 8 and print off the necessary pages.

Circle the rural county or town where the physician will be practicing. Applicants are instructed to upload this page(s) as Attachment 9 in the Grants Gateway online application.

### **OPTION C – Alternate Method to Verify an Underserved Area**

Select Option C if a physician cannot complete options A or B. To identify if the site where the physician is working is an underserved area:

- Applicants must answer YES to any (6) items from the list below.
- Be sure to review and complete all (17) questions, print off and upload as Attachment 9 in the Grants Gateway online application **AND** provide supporting documentation for each item.

#### **Proposed Service Area**

**Instructions:** For questions (1-5), reference The United States Census Bureau – American Fact Finder site (<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml#>) and attach a page print out along with this document as Attachment 9 in the Grants Gateway online application.

- Type of search:
  - Non-NYC statistics: Enter name of town our county in the box under “Community Facts” and click “GO”.
  - NYC statistics: type in the zip codes for your proposed service area. Make sure to use ALL applicable zip codes and provide the average for the data.
- Click “Poverty” tab on the left to find the # of individuals below poverty level
- Click “Income” tab on the left to find the median household income.
  - Click on “Selected Economic Characteristics” under Census 2000 to find answers to questions asked in this section (employment status)
- Click “Population” tab on left, then click “General Demographic Characteristic” under Census 2000 to find answers to questions asked in this section (sex, age, race).

1. The service area contains a high percentage of indigent persons.

Yes                      No

This is demonstrated by (check all that apply):

\_\_\_\_\_ A percentage of individuals below poverty level that exceeds 14.9% of the population of the service area (for non-NYC areas), or 19.9% for NYC; **AND/OR**

\_\_\_\_\_ A median family income level lower than \$57,683; **AND/OR**

\_\_\_\_\_ A per capita income level lower than \$32,104.

2. The service area contains more than 34.0% (statewide average) of non-white individuals.

Yes                      No

3. The service area contains less than 58.1% (statewide average) of employed persons, for persons in the civilian labor force (population 16 years and over).

Yes                      No

4. The service area contains more than 6% (statewide average) of children under age 5.

Yes                      No

5. The service area contains more than 13.6% (statewide average) of adults ages 65 or older.

Yes                      No

Proposed Site

Site Name: \_\_\_\_\_

**Instructions:** For question (6) – obtain facility-specific visit data from your employer for the last 12-month period (i.e. January 2017 – December 2017). Upload data along with this document as Attachment 9 in the Grants Gateway online application.

6. Twenty-five percent (25%) or more of the site's (or if a hospital, department's) visits are for indigent care, i.e. Medicaid, Child Health Plus, free and sliding scale combined as a percentage of total visits.

Yes                      No

**Instructions:** For question (7) – print out Attachment 8. Circle the rural county or town where the physician will be practicing. Upload Attachment 8 along with this document as Attachment 9 in the Grants Gateway online application.

7. For rural health providers: the site is located in a rural town or county as listed in the glossary.

Yes                      No

**Instructions:** For question (8-12) – you will affirm to any “yes” answers when you complete the attestation included in Attachment 2. Also, for question (8) attach (4) full months of ED data from that facility. Upload all supporting data along with this document as Attachment 9 in the Grants Gateway online application.

8. For primary care services only, greater than (25%) of all ED visits in the past four months to the hospital served by this site were for non-urgent care.

Yes                      No

9. Average waiting time for established patients for routine preventative or follow up appointments with a primary care physician is more than (7) days from the initial patient request.

Yes                      No

10. Average waiting time for new patients for routine preventative appointments with a primary care physician is more than (14) days from the initial patient request.

Yes                      No

11. Average waiting time is greater than (48) hours for patients with urgent appointments or greater than (72) hours for patients with non-urgent “sick visit” appointments related to the specialty requested.

Yes                      No

12. Search for a practice physician in the same specialty at the health care facility has not produced a physician in (12) months.

Yes                      No

Proposed Specialty

**Instructions:** For question (13) – attach documentation including a distance map (<http://maps.google.com/>). Upload the data along with this document as Attachment 9 in the Grants Gateway online application.

13. The travel distance from the applicant’s proposed service site to the next closest provider practicing the listed specialty exceeds 5 miles (NYC) or 20 miles (Rest of State).

Yes                      No

**Instructions:** For questions (14-16) you will affirm to the “yes” answers when you complete the attestation included in Attachment 2.

14. Currently there are NO other providers offering similar services or there is insufficient capacity of providers for this specialty type at the proposed service site.

Yes                      No

15. Site anticipates a decrease in the number of physicians practicing in the specialty due to announced or anticipated retirements or departures.

Yes                      No

16. Site employed 1 or more Locum Tenens to provide full time services in the proposed specialty for a minimum of 6 months in the past year.

Yes                      No

**Instructions:** For question (17) – see the following website and attach a page printout along with this document as Attachment 9 in the Grants Gateway online application ([https://apps.health.ny.gov/statistics/prevention/quality\\_indicators/mapaction.map](https://apps.health.ny.gov/statistics/prevention/quality_indicators/mapaction.map)).

17. For the hospital serving the site (or the hospital itself if the applying site is a hospital) the rates of hospitalization for preventable conditions, or prevention quality indicators (PQI), exceed the statewide rate by (25%) for the composite of conditions related to the specialty.

Yes                      No

**Rural Counties and Towns**

**Funding Opportunity # 17835  
Grants Gateway # DOH01-DRPLR5-2019**

DANY Physician Loan Repayment/Physician Practice Support Programs

RURAL NEW YORK STATE COUNTIES:

The following counties have a population of less than 200,000:

Allegany	Cortland	Jefferson	Putnam	Tioga
Broome	Delaware	Lewis	Rensselaer	Tompkins
Cattaraugus	Essex	Livingston	Schenectady	Ulster
Cayuga	Franklin	Madison	Schoharie	Warren
Chautauqua	Fulton	Montgomery	Schuyler	Washington
Chemung	Genesee	Ontario	Seneca	Wayne
Chenango	Greene	Orleans	St. Lawrence	Wyoming
Clinton	Hamilton	Oswego	Steuben	Yates
Columbia	Herkimer	Otsego	Sullivan	



## NEW YORK STATE RURAL TOWNS:

The following towns have a population of less than 200 persons per square mile. The county these towns are located in are in bold.

<b>ALBANY</b>	Colden	Pendleton*	Trenton	Minisink
Berne	Collins	Porter*	Vernon	Tuxedo
Coeymans	Concord	Royalton	Verona	Wawayanda*
Knox	Eden	Somerset	Vienna	
New Scotland	Holland	Tuscarora	Western	<b>SARATOGA</b>
Rensselaerville	Marilla	Reservation	Westmoreland	Charlton
Westerlo	Newstead	Wilson		Corinth
	North Collins		<b>ONONDAGA</b>	Day
<b>DUTCHESS</b>	Sardinia	<b>ONEIDA</b>	Elbridge	Edinburg
Amenia	Tonawanda	Annsville	Fabius	Galway
Clinton	Reservation	Augusta	LaFayette	Greenfield
Dover	Wales	Ava	Marcellus	Hadley
Milan		Boonville	Onondaga	Northumberland
North East	<b>MONROE</b>	Bridgewater	Reservation	Providence
Pawling	Clarkson*	Camden	Otisco	Saratoga Town
Pine Plains	Hamlin*	Deerfield	Pompey	Stillwater*
Rhinebeck*	Mendon*	Florence	Skaneateles	
Stanford	Riga	Floyd	Spafford	<b>SUFFOLK</b>
Union Vale	Rush	Forestport	Tully	Shelter Island
Washington	Wheatland	Lee		
		Marshall	<b>ORANGE</b>	<b>WESTCHESTER</b>
<b>ERIE</b>	<b>NIAGARA</b>	Paris	Crawford*	North Salem*
Boston*	Cambria	Remsen	Deerpark	Pound Ridge*
Brant	Hartland	Sangerfield	Greenville	
Cattaraugus	Newfane	Steuben	Hamptonburgh*	
Reservation				

\*Towns with between 200 and 250 Persons Per Square Mile. Approval by the Commissioner is required for towns of this size.

Sources: 1U.S. Census Bureau. (2017, March). *July 1, 2016 County Population Estimates*. Retrieved from <https://www.census.gov/data/datasets/2016/demo/popest/counties-total.html>; 2U. S. Census Bureau. (2010). *2010 Census Summary File: Compare New York Cities and Towns for Population, Housing, Area and Density*. Retrieved from [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

December 2017

Supporting Documentation  
for the Underserved Area

**Funding Opportunity # 17835**  
**Grants Gateway # DOH01-DRPLR5-2019**

DANY Physician Loan Repayment/Physician Practice Support Programs

Applicants are instructed to upload their supporting documentation for the underserved area here as Attachment 9 in the Grants Gateway online application.

## Vendor Responsibility Attestation

**Funding Opportunity # 17835**  
**Grants Gateway # DOH01-DRPLR5-2019**

DANY Physician Loan Repayment/Physician Practice Support Programs

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, M. Vendor Responsibility Questionnaire, I hereby certify:

**Choose one:**

- ☐ An on-line Vender Responsibility Questionnaire has been updated or created at OSC's website: <https://portal.osc.state.ny.us> within the last six months.
- ☐ A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations, and Indian Nations.

Signature of Organization Official: \_\_\_\_\_

Print/type Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Date Signed: \_\_\_\_\_