

Funding Opportunity #18293
Grants Gateway # DOH01-PCSC4-2020

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

Primary Care Service Corps Loan Repayment Program (Round 4)

KEY DATES

Information Only Release Date:	September 3, 2019
Applicant Webinar:	September 9, 2019 1:30PM
Questions Due:	September 17, 2019
Questions, Answers and Updates Posted (on or about):	September 30, 2019
Application Submission Start Date:	October 1, 2019
Application Submission Deadline:	November 4, 2019 by 4:00PM
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I. Introduction

The New York State Department of Health (Department) is issuing this Funding Opportunity (FO) under the Primary Care Service Corps (PCSC) Loan Repayment Program, which arose out of the workforce recommendations of the state's Medicaid Redesign Team (MRT) and is modeled after the National Health Service Corps (NHSC). As set forth in Public Health Law (PHL) §§ 923 and 924, PCSC is a service-obligated loan repayment program that is designed to increase the supply of certain clinicians in underserved areas.

Clinicians eligible to apply under the program are:

- dentists
- dental hygienists
- nurse practitioners
- physician assistants
- midwives
- clinical psychologists
- licensed clinical social workers
- licensed marriage and family therapists
- licensed mental health counselors

Clinicians must commit to practice at an Active NHSC Approved Site. In addition, clinicians must demonstrate that they are or will be working in primary care or behavioral health and in an outpatient or other eligible setting as defined further herein.

Up to \$1 million was appropriated in the 2019-2020 New York State budget to support existing contracts and new awards under the program. Clinicians who receive new awards pursuant to this FO will receive up to \$60,000 in loan repayment funding, not to exceed the amount of the individual's qualifying educational debt, in return for a three-year commitment to practice at an NHSC Approved Site.

The Department will host a webinar for this funding opportunity on September 9, 2019 (see FO Section IV. D.). Applicants are strongly encouraged to attend the applicant webinar, which will provide technical assistance in completing the application in the Grants Gateway. Information on how to join the webinar will be posted on the Department website on the same webpage as this Funding Opportunity. A recording of the webinar will also be posted to this site shortly after the live event.

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://grantsmanagement.ny.gov/register-your-organization>.

II. Who May Apply

Only dentists, dental hygienists, nurse practitioners, physician assistants, midwives, clinical psychologists, licensed clinical social workers, licensed marriage and family therapists, and licensed mental health counselors that meet the criteria set forth below are eligible to apply for PCSC funding through this FO.

A. Eligible Clinician Applicants

A clinician is eligible for a PCSC award for the period (May 1, 2020 – April 30, 2023) to repay qualified educational debt if the following requirements are met:

1. The clinician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
2. The clinician must begin employment at the intended worksite on or before May 1, 2020.
3. The clinician must complete an Employment Letter using the format/text provided in Attachment 1: Employer Letter Template. The Employment Letter must be on the employer's letterhead, signed by an employee with the authority to represent the employer with respect to human resources matters, including the Human Resources Director, the Chief Executive Officer or the Chief Operating Officer.
4. The clinician must be licensed to practice in New York State by the time the three-year PCSC service obligation begins and uploaded the appropriate license as Attachment 4 under Pre-Submission Uploads.
5. The clinician 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.
6. The clinician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
7. The clinician must not have any judgment liens arising from debt to the federal or any state government.

8. The clinician must not be fulfilling an obligation under any state or federal loan repayment program which overlaps or coincides with the three-year PCSC service obligation.
9. The health care site where the clinician will be employed must be an NHSC Active or NHSC/NURSE Corps Active Site on the date of award.

Applicants can check if a site is a National Health Service Corps Approved Site, as follows:

- a) Go to this website: <https://connector.hrsa.gov/connector/>.
- b) In the Location box, enter the name of the town, and then click on the choice that appears in the drop box (to see all sites in New York State, choose: "New York USA").
- c) Press the [Go!] Button.
- d) A list of all NHSC Approved Sites in New York State (centered on the requested town) will appear in the Search Results on the Sties tab.
- e) To narrow the search, select values for search variables (such as Distance, Site Name, Site Type, Site Status, etc.) and then click the [Search] button.
- f) A new list and map will generate that shows the NHSC Approved Sites meeting those criteria.
- g) The Site Status **MUST** indicate "NHSC Active" or "NHSC/NURSE Corps Active" to be an eligible worksite for the PCSC Loan Repayment Program.

B. Clinicians must specify if they will be employed Full-Time or Part-Time at the worksite:

Full-time clinical practice is defined as a minimum of 40 hours per week, for a minimum of 45 weeks each service year. The 40 hours per week may be compressed into no less than four (4) days per week, with no more than 12 hours of work to be performed in any 24-hour period. Participants do not receive service credit for hours worked over the required 40 hours per week, and excess hours cannot be applied to any other work week. Also, time spent "on call" will not be counted towards the service requirement, except to the extent the provider is directly serving patients during that period.

For all FULL-TIME health professionals, except as noted in bold below:

- At least 32 of the minimum 40 hours per week must be spent providing direct patient care or teaching in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the clinician's executed contract, during normally scheduled office hours.
- The remaining eight (8) hours of the minimum 40 hours per week must be spent providing direct patient care or teaching, in the approved service site(s), providing direct patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed eight (8) hours of the minimum 40 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) at the approved

service site shall not exceed eight (8) hours of the minimum 40 hours per week.

For providers of geriatric services, behavioral health services, and certified nurse midwives:

- At least 21 of the minimum 40 hours per week must be spent providing direct patient care or teaching, mentoring or serving as a preceptor in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the clinician's executed contract, during normally scheduled office hours.
- The remaining 19 hours of the minimum 40 hours per week must be spent providing direct patient care or teaching, mentoring or serving as a preceptor in the approved service site(s), providing direct patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed eight (8) hours of the minimum 40 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) shall not exceed eight (8) hours of the minimum 40 hours per week.

For physician assistants, nurse practitioners, and certified nurse midwives serving in Critical Access Hospitals (CAHs):

- At least 16 of the minimum 40 hours per week must be spent providing direct patient care or teaching in the CAH-affiliated outpatient ambulatory care setting(s) specified in the Clinician's executed contract, during normally scheduled office hours.
- The remaining 24 hours of the minimum 40 hours per week must be spent providing direct patient care or teaching at the CAH's skilled nursing facility or swing bed unit or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed eight (8) hours of the minimum 40 hours per week. Teaching (which includes mentoring and serving as a preceptor) shall not exceed a total of eight (8) hours of the minimum 40 hours per week.

Part-time clinical practice is defined as at least 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks per service year. The 20 hours per week may be compressed into no less than two work days per week, with no more than 12 hours of work to be performed in any 24-hour period. Participants do not receive service credit for hours worked over the required 20 hours per week, and excess hours cannot be applied to any other work week. Full-time work done by a half-time participant will not change the participant's half-time status and will not entitle the clinician to full-time service credit. Also, time spent "on call" will not count towards the service requirement, except to the extent the provider is directly serving patients during that period.

For all PART-TIME health professionals, except as noted in **bold below**:

- At least 16 of the minimum 20 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the clinician's executed contract, during normally scheduled office hours.

- The remaining four (4) hours of the minimum 20 hours per week must be spent providing direct patient care or teaching, in the approved service site(s) or providing direct patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s) or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) shall not exceed a total of four (4) hours of the minimum 20 hours per week.

For providers of geriatric services, behavioral health services, and certified nurse midwives:

- At least 11 of the minimum 20 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the clinician's executed contract, during normally scheduled office hours.
- The remaining nine (9) hours of the minimum 20 hours per week must be spent providing direct patient care or teaching, in the approved service site(s), or providing direct patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s) or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) shall not exceed a total of four (4) hours of the minimum 20 hours per week.

For physician assistants, nurse practitioners, and certified nurse midwives serving in CAHs:

- At least eight (8) of the minimum 20 hours per week must be spent providing direct patient care or teaching, mentoring or serving as a preceptor in the CAH-affiliated outpatient ambulatory care setting(s) specified in the clinician's executed contract, during normally scheduled office hours.
- The remaining 12 hours of the minimum 20 hours per week must be spent providing direct patient care or teaching, mentoring or serving as a preceptor at the CAH's skilled nursing facility or swing bed unit, or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) shall not exceed a total of four (4) hours of the minimum 20 hours per week.

The following table summarizes the weekly hour requirements:

Table 1: Weekly Hour Requirements

FT/PT	Profession/ Setting	Max Patient Care Onsite	Min Patient Care Onsite	Max Patient Care Offsite	Min Patient Care Offsite	Max Teaching	Min Teaching	Max Admin	Min Admin	Min Week Total
Full Time	All health professionals except as noted below	40	24	8	0	8	0	8	0	40
Full Time	Geriatric Providers, Behavioral Health Providers, and Midwives	40	21	19	0	8	0	8	0	40
Full Time	PAs, NPs, and Midwives at CAHs	40	16	24	0	8	0	8	0	40
Part Time	All health professionals except as noted below	20	16	4	0	4	0	4	0	20
Part Time	Geriatric Providers and Midwives	20	11	9	0	4	0	4	0	20
Part Time	Geriatric Providers, Behavioral Health Providers, and Midwives	20	11	9	0	4	0	4	0	20
Part Time	PAs, NPs, and Midwives at CAHs	20	8	12	0	4	0	4	0	20

C. The start date of the clinician's PCSC service obligation under this contract is estimated to be May 1, 2020.

D. License/Certification/Registration Requirements

The Department will accept applications for this FO ONLY from the following clinicians, who provide primary care, general or pediatric dentistry, or mental or behavioral health services as detailed below:

1. Physician Assistants

Requirements: A current, full, permanent, unencumbered, unrestricted license and

registration (pursuant to Education Law Article 131-B) to practice as a physician assistant (PA) in the State of New York. Applicants who have license applications pending with the New York State Education Department may apply, but proof of licensure must be provided prior to entering into a contract for an award with the New York State Department of Health. Only PAs who will provide primary care or behavioral health services – adult primary care, family primary care, pediatric, psychiatry, mental health, geriatrics, and women’s health – are eligible to apply for PCSC.

2. Nurse Practitioners

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration to practice as a registered nurse in the State of New York AND a certificate to practice as a nurse practitioner (pursuant to Education Law § 6910) in the State of New York. Applicants who have license applications pending with the New York State Education Department may apply, but proof of licensure must be provided prior to entering into a contract for an award with the New York State Department of Health. Only NPs who will provide primary care or behavioral health services – adult primary care, family primary care, pediatric, psychiatry, mental health, geriatrics, and women’s health – are eligible to apply for PCSC.

3. Midwives

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law § 6955) to practice as a licensed nurse midwife in the State of New York. Applicants who have license applications pending with the New York State Education Department may apply, but proof of licensure must be provided prior to entering into a contract for an award with the New York State Department of Health.

4. Dentists

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law Article 133) to practice as a dentist in the State of New York in general or pediatric dentistry. Applicants who have license applications pending with the New York State Education Department may apply, but proof of licensure must be provided prior to entering into a contract for an award with the New York State Department of Health. Only dentists who will provide general or pediatric dentistry are eligible for a PCSC award. Any time spent providing other services, such as endodontic, periodontic or orthodontic care, is ineligible for loan repayment funds.

5. Dental Hygienists

Requirements: A current, full, permanent, unencumbered, unrestricted license (pursuant to Education Law § 6609) and registration to practice as a dental hygienist in the State of New York. Applicants who have license applications pending with the New York State Education Department may apply, but proof of licensure must be provided prior to entering into a contract for an award with the New York State Department of Health. Only dental hygienists who will provide general or pediatric dental hygiene services are eligible for a PCSC award.

6. Psychologists

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law § 7603) to practice as a psychologist in the State of New York. Applicants who have license applications pending with the New York State Education Department may apply, but proof of licensure must be provided prior to entering into a contract for an award with the New York State Department of Health.

7. Licensed Clinical Social Workers

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law § 7702) to practice as a clinical social worker in the State of New York. Applicants who have license applications pending with the New York State Education Department may apply, but proof of licensure must be provided prior to entering into a contract for an award with the New York State Department of Health.

8. Marriage and Family Therapists

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law § 8403) to practice as a marriage and family therapist in the State of New York. Applicants who have license applications pending with the New York State Education Department may apply, but proof of licensure must be provided prior to entering into a contract for an award with the New York State Department of Health.

9. Licensed Mental Health Counselors

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law § 8402) to practice as a licensed mental health counselor in the State of New York. Applicants who have license applications pending with the New York State Education Department may apply, but proof of licensure must be provided prior to entering into a contract for an award with the New York State Department of Health.

10. Substance Use Disorder Certification (optional)

Requirements:

- **License in one of the following professions:**
 - Physician Assistant
 - Nurse Practitioner
 - Midwife
 - Psychologist
 - Licensed Clinical Social Worker
 - Marriage and Family Therapist
 - Licensed Mental Health Counselor

AND:

- DEA Registration Certificate that clearly reflects the possession of a Data 2000 Waiver

OR

- Applicant must be listed as CASAC (not CASAC Trainee) on the New York State OASAS Credentialing Verification webpage:
<https://www.oasas.ny.gov/credentialingVerification/verification/home.cfm>

III. Project Narrative

PCSC awards will provide up to \$60,000 to a Full-Time clinician (and up to \$30,000 to a Part Time clinician) who agrees to practice in an underserved area for the three-year period, referenced herein as the PCSC 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

One-hundred percent of PCSC Award funds must be applied to qualified educational debt.

For purposes of this FO, “qualified educational debt” means any outstanding amounts remaining on student loans that were used by the clinician 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. Applicants must include educational loan statements dated no more than 30 days prior to submission (to be uploaded as Attachment 3). 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 2 to give consent for HESC to disclose any loan information to the Department. No PCSC award shall be made in excess of the outstanding amount of educational debt as verified by HESC. Awardees will be required to submit educational loan statements on an annual basis to ensure payments are being applied to the loans.

B. Application Limits

1. No more than one application will be accepted from a single clinician. If a clinician submits more than one application, only the application received first (date/time stamp in the Gateway) will be accepted and reviewed. All other applications will be disqualified and will not be reviewed.
2. No more than five applications will be approved for a single health care site. If more than five applications from a single site are determined to be eligible, the five applicants with the highest scores shall be given awards. In the case of tie scores, awards will be given to applicants with the highest qualified educational debt.

C. Award Limits

The award limit for the Primary Care Service Corp Loan Repayment Program is \$60,000 for a three-year contract.

D. Application Deadlines

All applications must be received via the Grants Gateway by the date and time noted on the cover of this FO and must contain a valid email address where the applicant can receive correspondence.

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 (in Section IV. B)

IV. Administrative Requirements

A. Issuing Agency

This FO is issued by the New York State Department of Health (Department), Division of Workforce Transformation. 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 via email to:

sch_loan@health.ny.gov

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

Questions of a technical nature can be emailed to sch_loan@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://grantsmanagement.ny.gov/register-your-organization>.

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 below. Questions regarding specific opportunities or applications should be directed to the DOH contact listed on the cover of this FO.

- <https://grantsmanagement.ny.gov/resources-grant-applicants>
- Grants Gateway Videos: <https://grantsmanagement.ny.gov/videos-grant-applicants>
- Grants Gateway Team Email: grantsgateway@its.ny.gov
Phone: 518-474-5595
Hours: Monday thru Friday 8am to 4pm
(Application Completion, Policy, Prequalification and Registration questions)
- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(After hours support w/user names and lockouts)

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 FO has been posted on the NYS Grants Gateway website at: https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: <https://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 FO.

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 FO. 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 FO. Failure to attend the applicant webinar will not preclude the submission of an application, however; participation is highly encouraged.

To join the online meeting (now from mobile devices):

1. Go to <https://meetny.webex.com/meetny/j.php?MTID=mc26d16c87cdf4da69d47f0a7e646f44f>.
2. If requested, enter your name and email address.
3. If a password is required, enter the meeting password: GG2019.
4. Click "Join".
5. After you join, click the audio button to join the phone conference.
6. Meeting Number: 649 013 611 / Meeting Password: GG2019.

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 FO. Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: <https://grantsmanagement.ny.gov/resources-grant-applicants> select the "Apply for a Grant" from the menu. There is also a more detailed "Vendor User Manual" available in the documents section 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://grantsmanagement.ny.gov/live-webinars>.

To apply for this opportunity:

1. Log into the [Grants Gateway](#) as either a "Grantee" or "Grantee Contract Signatory".
2. On the Grants Gateway home page, click the "View Opportunities" button".
3. Use the search fields to locate an opportunity; search by State agency (DOH) or enter the Grant Opportunity name: Primary Care Service Corps Loan Repayment Program (Round 4).
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 FO.

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.64 of the Vendor User Manual).
- 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.

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
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 FO.
2. Withdraw the FO at any time, at the Department's sole discretion.
3. Make an award under the FO in whole or in part.
4. Disqualify any Applicant whose conduct and/or proposal fails to conform to the requirements of the FO.
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 FO.
7. Prior to application opening, amend the FO 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 FO 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 FO.
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 FO, 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 offeror's application and/or to determine an offeror's compliance with the requirements of the FO.

17. Negotiate with successful Applicants within the scope of the FO 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 FO will be effective only upon approval by the New York State Department of Health.

It is expected that contracts resulting from this FO will start on May 1, 2020 and end on April 30, 2023. The resulting contracts will be for a three-year fixed term. 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.

H. Payment & Reporting Requirements of Grant Awardees

1. No advances will be allowed for contracts resulting from this procurement.
2. The grant contractor will be required to submit documentation showing application of grant funds to eligible educational loans and employment verification reports to:

sch_loan@health.ny.gov

3. No payment shall be made before a contract is executed.
4. Payments will be made annually at the discretion of the Department and only after the reports listed below (in Section 6) are received.
5. Clinicians 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. Statements will be due within 30 days of receipt of grant award funds.

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 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.

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)

Such reports will be submitted to the following designated payment office (above) or, in the future, through the Grants Gateway.

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.

Business Participation Opportunities for MWBEs

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

This FO does not establish minimum goals for participation of minority or women-owned business. Therefore, completion of the MWBE Utilization Plan is not required. The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found on this page under “NYS Directory of Certified Firms” and accessed by clicking on the link entitled “Search the Directory”. 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.

J. 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>.

K. 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.

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

L. Vendor Responsibility Questionnaire

The Vendor Responsibility Questionnaire and Attestation are NOT required for individuals applying for this FO.

M. 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.

Because Primary Care Service Corps awardees are individuals they are considered "For-Profit" entities, Vendor Prequalification is NOT necessary.

N. 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 FO, 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.

O. Default Provisions

There are significant financial consequences in the event a clinician fails to complete his/her three-year service obligation. In the event of default, the clinician 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 clinician 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.

In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this FO, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

P. 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:

Obligated clinicians are permitted to change their service locations, provided that:

- 1) the clinician interested in changing locations notifies the Department in writing prior to the change;
- 2) the new service location is an Active NHSC or NHSC/NURSE Corps site; and
- 3) the Department approves the change prior to the awardee changing job sites.

In evaluating the change of location request, the Department will consider whether the clinician would have been selected as a PCSC awardee if their *original* application had been for the proposed new location. Accordingly, changes in location to sites with HPSA Scores equal to, or greater than, that of the original site would be very likely to be approved, while changes to sites with lower HPSA scores would be much less likely to be approved.

2. Request to Defer Obligation:

- Clinicians 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 practitioner's term obligation.

Q. Tax Issues

Funds to support loan repayment under the PCSC Loan Repayment program are currently exempt from federal and state taxes. 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 Vendor User Manual for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Management website at: <https://grantsmanagement.ny.gov/system/files/documents/2018/11/vendor-user-manual-final.pdf>.

Also, you must use Internet Explorer (11 or higher) to access the Grant Gateway. Using Chrome or Firefox causes errors in the Work Plan section of the application.

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 FO.

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.

i. Pre-Submission Uploads (Attachments)

The following attachments include both reference materials and items that must be completed and uploaded with the application. Grants Gateway will not allow you to submit your application if any of the **mandatory uploads** are not attached.

Attachment 1: Employment Letter Template (**Mandatory Upload**)

Attachment 2: Consent to Disclosure Form (**Mandatory Upload**)

Attachment 3: Loan Statements (**Mandatory Upload**)

Attachment 4: Photocopies of Current Professional Licenses (**Mandatory Upload**)

Attachment 5: Substance Use Disorder Certification (Optional, where appropriate)

Attachment 6: Proof of Prior Relocation to an NHSC Site (Optional, where appropriate)

Attachment 7: Application Scoring Methodology (for information only)

ii. Program Specific Questions

- 1 First Name
- 2 Middle Name
- 3 Last Name
- 4 SFS Vendor ID Number (a.k.a. SFS Supplier ID Number). The SFS Vendor ID Number is assigned when an applicant registers for the Grants Gateway. To view your SFS Vendor ID Number:
 1. Log in to Grants Gateway.
 2. Click on Organization(s).
 3. Read SFS Vendor ID Number from labelled SFS Vendor ID (it is on the tenth line). You may cut and paste the SFS Vendor ID Number to your application, if desired.
- 5 Are you a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card?
- 6 Are you currently licensed to practice your profession in New York State? If yes, upload a photocopy of your current license as Attachment 4 under Pre-Submission Uploads. Nurse Practitioners must upload their Registration Certificate in addition to their Nurse Practitioner License. Certifications and registrations for sub-specialties should be uploaded as well. All relevant licenses and registrations should be scanned together as one PDF document no larger than 10MB.
- 7 If you are NOT currently licensed to practice your profession, on what date did you apply for the license? Please submit the following written statement as Attachment 4: "I am not currently licensed, but I applied for the license on {fill in date} and expect to be licensed before May 1, 2020."
- 8 Have you been excluded from or terminated by the federal Medicare or Medicaid programs?
- 9 Have you been disciplined by the New York State Board for Professional Medical Conduct?
- 10 Are you under indictment for, or have you been convicted of, any felony as defined by New York State Penal Code?

- 11 Have you had your professional license revoked in any state or territory in the United States?
- 12 Are you in breach of any current or past health professional service obligation (including but not limited to: National Health Service Corps, Indian Health Service Loan Repayment, or New York State Licensed Social Worker Loan Forgiveness Incentive Program)?
- 13 Do have any judgement liens arising from debt owed to the federal or any state government?
- 14 Are you fulfilling an obligation under any state or federal loan repayment program -- other than the Public Service Loan Forgiveness Program -- which overlaps or coincides with the three-year [May 1, 2020 to April 30, 2023] PCSC service obligation?
- 15 Is/Are the Intended Worksite(s) (that is: the Worksite(s) where you will contract to work from May 1, 2020 to April 30, 2023) an Active NHSC or Active NHSC/NURSE Corps Site for your discipline?
- 16 Current amount of eligible student loan debt (round down to nearest whole dollar). Please upload, as Attachment 3 under Pre-Submission Uploads, loan balance statements for all current loan debt for undergraduate or graduate education, 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.
- 17 Employer (Corporate Operator) of Intended Worksite #1.
- 18 Site Name and Address of Intended Worksite #1:
- 19 Number of Weekly Work Hours at Intended Worksite #1:
- 20 Employer (Corporate Operator) of Intended Worksite #2.
- 21 Site Name and Address of Intended Worksite #2:
- 22 Number of Weekly Work Hours at Intended Worksite #2:
- 23 Employer (Corporate Operator) of Intended Worksite #3.
- 24 Site Name and Address of Intended Worksite #3:
- 25 Number of Weekly Work Hours at Intended Worksite #3:
- 26 Profession
- 27 Specialty/Sub Specialty
- 28 Requested contract employment status: Full Time or Part Time.
- 29 Number of Working Weeks Per Year at Intended Worksite(s):
- 30 Direct primary patient care in ambulatory setting: Number of Weekly Work Hours
- 31 Teaching in Ambulatory Setting: Number of Weekly Work Hours
- 32 Practice-related administrative activities: Number of Weekly Work Hours
- 33 Clinical services in alternative setting: Specify Setting
- 34 Clinical services in alternative setting: Specify Number of Weekly Work Hours
- 35 Other Activity: Specify Other Activity
- 36 Other Activity: Number of Weekly Work Hours
- 37 Worksite(s) on December 26, 2018: Corporate Operator, Site Name(s), Address(es)
- 38 Worksite(s) on August 31, 2019: Corporate Operator, Site Name(s), Address(es)

- 39 Current worksite(s) (at time of application): Corporate Operator, Site Name(s) and Address(es)
- 40 Prefix (Dr., Mr., Ms., Mrs., Mx., etc.):
- 41 Maiden Name (if applicable):
- 42 Home Street Address:
- 43 Home City:
- 44 Home State:
- 45 Home ZIP:
- 46 e-Mail Address:
- 47 Home Telephone Number:
- 48 Cellular Telephone Number (optional):
- 49 Please list any other loan repayment programs (including but not limited to: the National Health Service Corps and Indian Health Service Loan Repayment, and New York State Licensed Social Worker Loan Forgiveness Incentive Program) for which you have an application pending.
- 50 Amount of funding requested from PCSC (do not exceed \$60,000).

iii. Work Plan

This FO has a Grant Opportunity Defined Work Plan set in the Grants Gateway. The Objectives and Tasks cannot be changed or removed. The Applicant will adhere to the implementation of Work Plan activities per the standardized Work Plan. Click on the Objectives and Tasks to review the information and ensure your understanding. Please note that the Work Plan for this FO is limited to the following: 1 Objective, 1 Task, and 1 Performance Measure.

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: May 1, 2020 – April 30, 2023.

The Applicant will add the **Address of the intended worksite(s)** and **their Profession** in the Project Summary paragraph. No other information is required to be entered into the Project Summary section of the work plan. In the Organizational Capacity box, enter **N/A**.

iv. Budget

Applicants should complete the Expenditure Based budget in the following manner:

- a) Log into the Grants Gateway with your username and password (if you are not already logged on).
- 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 <https://grantsmanagement.ny.gov/vendor-user-manual> 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 \$60,000 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. The maximum Total Funds Requested for a Full-Time clinician is \$60,000. The maximum Total Funds Requested for a Part Time clinician is \$30,000. Year 1 will be 26.6% of the Total Funds Requested (TFR), Year 2 will be 33.3% of the TFR, and Year 3 will 40% of the TFR. All amounts should be rounded to the nearest whole dollar amount. For example:

Total Funds Requested	Year 1 [26.6% of TFR]	Year 2 [33.3% of TFR]	Year 3 [40% of TFR]
\$60,000	\$16,000	\$20,000	\$24,000
\$50,000	\$13,333	\$16,667	\$20,000
\$40,000	\$10,667	\$13,333	\$16,000
\$30,000	\$8,000	\$10,000	\$12,000
\$20,000	\$5,333	\$6,667	\$8,000
\$10,000	\$2,667	\$3,333	\$4,000

- h) Click *Save* after all information is entered.

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 FO.

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 scored using the scoring system shown in Attachment 7.

In keeping with program objectives, strong selection priority will be given to:

- dentists over non-dentists
- Relocators over Retained Clinicians

Applications will be accepted beginning on the first day of the application period as stated on the cover page of this FO and running continuously until 4 p.m. on the due date stated on the cover page of this FO. 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.

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

The pool of complete and eligible applications will be awarded in application score order according to the funding allocations established in the paragraph below until available funding is exhausted. In the event of tie application scores, awards will be made to the applicant with the highest qualified educational debt. 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.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded in the same manner as outlined in the award process described above.

The Department anticipates that awards will be announced in Spring 2020. Awardees will have a PCSC contract start date of May 1, 2020.

Applicants will be deemed to fall into one of three categories: (1) approved and funded, (2) waitlisted (approved but not funded due to lack of resources), or (3) not approved. Waitlisted 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 (whether their application was funded or not funded). Please note the debriefing will be limited only to 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 sch_loan@health.ny.gov. In the subject line, please write: Debriefing Request Primary Care Service Corps Loan Repayment Program (Round 4).

In the event unsuccessful applicants wish to protest the award resulting from this FO, applicants should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <http://www.osc.state.ny.us/agencies/guide/MyWebHelp>. (Section XI. 17.)

Attachments:

Attachment 1: Employment Letter Template (**Mandatory Upload**)

Attachment 2: Consent to Disclosure Form (**Mandatory Upload**)

Attachment 3: Loan Statements (**Mandatory Upload**)

Attachment 4: Current Professional Licenses (**Mandatory Upload**)

Attachment 5: Substance Use Disorder Certification (Optional, where appropriate)

Attachment 6: Proof of Prior Relocation to NHSC Site (Optional, where appropriate)

Attachment 7: Application Scoring Methodology (for information only)

Reference Materials

Grants Gateway: Vendor User Guide available at:

<https://grantsmanagement.ny.gov/vendor-user-manual>

Application Scoring Methodology

Eligibility for PCSC participation requires that the practitioner work at a National Health Service Corps Approved Site. Applications will be scored and ranked based the following factors:

Table 1: Scoring Factors, Options and Points Awarded

Factor/Options	Factor Points
HPSA Factor Score = Health Professional Shortage Area (HPSA) Score of the Intended Worksite x 2	
<ul style="list-style-type: none"> HPSA Scores range from 1 to 25 in New York State (25 indicates greatest shortage). Therefore, HPSA Factor Scores (2 x HPSA Score) will range from 2 to 50. 	2-50
Profession of Applicant (Dentist versus Non-Dentist)	
<ul style="list-style-type: none"> Dentist 	96
<ul style="list-style-type: none"> Non-Dentist 	0
Employment Time Status of the Applicant	
<ul style="list-style-type: none"> Full Time 	2
<ul style="list-style-type: none"> Part Time 	1
Relocation Status	
Retained Employee: <ul style="list-style-type: none"> Applicant was employed at the Intended NHSC Approved Worksite before September 1, 2019 and does not have documentation to establish that they applied for, and were declined due to insufficient funding for, the National Health Service Corps Loan Repayment Program. 	0
PCSC Relocator: <ul style="list-style-type: none"> Applicant was not employed at the PCSC worksite before the Funding Opportunity Posting Date (of September 1, 2019). AND applicant was not employed at a worksite with a HPSA Score of 1 or more, before the Funding Opportunity Posting Date (of September 1, 2019). 	100
NHSC Relocator: <ul style="list-style-type: none"> Applicant was not employed at the proposed worksite before the NHSC Funding Opportunity Posting Date (of December 27, 2018) AND was not employed at a worksite with a HPSA Score of 1 or more before the NHSC Funding Opportunity Posting Date (of December 27, 2018) AND the applicant applied for the National Health Service Corps Loan Repayment Program or the National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program in January/February 2019 AND was deemed eligible for NHSC LRP or NHSC SUD Workforce LRP AND was declined for NHSC due to exhaustion of NHSC grant funds. 	100
Substance Used Disorder (SUD) Certified Applicant at SUD Site (See Attachment 7: Table 2: Substance Use Disorder Certification and Site Type Tiers)	
<ul style="list-style-type: none"> Tier 1 	72
<ul style="list-style-type: none"> Tier 2 	48
<ul style="list-style-type: none"> Tier 3 	24
<ul style="list-style-type: none"> Tier 4 	0

To qualify as a Substance Use Disorder (SUD) Site, one or more of the following services must be listed in the Services Provided section of the Site Details on this website:

<https://connector.hrsa.gov/connector/>:

- General Substance Use Disorder Treatment
- Medication Assisted Treatment (MAT) Program
- Opioid Treatment Program (OTP)
- Substance Abuse Treatment

Table 2: Substance Use Disorder Certification and Site Type Tiers¹

	Clinician Type	PCSC SUD Treatment Site Requirement	Services Provided at site Per https://connector.hrsa.gov/connector/	SUD Licensure/Certification Documentation Required
Tier 1	<ul style="list-style-type: none"> • Eligible Professional² with DATA 2000 waiver OR <ul style="list-style-type: none"> • Eligible Professional² with SUD Licensure/Certification 	<ul style="list-style-type: none"> • SAMHSA-certified Opioid Treatment Program (OTP) OR <ul style="list-style-type: none"> • Office-based Opioid Treatment Practice (OBOT) 	<ul style="list-style-type: none"> • Opioid Treatment Program (OTP) OR <ul style="list-style-type: none"> • Medication Assisted Treatment (MAT) Program 	<ul style="list-style-type: none"> • DEA Registration Certificate that clearly reflects the possession of a Data 2000 Waiver OR • Credentialed Alcoholism and Substance Abuse Counselor (CASAC) credentialed by the New York State Office of Alcohol and Substance Abuse Services³
Tier 1	Eligible Professional ² with DATA 2000 waiver	<ul style="list-style-type: none"> • Non-opioid Outpatient Substance Use Disorder (SUD) Sites 	<ul style="list-style-type: none"> • General Substance Use Disorder Treatment OR <ul style="list-style-type: none"> • Substance Abuse Treatment 	DEA Registration Certificate that clearly reflects the possession of a Data 2000 Waiver
Tier 2	Eligible Professional ² with SUD Licensure/Certification	<ul style="list-style-type: none"> • Non-opioid Outpatient Substance Use Disorder (SUD) Sites 	<ul style="list-style-type: none"> • General Substance Use Disorder Treatment 	<ul style="list-style-type: none"> • Credentialed Alcoholism and Substance Abuse

¹ To be classified in a Tier, BOTH the Clinician Type and PCSC SUD Treatment Requirement must be met. Tier classification system taken from National Health Service Corps Substance Use Disorder Workforce Loan Repayment Program Fiscal Year 2019 Application and Program Guidance, published at: <https://nhsc.hrsa.gov/sites/default/files/NHSC/loan-repayment/sud-lrp-application-guidance.pdf>

² Nurse practitioners, physician assistants, midwives, hygienists, clinical psychologists, licensed clinical social workers, licensed marriage and family therapists, and licensed mental health counselors.

³ Applicant must be listed as CASAC (not CASAC Trainee) on the New York State OASAS Credentialing Verification webpage: <https://www.oasas.ny.gov/credentialingVerification/verification/home.cfm>

			OR • Substance Abuse Treatment	Counselor (CASAC) credentialed by the New York State Office of Alcohol and Substance Abuse Services ³
Tier 3	Eligible Professional ² without SUD Licensure/Certification	<ul style="list-style-type: none"> • Opioid Treatment Program (OTP) • Office-based Opioid Treatment Practice (OBOT) • Non-opioid Outpatient Substance Use Disorder (SUD) Sites 	<ul style="list-style-type: none"> • Opioid Treatment Program (OTP) OR <ul style="list-style-type: none"> • Medication Assisted Treatment (MAT) Program OR <ul style="list-style-type: none"> • General Substance Use Disorder Treatment OR Substance Abuse Treatment	(None)
Tier 4	Eligible Professional ² without SUD Licensure/Certification	<ul style="list-style-type: none"> • Non-SUD Site 	None of the above	(None)

Each application will be reviewed by two reviewers. Scores for each application will be rank-ordered. Awards will be made beginning with the highest scoring applicant and continuing down the list until available funds are exhausted or the list of applicants with passing scores is exhausted.

In the event that one or more applicants receive the same score, awards will be made based on eligible student debt amount (highest debt will be given first priority).

Application packages with minor issues (missing information that is not essential to timely review and would not impact review scores) MAY be processed, at the discretion of the Department, but all issues need to be resolved prior to time of award. An application package with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

Factor Points from Table 1 above are applied to the following formula:

HPSA Factor Score + Profession + Time Status + SUD Status + Relocation Status = Application Score

The following tables show the resultant scores when the formula is applied:

Table 3: Score Matrix for Retained Employees

Profession	Non-Dentist	Non-Dentist	Non-Dentist	Non-Dentist	Non-Dentist	Non-Dentist	Non-Dentist	Non-Dentist	Dentist PT	Dentist FT
SUD Certification	Tier 4	Tier 4	Tier 3 SUD	Tier 3 SUD	Tier 2 SUD	Tier 2 SUD	Tier 1 SUD	Tier 1 SUD	N/A	N/A
NHSC Site Designation	Non-SUD	Non-SUD	SUD	SUD	SUD	SUD	SUD	SUD	Dental	Dental
Part Time or Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time
Proposed Worksite HPSA Score										
25	51	52	75	76	99	100	123	124	147	148
24	49	50	73	74	97	98	121	122	145	146
23	47	48	71	72	95	96	119	120	143	144
22	45	46	69	70	93	94	117	118	141	142
21	43	44	67	68	91	92	115	116	139	140
20	41	42	65	66	89	90	113	114	137	138
19	39	40	63	64	87	88	111	112	135	136
18	37	38	61	62	85	86	109	110	133	134
17	35	36	59	60	83	84	107	108	131	132
16	33	34	57	58	81	82	105	106	129	130
15	31	32	55	56	79	80	103	104	127	128
14	29	30	53	54	77	78	101	102	125	126
13	27	28	51	52	75	76	99	100	123	124
12	25	26	49	50	73	74	97	98	121	122
11	23	24	47	48	71	72	95	96	119	120
10	21	22	45	46	69	70	93	94	117	118
9	19	20	43	44	67	68	91	92	115	116
8	17	18	41	42	65	66	89	90	113	114
7	15	16	39	40	63	64	87	88	111	112
6	13	14	37	38	61	62	85	86	109	110
5	11	12	35	36	59	60	83	84	107	108
4	9	10	33	34	57	58	81	82	105	106
3	7	8	31	32	55	56	79	80	103	104
2	5	6	29	30	53	54	77	78	101	102
1	3	4	27	28	51	52	75	76	99	100

Table 4: Score Matrix for PCSC Relocators and NHSC Relocators

Profession	Non-Dentist	Non-Dentist	Non-Dentist	Non-Dentist	Non-Dentist	Non-Dentist	Non-Dentist	Non-Dentist	Dentist PT	Dentist FT
SUD Certification	Tier 4	Tier 4	Tier 3 SUD	Tier 3 SUD	Tier 2 SUD	Tier 2 SUD	Tier 1 SUD	Tier 1 SUD	N/A	N/A
NHSC Site Designation	Non-SUD	Non-SUD	SUD	SUD	SUD	SUD	SUD	SUD	Dental	Dental
Part Time or Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time	Full Time
Proposed Worksite HPSA Score										
25	151	152	175	176	199	200	223	224	247	248
24	149	150	173	174	197	198	221	222	245	246
23	147	148	171	172	195	196	219	220	243	244
22	145	146	169	170	193	194	217	218	241	242
21	143	144	167	168	191	192	215	216	239	240
20	141	142	165	166	189	190	213	214	237	238
19	139	140	163	164	187	188	211	212	235	236
18	137	138	161	162	185	186	209	210	233	234
17	135	136	159	160	183	184	207	208	231	232
16	133	134	157	158	181	182	205	206	229	230
15	131	132	155	156	179	180	203	204	227	228
14	129	130	153	154	177	178	201	202	225	226
13	127	128	151	152	175	176	199	200	223	224
12	125	126	149	150	173	174	197	198	221	222
11	123	124	147	148	171	172	195	196	219	220
10	121	122	145	146	169	170	193	194	217	218
9	119	120	143	144	167	168	191	192	215	216
8	117	118	141	142	165	166	189	190	213	214
7	115	116	139	140	163	164	187	188	211	212
6	113	114	137	138	161	162	185	186	209	210
5	111	112	135	136	159	160	183	184	207	208
4	109	110	133	134	157	158	181	182	205	206
3	107	108	131	132	155	156	179	180	203	204
2	105	106	129	130	153	154	177	178	201	202
1	103	104	127	128	151	152	175	176	199	200