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## Office of Primary Care

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# Request for Applications Primary Care Service Corps (PCSC)

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RFA # 1205031010

### Schedule of Key Events

RFA Release Date	<i>March 15, 2013 at 12:00 pm</i>
Register for Webinar by:	<i>March 25, 2013 by 12:00pm</i>
Applicant Webinar	<i>March 26, 2013 at 12:00pm</i>
Questions Due	<i>April 8, 2013 by 5:00 pm</i>
RFA Updates and Q&As Posted	<i>April 22, 2013 by 5:00 pm</i>
Applications Due	<i>May 1, 2013 – June 28, 2013 (rolling)</i>

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## 1. PROGRAM DESCRIPTION

### 1.1 Background and legislation

The New York State Primary Care Service Corps (PCSC) arose out of the workforce recommendations of the state's Medicaid Redesign Team (MRT), effectuated through Governor Andrew M. Cuomo's Executive Order #5 and comprised initially of 27 stakeholders representing virtually every sector of the health care delivery system, including patient advocates.

The MRT's series of recommendations not only lowered immediate spending - state share savings of \$2.2 billion in SFY 11-12 - but also proposed important reforms that will lead to improved health outcomes and drive further savings in years to come.

PCSC is a service-obligated loan repayment program developed to increase the supply of dentists, dental hygienists, nurse practitioners, physician assistants, midwives, clinical psychologists, licensed clinical social workers, psychiatric nurse practitioners, licensed marriage and family therapists, and licensed mental health counselors who practice in the State's Health Professional Shortage Areas (HPSAs)<sup>1</sup>.

The New York State Legislature approved \$1 million in funding for the PCSC in the 2012-13 New York State budget. Eligible clinicians would receive up to \$60,000 initially in loan repayment funding in return for a two-year commitment to practice in a primary care, dental, or mental health HPSA. The award schedule is modeled after the National Health Service Corps (NHSC) and is based on the amount of each individual's qualifying educational debt. For full-time clinicians, the maximum annual award is \$32,500; the maximum award for part-time clinicians is \$16,250. Preference in making PCSC awards will be to health professionals who are bilingual or multilingual or to providers working in sites that effectively accommodate patients of diverse ethnicities, the disabled, and other underserved populations.

The New York State Department of Health (*The Department*) has published the PCSC Request for Applications (RFA) to expand the health workforce shortages of New York State for non-physician clinicians in underserved areas and to address access to health care and health disparities for medically needy New Yorkers.

### 1.2 Summary of program priorities

The primary priority for PCSC is enhanced clinician recruitment and retention in underserved areas of the state (HPSAs). In addition, the program seeks to incentivize the placement of clinicians in sites that effectively accommodate patients of diverse ethnicities, the disabled, and other underserved populations and clinicians who speak languages common in the target population in addition to English.

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<sup>1</sup> Health professionals not listed above will not be considered for this RFA. *The Department* has several loan repayment programs available for physicians – under the Doctors Across New York Program - and is currently, or will soon accept applications. Please visit <http://www.health.ny.gov/funding> to learn more or email [gme@health.state.ny.us](mailto:gme@health.state.ny.us) for more information.

### 1.3 Health professional shortage areas

A HPSA is a geographic region – designated by the federal Health Resources and Services Administration (HRSA) – in which there is a significant medically underserved population. HPSAs also specify health care workforce shortages and accessibility of health care. PCSC participants are required to serve in a HPSA-designated facility for the duration of their contract. The length of service is described in detail further in the RFA (see [section 1.5 Length of Service Obligation](#)).

To determine if your facility is HPSA-designated, please visit: <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> or email [sch\\_loan@health.state.ny.us](mailto:sch_loan@health.state.ny.us). NOTE: All questions related to HPSA designations MUST be received prior to the due date for questions as noted on the cover of this RFA. Any questions received AFTER that date cannot be answered.

### 1.4 Target population

The target population for this project is the residents of New York State with unmet health needs who reside in New York's HPSAs and who may lack the ability to pay for services. If awarded a PCSC loan, the applicant is required, among other criteria, to:

- a) accept assignment for Medicare, Medicaid, and the State Children's Health Insurance Program;
- b) provide a sliding fee scale for individuals with annual incomes at or below 200% of the HHS Poverty Guidelines; and
- c) maintain a patient mix that substantially consists of Medicaid, CHPlus, Family Health Plus, uninsured, and special needs populations.

### 1.5 Length of service obligation *(See Section 3.5 for detailed information)*

*The Department* will accept applications for the PCSC loan repayment program from eligible health professionals for either full-time or part-time clinical services provided at a HPSA site.

- a) Full-time is defined as not less than 40 hours per week for at least 45 weeks per year;
- b) Part-time commitment requires not less than 20 hours, but not more than 39 hours of service per week for at least 45 weeks per year.

The PCSC service obligation will be a minimum of two years for all participants. Applicants for part-time obligations may opt for a four-year obligation.

PCSC participants who have successfully met their two-year contractual obligations will have the option of extending their contract for up to three additional years, regardless of full-time or part-time status, for a maximum of five years. Table 1 (page 6) illustrates the maximum awards to participants by year and commitment.

Additional one-year obligations may be negotiated with *The Department* after the initial obligation is successfully completed, provided that funds are available and the site and service are eligible for an additional award. For more information, please see section [5.5 Contract Terms and Conditions](#) of this RFA.

## 1.6 Awards

*The Department* will fund the equivalent of approximately thirty-three full-time awards<sup>2</sup> for the Primary Care Service Corps loan repayment program and will only make awards to applicants who have met the eligibility criteria. The award amount is determined by the applicant's choice of serving as a full-time or part-time clinician, level of qualifying educational debt, and other factors.

Full-time clinicians are eligible for an award of up to \$30,000 per year, and they must agree to provide at least two years of full-time clinical practice at one or more eligible service sites located in New York State HPSAs. Part-time clinicians are eligible for an award of \$15,000 per year for a service obligation of two or four years of part-time clinical practice at one or more eligible service sites located in New York State HPSAs.

Awards will be determined as follows:

- **Years 1 and 2:** 50% of total qualifying debt annually, up to a maximum of the amounts specified in Table 1;
- **Years 3 through 5:** The balance of any remaining qualifying debt annually, up to a maximum of the amounts specified in Table 1;

See Attachment 7 for sample award amounts based on various debt and obligation scenarios.

*Table 1: Annual Maximum Award Schedule*

<b>Year</b>	<b>Full-time</b>	<b>Part-time</b>
Year 1	\$30,000	\$15,000
Year 2	\$30,000	\$15,000
Year 3	\$32,500	\$16,250
Year 4	\$32,500	\$16,250
Year 5	\$25,000	\$12,500
<b>Total</b>	<b>\$150,000</b>	<b>\$75,000</b>

## 1.7 Salary assurance and regional parity

*The Department* will make an effort to assure that salaries received by PCSC participants under the Primary Care Service Corps Loan Repayment Program are at the prevailing rate for the region and site type in which the clinician is working and are not reduced by the amount of the loan repayment. Therefore, at the time of application, the Department will review the clinician's

<sup>2</sup> Additional awards may be available depending upon the final number of eligible applicants.

employment contract, which will be required as part of the application, and compare the stated salary to prevailing salary rates for the region and site type (as available).

### **1.8 Taxation issues**

In the Patient Protection and Affordable Care Act (PL 111-148), Section 10908 addresses federal taxability of state loan repayment programs that are part of the federal SLRP program. 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.

Although it appears that payments under this program are exempt from federal taxes, they still may be subject to New York State taxes. Please consult your tax professional for more information about your specific tax situation.

## **2. PROBLEM TO BE ADDRESSED**

New York State is the third largest state in the nation in terms of population. A review of common health status indicators used to rate the health of a state’s population ranks New York State in eighteenth place, when compared to the fifty states, based on health determinants (i.e., behavior, community and environment, public and health policy, and clinical care) and health outcomes.

The New York State Medicaid Program, which provides health insurance coverage to qualifying low-income residents, insures over 5.1 million New Yorkers, greater than 26% of the state’s population. The New York State Medicaid population includes a disproportionate number of minorities – 31% are White, 21% are Black, 29% are Hispanic, 10% are Asian, and 9% are some other race.

A significant proportion of New York State’s population is also vulnerable to poor health outcomes due to social factors, including language barriers, limited educational attainment, health literacy, culture, resident status, housing, and transportation. The percentage of New York residents who are foreign born (21.7%) is nearly twice as high as the national average (12.7%), with nearly half coming from Latin America. Additionally, there are close to 2.4 million

residents with limited English proficiency and 29.2% of persons over the age of five speak a foreign language at home, higher than the national average (20.1%).

Economic, social, and geographic factors are also key determinants of access to health care services and health status. New York State residents with low incomes, or who are unemployed, uninsured, or under-insured experience significant barriers to accessing health care services. The percentage of New York State residents living below the poverty level is higher than the national average – 14.2% vs. 13.8%.<sup>3</sup> As of March 2012, the unemployment rate in New York was 8.7%, compared to 8.4 % nationally and 8.2% one year ago.<sup>4</sup> New York City continues to have the highest unemployment rate (9.8%) of all the State’s metropolitan areas. The percentage of nonelderly who are uninsured in New York State, 12.9% or 2.2 million people, is lower than the national average (17.1%) due to higher enrollment in Medicaid and CHIP than many other states.<sup>5</sup> New York residents who are uninsured are more likely to be found among low-income families, young adults (age 19-34), Hispanics, non-citizens, and those who live in families without workers or with part-time workers only. The State’s minority populations experience higher uninsured rates than Whites (8.8%); the Hispanic uninsured rate is 23.3%, followed by American Indian/Alaska Natives (17.2%), Asian/Pacific Islanders (16.8%), and Blacks (14.4%). New York’s uninsured rates vary widely across regions, ranging from a low of 9.2% in New York’s Rochester/Finger Lakes region to a high of 12.0% in New York’s Hudson Valley. New York City exhibits wider variations; uninsured rates range from 8.3% on Staten Island to a high of 18.4% in Queens.

Workforce studies and federal data confirm the current shortage and future continued demand for additional non-physician clinicians in underserved areas across the State. There are approximately 2.3 million New Yorkers who are identified as underserved for primary care services in New York’s 87 primary care non-facility HPSAs. It would require over 389 primary care practitioners in these areas to remove the shortage status.<sup>6</sup>

About 836,400 people are underserved for dental care statewide,<sup>7</sup> which would require at least 260 additional dentists to provide full access to dental services for those living in New York’s underserved areas for oral health.<sup>8</sup>

For non-physician mental health professionals in New York State, about 1,225,000 people are underserved for behavioral health care statewide.<sup>9</sup> It would require at least 97 additional behavioral health clinicians to provide full access to these services for those living in New York’s underserved areas.<sup>10</sup> In addition, provider demand is projected to increase between 5%

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<sup>3</sup> U.S. Census Bureau, American Community Survey, 2006-2010.

<sup>4</sup> New York State Department of Labor. March 2012 Area Unemployment Rates. <http://labor.ny.gov/stats/pressreleases/prlaus.shtm>. Accessed May 7, 2012.

<sup>5</sup> Macri J, Lawton E, Coyer C, Lynch V, Kenney GM, Newell P, and Detty A. *Health Insurance Coverage in New York, 2009*. Published September 9, 2011, by the Urban Institute and the United Hospital Fund.

<sup>6</sup> As of November 9, 2012. See <http://datawarehouse.hrsa.gov/hpsadetail.aspx#Reports>

<sup>7</sup> See <http://datawarehouse.hrsa.gov/hpsadetail.aspx#Reports>. As of November 9, 2012

<sup>8</sup> See note 5.

<sup>9</sup> See note 5.

<sup>10</sup> See note 5.

and 19% by 2018. In all professions, shortages are most severe in the inner-city urban neighborhoods and rural areas of New York State.

### 3. ELIGIBILITY

Participant eligibility for PCSC loan repayment program has been modeled after the National Health Service Corps eligibility criteria. To be eligible, the applicant must, at a minimum:

- Be a clinician meeting the educational and licensing requirements in section 3.1 and employment status requirements in section 3.5;
- Be a U.S. citizen or permanent resident (see section 3.2);
- Adhere to the service and site requirements detailed in section 3.6;
- Not be a participant in other government loan repayment programs; and
- Not be in breach of any health professional service obligation.

#### 3.1 License/Certification/Registration Requirements

The Department will accept applications for this RFA only from clinicians in the below titles who provide primary care, general or pediatric dentistry, or mental or behavioral health services solely in outpatient settings:

##### 3.1.1 Primary Care Physician Assistants

Title	Requirements
Primary Care Physician Assistants (PAs)	A current, full, permanent, unencumbered, unrestricted license and registration to practice as a physician assistant in the State of New York.

**Note:** *The Department* -approved primary care practice areas for PAs are adult, family, pediatric, psychiatry, mental health, geriatrics, and women's health.

##### 3.1.2 Certified Primary Care/Psychiatric Nurse Practitioners

Title	Requirements
Certified Nurse Practitioners (NPs)	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 in the State of New York in the specialty of adult health, family health, geriatrics, pediatrics, psychiatry or women's health.

##### 3.1.3 Certified Nurse Midwives

Title	Requirements
Certified Nurse Midwives (CNMs)	A current, full, permanent, unencumbered, unrestricted license and registration to practice as a certified nurse midwife in the State of New York.

### 3.1.4 *Dentistry*

<b>Title</b>	<b>Requirements</b>
General/ Pediatric Dentistry	A current, full, permanent, unencumbered, unrestricted license and registration to practice as a dentist in the State of New York in general or pediatric dentistry.

Note: Only general and pediatric dentists are eligible for a PCSC award.

### 3.1.5 *Dental Hygienists*

<b>Title</b>	<b>Requirements</b>
Registered Dental Hygienists (RDHs)	A current, full, permanent, unencumbered, unrestricted license and registration to practice as a dental hygienist in the State of New York.

Note: Only dental hygienists serving with general and pediatric dentists are eligible for a PCSC award.

### 3.1.6 *Clinical Psychologists*

<b>Title</b>	<b>Requirements</b>
Health Service Psychologists (HSPs)	A current, full, permanent, unencumbered, unrestricted license and registration to practice independently and unsupervised as a health service psychologist in the State of New York.

Note: HSPs who work at schools that are located in HPSAs are eligible to participate in the PCSC, so long as they meet all other requirements, are primarily engaged in direct clinical and counseling services, and are able to meet the clinical practice requirements in this RFA for the entire calendar year. Psychologists focused on career or guidance counseling are not eligible to participate in the LRP.

### 3.1.7 *Licensed Social Workers*

<b>Title</b>	<b>Requirements</b>
Licensed Clinical Social Workers (LCSWs)	A current, full, permanent, unencumbered, unrestricted license and registration to practice independently and unsupervised as a clinical social worker in the State of New York.

### 3.1.8 *Marriage and Family Therapists*

<b>Title</b>	<b>Requirements</b>
Marriage and Family Therapists (MFTs)	A current, full, permanent, unencumbered, unrestricted license and registration to practice independently and unsupervised as an MFT in the State of New York.

### 3.1.9 Licensed Mental Health Counselors

Title	Requirements
Licensed Professional Counselors (LPCs)	A current, full, permanent, unencumbered, unrestricted license and registration to practice independently and unsupervised as a LPC in the State of New York.

**Note:** Licensed mental health counselors who work at schools that are located in, or designated as facility HPSAs are eligible to participate in the PCSC, so long as they meet all other requirements and are able to meet the clinical practice requirements for the **entire calendar year**. Career or guidance counselors are not eligible to participate in the PCSC.

### 3.2 Citizenship status

PCSC participants must be U.S. citizens or U.S. permanent residents. A United States permanent resident is one who carries a “Green Card” (USCIS Form I-551), formerly Alien Registration Card or Alien Registration Receipt Card (INS Form I-151), an identification card attesting to the permanent resident status of an alien in the United States.

### 3.3 Participation in other government loan repayment programs

The applicant must not have any outstanding service obligation for health professional or other service to the federal government (e.g., an active military obligation, an NHSC Scholarship Program obligation, or a Nursing Education Loan Repayment Program obligation) or a state or other entity (e.g., a recruitment bonus to remain employed at a certain site), unless the obligation would be completed prior to receipt of the award.<sup>11</sup>

### 3.4 Evidence of financial responsibility

PCSC participants must not be in breach of a health professional service obligation to the federal, state, or local government, or have any judgment liens arising from federal or state debt and must not be delinquent in child support payments (see Provider Contract, Attachment 3, Appendix A2).

<sup>11</sup> Individuals in a Reserve component of the Armed Forces, including the National Guard, are eligible to participate in the PCSC. Reservists should understand the following:

- Military training or service performed by reservists will not satisfy the PCSC service commitment. If a participant’s military training and/or service, in combination with the participant’s other absences from the service site, will exceed seven weeks per service year, the participant should request a suspension of his/her service obligation. The PCSC service obligation end date will be extended to compensate for the break in PCSC service.
- If the reservist is deployed, he/she is expected to return to the PCSC service site where he/she was serving prior to deployment. If unable to do so, he/she will be placed in breach of the service obligation.

### 3.5 Employment status

The applicant must possess a fully-executed employment contract and be currently employed, or scheduled to be employed, at an eligible facility on the date of application or begin work at an eligible facility before September 1, 2013.

**NOTE: If the applicant was working in the current site prior to July 1, 2012, the applicant is not eligible to apply.**

**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, precepting or mentoring 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 clinical services for patients or teaching, precepting or mentoring in the approved service site(s), providing clinical services 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, precepting or mentoring activities at the approved service site shall not exceed eight (8) hours of the minimum 40 hours per week.

**For providers of geriatric services, and certified nurse midwives:**

- At least 21 of the minimum 40 hours per week must be spent providing direct patient care or teaching, precepting or mentoring 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 clinical services for patients or teaching, precepting or mentoring in the approved service site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.

**For mental and behavioral health providers:**

- At least 21 of the minimum 40 hours per week must be spent providing direct patient care or teaching, precepting or mentoring 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 clinical services for patients or teaching, precepting or mentoring in the approved service site(s), providing clinical services 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 8 hours of the minimum 40 hours per week.
- Teaching, precepting or mentoring activities at the approved service site shall not exceed 8 hours of the minimum 40 hours per week.

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

- At least 16 of the minimum 40 hours per week must be spent providing direct patient care or teaching, precepting or mentoring 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, precepting or mentoring at the CAH(s) or the CAH-affiliated outpatient ambulatory care setting specified in clinician's executed contract, providing direct patient care in 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, precepting or mentoring activities at the approved service site(s) shall not exceed eight (8) hours of the minimum 40 hours per week

**Half-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 clinical services for patients or teaching, precepting or mentoring in the approved service site(s), or providing clinical services in alternative settings (e.g., hospitals, nursing homes,

shelters) as directed by the approved service site(s), or performing practice-related administrative activities.

- Teaching, precepting or mentoring and practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.

**For providers of geriatric 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 clinical services for patients or teaching, precepting or mentoring in the approved service site(s), or providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
- Teaching, precepting or mentoring and practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.

**For mental and behavioral health providers:**

- 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 clinical services for patients or teaching, precepting or mentoring in the approved service site(s), or providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
- Teaching, precepting or mentoring and practice-related administrative activities 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, precepting or mentoring 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, precepting or mentoring at the CAH(s) or the CAH-affiliated outpatient ambulatory care setting specified in the clinician's executed contract, providing direct patient care in the CAH's skilled nursing facility or swing bed unit, or performing practice-related administrative activities.
- Teaching, precepting or mentoring and practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.

### 3.6 Site eligibility

Services must be delivered in outpatient or correctional facility settings only and must be available to all residents of the HPSA, irrespective of ability to pay. All sites must participate as a provider in the Medicare, Medicaid, and Children’s Health Insurance Programs, as appropriate, during the term of the clinician’s service obligation.

All participants in loan repayment programs must provide primary care services, i.e., health services related to family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry or mental health at health care delivery sites located in a federally-designated Health Professional Shortage Area (HPSA) or in a facility designated as a HPSA facility. These sites may include:

*Table 2: Site Type Eligibility*

<b>Setting</b>	<b>Eligibility</b>
Federally Qualified Health Centers (FQHCs)	Yes
FQHC look-alikes	Yes
Rural health clinics	Yes
Critical access hospitals	OP services only
County and state mental health hospitals	OP services only
Community outpatient facility	Yes
Community mental health facility	Yes
County health department clinic	Yes
Free clinic	Yes
Mobile units	Yes
School-based health clinic	Yes
Tribal health clinic	Yes
State correctional facilities	Yes
Solo or group private practices	Yes; <u>not for profits only</u>

Please note that state-operated facilities *other than those run by the New York State Department of Corrections and Community Services and the New York State Office of Mental Health* (i.e., those run by the New York State Department of Health, the New York State Offices of Children and Family Services, People with Developmental Disabilities, Alcoholism and Substance Abuse, or Aging) ARE NOT ELIGIBLE sites under this program.

## 4. COMPLETING AN APPLICATION

### 4.1 Application content

A complete application consists of the following FULLY COMPLETED forms:

- a) Attachment 1, Application Checklist (1 page)
- b) Attachment 2, Application (5 pages);

- c) A copy of the fully-executed employment contract between the eligible facility and the clinician. All employment contracts must be signed by the clinician and the employer and reflect a two-year service obligation period;<sup>12</sup> and
- d) A copy of the applicant's current, full, permanent, unencumbered, unrestricted license and registration and/or certification (as applicable) to practice in the relevant discipline in the State of New York OR proof of pending license, registration and/or certification.

Failure to submit the required forms will result in disqualification. Incomplete or illegible applications will not be reviewed, will be disqualified, and the applicant will be notified of the disqualification by email or phone.

#### **4.2 Submitting an application**

The NYSDOH Office of Primary Care will accept applications between the dates shown on the cover page of this RFA.

Applications will be accepted by mail (hard copy) or email at any time during the application period, or until funds are exhausted, whichever comes first. A maximum of two applications will be accepted per program site, with one application per clinician. Program sites will be defined by geographic address or NYS operating certificate number.

Applications will be time- and date-stamped as they are received, based on the time and date received via the delivery method. Next, applications will be reviewed for eligibility for an award based on the date they are received, i.e., applications received by 5:00 p.m. on the first day on which applications are due (as listed on cover page) will be reviewed first in the order of the time of day in which they were received; those received by 5:00 p.m. on the second day will be reviewed second in the order of the time of day in which they were received, etc.

In the event more than one application is submitted referencing a work site with the same operating certification number (OPCERT) or facility address, only the first two applications received will be reviewed.

Applications will be reviewed by Office of Primary staff based on the specified eligibility criteria and scored competitively beginning at the end of the application period shown on the cover page of this RFA. Applications must be received at the following address to be considered:

New York State Department of Health  
Primary Care Service Corps

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<sup>12</sup> The employment contract must follow the standard protocols within the applicant organization, be fully executed by the clinician and the site and explicitly state, at a minimum, the specialty, work hours and duration of the contract. For PCSC awards where the start date at the facility is prior to July 1, 2013, the end date of the employment contract must be no sooner than July 1, 2015 (July 1, 2017 for four-year part-time awards); for awards where the start date at the facility is after July 1, 2013, the end date of the contract must be no sooner than two years after the start date of the PCSC contract (four years for four-year, part-time awards). As the start date of the PCSC contract may not be known at the time of submission of the application, which includes the employment contract, it may be necessary for the site to submit an amendment to the employment contract upon receiving a PCSC award. NOTE: the clinician's stated salary CANNOT be reduced by the amount of the PCSC award, if any.

Corning Tower, Room 1695  
 Albany, NY 12237-0001 OR  
 Email: [Sch\\_loan@health.state.ny.us](mailto:Sch_loan@health.state.ny.us)

Applicants mailing applications shall submit one (1) original, signed application and two (2) copies. Email applications may be in the form of PDFs only. Application packages (or email headers) should be clearly labeled with “RFA # 1205031010.” Applications will not be accepted via fax.

It is the applicant’s responsibility to see that applications are delivered to the address above prior to the date and time specified. Late applications due to a documentable delay by the carrier may be considered at the Department of Health’s discretion.

### 4.3 Scoring and awarding criteria

Applications meeting the guidelines in 4.1 above will be reviewed and evaluated competitively by NYSDOH.

Applications that are incomplete or that fail to pass the minimum eligibility criteria will not be scored. Otherwise, applications will be scored based on the below criteria, with a passing score of 60 and a maximum score of 100 (Table 3).

**Table 3. PCSC Scoring Criteria**

<i>Corresponding Item from Attachment 2 (Application)</i>	<i>Description</i>	<i>Applicant Action</i>	<i>Maximum Points</i>
k	Languages	Listed and documented fluency in languages in addition to English (five points for each additional language spoken, up to a maximum of three additional languages)	15
p	HPSA	Completed and documented “Name and ID No. of Health Professional Service Area (HPSA)” and site is located in a HPSA	60
r	Diversity – work environment	Checked and documented any items in list (one point for each item checked and documented)	10
s	Diversity – patient base	Completed, persuasive narrative	15
	<b>Total</b>		<b>100</b>

Each application will be reviewed by two reviewers. Scores from each team of two reviewers will be averaged, then rank-ordered for each applicant, with awards 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 of one or more applicants receiving the same score, awards will be made on a first-come, first-served basis as determined by the date and time the application was received. As an example, in the case of three applications scoring a 65, the first award would be made to the first application received; the second to the second received, etc., until all those scoring 65 are awarded or all funds are exhausted, whichever comes first.

#### **4.4 Award notifications**

All applicants awarded PCSC funds will be notified by email or U.S. mail within a reasonable time following the conclusion of the application period.

#### **4.5 Debriefing**

Following the announcement of awards resulting from this RFA, applicants may request a debriefing from NYSDOH no later than ten (10) calendar days from the date of the announcement. This debriefing will be limited to the positive and negative aspects of the specific applicant's application.

In the event unsuccessful applicants wish to protest the award(s) resulting from this RFA, 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/gbull/g\\_232.htm](http://www.osc.state.ny.us/agencies/gbull/g_232.htm).

### **5. ADMINISTRATIVE REQUIREMENTS**

#### **5.1 Issuing agency**

This RFA is issued by *The Department's* Office of Primary Care. *The Department* is responsible for the requirements specified herein and for the evaluation of all applications.

#### **5.2 Question and answer phase**

Questions regarding this RFA should be submitted as follows:

**Table 4**

<b>Type of Question:</b>	<b>Description</b>	<b>Method</b>
Substantive Questions	<p>To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers.</p> <p>Written questions will be accepted until the date posted on the cover of this RFA.</p>	<p>In writing. Questions may also be posed in writing (in real time) during the webinar to be held on the date shown on the cover page of this RFA.</p> <p>By email: <a href="mailto:sch_loan@health.state.ny.us">sch_loan@health.state.ny.us</a></p> <p>By mail: NYS Department of Health Office of Primary Care Corning Tower, Room 1695 Albany, NY 12237 Attn: Caleb Wistar</p>
Technical Questions	<p>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.</p>	<p>By telephone at (518) 473-7019 Or by email at: <a href="mailto:sch_loan@health.state.ny.us">sch_loan@health.state.ny.us</a></p>

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 Department's public website at:

<http://www.health.ny.gov/funding/>

Questions and answers, as well as any updates and/or modifications, will also be posted on the Department's website. All such updates will be posted by the date identified on the cover page of this RFA.

If prospective applicants would like to receive notification when updates/modifications are posted (including responses to written questions, responses to questions raised at the applicant webinar, official applicant webinar slides), please complete and submit a letter of interest (see Attachment 4). Prospective applicants may also use the letter of interest to request actual (hard copy) documents containing updated information.

Submission of a letter of interest is not a requirement for submitting an application.

### **5.3 Applicant webinar**

An applicant webinar will be held for this project on the date and time posted on the cover page of this RFA. *The Department* recommends that potential applicants register for this conference by emailing [sch\\_loan@health.state.ny.us](mailto:sch_loan@health.state.ny.us) by the due date listed on the cover page of this RFA. A limited number of attendees will be permitted to attend the webinar due to bandwidth restrictions. However, *The Department* will post a link to the webinar on its website within three business days of the broadcast.

Failure to attend the webinar will not preclude the submission of an application.

#### **5.4 Reservation of rights**

NYSDOH reserves the right to:

- a) Reject any or all applications received in response to this RFA.
- b) Withdraw the RFA at any time, at the Department's sole discretion.
- c) Make an award under the RFA in whole or in part.
- d) Disqualify any applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
- e) Seek clarifications and revisions of applications.
- f) 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.
- g) Prior to application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
- h) Prior to application opening, direct applicants to submit proposal modifications addressing subsequent RFA amendments.
- i) Change any of the scheduled dates.
- j) Waive any requirements that are not material.
- k) Award more than one contract resulting from this RFA.
- l) Conduct contract negotiations with the next responsible applicant, should the Department be unsuccessful in negotiating with the selected applicant.
- m) Utilize any and all ideas submitted with the applications received.

- n) Unless otherwise specified in the RFA, every offer is firm and not revocable for a period of 60 days from the bid opening.
- o) Waive or modify minor irregularities in applications received after prior notification to the applicant.
- p) 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.
- q) Negotiate with successful applicants within the scope of the RFA in the best interests of the State.
- r) Eliminate any mandatory, non-material specifications that cannot be complied with by all applicants.
- s) Award grants based on geographic or regional considerations to serve the best interests of the state.

## **5.5 Contract terms and conditions**

PCSC contracts will be for two years initially, with the option for each clinician to renew for up to three additional years on a year to year basis, after successful completion of the first two-year obligation. Awardees must submit a written request to *The Department* for additional obligation periods.

The commencement date for the contract will be the applicant's first date of employment, unless the start date is prior to July 1, 2013, in which case the start date will be 7/1/13. Per the executed contract, payments will be made in six-month increments, with the first payment of half the annual award amount paid no less than six months after the contract start date.

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

### ***5.5.1 Reporting***

Once an award has been made, PCSC participants must meet the reporting requirements stated in Appendix C of the standard contract (see Attachment 3). To receive payments, awardees will be required to:

- a) Verify their work hours to confirm that they have met the requirements for half- or full-time employment; and
- b) Track and submit the number of patient visits seen by the PCSC participant during the reporting period by payor (e.g. Medicare, Medicaid, Child Health Plus) status and describe any barriers to providing patient care.

Employment verification forms will be sent to participating clinicians every six months. Practice sites will be expected to keep track of participant employment dates and hours of employment and be able to produce employment records upon request. The awardee's supervisor will be asked to confirm employment and provide his/her signature. In the event that an awardee's employment has ended, the supervisor will be asked to supply the termination date and the reason for leaving within thirty days of the awardee's termination date.

PCSC participants will have to demonstrate annually that they have applied the amounts received through PCSC loan repayment programs towards their qualified educational debt.

Copies of loan statements showing payment amounts will be accepted as proof.

### ***5.5.2 Payment***

*The Department* will institute a six-month incremental payment schedule for PCSC awardees to monitor contract compliance and ensure that service obligations are being completed.

The first payment, for one-half of the annual award amount, will be made no less than six months after the obligation (contract) start date, contingent upon:

- a) execution of the contract between the applicant and *The Department*;
- b) verification of the clinician's qualifying educational debt;
- c) verification of the clinician's employment contract;
- d) verification that the clinician has completed a minimum of six months' eligible obligated service at the awarded site; and
- e) the availability of funding.

Subsequent payments will be made at six-month intervals thereafter, pending verification of employment, renewal of provider contract with *The Department* (as required), and the continued availability of funds.

Except for verification of qualifying debt, which will be conducted by contract management specialists employed by the New York State Higher Education Services Corporation, participant monitoring will be conducted by *The Department*.

### ***5.5.3 Deferral of obligation***

Obligated clinicians who need to defer their service obligations (e.g., for maternity/paternity leave, military service, etc.) must request permission from the Department in writing. The decision to permit a deferral will be solely at the Department's discretion; any deferral periods granted by the Department will be added to the obligated clinician's term of obligation.

#### ***5.5.4 Default of obligation***

A default is defined as the obligated clinician's failure to comply with the service obligations as stated in the Standard Contract, Appendix A-2 (See Attachment 3, page 17).

In the event of default, the clinician shall, 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 Contractor 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 a rate equal to that owed on underpayments of New York State personal income tax.

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

#### ***5.5.5 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, PCSC participants (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 sheet. 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 online at: [http://www.osc.state.ny.us/vendors/substitute\\_formw9.pdf](http://www.osc.state.ny.us/vendors/substitute_formw9.pdf) or by referencing Attachment 12 (Statewide Vendor File Registration SFS Portal Format).

Additional information concerning the New York State Vendor File can be obtained online 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 emailing at [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov).

#### ***5.5.6 Vendor responsibility questionnaire***

The New York State Department of Health recommends 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.ocs.state.ny.us/vendrep/vendor\\_index.htm](http://www.ocs.state.ny.us/vendrep/vendor_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).

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep) or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form.

PCSC participants should complete and submit the Vendor Responsibility Attestation (Attachment 6).

### ***5.5.7 General specifications***

1. By signing 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 5.2) 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.
5. Provisions Upon Default
  - a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.
  - b. 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 RFA, 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.

- c. If, in the judgment of the Department, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department, acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

### **5.5.8 Appendices**

The following will be incorporated as appendices into any contract(s) resulting from this Request for Application.

APPENDIX A Standard Clauses for All New York State Contracts

APPENDIX A-1 Agency Specific Clauses

APPENDIX A-2 Program Specific Clauses

APPENDIX B - Detailed Budget

APPENDIX C - Payment and Reporting Schedule

APPENDIX D - Workplan

APPENDIX E - Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR's insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR
- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR GSI-105.2 -- Certificate of Participation in Workers' Compensation Group Self-Insurance.

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **CE-200** - Certificate of Attestation For New York Entities With No Employees And Certain Out Of State Entities, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage is Not Required; OR
- **DB-120.1** -- Certificate of Disability Benefits Insurance OR
- **DB-155** -- Certificate of Disability Benefits Self-Insurance

**NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application. These documents will be requested as a part of the contracting process should you receive an award.**

## **6. ATTACHMENTS**

- Attachment 1: Application Checklist / Instructions
- Attachment 2: Application
- Attachment 3: Sample Multi Year Grant Contract with Appendices
- Attachment 4: Letter of Interest Format
- Attachment 5: Sample Reports (Employment Verifications)
- Attachment 6: Vendor Responsibility Attestation
- Attachment 7: Sample Debt Levels And Repayment Amounts