

## **ATTACHMENT 1 – APPLICATION CHECKLIST**

### **Primary Care Service Corps (PCSC) Loan Repayment Program**

New York State Department of Health • Office of Primary Care • Corning Tower, Room 1695 • Albany NY 12237 • Page 1 of 9.

Before completing Attachment 2, Application, please read the instructions on pages 2-9 of this document.

#### **I. Application Checklist**

A complete application consists of the following **FULLY COMPLETED** forms and documents:

- **Attachment 1**, Application Checklist (include this page **ONLY**)
- **Attachment 2**, Application (include all five pages and requested documentation); and
- A copy of the **fully-executed employment contract** between the eligible facility and the clinician seeking PCSC loan repayment funding; and
- A copy of the applicant’s current, full, permanent, unencumbered, unrestricted license and registration and certification (as applicable) to practice in the relevant discipline in the State of New York OR proof of pending license, registration, and/or certification (as applicable).

Failure to submit the required forms will result in disqualification. Incomplete or illegible applications will not be reviewed, and the applicant (as identified on Attachment 2) will be notified of the disqualification by email or phone.

Note: Applications that fail to pass the minimum criteria or that are incomplete will not be scored. Applications scoring less than a 60 are not eligible for an award.

In addition, in the event that more than two (2) applications are received from clinicians applying from the same facility (i.e., three or more applications from a facility with the same operating certificate or mailing address), only the first two applications, based on the time and date received, will be considered.



**ATTACHMENT 1 – APPLICATION INSTRUCTIONS**

**Primary Care Service Corps (PCSC) Loan Repayment Program**

New York State Department of Health • Office of Primary Care • Corning Tower, Room 1695 • Albany NY 12237 • Page 3 of 9.

| Name and Address of Institution  | Dates Attended | Major or Specialty | Degree Awarded |
|----------------------------------|----------------|--------------------|----------------|
| 1.                               | / to /         |                    |                |
| 2.                               | / to /         |                    |                |
| 3.                               | / to /         |                    |                |
| 4. Internship/Residency Program: | / to /         |                    |                |

k. What languages, if any, do you speak fluently (in addition to English): *[List ALL languages that you speak. Attach a letter from your supervisor on site letterhead attesting to fluency in each language.]*

**II. Proposed Practice Site**

l. Please provide information about the employer and site at which you propose to fulfill a service obligation under this program. *[Use additional sheets, as needed, if you plan on working at more than one site. Complete items l through s. for EACH site. Please note that if your site is for-profit, STOP – you are not eligible to apply!]*

m. Date service will begin/Date service will end: *[Dates should be reflected in employment contract. NOTE: If you were working in the site listed above prior to July 1, 2012, STOP, you are not eligible for PCSC.]*

Current or starting salary: \$ \_\_\_\_\_ per annum *[Include funding from all sources such as straight salary, overtime, etc. Do not include any potential PCSC awards.]*

Number of working weeks per year: \_\_\_\_\_ *[NOTE: If you currently work or propose to work less than 45 weeks per year for the duration of the PCSC award, STOP, you are not eligible for PCSC.]*

Weekly work hours at site listed in l. above (please complete table below): *[Complete for ALL sites if you work at more than one site. NOTE: All sites must qualify as specified in RFA.]*

| Activity                                  | Definition   |
|---|--|
| Direct patient care in ambulatory setting | <i>[Direct, clinical primary health, oral health or generic behavioral health services to patients in outpatient settings appropriate to the discipline during normally scheduled office hours. “Primary health” means health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology; “oral health” refers to dentistry or dental hygiene; and “behavioral health” refers to mental health services.</i> |
| Teaching in ambulatory setting            | <i>Teaching, precepting or mentoring in</i>  |

**ATTACHMENT 1 – APPLICATION INSTRUCTIONS**

**Primary Care Service Corps (PCSC) Loan Repayment Program**

New York State Department of Health • Office of Primary Care • Corning Tower, Room 1695 • Albany NY 12237 • Page 4 of 9.

|  |   |
|--|---|
|  | <i>outpatient primary care settings appropriate to the discipline during normally scheduled office hours. Teaching is providing clinical education to students/residents in their area of expertise at the PCSC-approved service site. The clinical education may: (1) be conducted as part of an accredited clinical training program; (2) include the clinical supervision of a student/clinician that is required in order for that student/clinician to receive a license under state law; or (3) include mentoring that is conducted as a part of the Student/Resident Experiences and Rotations in Community Health (SEARCH) program, the Health Careers Opportunity Program (HCOP) or the Centers of Excellence program, which are all funded through HRSA grants. If the PCSC participant is actually providing the service while a student/clinician observes, the activity should be treated as direct clinical care.</i> |
| Practice-related administrative activities                 | <i>Record-keeping, patient follow-up, or any activity that is not teaching or providing direct clinical services.</i>   |
| Clinical services in alternative setting (specify setting) | <i>Primary care services performed in non-ambulatory settings.</i>  |
| Other Activity (specify)                                   | <i>Any other activity. NOTE: time spent “on call” cannot be counted towards the weekly hours, except to the extent the provider is directly serving patients during that period.]</i>   |

n. Facility Type (Check one): *[Check only one.]*

**Definitions:**

**FQHC/FQHC look-alike** – FQHCs include: (1) nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service (PHS) Act (i.e., health centers); (2) FQHC look-alikes which are nonprofit entities that are certified by the Secretary of HHS as meeting the requirements for receiving a grant under section 330 of the PHS Act but are not grantees; and (3) outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act.

**FQHC look-alike** - Health centers that have been identified by Health Resources and Services Administration (HRSA) and certified by the Centers for Medicare and Medicaid Services as meeting the definition of “health center” under Section 330 of the PHS Act, although they do not receive grant funding under Section 330. More information is available at <http://bphc.hrsa.gov/about/apply.htm>. See <http://hpsafind.hrsa.gov/HPSASearch.aspx> for a list of these facilities by county. Facilities will be labeled “Comprehensive Health Center” or “Federally Qualified Health Center Look-Alike.” If your site is not listed as one of these, do not check this item.

## ATTACHMENT 1 – APPLICATION INSTRUCTIONS

### Primary Care Service Corps (PCSC) Loan Repayment Program

New York State Department of Health • Office of Primary Care • Corning Tower, Room 1695 • Albany NY 12237 • Page 5 of 9.

Critical access hospital (CAH)– A nonprofit facility that is (a) located in a state that has established with the Centers for Medicare and Medicaid Services (CMS) a Medicare rural hospital flexibility program; (b) designated by the State as a CAH; (c) certified by the CMS as a CAH; and (d) in compliance with all applicable CAH conditions of participation. For more information, please visit:

[http://www.cms.hhs.gov/Certificationandcompliance/04\\_CAHs.asp](http://www.cms.hhs.gov/Certificationandcompliance/04_CAHs.asp)

In New York State, critical access hospitals are:

Grover Hermann Hospital  
Division – Catskill Regional  
Medical Center  
8081 NYS Route 97  
Callicoon, NY 12723

Elizabethtown Community  
Hospital  
75 Park Street  
P.O. Box 277  
Elizabethtown, NY 12932

O’Connor Hospital  
460 Andes Road  
Delhi, NY 13753

Clifton-Fine Hospital  
1014 Oswegatchie Trail  
Star Lake, NY 13690

Ellenville Regional Hospital  
Route 209  
Ellenville, NY 12428

River Hospital  
2 Fuller Street  
Alexandria Bay, NY 13607

Cuba Memorial Hospital,  
Inc.  
140 West Main Street  
Cuba, NY 14727

Little Falls Hospital  
140 Burwell Street  
Little Falls, NY 13365

Schuyler Hospital  
220 Steuben Street  
Montour Falls, NY 14865

Delaware Valley Hospital  
One Titus Place  
Walton, NY 13856

Margaretville Memorial  
Hospital  
42084 State Highway 28  
Margaretville, NY 12455

Soldiers & Sailors  
Memorial Hospital  
418 North Main Street  
Penn Yan, NY 14527

Moses-Ludington Hospital  
1019 Wicker Street  
Ticonderoga, NY 12883

The Hospital  
43 Pearl Street West  
Sidney, NY 13838

If your site is not one of these, do not check this item.

Outpatient mental health/primary care clinic/oral health service - Any outpatient facility (Article 28 clinic) licensed, but not operated, by the New York State Department of Health or facilities licensed, but not operated by the Offices of Children and Family Services, Mental Health, People with Developmental Disabilities, Alcoholism and Substance Abuse, or Aging. Outpatient sites *operated* by these state agencies ARE NOT ELIGIBLE sites under this program.

School-based health clinic - Any clinic licensed by the New York State Department of Health or the Offices of Children and Family Services, People with Developmental Disabilities, Mental Health, Alcoholism and Substance Abuse and located in a school, or exclusively serving, a school population.

Note: behavioral health counselors (HSPs) who work in 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 mental health counseling services, and are able to meet the clinical practice requirements in the RFA for the entire calendar year.

**ATTACHMENT 1 – APPLICATION INSTRUCTIONS**

**Primary Care Service Corps (PCSC) Loan Repayment Program**

New York State Department of Health • Office of Primary Care • Corning Tower, Room 1695 • Albany NY 12237 • Page 6 of 9.

Tribal health clinic - A non-profit health care facility (whether operated directly by the Indian Health Service or by a tribe or tribal organization, contractor or grantee under the Indian Self-Determination Act, as described in 42 Code of Federal Regulations (CFR) Part 136, Subparts C and H, or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act) that is physically separated from a hospital, and which provides clinical treatment services on an outpatient basis to persons of Indian or Native Alaskan descent as described in 42 CFR Section 136.12. For more information, please visit: <http://www.ihs.gov>.

State correctional facility – Any prison or detention facility run by the New York State Department of Corrections and Community Services.

Solo/group private practice – A clinical practice that is made up of either one or many providers in which the providers have ownership or an invested interest in the practice. Private practices can be arranged to provide primary medical, dental and/or mental health services and can be organized as entities on the following basis: fee-for-service; capitation; a combination of the two; family practice group; primary care group; or multi-specialty group. Typically, this definition would encompass any outpatient primary care, oral or behavioral health clinician office. Eligible practices may be either for-profit or not-for-profit enterprises.

Other – This category would include any outpatient primary care, oral or behavioral health service that does not conform to any of the above site types.

o. Is the facility operated by the following agency (check if yes)?

- New York State Department of Health \_\_\_\_\_
- New York State Division of Veterans’ Affairs \_\_\_\_\_
- New York State Office for Aging \_\_\_\_\_
- New York State Office for People with Developmental Disabilities \_\_\_\_\_
- New York State Office of Alcoholism and Substance Abuse Services \_\_\_\_\_
- New York State Office of Children and Family Services \_\_\_\_\_
- New York State Office of Temporary and Disability Assistance \_\_\_\_\_
- Any federally-operated facility \_\_\_\_\_

If you checked yes to ANY of the above, **STOP – you are not eligible to apply!** [Note that the facility would have to be operated by one of the above state facilities. If one of these agencies licenses, rather than directly operates, your site, then you may still be eligible for a PCSC award. You can tell the difference if your work email ends in “ny.gov” or “.state.ny.us.” These both refer to state-operated facilities.]

p. Is the proposed practice site located in a Health Professional Service Area (HPSA)?

No  Yes

**If no, STOP – you are not eligible to apply!**

If yes, indicate the name and ID No. of the applicable HPSA:

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[If yes, look up your site by address on:

<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>; insert the ID Number of the HPSA, e.g., 1369993648, and attach a printout of the website page.]

**ATTACHMENT 1 – APPLICATION INSTRUCTIONS**

**Primary Care Service Corps (PCSC) Loan Repayment Program**

New York State Department of Health • Office of Primary Care • Corning Tower, Room 1695 • Albany NY 12237 • Page 7 of 9.

- q. Does the proposed site participate in Medicare, NYS Medicaid, and Children’s Health Insurance Program?  
 No  Yes

**If no, STOP – you are not eligible to apply!**

If yes, attach documentation as follows:

1. Twelve months of visit data summarizing by payer OR *[Complete and attach the National Health Service Corps sample, or complete and attach a similar form like that found at: <http://nhsc.hrsa.gov/currentmembers/membersites/downloadableresources/nhscsitedatatable.pdf>.]*
  2. Attestation by site principal that site participates in Medicare, NYS Medicaid and, if applicable, Children’s Health Insurance Program. *[Make sure that the attestation states that the facility a) prominently posts a sliding fee scale policy where all patients can see it, and b) does not discriminate against anyone based on ability to pay for services. See Appendix I below for more information.]*
- r. Do the site and its parent organization, if applicable, promote a diverse work environment by attracting and hiring culturally diverse staff? *[Check all that apply to the site(s) at which the applicant will work. Attach a statement describing the item(s) checked, on the site’s letterhead, or photocopies that prove the items checked, such as job announcements, etc.]*
- s. Describe the methods by which the site accommodates patients of diverse ethnicities, the disabled, and other underserved populations *[For examples, see <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15> or <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>.]*

**III. Debt Information**

- t. List all 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. (Use additional sheets if necessary.) *[Use the most recent debt statements available. Actual debt levels will be verified later as the PCSC award and contract, if any, is made. Do not attach actual statements.]*

| Creditor Name | Creditor Address | Original Amount Borrowed | Current Balance |
|---------------|------------------|--------------------------|-----------------|
|               |                  |                          |                 |
|               |                  |                          |                 |
|               |                  |                          |                 |

**TOTALS**    \$ \_\_\_\_\_    \$ \_\_\_\_\_

- u. Amount of funding requested from PCSC (not to exceed \$60,000): *[Part-time positions may not request more than \$30,000 over two years.]*
- v. Requested term of contract (check *only* one):
- Full time (2 years – Maximum \$60,000)
  - Part-time (2 years – Maximum \$30,000)
  - Part-time (4 years – Maximum \$60,000)

Requested start date of service obligation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## ATTACHMENT 1 – APPLICATION INSTRUCTIONS

### Primary Care Service Corps (PCSC) Loan Repayment Program

New York State Department of Health • Office of Primary Care • Corning Tower, Room 1695 • Albany NY 12237 • Page 8 of 9.

*[Cannot be prior to 4/1/13 or the actual start date of service at the site(s) for which a PCSC award is requested if after 4/1/13.]*

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#### IV. Participation in Loan Repayment or Scholarship Programs

- w. Have you applied for or are you currently serving in any other government scholarship and/or loan forgiveness program? *[If you are currently fulfilling an obligation under the National Health Service Corps or any other government loan repayment program where the obligation end date is AFTER the service obligation start date in in v., above, **STOP. You are not eligible for PCSC.**]*
- x. Are you in breach of any health professional service obligation under any of these programs? *[This means that if you have been in a loan repayment program and have been judged in default of the program's service obligation, or are in the process of receiving such a judgment, – **STOP – you are not eligible to apply!**]*

#### V. Applicant Statement: To the best of my knowledge, the information presented in this application is correct.

*[A complete signature and date is required. This signature attests to the accuracy of the information in this application and binds the applicant to any contract resulting from this application.]*

#### VI. Please attach your employment contract for employment at the above site.

*[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 October 1, 2012, the end date of the employment contract must be no sooner than October 1, 2014 (October 1, 2016 for four-year part-time awards). For awards where the start date at the facility is after October 1, 2012, 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.]*

## **ATTACHMENT 1 – APPLICATION INSTRUCTIONS**

### **Primary Care Service Corps (PCSC) Loan Repayment Program**

New York State Department of Health • Office of Primary Care • Corning Tower, Room 1695 • Albany NY 12237 • Page 9 of 9.

#### **Appendix I. What are the requirements to provide free or discounted services to low-income patients?**

Clinicians who apply for PCSC benefits are required to provide services for free or on a sliding fee scale or discounted fee schedule for uninsured individuals.

A sliding fee scale or discounted fee schedule is a set of discounts that is applied to a site's schedule of charges for services, based upon a written policy that is non-discriminatory.

Specifically, for individuals with annual incomes at or below 100 percent of the HHS Poverty Guidelines, sites should provide services at no charge or at a nominal charge. For individuals between 100 and 200 percent of the HHS Poverty Guidelines, sites should provide a schedule of discounts, which should reflect a nominal charge. To the extent that a patient who otherwise meets the above criteria has insurance coverage from a third party (either public or private), a site can charge for services to the extent that payment will be made by the third party.

The approved site must prominently post signage advertising the following statement (in waiting room and online if applicable): “[Site Name] does not discriminate in the provision of services to individuals based on their inability to pay, race, color, sex, national origin, disability, religion, or sexual orientation.” The statement should be translated into the appropriate language and/or dialect for the service area.

**EXCEPTION:** To the extent that a site does not charge or bill for any services (i.e. is a free clinic or is an ITCU that does not have a billing department), a site may not need a sliding fee scale. However, the site needs to provide documentation that no one is charged or billed for services and must post the requisite signage stating that no one is denied care.

#### **FOR MORE INFORMATION, SEE:**

<http://nhsc.hrsa.gov/sites/becomenhscapprovedsite/eligibility/discountfeeschedule/feescheduleform.pdf>