Office of Primary Care and Health Systems Management

Funding Opportunity (FO) # 1409050405

Primary Care Service Corps (PCSC) Round 2

Questions and Answers

Email sch_loan@health.ny.gov for additional questions or clarification needs.

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A. **Amendment to Funding Opportunity:**

Please Note: The application form for this program has changed, as follows:

Application, page 4, item w. is amended as follows (strikethroughs are deletions).

Requested term of contract (check one):

- Full time (2 years – Maximum $60,000)
- Part-time (2 years – Maximum $30,000)
- Part-time (4 years – Maximum $60,000)
- One-year full-time amendment (Maximum $32,000)
- One-year part-time amendment (Maximum $16,000)

While the Department will continue to accept applications on the Word form from any applicants that used this file format, please use the fillable PDF application located on the website at [http://www.health.ny.gov/funding/rfa/1409050405/](http://www.health.ny.gov/funding/rfa/1409050405/).

B. **Website Information:**

1. **Q:** Where can I find a copy of the Primary Care Service Corps (PCSC) webinar slide deck from January 6, 2015?

   **A:** Copies of the slides and a recording of the webinar are posted to the New York State Department of Health (DOH) website at: [http://www.health.ny.gov/funding/rfa/1409050405/](http://www.health.ny.gov/funding/rfa/1409050405/)

C. **Program Eligibility:**

2. **Q:** I have been at the same site for two years already. Would I still be eligible for an award? For example, if I changed my job title after April 1, 2014 (RN to NP), would I be eligible? What if I moved from part-time to full-time (or vice versa), am I eligible?

   **A:** Any new PCSC program applicant requesting an award for an obligation at the current position at the proposed site AND who was working at that same site prior to April 1, 2014 is generally not eligible for a PCSC award. However, IF the applicant changed his or her job title after April 1, 2014 (moved from an RN position to an NP, for example), the April 1 exclusion described in the FO, section 3.5, page 12, would not apply. However, those making a simple change in work status from full-time to part time, or vice versa, would not be eligible.

3. **Q:** Regarding section 3.5 (Employment Status) of the PCSC funding opportunity (FO) on page 12: In Round 1 of the PCSC, clinicians were required to have started employment by October of 2013. In Round 2 of the PCSC, applicants cannot have been employed prior to
April 1, 2014, leaving a gap of about six months between Round 1 and Round 2, meaning employees hired during the gap are not eligible to apply in Round 2. Why not start Round 2 where Round 1 left off?

A: The PCSC program was designed to enhance and incentivize recruitment of clinicians who may not otherwise have decided to provide primary, oral or behavioral health in an underserved area.

4. Q: Pediatric Dentistry clinicians are eligible to apply for PCSC; how about a Pediatric Physician Assistant?

A: Yes, provided all other eligibility criteria are met.

5. Q: I am Licensed Master Social Worker (LMSW) but perform the same duties as the other clinicians who are licensed Clinical Social Workers (LCSWs) or psychologists. Am I eligible to apply?

A: No. LMSWs are not eligible. On page 11, the FO lists the requirements as follows:
Licensed Clinical Social Workers that have 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” may apply. In addition, because this program is partially funded with federal dollars (via the Health Resources and Services Administration’s State Loan Repayment Program, or SLRP), PCSC requires the applicant to have at least 3 years of post-MSW supervised clinical social work experience, among other requirements.

6. Q: I am a women’s health Nurse Practitioner, but not a Certified Nurse Midwife. Women’s health primary care is still considered primary care, correct?

A: Yes. Women’s health primary care is an acceptable area for NP services, as set forth in the FO, page 10, section 3.1.2.

7. Q: Can someone working for the New York State Office of Mental Health (NYS OMH) be eligible to apply for PCSC, assuming there are no plans to change jobs in the near future?

A: Yes. Provided that the site is located in a Health Professional Shortage Area (HPSA) and all other eligibility criteria are met, a clinician providing outpatient services at a NYS OMH facility would be eligible.

8. Q: Is a nurse practitioner working in hospice and palliative care in Tompkins and Cortland counties eligible for this program?

A: No. Hospice and palliative care services are not considered primary care. To be eligible, the clinician must, at a minimum, adhere to the service and site requirements
detailed in section 3.6, page 15 of the FO. Eligible 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.

9. **Q**: I graduated in May 2014 from my Family Nurse Practitioner program with a $30,000 loan and I am unable to find a Job. Am I qualified for this program?

   **A**: Possibly. Clinicians must meet all eligibility criteria and be working in a HPSA-designated facility or a facility located within a HPSA by October 1, 2015 and have submitted, by March 31, 2015, with the PCSC application an executed employment contract or substitute (see Q. 30 below) with the eligible site, per the FO requirements on page 16 (note 14).

   Those clinicians seeking positions may want to list their interests on the 3RNet website at [http://www.3Rnet.org.](http://www.3Rnet.org) This is a free service.

10. **Q**: How do I select a hospital or clinic to be eligible for PCSC?

    **A**: Assuming the clinician meets all other eligibility requirements, to determine if a facility is located in a HPSA or is a HPSA-designated facility, refer to HRSA’s web site at: [http://www.hrsa.gov/shortage/](http://www.hrsa.gov/shortage/). PCSC participants must work in either a HPSA-designated facility or a facility located in a HPSA for the duration of their contract.

11. **Q**: Just to clarify, a HPSA is a geographical area correct?

    **A**: A HPSA can be designated based on a geographic region, a population group or a facility. See [http://www.hrsa.gov/shortage/](http://www.hrsa.gov/shortage/) for more information.

12. **Q**: Are Federally Qualified Health Centers (FQHCs) that are not physically located in a geographic HPSA, but by definition are facility HPSAs, eligible to apply?

    **A**: Yes, all FQHCs and FQHC “lookalikes” are eligible, irrespective of their location, as they are designated as automatic facility HPSAs for primary, oral and behavioral health care services. To determine if your facility is one of these, please go to: [http://hpsafind.hrsa.gov/HPSASearch.aspx](http://hpsafind.hrsa.gov/HPSASearch.aspx) and input the county and discipline of the HPSA. A snapshot search result, for a Bronx County primary care HPSA follows:
The result shows several facilities, by name, listed as “Comprehensive Health Center.” These are FQHCs. “Lookalikes” are listed as “Federally Qualified Health Center Look A Like” on the above example.

13. Q: I’m having difficulties getting the ID number of a HPSA. Would this be a problem if not included in the application?

A: Yes. Applicants must include the HPSA name and ID number in the application, and attach a printout of the page with the HPSA information.

Incomplete applications may not be considered for an award.

To determine if the facility is HPSA-designated and access the HPSA ID, please visit the below link, at: http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx. Input the address of the site. This should yield the HPSA name and ID number. Unless the HPSA pertains to a full county, the ID typically contains “36999,” with a prefix of “1”
for primary care; “6” for oral health; and “7” for behavioral health. Refer to the Instructions in Attachment 1 and the graphic on Q17 below, or email sch_loan@health.ny.gov for assistance.

Please note that facilities designated as facility HPSAs (e.g., FQHCs and other facilities that are not necessarily located in an area HPSA) cannot be identified by address using the website listed above. It is advisable to also consult the below website to determine if the site may be a facility HPSA: See the above graphic on Q. 12 and http://hpsafind.hrsa.gov/HPSASearch.aspx.

14. Q: Does the HPSA score of the site matter in terms of success of the PCSC application? If a site has a HPSA score of 19, will an application for service at that site be scored higher than that for service a site with a lower HPSA scores?

A: No. HPSA scores do not affect PCSC application preference or scores.

15. Q: If my site is not located in a HPSA, but the site serves residents of a HPSA, am I eligible to apply?

A: No. Because the State receives matching funds from the federal SLRP for this program, the site must be located in a HPSA or be designated as a HPSA facility.

16. Q: I am a midwife and a women’s health Nurse Practitioner practicing in the Bronx. I am very interested in applying for the PCSC loan repayment program. Is my site eligible for this program?

A: Assuming all other eligibility requirements are met, to determine if a facility is located in a HPSA go to: http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx

In the example address provided (redacted), the following information is returned on HRSA’s HPSA find web site:
The search results show the site address is located in DESIGNATED HPSAs for all three eligible disciplines: primary care, mental health services and dental health services.

17. **Q:** Could a for-profit group practice in a HPSA be eligible to apply for the PCSC?

**A:** No, only not-for-profit facilities are eligible for PCSC.

18. **Q:** NHSC allows a full time clinician to change to a part time service obligation once due to family, personal or other needs, but is not allowed to return to a full time obligation thereafter. Does PCSC allow a clinician to sign up for a full time obligation then at some point change to part time?

**A:** Yes. However, an obligated clinician would not be permitted to change employment from full-time to part time status (or vice versa) during the initial two year PCSC contract. At the conclusion of the two year contractual obligation (or four years if a part-time, four-year obligation is selected), assuming the clinician remains
otherwise eligible to extend the contract period, and assuming funds are available, he/she could secure a contract amendment involving a change to full time (or part time) service, at the rate of one year at a time, for years 3-5 (or 4-5 for 4-year part-timers).

19. **Q**: If I apply to the NHSC as a backup, would I still be considered for this program despite having two active applications?

   **A**: A clinician may submit the two applications and be considered for an award in each program; however he/she may not receive two awards or serve two concurrent obligations.

20. **Q**: I successfully completed both the NHSC Scholar and Loan repayment programs. However, I still have outstanding educational debt. Would I be eligible for PCSC?

   **A**: Yes, assuming all other eligibility criteria are met. A clinician’s receipt of funds through NHSC would not affect eligibility for PCSC if no additional obligations to the NHSC existed and there was no default on any NHSC obligation. Before applying, please refer to the FO document for all other PCSC eligibility criteria.

21. **Q**: I am a midwife working in a HPSA with a score of 14. I spend 2 days per week in the clinic providing GYN, Prenatal, Family Planning and Postpartum care. I also spend 2 days per week on the labor floor seeing patients in triage and for deliveries. My total work hours are 40 hours per week. All 40 hours are direct patient care. My clinic shifts are 8 hours each and my labor floor hours are 12 hours each. Does this distribution of hours qualify me for the PCSC?

   **A**: It depends on how the actual hours are allocated. Assuming the clinician meets all other eligibility criteria, eligible full-time clinical practice for midwives is defined as a minimum of 40 hours per week, for a minimum of 45 weeks each service year. 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 up to 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.

22. **Q**: There are two other clinicians at my site who are in the program from the previous PCSC solicitation. Will they be considered new awards or continuation? If the former, will my application compete with theirs?
A: This FO is for new applicants only. Those with current obligations will be contacted individually by the DOH outside of this FO to determine interest in contract amendments. However, keep in mind that the number of new awards (i.e., up to 33) may be reduced as a result of the reduction in the amount of funds available after setting aside the funds required for contract amendments.

D. Scoring Measures

23. Q: Regarding the rolling admission process, are all applicants who score above the minimum of 60 points awarded loan repayment until funds are exhausted?

A: Applications meeting the requirements will be reviewed and evaluated competitively by the DOH. 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 complete 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, and so on, until all those scoring 65 are awarded or all funds are exhausted, whichever comes first.

E. Reporting:

24. Q: Are the six-month reports submitted by the clinician or the organization where the clinician is working?

A: Employment verification reports will be sent to PCSC-contracted clinicians, with a copy to their supervisors, every six months. Sites will be expected to keep track of PCSC-contracted clinicians’ employment dates and hours of employment and be able to produce employment records upon request. The PCSC-contracted clinicians’ supervisor will be asked to confirm employment and provide his/her signature. In the event that a PCSC-contracted clinician’s employment has ended, the supervisor will be asked to supply the termination date and the reason for leaving within thirty days of the termination date.

F. Contract Term:

25. Q: If a current employment contract written for after April 1, 2014 is a two year contract with option to extend after the time completed, should we ask for our current employment contracts be extended to reflect the time commitment with PCSC?
A: Yes. A clinician would have to make sure that the employment contract extends, at a minimum, to the end date of the PCSC obligation end date. See the FO, page 16 (note 14).

26. Q: Is the letter of interest written/signed by the applicant or organization director?

A: Submission of a letter of interest is not a requirement for submitting an application. If the organization so chooses, the organization’s lead should submit it. If prospective applicants would like to receive notification when updates/modifications are posted, please complete and submit a letter of interest, available as Attachment 6 on the website. Prospective applicants may also use the letter of interest to request actual (hard copy) documents containing updated information.

27. Q: Please provide further detail about deferral for military or maternity leave. Does this include disability? Can an obligated clinician add the time missed to the end of the contract period rather than repay for the time missed?

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

28. Q: If the site provides both inpatient and outpatient services, does that qualify the site for PCSC?

A: It is acceptable for the site to serve both inpatients and outpatients. However, hours worked in an inpatient setting (i.e., for midwives) can only be counted toward eligible service hours as specified in the FO, section 3.5.

29. Q: I currently owe about $30,000 if not less in student loans. Do I still need to sign up for two years if I plan to sign for a full time contract?

A: Yes. All employment contracts must be signed by the clinician and the employer and both the employment contract and the PCSC contract should reflect (at a minimum) the initial two-year service obligation period irrespective of the award amount. DOH will institute a six-month incremental payment schedule for PCSC awardees to monitor contract compliance and ensure that service obligations are being completed.

30. Q: The contract I have with my health center is not for a certain time period, it is just an ongoing contract. You had mentioned we needed a two year contract. Do I have to have them re-work my contract?
A: A formal amendment to the contract can be provided. Alternatively, a statement similar to that below, on the employer's letterhead, signed by the clinician and an administrative/executive representative of the employer, can be submitted with the application:

“It is mutually understood that (clinician name) intends to fulfill a NYS Primary Care Service Corps service obligation with (name of employer) during the period start date through end date. During that time, (clinician name) will be assigned to (name and address of work site), for ___% of his/her time. S/he will work as a (clinical title and specialty) for approximately ___ clinical hours per week for ___ weeks per year during that time and will earn an annual base salary of $____________.”

G. Penalty/Default:

31. Q: Is there any penalty for being accepted for PCSC and then deciding not to accept the award?

   A: There is no penalty for receiving an award and then deciding not to accept it up to the time that a contract with DOH is executed. Once a contract between DOH and the applicant has been fully executed, there are significant monetary penalties for withdrawing from the program. See section 5.6.5 “Default of obligation” on page 23 of the FO for more information.

H. Number of Applicants and Awards:

32. Q: How many applicants does PCSC project during this cycle?

   A: This is unknown. However, about 290 individuals expressed interest in learning about the program.

33. Q: How many new PCSC awards (versus number of amendments) might be granted this cycle?

   A: This is to be determined. We will post updates to the website as the information becomes available. However, as of February 20, 2015, approximately 19 current PCSC applicants have expressed an interest in a one-year amendment. However, keep in mind that the number of new awards (i.e., up to 33) may be reduced as a result of the reduction in the amount of funds available after setting aside the funds required for contract amendments.