

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

Funding Opportunity #17465

**Primary Care Service Corps (PCSC)  
Round 3**

*KEY DATES:*

<b>Release Date:</b>	<b>September 18, 2017</b>
<b>Questions Due by:</b>	<b>September 28, 2017 by 4:00 PM EST</b>
<b>Questions, Answers and Updates Posted on or about:</b>	<b>October 11, 2017</b>
<b>Latest Application Submission Due By:</b>	<b>November 1, 2017 by 4:00 PM EST</b>
<b>DOH Contact Name &amp; Address:</b>	<b>Jonathan Wettergreen New York State Department of Health Room 1695, Corning Tower Albany, NY 12237 <a href="mailto:sch_loan@health.ny.gov">sch_loan@health.ny.gov</a></b>

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## I. Introduction

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

Practitioners eligible to apply under the program are dentists, dental hygienists, nurse practitioners, physician assistants, midwives, clinical psychologists, licensed clinical social workers, licensed marriage and family therapists, and licensed mental health counselors who commit to practice in a Health Professional Shortage Area (HPSA) in New York State. In addition, practitioners must demonstrate that they are or will be working in primary care or behavioral health and in an outpatient or other eligible setting as defined further herein.

While eligibility for PCSC participation requires that the practitioner work at a HPSA site (or State Correctional Facility), applications will be scored higher if the site has a higher HPSA score. Further, applications will be scored higher if applicants will practice in sites that foster a diverse work environment and effectively accommodate patients of diverse ethnicities, individuals with disabilities, and other underserved populations.

Up to \$1 million was appropriated in the 2017-18 New York State budget to support existing contracts and new awards under the program. Practitioners who receive new awards pursuant to this Funding Opportunity will receive up to \$60,000 in loan repayment funding, not to exceed the amount of the individual's qualifying educational debt, in return for a two-year commitment to practice in a primary care, dental, or mental health HPSA. Subject to continued available funding, the practitioner's contract may be extended for three additional renewal periods of one year each (see Table 3).

## II. Who May Apply

To be eligible, the applicant must, at a minimum:

- Be a clinician meeting the educational, licensing requirements and practice requirements in section II.A.;
- Be a United States citizen or permanent resident as set forth in section II.B.;
- Not be a participant in another government loan repayment program as set forth in section II.C.;
- Not be in breach of any health professional service obligation, as set forth in section II.D.;
- Meet employment status requirements in section II.E.;
- Adhere to the service and site requirements detailed in section II.E; and
- Meet site eligibility requirements in section II.F.

### A. License/Certification/Registration Requirements

The Department will accept applications for this Funding Opportunity ONLY from the

following practitioners, who provide primary care, general or pediatric dentistry, or mental or behavioral health services as detailed below:

### **1. Physician Assistants**

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

### **2. Nurse Practitioners**

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

### **3. Midwives**

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

### **4. Dentists**

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

### **5. Dental Hygienists**

Requirements: A current, full, permanent, unencumbered, unrestricted license (pursuant

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

## **6. Psychologists**

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

## **7. Licensed Clinical Social Workers**

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

## **8. Marriage and Family Therapists**

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

## **9. Licensed Mental Health Counselors**

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

## **B. Citizenship Status**

Applicants must be citizens or permanent residents of the United States to be eligible for PCSC. A United States permanent resident is one who carries a “green card” (USCIS Form I-551), an identification card attesting to the permanent resident status of an alien in the United States.

### C. Participation in Other Government Loan Repayment Programs

An 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 commencement of the PCSC obligation.<sup>1</sup>

### D. Evidence of Financial Responsibility

To be eligible for PCSC, an applicant 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.

### E. Employment Status

An 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 May 1, 2018.

**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 October 1, 2016 is not eligible to apply for this program.**

The employment contract must reflect that the applicant will work in either a full-time or part-time clinical practice position.

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

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

- **At least 32 of the minimum 40 hours per week must be spent providing direct patient care or teaching in the outpatient ambulatory care setting(s) at the approved service**

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<sup>1</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: (1) 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. (2) 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, the reservist may propose an alternative site which meets all relevant requirements set forth here, subject to approval of the Department of Health. Failure to propose an acceptable alternative site will be deemed a breach of the service obligation.

site(s) specified in the clinician's executed contract, during normally scheduled office hours;

- The remaining eight (8) hours of the minimum 40 hours per week must be spent providing direct patient care or teaching, in the approved service site(s), providing direct patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed eight (8) hours of the minimum 40 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) at the approved service site shall not exceed eight (8) hours of the minimum 40 hours per week.

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

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

**For providers of behavioral health services:**

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

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

- At least 16 of the minimum 40 hours per week must be spent providing direct patient care or teaching in the CAH-affiliated outpatient ambulatory care setting(s) specified

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

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

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

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

**For providers of behavioral health services:**

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

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

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

The following table summarizes the weekly hour requirements:

**Table 1: Weekly Hour Requirements**

FT/PT	Profession/ Setting	Max Patient Care Onsite	Min Patient Care Onsite	Max Patient Care Offsite	Min Patient Care Offsite	Max Teaching	Min Teaching	Max Admin	Min Admin	Min Week Total
Full Time	All health professionals except as noted below	40	24	8	0	8	0	8	0	40

Full Time	Geriatric Providers and Midwives	40	21	19	0	8	0	8	0	40
Full Time	Behavioral Health Providers	40	21	19	0	8	0	8	0	40
Full Time	PAs, NPs, and Midwives at CAHs	40	16	24	0	8	0	8	0	40
Part Time	All health professionals except as noted below	20	16	4	0	4	0	4	0	20
Part Time	Geriatric Providers and Midwives	20	11	9	0	4	0	4	0	20
Part Time	Behavioral Health Providers	20	11	9	0	4	0	4	0	20
Part Time	PAs, NPs, and Midwives at CAHs	20	8	12	0	4	0	4	0	20

**F. Site Eligibility**

**a. HPSA Designation**

PCSC participants must provide primary care services (i.e., health services related to family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry or mental health) at a health care delivery site located in a federally designated Health Professional Shortage Area (HPSA) or in a facility designated as a HPSA facility. Any region or site designated as a HPSA on November 2, 2017, shall be eligible. Applicants can check if an address is in a HPSA as follows:

First, check if the address is a Site HPSA:

1. Go to this website: <https://findahealthcenter.hrsa.gov/>
2. Enter the street address (or town) of the proposed site.
3. If the site is marked on the map and the exact address is listed in the search results, then the site is a HPSA Site.

Next, if the address is not a Site HPSA, check if it is in a region designated as a HPSA:

1. Go to this website: <https://datawarehouse.hrsa.gov/GeoAdvisor/shortagedesignationadvisor.aspx>
2. Enter the street address (or town) of the proposed site.
3. Examine the search results.
  - a. If the search results show “Yes” for: In a Dental Health HPSA, In a Mental Health HPSA, or In a Primary Care HPSA – then the site may be eligible for the indicated specialty.

- b. If the search results show “Yes” for In a MUA/P but “No” for all the HPSA categories, then the site is not an eligible HPSA.

HPSA scores are subject to change. For application scoring, the HPSA score of the proposed work site on November 2, 2017, shall be used.

**b. Payment Requirements**

Services at the site must be available to all residents of the HPSA, irrespective of ability to pay. Further, the site must participate as a provider in the Medicare, Medicaid, and Children’s Health Insurance Programs, as appropriate, during the term of the practitioner’s service obligation.

**c. Type of Setting**

In addition to the foregoing, services must be delivered in an outpatient or a correctional facility setting. Table 2 sets forth the types of eligible sites:

**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
State correctional facilities	Yes

Please note that state-operated facilities other than those operated by the New York State Department of Corrections and Community Services and the New York State Office of Mental Health (i.e., those operated by the New York State Department of Health, the New York State Office of Children and Family Services, the New York State Office of People with Developmental Disabilities, or the New York State Office of Alcoholism and Substance Abuse) are not eligible sites under this program. In addition, for-profit providers or facilities of any kind are not eligible sites under this program.

Awardees who work at schools that are in, or designated as facility HPSAs are eligible to participate in the PCSC, so long as they meet all other requirements and can meet the clinical practice requirements for the entire calendar year.

**III. Project Narrative/Work Plan Outcomes**

PCSC provides enhanced clinician recruitment and retention in underserved areas of the state (HPSAs). In addition, the program seeks to incentivize the placement of practitioners in sites that effectively accommodate patients of diverse ethnicities, individuals with disabilities, and other underserved populations, as well as practitioners who are bilingual or multilingual.

## 1. 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 consists of Medicaid, Child Health Plus, Family Health Plus, uninsured, and special needs populations.

## 2. Length of Service Obligation

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.

With the exception of clinicians with current PCSC obligations, the PCSC service obligation will be a minimum of two years for all PCSC 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 3 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 document.

**Please note: This funding opportunity is for NEW applicants only. Those with current obligations will be contacted individually by the Department outside of this**

## **funding opportunity to determine interest in contract extensions.**

### **3. Change in Location of Obligation**

Obligated clinicians are permitted to change their service locations, provided that: (1) the clinician interested in changing locations notifies the Department in writing prior to the change; (2) the new service location is eligible for PCSC obligated service; and (3) the Department approves the change prior to the change. In evaluating the change of location request, the Department will consider whether the clinician would have been selected as a PCSC awardee if their *original* application had been for the proposed new location.

Accordingly, changes in location to sites with HPSA Scores equal to, or greater than, that of the original site would be very likely to be approved, while changes to sites with lower HPSA scores would be much less likely to be approved.

### **4. 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.<sup>2</sup>

### **5. Default of Obligation**

A default is defined as the obligated clinician's failure to comply with the service obligations as stated in Attachment C of the Master Grant Contract (see Attachment 4, p. 50). The terms are as follows:

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 the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach.
- Uncollectable accounts, or failure to fully repay the amounts stated above, will be referred to the New York State Attorney General's Office for possible legal action.

### **6. Awards**

The Department will fund the equivalent of up to 23 full-time awards<sup>2</sup> for the Primary Care

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<sup>2</sup> See footnote 2 regarding individuals in the Reserve.

<sup>2</sup> Number of awards and funding depend upon the final number of eligible applicants and upon the number of existing contractors who opt to extend their obligations

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 up to \$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 2;
- Years 3 through 5: The balance of any remaining qualifying debt annually, up to a maximum of the amounts specified in Table 2;

See Attachment 5 for sample award amounts based on various debt and obligation scenarios.

**1. Table 3: Annual Maximum Award Schedule**

Year	Full-time	Part-time
Year 1	\$30,000	\$15,000
Year 2	\$30,000	\$15,000
Year 3	\$32,000	\$16,000
Year 4	\$32,000	\$16,000
Year 5	\$26,000	\$13,000
TOTAL	\$150,000	\$75,000

The award amount will be based on the amount of **qualified educational debt** verified by the Higher Education Services Corporation at the time of application.

**7. 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.

## **IV. Administrative Requirements**

### **A. Issuing Agency**

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

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

Substantive questions must be submitted in writing or via email by September 28, 2017, as specified on the cover of this document, provided they are submitted in writing to:

Jonathan Wettergreen  
Division of Workforce Transformation  
Center for Health Care Policy and Resource Development  
Office of Primary Care and Health Systems Management  
New York State Department of Health  
Corning Tower, Room 1695, Albany, New York 12237  
email:sch\_loan@health.ny.gov

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

Questions, Answers and Updates will be posted on the Department’s website on or about October 11, 2017.

Questions of a technical nature can be addressed in writing or by emailing:  
[sch\\_loan@health.ny.gov](mailto:sch_loan@health.ny.gov).

**Questions are of a technical nature if they are limited to how to prepare your application (e.g., formatting) rather than relating to the substance of the application.**

This funding opportunity 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 public website. All such updates will be posted by the date identified on the cover of this Funding Opportunity.

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

Submission of a letter of interest is not required for this funding opportunity. Applications may be submitted without submitting a letter of interest.

### **D. Applicant Conference**

An applicant conference will not be held.

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

#### **1. Application Content**

A complete application consists of the following FULLY COMPLETED forms and supporting documentation:

- a)** Attachment 2: Application (5 pages)
- b)** 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>3</sup> AND
- c)** 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
- d)** Attachment 6: Consent to Disclosure<sup>4</sup>
- e)** Attachment 7: PCSC Diversity Attestation Form, if applicable

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

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<sup>3</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 new PCSC awards where the start date at the facility is prior to May 1, 2018, the end date of the employment contract must be no sooner than April 30, 2020 (April 30, 2022 for four-year part-time awards); for new awards where the start date at the facility is after May 1, 2018 the end date of the employment 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.

<sup>4</sup> Applicant must consent to disclosure of information for verification of qualifying student loan debt by the NYS Higher Education Services Corporation (HESC).

## 2. Submitting an Application

The NYSDOH Office of Primary Care and Health Systems Management will accept applications between the dates shown on the cover page of this document. Applications will be accepted by mail (hard copy) at any time during the application period. 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 4:00 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 4:00 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 facility address and operator, only the first two applications received will be reviewed.

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

New York State Department of Health  
Primary Care Service Corps  
Corning Tower, Room 1695  
Albany, NY 12237-0001 OR  
Email: [Sch\\_loan@health.ny.gov](mailto:Sch_loan@health.ny.gov)

Applicants mailing applications shall submit one (1) original, signed application and two (2) copies. Application packages should be clearly labeled with "PCSC3 FO #17465." 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.

### F. Department of Health's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this Funding Opportunity.
2. Withdraw the Funding Opportunity at any time, at the Department's sole discretion.
3. Make an award under the Funding Opportunity in whole or in part.
4. Disqualify any applicant whose conduct and/or proposal fails to conform to the

requirements of the Funding Opportunity.

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

**G. Term of Contract**

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

It is expected that contracts resulting from this Funding Opportunity will have the following contract period:

**May 1, 2018 through April 30, 2020** unless the applicant's first date of employment is after that date.

Newly awarded PCSC contracts will be for two years initially (four years for part-time awards), 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 an amendment request to the Department for additional obligation periods.

Any contract resulting from this funding opportunity for newly awarded PCSC contracts will be effective only upon approval by the New York State Department of Health.

Clinicians with current PCSC contracts (most of which will end on or about June 30, 2017) may not seek an extension of their contracts by submitting applications under this Funding Opportunity. Those clinicians who choose to extend their current contracts will be contacted individually by the Department and must request an amendment in writing from the Department. Applications under this Funding Opportunity may be submitted only by applicants who have not previously received an award under the PCSC.

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

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

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

1. No advances will be allowed for contracts resulting from this procurement.
2. The grant contractor will be required to submit invoices and required reports of expenditures to the State's designated payment office (below) or, in the future, through the Grants Gateway:

Division of Workforce Transformation  
NYS Department of Health  
Corning Tower Room 1695, Empire State Plaza  
Albany, NY 12247  
[sch\\_loan@health.ny.gov](mailto:sch_loan@health.ny.gov)

Grant contractors must provide complete and accurate billing invoices in order to receive payment. Billing invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department and the Office of the State Comptroller (OSC). Payment for invoices submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized

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

Payment of such claims for reimbursement by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

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.

Per the executed contract, payments will be made in six-month increments, with the first payment of half the annual award amount paid at the start of the contract, with the second payment due no less than six months after the contract start date. The first payment will be 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) re-verification of the clinician's licensure and the eligibility of the site for a PCSC award; and,
- e) the availability of funding.

Subsequent payments will be made at six-month intervals thereafter, pending verification of employment, the renewal of provider contract with the Department (as applicable), 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 and contract monitoring, as well as payment and other support, will be conducted by the Department.

3. The grant contractor will be required to submit the following reports to the Department of Health at the address above and, in the future, through the Grants Gateway:

Once an award has been made, PCSC participants must meet the reporting requirements stated in Attachment D of the Master Grant 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 PCSC-contracted clinicians, with a copy to their supervisors, every six months (see Attachment 6 for sample). Practice 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.

PCSC-contracted clinicians will also be required 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.

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

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

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

## **J. Vendor Identification Number**

Effective January 1, 2012, 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 to initiate a contract with the New York State Department of Health, vendors must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, please include the Vendor Identification number on the application cover 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 on-line at:

[http://www.osc.state.ny.us/vendor\\_management/issues\\_guidance.htm](http://www.osc.state.ny.us/vendor_management/issues_guidance.htm).

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

#### **K. General Specifications**

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

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 Funding Opportunity.

- a. 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 Funding Opportunity, 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.
- b. If, in the judgement 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 Funding Opportunity 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 judgement 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.

## V. Completing the Application

### A. Application Format/Content

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

#### 1. Application Components

A complete application consists of the following forms and supporting documentation:

- a) Attachment 2: Application (5 pages)
- b) A copy of the fully-executed employment contract (employment letters are not acceptable) 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 (note: the contract must include a start date and an end date);<sup>5</sup>  
AND
- c) 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
- d) Attachment 6: Consent to Disclosure<sup>6</sup>
- e) Attachment 7: Primary Care Service Corps Diversity Attestation Form, if applicable.

Failure to submit the required forms and supporting documentation may result in disqualification. Incomplete applications may not be reviewed, may be disqualified, and the applicant will be notified of the disqualification by email or phone. Please respond to each of the sections described below when completing the Application. Your responses determine your eligibility. Please respond to all items within each section. When responding to the statements and questions, be mindful that reviewers may not be familiar with the agency and its services. Therefore, answers should be specific, succinct and responsive to the statements and questions as outlined.

#### 2. Program-Specific Questions - Minimum Requirements

The minimum eligibility requirements that applicants must meet to apply for the PCSC Loan Repayment Program are listed in Sections A. through C. below. These requirements will determine the applicant's eligibility to complete the application.

##### A. Section A- Eligibility

<sup>5</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 new PCSC awards where the start date at the facility is prior to May 1, 2018, the end date of the employment contract must be no sooner than December 31, 2020 ; for new awards where the start date at the facility is after May 1, 2018 the end date of the employment contract must be no sooner than two years after the start date of the PCSC contract . 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.

<sup>6</sup> Applicant must consent to disclosure of information for verification of qualifying student loan debt by the NYS Higher Education Services Corporation (HESC).

1. Applicant is a U.S. citizen or permanent resident;
2. Applicant is not a participant in any other government loan prepayment program;
3. Applicant is not in breach of any health professional service obligation

#### B. Section B Licensure Requirements

1. Included a copy of a current, full, permanent, unencumbered, unrestricted license and registration to practice independently and unsupervised as a:
  - a) **Physician Assistant** in the State of New York OR proof of a pending license and/or registration.
  - b) **Nurse Practitioner** in the State of New York OR proof of a pending license and/or registration.
  - c) **Midwife** in the State of New York OR proof of a pending license and/or registration.
  - d) **Dentist** in the State of New York OR proof of a pending license and/or registration.
  - e) **Dental Hygienist** in the State of New York OR proof of a pending license and/or registration.
  - f) **Psychologist** in the State of New York OR proof of a pending license and/or registration. If working at a school, clinician is primarily engaged in direct clinical counseling services, and clinician will meet clinical practice requirements for entire calendar year.
  - g) **Licensed Clinical Social Worker** in the State of New York OR proof of a pending license and/or registration.
  - h) **Marriage and Family Therapist** in the State of New York OR proof of a pending license and/or registration.
  - i) **Licensed Mental Health Counselor (Mental Health Counselor)** in the State of New York OR proof of a pending license and/or registration.

#### C. Section C- Employment Requirements

1. Applicant possesses a fully-executed employment contract.
2. Applicant is employed or will be employed at an eligible facility on the date of the application or will begin work at an eligible facility on or before May 1, 2018.
3. Applicant was not working at the site proposed in the application prior to October 1, 2016.
4. Section II. E. above specifies the required hours for each discipline for full-time applicants and part-time applicants.

#### D. Section D-Site

1. Site is not-for-profit
2. Services are delivered on an outpatient, critical access hospital or correctional facility setting.
3. Except for sites operated by the NYS Department of Corrections and Community Services or the NYS Office of Mental Health, site is not run by a NYS or federal government agency.
4. Proposed work site is located in a Geographic HPSA, or a Population HPSA, or is a Site HPSA.

It is the applicant's responsibility to ensure that all materials to be included in the application

have been properly prepared and submitted. Applications must be submitted by the date and time posted on the cover of this Funding Opportunity (acceptable documentation is specified in Attachment 1, Application Checklist).

### 1. Program-Specific Questions

Up to 75 points will be given for the HPSA score of the proposed worksite (3 points per HPSA score point).

Eleven additional points will be given if the applicant is currently working in a worksite which is not in a HPSA and the proposed worksite is in a HPSA. Eight additional points will be given if the HPSA score of the proposed worksite is higher than the HPSA score of the current worksite (on the day the application is submitted). Five additional points will be given if the score of the current worksite and the proposed worksite are equal. Applicants whose current worksite is in a HPSA with a higher score than the proposed worksite will receive no additional points.

Up to 6 points will be given for the practice site's promotion of a diverse work environment by attracting and hiring a diverse staff through any of the following methods, for which attestation must be provided in Attachment 7 – Primary Care Service Corps Diversity Attestation Form.

- The site lists language skills or a bicultural background as a requirement for hiring in job descriptions (1 point);
- The site places job announcements in non-English media (1 point);
- The site sends job announcements to universities (1 point);
- The site disseminates job announcement through local community groups (1 point);
- The site hires from within the local community (1 point);
- The site offers incentives to bilingual employees (1 point);

Up to 8 points will be given for the practice site's accommodation of patients of diverse ethnicities, individuals with disabilities, and other underserved populations through any of the following methods, for which attestation must be provided in Attachment 7 – Primary Care Service Corps Diversity Attestation Form.

- Community input/partnerships (e.g., Community Advisory Board) (2 Points);
- Staff training in cultural and linguistic competency (2 points);
- Patient advocacy services (2 points);
- Site complies with The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS standards) (2 points) Information on the National CLAS Standards can be found at: <https://minorityhealth.hhs.gov/omh/browse.aspx?vl=2&vlid=53>

### B. Freedom of Information Law

All applications may be disclosed or used by DOH to the extent permitted by law. DOH may disclose an application to any person for the purpose of assisting in evaluating the application or for any other lawful purpose. All applications will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the**

**application that an applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the application.** If DOH agrees with the proprietary claim, the designated portion of the application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

### C. Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH, Office of Primary Care and Health Systems Management's Division of Workforce Transformation.

Applications that are incomplete or that fail to pass the minimum eligibility criteria may not be scored. Otherwise, applications will be scored based on the below criteria, with a passing score of 1 and a maximum score of 100 (Table 4).

### D. Scoring and Awarding Criteria

Applications meeting the guidelines set forth above in section V. *Completing the Application: A. a.-d.* will be reviewed and evaluated competitively by NYSDOH.

The minimum eligibility requirements that the applicants must meet to apply for the PCSC loan repayment program are listed below in Sections 1. through 4. These requirements will be scored as pass/fail and determine the applicant's eligibility to complete the application.

#### 1. **Section A- Eligibility** (pass/fail)

- a. Applicant is a U.S. citizen or permanent resident;
- b. Applicant is not a participant in any other government loan prepayment program;
- c. Applicant is not in breach of any health professional service obligation

#### 2. **Section B-Educational/Licensure Requirements** (pass/fail)

- a. Included a copy of a current, full, permanent, unencumbered, unrestricted license and registration to practice independently and unsupervised as a:
  - a. **Physician Assistant** in the State of New York OR proof of a pending license and/or registration.
  - b. **Nurse Practitioner** in the State of New York OR proof of a pending license and/or registration.
  - c. **Midwife** in the State of New York OR proof of a pending license and/or registration.
  - d. **Dentist** in the State of New York OR proof of a pending license and/or registration.
  - e. **Dental Hygienist** in the State of New York OR proof of a pending license and/or registration.
  - f. **Health Service Clinical Psychologist (Psychologist)** in the State of New

York OR proof of a pending license and/or registration. If working at a school, clinician is primarily engaged in direct clinical counseling services, and clinician will meet clinical practice requirements for entire calendar year.

- g. Licensed Clinical Social Worker (Clinical Social Worker)** in the State of New York OR proof of a pending license and/or registration.
- h. Marriage and Family Therapist (MFT)** in the State of New York OR proof of a pending license and/or registration.
- i. Licensed Mental Health Counselor (Mental Health Counselor)** in the State of New York OR proof of a pending license and/or registration.

**3. Section C- Employment Requirements (pass/fail)**

- a.** Applicant possesses a fully-executed employment contract.
  - i.** Section II. E. above specifies the required hours for each discipline for full-time applicants and part-time applicants.
- a.** Applicant is employed or will be employed at an eligible facility on the date of the application or will begin work at an eligible facility before May 1, 2018.
- b.** Applicant was not working at the site proposed in the application prior to October 1, 2016.

**4. Section D-Site (pass/fail)**

- a.** Site is not-for-profit
- b.** Services are delivered in an outpatient, critical access hospital or correctional facility setting.
- c.** Except for sites operated by the NYS Department of Corrections and Community Services or the NYS Office of Mental Health, site is not run by a NYS or federal government agency.
- d.** Proposed work site is located in a Geographic HPSA, or a Population HPSA, or is a Site HPSA.

**5. Section E- Quantitative Scoring for HPSA and Diversity**

**Table 4: Scoring Criteria**

<u>Item</u>	<u>Application Point Value</u>	<u>Max Items</u>	<u>Max Score for Category</u>
Current Worksite not in HPSA, Proposed Worksite in HPSA	11	1	11
HPSA Score for Proposed Worksite higher than HPSA Score of Current Worksite	8	1	8
HPSA Score of	5	1	5

Current and Proposed Worksite Equal			
Points per HPSA Score of Proposed Work Site	3	25	75
Points per Diverse Work Environment strategy	1	6	6
Points per Patient Population Diversity strategy	2	4	8
Total			100

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

In the event 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 postmarked . As an example, in the case of three applications scoring a 75, the first award would be made to the first application postmarked; the second to the second postmarked, etc., until all those scoring 75 are awarded or all funds are exhausted, whichever comes first.

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

**E. 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.

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

**F. Debriefing**

Once an award has been made, applicants may request their scores. Requests must be received no later than fifteen (15) business days from date of award or non-award announcement.

To request scores, please send an email to with a copy to [sch\\_loan@health.ny.gov](mailto:sch_loan@health.ny.gov). In the subject line, please write: *Debriefing Request (PCSC Round 3)*.

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

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

## **VI. Attachments**

- Attachment 1: Application Checklist
- Attachment 2: Application
- Attachment 3: Sample NYS Master Grant Contract
- Attachment 4: Sample Obligation, Debt, and Award Scenario
- Attachment 5: Sample Reporting Forms
- Attachment 6: Consent to Disclosure
- Attachment 7: PCSC Diversity Attestation Form