DOCTORS ACROSS NEW YORK

Physician Loan Repayment and Physician Practice Support Programs
Program
Introduction
PROGRAM BACKGROUND

- The DANY initiative includes programs designed to help train and place physicians in underserved communities.
- The Physician Loan Repayment ("PLR") and Physician Practice Support ("PPS") programs make funds available to help recruit and retain physicians to work in medically underserved areas of the state.
- Funding is provided in exchange for a physician’s commitment to work in an underserved area for a three-year period ("DANY service obligation period").
## KEY DATES

<table>
<thead>
<tr>
<th>Action</th>
<th>Date</th>
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<tbody>
<tr>
<td>Questions Due</td>
<td>February 20, 2020</td>
</tr>
<tr>
<td>Questions, Answers &amp; Updates Posted (on or about)</td>
<td>February 27, 2020</td>
</tr>
<tr>
<td>Application Submission Start Date</td>
<td>March 5, 2020</td>
</tr>
<tr>
<td>Application Submission Deadline</td>
<td>April 2, 2020 \textbf{4:00 PM} *</td>
</tr>
</tbody>
</table>

*After 4:00 PM, the Gateway will close and you will not be able to submit an application.*
## SUBMITTING QUESTIONS

<table>
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<tbody>
<tr>
<td>Before February 20, 2020</td>
<td>Submit all questions in writing to:</td>
</tr>
<tr>
<td></td>
<td>• <a href="mailto:DANY2018@health.ny.gov">DANY2018@health.ny.gov</a></td>
</tr>
<tr>
<td>After February 20, 2020</td>
<td>Only technical questions can be answered.</td>
</tr>
<tr>
<td></td>
<td>• i.e. How do I find the grant opportunity in the Grants Gateway?</td>
</tr>
<tr>
<td></td>
<td>• i.e. What is the due date for this grant opportunity?</td>
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All questions & answers will be posted in the Gateway AND on the Department website on or about **February 27, 2019**.
WHO MAY APPLY

1. Individual Physician

2. Health Care Facility:
   - A general hospital, D&TC, or nursing home licensed by the Department;
   - A facility certified, but not operated by, the OMH;
   - A facility certified, but not operated by, the OASAS; or
   - A private medical practice registered in NYS as a PC or PLLC.
USE OF FUNDS

1. Repay qualified educational debt;
2. Support to a physician to establish or join a medical practice; or
3. Help health care facilities recruit or retain a physician.
   • i.e. sign-on bonuses, enhanced compensation

In all cases, 100% of the funds ultimately must be distributed to the physician or to the physician’s practice.
APPLICATION LIMITS

• No more than (1) application will be accepted from a single physician.

• No more than (4) applications will be accepted from a health care facility:
  • With the same operating certificate #; or
  • That is a medical practice with the same Department of State Identification #.
AWARD LIMITS

- **No more than (3) awards** will be made to support a DANY service obligation to be carried out at a health care facility:
  - With the same operating certificate #; or
  - That is a medical practice with the same Department of State Identification #.

- Award limit will apply regardless of whether the application is submitted by a physician or a health care facility.
EXAMPLE

Dr. Smith who works at XYZ Hospital submits (1) application.
XYZ Hospital submits (4) applications for physicians at their facility.
Total Applications at XYZ Hospital = (5)

- No more than (3) awards will be made to support a DANY service obligation at XYZ Hospital.
- Therefore, the first (3) applications received will be reviewed.
AWARD LIMIT EXCEPTION

New for Cycle VII:

The Department may consider a 4th award at a health care facility only under the following circumstances:

- ALL eligible applications have been funded, and
- There remain additional funds available.
AWARD AMOUNTS

This RFA will provide the following:

• Up to $40,000/year for three years to, or on behalf of, a physician who agrees to practice in an underserved area for the 3-year DANY service obligation period.

• Up to $9 million in total state funding.

• Approximately 75 three-year awards.
AWARD LIMITS

- No less than 50% funds allocated to obligations in general hospitals.
- No more than 5% funds allocated to obligations in facilities certified by OMH.
- No more than 5% funds allocated to obligations in facilities certified by OASAS.
IMPORTANT DATES

Physician cannot have worked in ANY underserved area prior to:
  • April 4, 2019.
  • This does not apply to time spent as a resident or fellow.

Physician cannot have an employment contract or business plan at the health care facility or practice that:
  • Begins earlier than April 4, 2019; or
  • Later than November 1, 2020.

ALL grantees will have the same DANY service obligation dates:
  • November 1, 2020 – October 31, 2023.
IMPORTANT DATES

EXCEPTION: physicians who were named in Cycle VI applications and the application was either *wait listed* and not given an award or *disapproved*, may submit a new application for consideration in Cycle VII provided that:

- Physician cannot have worked in ANY underserved area prior to June 13, 2018 (i.e. eligibility dates for Cycle VI).

- Physician cannot have an employment contract or business plan at the health care facility or practice that began earlier than June 13, 2018 (i.e. the eligibility dates of Cycle VI) and later than November 1, 2020.
GRANTS GATEWAY

- No paper applications will be accepted.

- Anyone with potential interest in applying for this program, should start the process by applying for a Grants Gateway account at: https://grantsmanagement.ny.gov/register-your-organization.
GRANTS GATEWAY REGISTRATION

• All entities and individuals that wish to apply for grants in NY State must be registered in the Grants Gateway.
• This process includes filling out and mailing a signed and notarized registration form.
• Individuals and organizations both fill out the same form
• Information about registration can be found on the Grants Management Website or in the Grant Opportunity Portal
  • https://grantsmanagement.ny.gov/register-your-organization
  • https://grantsgateway.ny.gov
GRANTS GATEWAY REGISTRATION FORM

• If you don’t already have an SFS (Statewide Financial System) Vendor ID one will be obtained for you

• Required for registration:
  • Registration Form (completed and notarized)
  • Substitute W9 Form (if you need an SFS Vendor ID)
  • Organization Chart (for organizations) or
  • Resume (for individuals)

NOTE: The form requires a Federal ID number (Employer Identification Number) for organizations or a Social Security Number for individuals. The SSN will NOT be saved in the Grants Gateway; it is only used to obtain your SFS ID.
GRANTS GATEWAY PREQUALIFICATION

- All non-profit organizations applying for grants in NY State must be prequalified in the Grants Gateway prior to grant application due dates.
- Refer to the Grants Management website for prequalification information.
- Your organization must be prequalified by the date and time your application is due, or your application will be disqualified.
- Must be in the status of Prequalified or Prequalified Open.
- Individuals DO NOT need to prequalify.
GRANTEE USER ROLES

Grantee
• Can start and edit an application
• Save application changes
• Can’t submit the application

Grantee Contract Signatory
• All Grantee abilities
• Can also submit the application
• There MUST be someone in this role for every organization
• Individuals should create ONLY this role

Grantee Delegated Administrator
• Add or Edit user accounts
• Manage prequalification
• This role is created for ALL organizations and individuals

Grantee System Administrator
• All Grantee and Grantee Contract Signatory abilities
• Additional admin abilities
NOTES ABOUT USER ROLES

• Your organization must have a user in a role that can sign (submit) an application. The roles that can sign or submit an application are “Grantee Contract Signatory” and “Grantee System Administrator”.

• It is acceptable for one person to have multiple roles and thus multiple accounts; you can use the same email address and same password, but the user needs a new account for each role.

• Individual Physicians should create one new role for themselves: Grantee Contract Signatory
REVIEW AND AWARD PROCESS

The Department will:

• Review applications in the order that they are received in the Gateway.
• Notify the applicant via email if the application is complete or incomplete.

1. If the application is deemed complete:
   • No further action is necessary.
   • A complete application DOES NOT guarantee funding.
REVIEW AND AWARD PROCESS

2. If the application is incomplete:
   • A list of outstanding items will be provided via email to the applicant.
   • Applicant will have (1) opportunity to supply this missing information via email to the Department within (10) business days from receiving the outstanding item list.
   • All correspondence will take place through DANY2018@health.ny.gov (no information will be exchanged through the Gateway).
   • The Department will not accept late submissions.
REVIEW & AWARD PROCESS

• Submission deadline is April 2, 2020.
• Evaluation process takes place (April – June).
• Funding decisions will be announced in late summer 2020.
• Contract start dates for all grantees will be November 1, 2020.
PAYMENTS & REPORTING REQUIREMENTS

- Payments are made to the grantee (holder of the contract).
- No advance payments will be made.
- No payment will be made before a contract is executed.
- Physicians must work for (3) months under the terms of the DANY contract before payment will be made.
- Payments will be made quarterly or semi-annually at the discretion of the Department.
- The following reports are ongoing & required in order to receive payments:
  - Progress reports to verify continued employment.
  - Educational loan statements (if applicable) to show monies are being applied.
  - Expenditure reports (if applicable).
ATTACHMENTS / UPLOADS

Complete List:

• (1) NYS Grants Gateway Vendor User Manual
• (2) Site Information
• (3) Loan Statement for Qualified Educational Debt
• (4) Consent to Disclosure
• (5) Employment Contract or Business Plan*
• (6) Tool to Identify an Underserved Area*
• (7) Rural Counties and Towns
• (8) Supporting Documentation for the Underserved Area*
• (9) Attestation & Authorized Representative*
• (10) Vendor Responsibility Attestation

* These Attachments are mandatory for all applicants.
ATTACHMENT 6

Tool to Identify an Underserved Area (Attachment 6)

• **Option A** – Primary Care/Psychiatric Physician HPSA/MUA/MUP
• **Option B** - Primary Care/Psychiatric Physician Rural County or Town
• **Option C** – Alternate Method to Verify an Underserved Area

*Only ONE completed option is required in order for your application to be accepted.*
Option A:

- Applicants:
  - Primary Care or Psychiatric Physicians.

- Working in a Facility:
  - Located in HPSA, MUA, or MUP.

- Verification:
  - Type address of facility in Search Criteria.

- ACTION
  - Print out confirmation from website & upload it as Attachment 8 in the Gateway.
Option B:

- Applicants:
  - Primary Care or Psychiatric Physicians.

- Working in a Facility:
  - Located in a **Rural County or Town**.

- Verification
  - Print Attachment 7.
  - Circle rural county or town where physician will be practicing.

- **ACTION**
  - Upload Attachment 7, with all notations, as Attachment 8 in the Gateway.
Option C:

Applicants:
- Physician from any specialty.

Verification
- Must review and complete all (17) questions provided in Option C.
- Must be able to answer YES to any (6) questions on the list.
- Directions are provided on the type of supporting documentation needed to justify all YES answers.

ACTION
- Upload Attachment 6, along with all notations and supporting documentation, as Attachment 8 in the Gateway.
PROGRAM INFORMATION

PROGRAM SPECIFIC QUESTIONS:

• Questions are formatted as Yes/No or short answer.
• Applicant will be attesting to all answers when signing the Attestation & Authorized Representative Form (Attachment 9).
• Applicants must name the physician and their specialty.
WORK PLAN

Grantee Defined Work Plan

The Objectives, Tasks, and Performance Measures cannot be changed or removed.

In the Summary Section, enter the following:

- Contract Period/Work Plan Period: November 1, 2020 – October 31, 2023
- Project Summary: County(ies) of Service; and Medical Specialty
- Organizational Capacity: N/A
Fixed-Term, Expenditure Based Budget

There are (2) methods for completing the budget.

1. When requesting funds to only repay outstanding qualified educational debt:

<table>
<thead>
<tr>
<th>Gateway Fields</th>
<th>Required Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure Budget</td>
<td>Repayment of education loans.</td>
</tr>
<tr>
<td>Narrative</td>
<td>Repayment of educational loans.</td>
</tr>
<tr>
<td>Total Grant Funds</td>
<td>The total amount you are requesting.</td>
</tr>
<tr>
<td></td>
<td>• No more than $120,000 for the 3-year term</td>
</tr>
<tr>
<td>Other Narrative</td>
<td>The total funds requested per year.</td>
</tr>
<tr>
<td></td>
<td>• If total funds = $120,000, then request $40,000/yr.</td>
</tr>
<tr>
<td></td>
<td>• If total funds are &lt; $120,000, then divide the amount by 3, then request the amount in each of the 3 yrs.</td>
</tr>
</tbody>
</table>
BUDGET

2. When requesting funds for anything OTHER THAN to only repay outstanding qualified educational debt:

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<tr>
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<th>Required Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure Budget</td>
<td>Information for relevant budget items.</td>
</tr>
<tr>
<td></td>
<td>• Click the ADD button for each additional item.</td>
</tr>
<tr>
<td></td>
<td>• See RFA for a list of eligible expenses.</td>
</tr>
<tr>
<td>Narratives</td>
<td>Detailed justifications for each budget item.</td>
</tr>
<tr>
<td>Total Grant Funds</td>
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<td>that amount in each of the 3 yrs.</td>
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Remember to SAVE frequently!
DEFAULT PROVISIONS

At the time of contract, the applicant will be notified of the source of their DANY grant funding. For example:

1. State funding 100%; or
2. Combined state (50%) and federal (50%) funding.

For each source:

- There are different default provisions.
- Both have SEVERE FINANCIAL CONSEQUENCES upon default.
- Uncollectable accounts, or failure to fully repay the specified amounts, will be referred to the NYS Attorney General’s Office for possible legal action.
DEFAULT PROVISIONS

The penalty for default is assessed against the individual or organization that holds the contract.

- If a health care facility applied for a DANY award for one of their physicians and the physician left prematurely, the hospital would be responsible for repayment.

- Health care facilities may consider conditional clauses in their contract with physicians to address any concerns regarding DANY repayment provisions.

- Health care facilities may also request to replace a physician who leaves the hospital with another physician for the grant to continue. However, the grantee would need to contact the Department directly to obtain approval before any change takes place.
CONTRACT MODIFICATIONS

It is the sole discretion of the Department to approve the following:

1. Change of physician’s service location.
2. Deferment of physician’s service obligation.

The Department must be contacted prior to any action being taken to change service location or service obligation.
TAX ISSUES

Funds to support loan repayment may be currently exempt from federal and state taxes.
  • You should not be issued a 1099 statement.

Funds used for purposes other than loan repayment are currently not tax exempt.

PLEASE CONSULT YOUR TAX PROFESSIONAL FOR MORE INFORMATION ABOUT YOUR SPECIFIC TAX SITUATION.
OTHER SCHOLARSHIPS & LOAN FORGIVENESS

Key Points Summarized:

• No other state or federal loan forgiveness obligation can overlap or coincide with the 3-year DANY service obligation.
  • ONLY exception = Federal Public Service Loan Forgiveness Program.

• If the physician has previously participated in the DANY PLR or PPS Program, he/she is not eligible to apply for DANY Cycle VII funding.
CONTRACT ADDENDUM LETTER

Key Points Addressed:

- Physician’s intent to fulfill DANY 3-Year service period (November 1, 2020 to October 31, 2023).
- Facility where the physician will be working and % of time spent there.
- Full time working status (40 hours/week with minimum 32 clinical hours, and 45 weeks/year).
- On-call hours regularly scheduled & the physician providing patient care on site.
- Telemedicine less than 40% of overall work hours.
- Start date with employer.
SUGGESTED NEXT STEPS

• Submit your registration form if you are not already registered in the Grants Gateway
• Sign up for Notification in the Grant Opportunity Portal
• Log in to the Grants Gateway for the first time
• Save the Organization Information page
• Create (a) new user(s)
• Not-for-profits only: Work on Prequalification
• Review and understand the RFA
• Answer the required questions on a worksheet (such as a Word document)
• Gather the required documents you will need
**IMPORTANT DATES TO REMEMBER**

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*A recording of this webinar will be on the Department’s website and the Grants Gateway’s YouTube channel.*