

Solicitation of Interest #20120

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

Primary Care Service Corps Loan Repayment Program (Round 5)

Questions and Answers

I. Introduction

Q1: Where is the information for loan forgiveness for physicians who have been serving in underserved areas for 20 years?

A1: Physicians or other health care professionals serving at National Health Service Corps site can find information about loan repayment programs at: <https://nhsc.hrsa.gov/loan-repayment/nhsc-all-loan-repayment-programs-comparison>

II.4. Minimum Qualifications: Eligible Professions

Q2: I am a Credentialed Alcohol and Substance Abuse Counselor (CASAC) and a Licensed Master Social Worker, do I qualify for this wonderful opportunity?

A2: Professions eligible for PCSC Round 5 are listed in Section II. Minimum Qualifications, subsection 4:

- dentists
- dental hygienists
- nurse practitioners
- physician assistants
- midwives
- clinical psychologists
- licensed clinical social workers
- licensed marriage and family therapists
- licensed mental health counselors

Q3: I am a licensed art therapist who is on a government loan forgiveness track. Do I qualify for submitting paperwork for the Loan Repayment Program? Or will it negatively affect my repayment plan in some way? Do I even qualify for this since I'm an art therapist?

A3: Professions eligible for PCSC Round 5 are listed in Section II. Minimum Qualifications, subsection 4:

- dentists
- dental hygienists
- nurse practitioners
- physician assistants
- midwives
- clinical psychologists
- licensed clinical social workers
- licensed marriage and family therapists
- licensed mental health counselors

Simultaneous participation in a government loan forgiveness track, such as Public Service Loan Forgiveness (PSLF) Program, is not permitted per section II.8.

Minimum Qualifications: Simultaneous Participation in Other Programs:

8. The clinician must not be fulfilling an obligation under any state or federal loan repayment program – including the Public Service Loan Forgiveness (PSLF) program -- which overlaps or coincides with the three-year PCSC service obligation.

II.8. Minimum Qualifications: Simultaneous Participation in Other Programs

Q4: I am a current Primary Care Service Corps awardee. Do I need to reapply for Primary Care Service Corps Round 5 to maintain my award?

A4: Per Section II. Minimum Qualifications item 8: “The clinician must not be fulfilling an obligation under any state or federal loan repayment program – including the Public Service Loan Forgiveness (PSLF) program -- which overlaps or coincides with the three-year PCSC service obligation.” Therefore, an awardee of a state or federal loan repayment program with an obligation end on or after August 1, 2022, cannot receive a PCSC Round 5 award.

II.13. Minimum Qualifications: Weekly hours of work

Q5: If I am currently serving under the NHSC for their loan repayment, and my obligation ends in November 2022, can I still apply to Primary Care Service Corps? Is PCSC the same as NHSC where one can take 35 days off per year, but it doesn't matter if it is sick day, vacation day or federal holidays?

A5: Per Section II. Minimum Qualifications item 8: “The clinician must not be fulfilling an obligation under any state or federal loan repayment program – including the Public Service Loan Forgiveness (PSLF) program -- which overlaps or coincides with the three-year PCSC service obligation.” Therefore, an awardee of a state or federal loan repayment program with an obligation end on or after August 1, 2022, cannot receive a PCSC Round 5 award.

PCSC rules regarding work hours are covered in section II. Minimum Qualifications, item 13. Briefly stated, all PCSC awardees must work 45 weeks per year, and are allowed 7 weeks (35 days) of leave time per year. The 35 leave days are used for sick days, vacation days, and federal holidays.

III.C. Project Narrative: Award Limits

Q6: Is the \$30,000 per year, or for the entire three-year period?

A6: The \$30,000 award is for the entire three-year period. Per section 3.C. "Award Limits" of the SOI, "The award limit for the Primary Care Service Corp Loan Repayment Program is \$30,000 for a three-year contract, unless the awardee is a Full Time Dentist, in which case the award limit is \$60,000 for a three-year contract."

IV. How to Apply

Q7: Once I have all documents needed, where do I send it? Also, regarding the letter from my employer, what does it need to state?

A7: The Solicitation of Interest (SOI), and the Application for Primary Care Service Corps Round 5 – which consists of 10 Attachments – appear below, following these Questions and Answers.

Attachment 5: Employment Letter Template provides the text required for the letter from your employer.

Per section IV. How to Apply of the SOI:

The application consists of the completed Attachments (1-10). You must submit **ONE EMAIL** with each required Attachment as its own pdf file attachment. Make sure to name each document accordingly (i.e. Attachment 1, Attachment 2). Applications must be submitted via email to sch_loan@health.ny.gov no later than 4:00 pm ET on the date and time posted on the cover of this SOI. Again, all application documents should be submitted together as attachments in **ONE EMAIL**.

Attachment 6: Tool to Identify Eligible Sites

Q8: I would like to know if my facility where I work would qualify to apply.

A8: Attachment 6 explains how to determine whether a given address is an NHSC Active site or not. Most applicants find it helpful to zoom in on the map (using Ctrl+Scroll) and look for their worksite on the map. Clicking on the red "balloon" pointers will show the name and address of the site. Clicking on the name link will jump to the detail screen for that site.

Q9: I currently work at a site associated with a HPSA ID but which is not listed as an NHSC site. Will I be eligible for the PCSC loan repayment this round?

A9: PCSC Round 5 must serve at NHSC Active sites with scores of 1 or more for their discipline. Attachment 6 explains how to determine whether a given address is an NHSC Active site or not. Most applicants find it helpful to zoom in on the map (using Ctrl+Scroll) and look for their worksite on the map. Clicking on the red “balloon” pointers will show the name and address of the site. Clicking on the name link will jump to the detail screen for that site.

Q10: Are Upstate University Hospital or Crouse Hospital in Syracuse NY considered CAH?

A10: Attachment 6 explains how to determine whether a given address is an NHSC Active site or not. Most applicants find it helpful to zoom in on the map (using Ctrl+Scroll) and look for their worksite on the map. Clicking on the red “balloon” pointers will show the name and address of the site. Clicking on the name link will jump to the detail screen for that site.

Other:

Q11: How do I go about getting setup to receive the email in the string below?

A11: If you would like to be added to the Primary Care Service Corps electronic mailing list, you can simply send an email to sch_loan@health.ny.gov with the subject line: Please add me to the Primary Care Service Corps Electronic Mailing List

**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**

Title: Solicitation of Interest # 20120 – Primary Care Service Corps – Round 5

Agency: 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

Contract Number: TBD

Contract Term: August 1, 2022– July 31, 2025

Date of Issue: April 25, 2022

Questions Due: May 9, 2022 prior to 4:00PM

Answers Posted: May 23, 2022 (on or about)

Due Date/Time: June 13, 2022 prior to 4:00PM

County(ies): Statewide

Location: Statewide

Classification: Medical & Health Care

Opportunity Type: Grant or notice of funds availability

I. Introduction

The New York State Department of Health (Department) is issuing this Solicitation of Interest (SOI) under the Primary Care Service Corps (PCSC) Loan Repayment Program, which 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 clinicians in underserved areas.

Clinicians 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
- licensed mental health counselors

Clinicians must commit to practice at an Active NHSC Approved Site. In addition, clinicians 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.

Up to \$1 million was appropriated in the 2021-2022 New York State budget to support existing contracts and new awards under the program. Clinicians who receive new awards pursuant to this SOI will receive up to \$30,000 in loan repayment funding (up to \$60,000 for full time dentists), not to exceed the amount of the individual's qualifying educational debt, in return for a three-year commitment to practice at an NHSC Approved Site.

II. Minimum Qualifications

Only dentists, dental hygienists, nurse practitioners, physician assistants, midwives, clinical psychologists, licensed clinical social workers, licensed marriage and family therapists, and licensed mental health counselors that meet the criteria set forth below are eligible to apply for PCSC funding through this Solicitation of Interest.

A clinician is eligible for a PCSC award for the period (August 1, 2022– July 31, 2025) to repay qualified educational debt if the following requirements are met:

1. The clinician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
2. The clinician must begin employment at the intended worksite on or before August 1, 2022.
3. The clinician must complete an Employment Letter using the format/text provided in Attachment 5: Employment Letter template. The Employment Letter must be on the employer's letterhead, signed by an employee with the authority to represent the employer with respect to human resources matters, including the Human Resources Director, the Chief Executive Officer or the Chief Operating Officer.
4. The clinician must be licensed to practice in New York State at the time of application and attach and submit the appropriate license as Attachment 8.

➤ **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. 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.

➤ **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. 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.

➤ **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.

➤ **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. 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.

➤ **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. Only dental hygienists who will provide general or pediatric dental hygiene services are eligible for a PCSC award.

➤ **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.

➤ **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.

➤ **Licensed 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.

➤ **Licensed Mental Health Counselors**

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law § 8402) to practice as a licensed mental health counselor in the State of New York.

5. The clinician must be in good standing, meaning that he or she:
- a. Has not been excluded from or terminated by the federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>);
 - b. Has not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>);
 - c. Is not under indictment for, or has not been convicted of any felony as defined by, New

York State Penal Code.

Note: to determine if a crime is a felony:

- Go to this website: <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>:
- Click on PEN (which is next to Penal)
- Click on the Article Number next to the crime in question (for example: Article 177 for Health Care Fraud)
- Click on the relevant sub-article (for example: 177.25 for Health Care Fraud in the first degree)
- The description will indicate if the crime is a misdemeanor or felony, and its class (for example: Health Care Fraud in the first degree is a class B felony).

d. Has not had medical license revoked in any state or territory in the United States.

6. The clinician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
7. The clinician must not have any judgment liens arising from debt to the federal government or any state government.
8. The clinician must not be fulfilling an obligation under any state or federal loan repayment program – including the Public Service Loan Forgiveness (PSLF) program -- which overlaps or coincides with the three-year PCSC service obligation.
9. On the date of award, the health care site where the clinician will be employed must be an NHSC Active Site with a HPSA score of 1 or more for the applicant’s professional discipline, as explained in Attachment 6, and evidenced by submission of Attachment 7.
10. The applicant must not have previously received, or currently be receiving, an award from the Primary Care Service Corps.
11. If selected to receive a Primary Care Service Corps award, the applicant agrees to complete and submit participant surveys sent to them by the New York State Department of Health.
12. If applicant is selected to receive a Primary Care Service Corps award, the applicant’s employer agrees to complete and submit Employment Verification forms and Administrator surveys sent to them by the New York State Department of Health.
13. Clinicians must meet the following weekly hours of work requirements:

Clinical practice is defined as at least 20 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. 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 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, behavioral health 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 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.

For FULL-TIME dentists, 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:

- 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 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.

The following table summarizes the weekly hour requirements:

Table 1: Weekly Hour Requirements

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
All health professionals (including dentists) except as noted below	20	16	4	0	4	0	4	0	20
Geriatric Providers and Midwives	20	11	9	0	4	0	4	0	20
Geriatric Providers, Behavioral Health Providers, and Midwives	20	11	9	0	4	0	4	0	20
PAs, NPs, and Midwives at CAHs	20	8	12	0	4	0	4	0	20
Full Time Dentists	40	24	8	0	8	0	8	0	40

III. Project Narrative

PCSC awards will provide up to \$30,000 to a clinician (and up to \$60,000 to a Full-Time Dentist) who agrees to practice in an underserved area for the three-year period, referenced herein as the PCSC service obligation period. To be considered for funding, applicants must meet the eligibility requirements outlined in Section II (Minimum Qualifications).

A. Use of Funds

One-hundred percent of PCSC Award funds must be applied to qualified educational debt.

For purposes of this SOI, “qualified educational debt” means any outstanding amounts remaining on student loans that were used by the clinician to pay graduate or undergraduate tuition or related educational expenses, where such loans were made by or guaranteed by the federal or state government or made by a lending or educational institution approved under Title IV of the federal Higher Education Act. Applicants must include educational loan statements dated no more than 30 days prior to submission (to be uploaded as Attachment 3). Such statements will be forwarded to the New York State Higher Education Services Corporation (HESC) to verify the existence and amount of qualified education debt. Applicants must complete Attachment 4 to give consent for HESC to disclose any loan information to the Department. No PCSC award shall be made in excess of the outstanding

amount of educational debt as verified by HESC. Awardees will be required to submit educational loan statements within 60 days of award payment to ensure that payments were applied to qualified educational loans.

B. Application Limits

No more than one application will be accepted from a single clinician. If a clinician submits more than one application, only the application with the most recent postmark date will be accepted and reviewed. All other applications will be disqualified and will not be reviewed.

C. Award Limits

The award limit for the Primary Care Service Corp Loan Repayment Program is \$30,000 for a three-year contract, unless the awardee is a Full Time Dentist, in which case the award limit is \$60,000 for a three-year contract.

D. Default

There are significant financial consequences in the event a clinician fails to complete their three-year service obligation. The default penalties are provided in Attachment 9 – Default Penalty Attestation.

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 SOI, 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.

E. Contract Modifications

Awardees may be permitted to change the service location of the contract, or defer the contract period, as described below.

1. Change of Location:

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 an NHSC Active site in York State with a HPSA score of 1 or more in the awardee's professional discipline; and
- 3) the Department approves the change **prior to** the awardee changing job sites.
- 4) If the site change is approved by the Department, an Attachment 5 – Employment Letter for the new work site(s) must be submitted by the appropriate administrator of the new work site(s) within 30 days of execution of the employment contract.

2. Request to Defer Obligation:

- Clinicians who request to defer their service obligations for reasonable cause may submit a request in writing to the Department.
- Examples of reasonable cause may include: maternity or paternity leave, personal or family illness, military service, etc.
- The decision to permit a deferral will be solely at the discretion of the Department.
- Any deferral period granted by the Department will be added to the obligated practitioner's term obligation.

IV. How to Apply

Written questions will be accepted until 4:00 p.m. on June 13, 2022. All questions should be submitted electronically to the email address: sch_loan@health.ny.gov All questions should be submitted with the subject line "PCSC Round 5 Question". In the event that any updates and/or clarification of information is warranted, information will be posted in the Contract Reporter under the tab "Documents" for this announcement. Responses to all questions received by May 9, 2022, will be posted on or about May 23, 2022.

Late Applications Will Not Be Accepted.

It is the Applicant's responsibility to ensure that all materials included in the application have been properly prepared and submitted. The application consists of the completed Attachments (1-10) listed below. You must submit ONE EMAIL with each required Attachment as its own pdf file attachment. Make sure to name each document accordingly (i.e. Attachment 1, Attachment 2). Applications must be submitted via email to sch_loan@health.ny.gov no later than 4:00 pm ET on the date and time posted on the cover of this SOI. Again, all application documents should be submitted together as attachments in ONE EMAIL.

Attachments

The following attachments (1-10) include both reference materials and items that must be completed and submitted as the PCSC application for this SOI. If you cannot complete Attachment 1 successfully, do not continue any further, you are not an eligible applicant for the PCSC program. Items in Attachment 6 will require supporting documentation. This documentation will be required for all applicants to justify that the clinicians will be working in an underserved area. All mandatory attachments must be completed to have your application be reviewed for a PCSC award.

- Attachment 1: Minimum Eligibility Requirements (mandatory)
- Attachment 2: Program Specific Questions (mandatory)
- Attachment 3: Loan Statements (mandatory)
- Attachment 4: Consent to Disclosure (mandatory)
- Attachment 5: Employment Letter (mandatory)
- Attachment 6: Tool to Identify Eligible Sites (for reference only)

- Attachment 7: Site Information
- Attachment 8: Current Professional Licenses (mandatory)
- Attachment 9: Default Penalty Attestation (mandatory)
- Attachment 10: Tax Issues (for reference only)

Review & Award Process

Applications meeting the guidelines and having submitted all mandatory Attachments will be reviewed and evaluated by the Department. Applications will be evaluated on a Pass/Fail basis.

Department staff will review applications in the order in which they are received.

The Department will notify an Applicant by e-mail if the application is complete or incomplete. If the application is complete, no further action by the Applicant is needed. If the application is incomplete, the Department will provide the Applicant a list of outstanding items. The Applicant will have one opportunity to supply the missing information within 10 business days of being notified by the Department via email. All missing information must be emailed to: sch_loan@health.ny.gov. If the Applicant fails to respond to the missing information request within this time period, the application will not be processed any further and will not be funded. Because of this, it is advantageous to submit a complete application, and to respond to the Department's email regarding any omissions, as soon as possible. The due date will be clearly stated in the communication from the Department advising that the application is incomplete. No additional information will be accepted after this due date.

A complete application does not guarantee that the Applicant will be awarded funding.

The pool of complete and eligible applications will be awarded in order of the postmark date of the valid application until available funding is exhausted. When funding has been depleted to a level such that an Applicant's total requested funding amount cannot be met, the Applicant will be offered a reduced award amount. If the Applicant accepts that amount, no further awards will be made. If the Applicant declines that amount, the next eligible Applicant will be offered an award until funds are completely exhausted. The Department reserves the right to allocate funding in ways to best serve the interests of the State.

Award payment will occur when the three-year contract obligation period has ended. The Department of Health may elect, for budgeting reasons, to make award payments before the three-year contract obligation period has ended. The amounts, and recipients, of such early award payments shall be at the discretion of the Department of Health.

The Department anticipates that awards will be announced in summer 2022. Awardees will have a PCSC contract start date of August 1, 2022.

DOH Contact Name & Address:

Jonathan Wettergreen
Division of Workforce Transformation
New York State Department of Health
Corning Tower, Room 1695
Albany, New York 12237
sch_loan@health.ny.gov

Minimum Eligibility Requirements

Solicitation of Interest # 20120

Applicant Name: _____

Primary Care Service Corps (PCSC) Loan Repayment Program

Instructions: The Clinician who is completing the PCSC service obligation is eligible to participate in this program only if they can answer “Yes” to questions (1-12). Applicants are instructed to upload the completed document as Attachment 1 of the application.

1.	You are a U.S. citizen or a permanent resident alien holding an I-155 or I-551 card.		
	YES	NO	
2.	You will be employed at the intended worksite on or before August 1, 2022.		
	YES	NO	
3.	You submitted an Employment Letter (Attachment 5) signed by authorized administrator.		
	YES	NO	
3a.	Employment Letter (Attachment 5) includes the appropriate CLASSIFICATION STATEMENT, and the text of the CLASSIFICATION STATEMENT has not been altered.		
	YES	NO	
3b.	If you indicated your profession as Physician Assistant, then Employment Letter includes sentence: “The clinician is a physician assistant, and their primary practice area will be in adult medicine, family medicine, pediatrics, psychiatry, mental health, geriatrics or women’s health.”		
	YES	NO	Not Applicable
3c.	If any of your Intended Worksites are School Based Clinics, then the Employment Letter includes the sentence: “The clinician will be serving at a School Based Health Center and will be primarily engaged in direct clinical and counseling services, and clinician will meet		

	clinical practice requirements for entire calendar year.”
	YES NO Not Applicable
4.	You are currently licensed to practice your profession in New York State.
	YES NO
4a..	You have Included a copy of a current, full, permanent, unencumbered, unrestricted license and registration to practice your profession in the State of New York.
	YES NO
4b.	If you are a Nurse Practitioner, you have Included a copy of a current, full, permanent, unencumbered, unrestricted license and registration to practice as a registered nurse in the State of New York AND a certificate to practice as a nurse practitioner in the area of adult health, family health, gerontology, pediatrics, psychiatry, or women's health OR proof of pending license and/or registration and/or certification.
	YES NO Not Applicable
5a.	You have not been excluded from or terminated by the federal Medicare or Medicaid programs (see http://www.omig.ny.gov).
	TRUE FALSE
5b.	You have not been disciplined by the New York State Board for Professional Medical Conduct (see https://www.health.ny.gov/professionals/doctors/conduct).
	TRUE FALSE
5c.	You are not under indictment for, nor have you been convicted of any felony as defined by New York State Penal Code. To determine if a crime is a felony: <ul style="list-style-type: none"> • Go to this website: http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO: • Click on PEN (which is next to Penal) • Click on the Article Number next to the crime in question (for example: Article 177 for Health Care Fraud) • Click on the relevant sub-article (for example: 177.25 for Health Care Fraud in the first degree) • The description will indicate if the crime is a misdemeanor or felony, and its class (for example: Health Care Fraud in the first degree is a class B felony).
	TRUE FALSE
5d.	You have not had your professional license revoked in any state or territory in the United States.
	TRUE FALSE

6.	You are not in breach of a health professional service obligation to the federal government, any state government, or a local government.
	TRUE FALSE
7.	You do not have any judgement liens arising from debt to the federal government or any state government.
	TRUE FALSE
8.	You are not fulfilling an obligation under any state or federal loan repayment or forgiveness program (including, but not limited to: the National Health Service Corps, the New York State Primary Care Service Corps, the Public Service Loan Forgiveness Program, the Indian Health Service Loan Repayment, the New York State Licensed Social Worker Loan Forgiveness Incentive Program) which overlaps or coincides with the three-year PCSC service obligation period of August 1, 2022 to July 31, 2025
	TRUE FALSE
9a.	All your intended worksites are Active NHSC Sites according to the HRSA Health Workforce Connector Website at: https://connector.hrsa.gov/connector/
	TRUE FALSE
9b.	All your intended worksites each have HPSA scores greater than zero for your professional discipline (primary care or dental or mental health) according to the HRSA Health Workforce Connector Website at: https://connector.hrsa.gov/connector/
	TRUE FALSE
10.	You have not previously received, nor are currently receiving, an award from the Primary Care Service Corps.
	TRUE FALSE
11.	If you receive a Primary Care Service Corps award, do you agree to complete and submit participant surveys sent to you by the New York State Department of Health?
	YES NO
12.	Employment Letter (Attachment 5) indicates that if you receive a Primary Care Service Corps award, your employer agrees to complete and submit Employment Verification forms and Administrator Surveys relating your worksite(s), and agrees to notify the Department of Health in the event of your termination or separation.
	TRUE FALSE

13..	Employment Letter (Attachment 5) indicates that you will work for at least 20 clinical hours per week for 45 weeks per year.
	TRUE FALSE

Program Specific Questions

Solicitation of Interest # 20120

Primary Care Service Corps (PCSC) Loan Repayment Program

Instructions: Respond to each of the questions in all sections described below when completing the Program Specific Questions. *All questions require an answer, and you must ensure all answers are legible.* Only questions marked with an asterisk (*) may be answered “Not Applicable”. **Applicants are instructed to upload the completed document as Attachment 2 of the application.**

1	First Name	
2	Middle Name*	
3	Last Name	
4	Prefix (Dr., Mr., Ms., Mrs., Mx., etc.):	
5	Profession:	
6	Sub-Specialty*	
7	HPSA Discipline Class (Primary Care or Mental Health or Dental) for your Profession	
8	Are you applying as a Full-Time Dentist*?:	
9	National Provider Identification (NPI) Number:	
10	New York State Professional License Number:	
11	How many different sites will you be practicing at while fulfilling their PCSC service obligation:	
12	Employer (Corporate Operator) of Intended Worksite #1.	
13	Site Name and Address of Intended Worksite #1:	
14	Number of Weekly Work Hours at Intended Worksite #1:	
15	Name of Supervisor at Intended Worksite #1:	
16	Work eMail address of Supervisor at Intended Worksite #1:	
17	Employer (Corporate Operator) of Intended Worksite #2*.	
18	Site Name and Address of Intended Worksite #2*:	
19	Number of Weekly Work Hours at Intended Worksite #2*:	
20	Name of Supervisor at Intended Worksite #2*:	
21	Work eMail address of Supervisor at Intended Worksite #2*:	
22	Employer (Corporate Operator) of Intended Worksite #3*:	
23	Site Name and Address of Intended Worksite #3*:	
24	Number of Weekly Work Hours at Intended Worksite #3*:	
25	Name of Supervisor at Intended Worksite #3*:	

26	Work eMail address of Supervisor at Intended Worksite #3*:	
26	Maiden Name*:	
28	Home Street Address:	
29	Home City:	
30	Home State:	
31	Home ZIP:	
32	eMail Address where correspondence and information about PCSC should be sent:	
33	Work eMail Address:	
34	Home Telephone Number:	
35	Cellular Telephone Number*:	
36	Please list any other loan repayment programs (including, but not limited to: the National Health Service Corps, Indian Health Service Loan Repayment, New York State Licensed Social Worker Loan Forgiveness Incentive Program, Public Service Loan Forgiveness Program) for which you have an application pending.	
37	Current amount of eligible student loan debt (round down to nearest whole dollar). Please upload, as Attachment 3 under Pre-Submission Uploads, loan balance statements for all current loan debt for undergraduate or graduate education, made by or guaranteed by the federal or state government, or made by a lending or educational institution approved under Title IV of the Federal Higher Education Act.	
38	Amount of funding requested from PCSC:	
39	Worksite(s) on April 25, 2022. Corporate Operator, Site Name(s), Address(es):	

**Loan Statements
For Qualified Educational Debt**

Solicitation of Interest # 20120

Primary Care Service Corps (PCSC) Loan Repayment Program

Please note this document is a placeholder as loan statements will vary among applicants.

Applicants are instructed to upload the most current Loan Statements for qualified educational debt* as Attachment 3.

These statements should be no greater than (30) days prior to the date on which the application is submitted.

The Loan Statements must show, at a minimum, the following information:

- Evidence of Statement Authenticity (letterhead or statement banner with credit corporation logo)
- Creditor Name
- Applicant Name
- Loan Number
- Loan Statement Date
- Loan Balance

* Qualified educational debt is defined in Section III.A. Use of Funds of this SOI.

Consent to Disclosure

Solicitation of Interest # 20120

Primary Care Service Corps (PCSC) Loan Repayment Program

Instructions: Applicants are instructed to upload the completed Consent to Disclosure document as Attachment 4 of the application.

I authorize and provide my consent for any lender, servicer, the U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to disclose to NYS Higher Education Services Corporation (HESC) any information relevant to HESC's review and consideration of my outstanding student loan debt. I give HESC permission to contact and disclose my personal information to any lender, servicer, U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to facilitate HESC's review and consideration of my outstanding student loan debt. I give HESC permission to share my personal information with its agents, business partners, other State and/or federal agencies, and other institutions or individuals necessary for the purpose of evaluating my student loan debt. I give HESC permission to use whatever means it deems necessary to verify any information I have provided, or will provide, to be used for the purpose of evaluating my student loan debt, including but not limited to, documentation submitted or accessed through other parties.

Applicant's Name (Print)

Applicant's Signature

Date

ATTACHMENT 5 (Mandatory Upload)

Solicitation of Interest # 20120

Employment Letter Template

(EMPLOYER LETTERHEAD)

(Date)

Dear Primary Care Service Corps Administrator:

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 August 1, 2022 through July 31, 2025. During that time, (*clinician name*) will be assigned to:

- (*name and address of work site*) which is a National Health Service Corps Active Site, for ___ % of his/her time. (Note: add additional worksite bullets if there are multiple worksites, the total should equal 100%)

They will work as a (*clinical title and specialty*) for approximately ___ clinical hours per week for ___ weeks per year during that time.

(For clinicians serving at School Based Health Centers only) {The clinician will be serving at a School Based Health Center and will be primarily engaged in direct clinical and counseling services, and clinician will meet clinical practice requirements for entire calendar year.}

(For Physician Assistants only) {The clinician is a physician assistant, and their primary practice area will be in adult medicine, family medicine, pediatrics, psychiatry, mental health, geriatrics or women's health.}

(Insert the Appropriate CLASSIFICATION STATEMENT from list below. Please select the appropriate bracketed term to describe your employee. Do not alter any other text in the statement.)

If the applicant receives Primary Care Service Corps award, (*name of employer*) agrees to complete and submit Employment Verification forms and Administrator Surveys relating to the applicant and their worksite(s), and agrees to notify the Department of Health in the event of termination or separation of the employee applicant.

Sincerely,

(Signature)

(Title of Signatory)

CLASSIFICATION STATEMENTS

As a {physician assistant} {nurse practitioner} {dentist} {dental hygienist} serving at a {primary care} / {dental} facility, this clinician will work 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. In addition, it is understood that:

- 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.
- 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.

As a {certified nurse midwife} {physician assistant providing geriatric services} {nurse practitioner providing geriatric services}, this clinician will work 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. In addition, it is understood that:

- 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.
- 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.

As a {physician assistant} {nurse practitioner} {clinical psychologist} {licensed clinical social worker} {licensed marriage and family therapist} {licensed mental health counselor} providing behavioral health services, this clinician will work 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. In addition, it is understood that:

- 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.
- 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.

As a {physician assistant} {nurse practitioners} {certified nurse midwife} serving at a Critical Access Hospital (CAH), this clinician will work 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. In addition, it is understood that:

- 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.
- 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.

As a FULL-TIME dentist serving at a dental facility, this clinician will work 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. In addition, it is understood that:

- 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 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.
- 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.

Proof of Site Eligibility

Solicitation of Interest # 20120Primary Care Service Corps (PCSC) Loan Repayment Program

Instructions: Primary Care Service Corps awardees must be employed at National Health Service Corps Active Sites, and the site must have a HPSA score of 1 or more for the awardee's professional discipline (primary care or dental or mental health)

To verify that a site is a National Health Service Corps Approved Site:

1. Go to this website: <https://connector.hrsa.gov/connector/>
2. In the Search dialog box, click on the Sites radio button (blue dot will appear in circle next to word Sites)
3. In the Location box, enter the name of the town, and then click on the choice that appears in the drop box (to see all sites in New York State, choose: "New York USA").
4. Press the [Search] Button.
5. A list of all NHSC Approved Sites in New York State (centered on the requested town) will appear in the Search Results on the Site tab.
6. Use the scroll bar to scroll through the Search Results list to find the intended work site.
7. If the right column of the Search Results for the intended site shows the words "NHSC Active", or "NHSC/Nurse Corps Active" or "NHSC/Nurse Corps/STAR Active" then the site is an NHSC Active Site.
8. Click on the name of the site to activate the link and display site details.
9. Verify that the address of the site is the address of the intended site (some site names are vague, so please check that you have found the correct site).
10. Verify that the NHSC HPSA score (top right corner of screen) for the applicant's professional discipline (primary care or dental or mental health) is 1 or more. If the NHSC HPSA score shows "NA" for the applicant's discipline, then this site is NOT an allowable worksite for the applicant.
11. Print the screen (or save screenshot as a PDF) showing site name, site address and site HPSA scores, and submit with the application as Attachment 8 Site Information.
12. Repeat steps above for each intended worksite.

The Site Status **MUST** indicate “NHSC Active” and **MUST** have a NHSC HPSA score of 1 or more for the applicant’s discipline to be an eligible worksite for the PCSC Loan Repayment Program.

Site Information

Solicitation of Interest # 20120

Primary Care Service Corps (PCSC) Loan Repayment Program (Round 5)

Please note this document is a placeholder, as site information will vary among applicants.

Applicants are instructed to upload the site information obtained from the instructions in Attachment 7: Tool to Identify Eligible Sites as Attachment 8.

The Site Information must show, at a minimum, the following information:

- Site Name
- Site Address
- NHSC HPSA Scores

Solicitation of Interest # 20120

Current Professional Licenses

Please note this document is a placeholder as current professional licenses will vary among applicants.

Applicants are instructed to upload a photocopy or printout of any professional licenses currently held.

Default Penalty Attestation

Solicitation of Interest # 20120

Primary Care Service Corps (PCSC) Loan Repayment Program

Instructions: Applicants are instructed to upload this signed document as Attachment 9 of the application.

There are significant financial consequences in the event a clinician fails to complete their three-year service obligation.

These default provisions are defined in the Master Grant Contract as follows:

In the event of default, the physician will, 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 physician 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 below, will be referred to the New York State Attorney General's Office for possible legal action.

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 SOI, 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.

I certify that I have reviewed this document and understand how default penalties are applied in relation to this SOI. Signature of Applicant:

Signature

Date

Name (printed)

For clarity, the following table shows the theoretical MINIMUM amount a default penalty could be, using an Interest rate of 0%, an award amount of \$30,000, and \$0 in payments made from the Department of Health to the awardee at the time of default:

Period (in months) of Obligated Service Period Not Completed	Dollars Defaulting Awardee must pay to Department
36	270,000.00
35	261,666.67
34	253,333.34
33	245,000.01
32	236,666.68
31	228,333.35
30	220,000.02
29	211,666.69
28	203,333.36
27	195,000.03
26	186,666.70
25	178,333.37
24	170,000.04
23	161,666.71
22	153,333.38
21	145,000.05
20	136,666.72
19	128,333.39
18	120,000.06
17	111,666.73
16	103,333.40
15	95,000.07
14	86,666.74
13	78,333.41
12	70,000.08
11	61,666.75
10	53,333.42
9	45,000.09
8	36,666.76
7	31,000.00
6	31,000.00
5	31,000.00
4	31,000.00
3	31,000.00

2	31,000.00
1	31,000.00

Tax Issues

Solicitation of Interest # 20120

Primary Care Service Corps (PCSC) Loan Repayment Program

Funds to support loan repayment under the Primary Care Service Corps (PCSC) Loan Repayment Program may be currently exempt from federal and state taxes. If you receive monies for loan repayment, you should not be issued a 1099 statement. Please consult your tax professional for more information about your specific tax situation.

Section 10908 of the Patient Protection and Affordable Care Act (PL 111-148) addresses federal taxability of state loan repayment programs that are not part of the Federal State Loan Repayment (SLRP) program. This section puts the state loan repayment programs on par with the federal/state SLRP programs in terms of federal taxability. 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.

PLEASE CONSULT YOUR TAX PROFESSIONAL FOR MORE INFORMATION ABOUT YOUR SPECIFIC TAX SITUATION.