



November 16, 2016

Dear Potential Applicant:

You are invited to submit an application to the Pennsylvania Department of Health in accordance with the enclosed Request for Applications (RFA) # **67-56**.

All questions regarding this RFA must be directed in writing by e-mail to [loanrepayment@pa.gov](mailto:loanrepayment@pa.gov), no later than **November 30, 2016**. All questions must include the specific section of the RFA about which the potential applicant is questioning. Answers to all questions will be posted at <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Vmr-CWQo6pp> on or before December 7, 2016.

Please submit an application via the on-line Pennsylvania Primary Care Loan Repayment Program Practitioner Application found at the following website <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Vmr-CWQo6pp> beginning Wednesday, November 16, 2016. Your completed application must be submitted **before 11:59 p.m. on Wednesday, December 21, 2016**.

**LATE APPLICATIONS WILL NOT BE ACCEPTED REGARDLESS OF THE REASON.**

We expect that the evaluation of applications and the selection of grantees will be completed within six weeks of the submission due date.

Sincerely,

A handwritten signature in black ink, appearing to read "Lori Stubbs", written over a large, loopy scribble.

Lori Stubbs  
Director  
Bureau of Administrative and Financial Services

Enclosure

# Request for Application

## Pennsylvania Primary Care Loan Repayment Program

RFA Number

67-56

Date of Issuance

November 16, 2016

Issuing Office:

Pennsylvania Department of Health  
Bureau of Administrative and Financial Services  
Division of Contracts  
Room 824, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120-0701

RFA Project Officer:

Jacquelyn Holbert  
Loan Repayment Program Administrator  
Pennsylvania Department of Health  
Bureau of Health Planning  
Division of Health Professions Development  
Room 1033, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120-0701  
Email address: [loanrepayment@pa.gov](mailto:loanrepayment@pa.gov)

# Pennsylvania Primary Care Loan Repayment Program

## CONTENTS

<i>Request for Applications</i> .....	1
A. Information for Applicants.....	2
1. Introduction.....	2
a. Service Commitment.....	2
b. Eligibility Requirements.....	4
c. Eligible Disciplines.....	5
2. Availability of Funds.....	9
a. Grant Payments.....	10
b. Taxability.....	10
3. Qualification Factors.....	11
a. Qualifying Loans.....	11
b. Practice Site Information.....	13
B. Application Procedures .....	15
1. General.....	15
2. Evaluation of Applications.....	16
3. Awards .....	16
4. Verification of Service.....	19
C. Application Instructions .....	19
1. Create User Account .....	20
2. Application Instructions .....	21

Any grant resulting from this RFA will include certain standard terms and conditions, which will either be attached as paper appendices or incorporated by reference and may be found at <http://www.health.pa.gov/vendors>. These terms and conditions are listed below:

- Standard General Terms and Conditions (Rev. 3/15)
- Audit Requirements (Rev. 2/15)
- Commonwealth Travel and Subsistence Rates (Rev. 4/15)
- Minimum Personal Computer Hardware, Software, and Peripherals Requirements (Rev. 4/12)
- Federal Lobbying Certification and Disclosure (Rev. 12/05)
- Pro-Children Act of 1994 (Rev. 12/05)

# Request for Applications

## **Pennsylvania Primary Care Loan Repayment Program**

Information for Practitioner Applicants,  
Application Procedures  
and  
Application Instructions

## A. Information for Applicants

Please read the Pennsylvania Primary Care Loan Repayment Program (LRP) Request For Applications (RFA) in its entirety before proceeding with an application. Applicants should have a complete understanding of the commitment to serve at an LRP-approved community-based primary care medical or dental health center (practice site) and the consequences of failing to fulfill that commitment prior to submitting an application.

### 1. Introduction

The LRP is administered by the Pennsylvania Department of Health (Department), Bureau of Health Planning. The LRP is designed to assist community-based primary health care centers, located in or serving underserved populations, in recruiting and retaining practitioners. The LRP does this by providing grant funding to primary care practitioners employed at these centers to assist with repayment of their outstanding qualifying educational loans.

Primary care practitioners include physicians, certified registered nurse practitioners, certified nurse-midwives, physician assistants, general dentists, registered dental hygienists, psychologists, licensed clinical social workers, licensed professional counselors and marriage and family therapists. Primary care practitioners wishing to submit an application must meet all eligibility requirements stated in this RFA and must be currently employed at an LRP-approved practice site either (1) located in a federally designated Health Professional Shortage Area (HPSA) or (2) serving a minimum of 30% low-income patients. In return for grant funding, a participating practitioner must fulfill a two year full-time or half-time LRP service commitment at their respective LRP-approved practice site.

The LRP seeks practitioners who demonstrate the characteristics for and an interest in serving medically underserved populations and remaining in underserved areas beyond their service commitment. **The primary purpose of the LRP is to increase access to primary care services in underserved areas, not the repayment of educational loans.**

#### a. Service Commitment

The LRP will provide Grant funds through a Participation Grant Agreement (Agreement) to practitioners to repay their outstanding qualifying educational loans in exchange for providing primary healthcare services at an LRP-approved outpatient primary care medical or dental practice site for a contracted grant period of two years. The anticipated Grant Agreement term is **July 1, 2016 to June 30, 2018** subject to the availability of funding.

For the purposes of this RFA, primary healthcare services include basic primary and preventive health services related to the following specialties furnished by physicians, and where appropriate, physician assistants, certified registered nurse practitioners, and certified nurse midwives: family medicine, general internal medicine, general pediatrics, geriatrics, psychiatry, and obstetrics/gynecology. In addition to the services provided by physicians, physician assistants, nurse practitioners and nurse midwives, the following services may also be included as primary and preventive health services: general dental services provided by general dentists and registered dental hygienists. Mental and behavioral health services, only when provided in a primary medical healthcare center by psychiatrists, physician assistants, certified registered nurse practitioners, psychologists, licensed clinical social workers, licensed professional counselors, and marriage and family therapists, may also be included as primary and preventive health services.

For the purposes of this RFA primary health care services ***do not include*** medical specialty services (such as, but not limited to, hospice; rehabilitation; oncology; rheumatology; endocrinology; gastroenterology; and cardiology) or dental specialty services (such as, but not limited to, orthodontics; endodontics; periodontics; or other dental specialty services).

#### 1) Full-Time Service Commitment

For full-time practitioners, LRP participation will be contingent upon continuous, full-time practice at an LRP-approved practice site for the period of **July 1, 2016 through June 30, 2018**. Full-time practice is defined as not less than 40 hours per week, 48 weeks per year. Furthermore, the 40-hour week must include not less than four days per week, with not more than 12 hours of work to be performed in any given 24 hour period. Of the 40 hours per week, a minimum of 32 hours must be spent providing direct patient care. No more than eight hours per week can be spent in an administrative capacity. Hospital rounds are not included in the 40-hour work week except for practitioners providing obstetric care. Practitioners may provide up to 19 hours of direct obstetric patient care at a hospital. Practitioners 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 providing services while in an “on-call” status will not be counted toward the service commitment.

#### 2) Half-Time Service Commitment

For half-time practitioners, LRP participation will be contingent upon continuous, half-time practice at an LRP-approved practice site for the period of **July 1, 2016 through June 30, 2018**. Half-time practice is defined as a minimum of 20 hours per week (not to exceed 39 hours per week), 48 weeks per year. Furthermore, the 20 hour week must include not less than two days per week, with not more than 12 hours

of work to be performed in any given 24-hour period. Of the 20 hours per week, a minimum of 16 hours must be spent providing direct patient care. No more than four hours per week can be spent in an administrative capacity. Hospital rounds are not included in the 20 hour work week except for practitioners providing obstetric care. Practitioners may provide up to nine hours of direct obstetric patient care at a hospital. Practitioners 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. Also, time spent providing services while in an “on-call” status will not be counted toward the service commitment. A half-time service commitment is not available to practitioners who are employed full-time.

For the purposes of this RFA, administrative capacity is defined as clinical related administrative, management or other activities and may include charting, care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure and other non-treatment related activities pertaining to the practitioner’s LRP-approved practice site. Any time spent in a management role is considered to be an administrative activity. The duties of a medical director are also considered primarily administrative and LRP applicants serving in such a capacity must meet the minimum hourly requirements for direct patient care – 32 hours for full-time and 16 hours for half-time. Clinical services provided by an LRP practitioner while precepting students/residents may be counted as direct patient care.

The LRP does not recognize the homes of patients as LRP-approved practice sites; therefore, home visits provided by applicants cannot be counted as direct patient care.

b. Eligibility Requirements

1) To be eligible all applicants must:

- i. Be a U.S. Citizen (either U.S. born or naturalized) or a U.S. National;
- ii. Participate or be eligible to participate as a provider in the Medicare, Medicaid, and Children’s Health Insurance Program, as appropriate;
- iii. Meet discipline and specialty-specific education, training and licensure requirements, as described in paragraph A.1.c (below); and
- iv. Have provided full-time or half-time primary health care services at an LRP-approved practice site since July 1, 2016 as described above.

2) The following factors will make an individual *ineligible* for participation:

- i. Having any outstanding service obligation for health professional or other service to the Federal government (for example, National Health Service Corps (NHSC) Loan Repayment Program obligation, NHSC Scholarship Program obligation or a NURSE Corps Loan Repayment Program obligation) or other entity (for example, a recruitment bonus that obligates you to remain employed at a certain site); or
- ii. History of having breached a prior health professional service obligation to the Federal, state, or local government or other entity.

c. Eligible Disciplines

1) Primary Medical Care

i. Allopathic (MD) or Osteopathic (DO) Physicians

- a) Board certified or board eligible and practicing primary care in one of the following specialties: family medicine, general internal medicine, general pediatrics, geriatrics, or obstetrics/gynecology. OB/GYN practitioners must provide prenatal care and obstetric services. Practitioners who practice only gynecology are not eligible for participate in the LRP.
- b) Completed an approved residency program in a primary care specialty defined in Paragraph A.1.c.1)i.a (above).
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

ii. Physician Assistants (PA-Cs)

- a) Practicing primary care in one of the following specialties: adult, family, pediatrics, geriatrics, or women's health. Women's Health practitioners must provide prenatal care and obstetric services. Practitioners who practice only gynecology are not eligible to participate in the LRP.
- b) Has a degree or certificate from an accredited physician assistant education program.
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

iii. Certified Registered Nurse Practitioners (CRNPs)

- a) Practicing primary care in one of the following specialties: adult, family, pediatrics, geriatrics, or women's health. Women's Health practitioners must provide prenatal care and obstetric services. Practitioners who practice only gynecology are not eligible to participate in the LRP.
- b) Has a degree or certificate from an accredited nursing school.
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

iv. Certified Nurse-Midwives (CNMs)

- a) Practicing primary care in obstetrics/gynecology. OB/GYN practitioners must provide prenatal care and obstetric services. Practitioners who practice only gynecology are not eligible to participate in the LRP.
- b) Has a degree or certificate from an accredited nursing school.
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

2) Primary Dental Care

i. General Dentists

- a) Practicing dentistry in general dentistry or pediatric dentistry.
- b) Has a DDS or DMD degree from an accredited program.
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

ii. Registered Dental Hygienists (RDHs)

- a) Has a degree or certification from an accredited dental hygiene training program.
- b) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

3) Primary Behavioral and Mental Health Care

i. Allopathic (MD) or Osteopathic (DO) Physicians

- a) Board certified or board eligible and practicing psychiatry.
- b) Completed an approved residency or fellowship program in psychiatry.
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

ii. Physician Assistants (PA-Cs)

- a) Practicing in mental health or psychiatry.
- b) Has a degree or certificate from an accredited physician assistant education program.
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

iii. Certified Registered Nurse Practitioners (CRNPs)

- a) Practicing in mental health or psychiatry.
- b) Has a degree or certificate from an accredited nursing school.
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license.

iv. Psychologists

- a) Practicing in mental or behavioral health.
- b) Has a doctoral degree (Ph. D. or equivalent) from an accredited program for applicable discipline.
- c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license to practice independently and unsupervised.

- v. Licensed Clinical Social Workers (LCSWs)
  - a) Practicing in mental or behavioral health.
  - b) Has a master's degree or doctoral degree in social work from an accredited program for applicable discipline.
  - c) Possess a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license to practice independently and unsupervised.
  
- vi. Licensed Professional Counselors (LPCs)
  - a) Practicing in mental or behavioral health.
  - b) Has a master's degree or higher with a major study in counseling from an accredited program for applicable discipline.
  - c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license to practice independently and unsupervised.
  
- vii. Marriage and Family Therapists (MFTs)
  - a) Practicing in mental or behavioral health.
  - b) Has a master's or doctoral degree from an accredited program for applicable discipline.
  - c) Possesses a current, full, permanent, unencumbered, unrestricted Pennsylvania health professional license to practice independently and unsupervised.

Additional information about how to apply, evaluation of applications, and grant awards is set forth in Section B.

This RFA provides interested persons with instructions for submitting applications to the Department. Questions about this RFA or submitting an application can be directed to the Loan Repayment Program Administrator by e-mail at [loanrepayment@pa.gov](mailto:loanrepayment@pa.gov) no later than Nov. 30, 2016. Answers to all questions will be posted at <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Vmr-CWQo6pp>. Each applicant shall be responsible to monitor the website for new or revised RFA information. The Department shall not be bound by any

information that is not either contained within the RFA or formally issued as an addendum by the Department.

In order to do business with the Commonwealth of Pennsylvania practitioners are required to enroll in the SAP system. Applicants may enroll at [www.vendorregistration.state.pa.us/](http://www.vendorregistration.state.pa.us/) or by calling toll free at 1-877-435-7363 or locally at 717-346-2676.

## 2. Availability of Funds

LRP Participation Grant Agreements (Agreements) will be awarded based on the availability of funding. All Agreements will include a commitment of service at an LRP-approved practice site for a period of two years.

Maximum Grant awards for loan repayment for eligible **full-time** practitioners are as follows:

Physician	\$100,000
Dentist	\$100,000
Physician Assistant	\$60,000
Certified Registered Nurse Practitioner	\$60,000
Certified Nurse-Midwife	\$60,000
Registered Dental Hygienist	\$60,000
Psychologist	\$60,000
Licensed Clinical Social Worker	\$60,000
Licensed Professional Counselor	\$60,000
Marriage and Family Therapist	\$60,000

Maximum grant awards for loan repayment for eligible **half-time** practitioners are as follows:

Physician	\$50,000
Dentist	\$50,000
Physician Assistant	\$30,000
Certified Registered Nurse Practitioner	\$30,000
Certified Nurse-Midwife	\$30,000

Registered Dental Hygienist	\$30,000
Psychologist	\$30,000
Licensed Clinical Social Worker	\$30,000
Licensed Professional Counselor	\$30,000
Marriage and Family Therapist	\$30,000

The amount that the Department agrees to grant for loan repayment will not exceed the total student indebtedness for each individual practitioner. For each year of the Agreement the practitioner will receive 50% of the total award indicated in the Agreement.

a. Grant Payments

Grant funds will be distributed once each state fiscal year. The LRP will send approved grant payments directly to the practitioner no later than June 30 of each year of the Agreement.

The practitioner MUST provide verification that all grant payments received through this program were paid against the outstanding balances of the qualifying educational loans that were approved as part of the Agreement. A verification document must be provided to the LRP within 90 calendar days of receipt of the LRP funds and clearly show that the entire award was applied to the approved loans. The verification document must be an official document or webpage that includes the lender's name, the account holder's name, the loan account number, and must reflect all payments made during the Agreement period. Cancelled checks and bank statements will not be accepted as proof that loan payments were properly applied.

Failure to provide a verification document within 90 calendar days of receipt of LRP funds may result in a breach of the Agreement with penalties imposed on the practitioner as described in Paragraph B.3.b., the Breach of Contract/Default, below.

b. Taxability

- 1) Federal Taxability - Effective with loan repayments received in taxable years beginning after December 31, 2008, the Patient Protection and Affordable Care Act (PL 111-148), Section 10908, excludes assistance provided to participants in state student loan repayment programs for certain health professionals. Paragraph (4) of section 108(f) of the Internal Revenue Code of 1986 is amended to read as follows: "In the case of an individual, gross income shall not include any amount received under section 338(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).”

- 2) State Taxability – Student loan repayments or the forgiveness of student loan debt received as an inducement to enter or as a result of employment in a certain profession or field are considered taxable compensation for Pennsylvania personal income tax purposes according to the Pennsylvania Department of Revenue. Program participants should seek the advice of a qualified tax counselor regarding this matter.

### 3. Qualification Factors

Applicants who have a history of not honoring prior legal obligations to the NHSC or LRP will not be selected.

#### a. Qualifying Loans

An approved LRP practitioner will receive grant funding to be applied to the principal, interest, and related expenses of outstanding Government (Federal, state, or local) and commercial loans for undergraduate or graduate education obtained by the practitioner for school tuition, other reasonable educational expenses, and reasonable living expenses. The educational loans must be obtained prior to the date of application to the LRP and must be applicable to the health professions degree attained for qualification for the LRP. The LRP does not provide repayment for educational loans to be utilized in the pursuit of current or future education.

Consolidated or refinanced loans will only be considered for repayment if *each original* loan in the consolidation or refinance would have been considered a qualifying educational loan to the applicant at the time each original loan was granted (and can be documented as such) and the consolidated or refinanced loan is from a government (Federal, state, or local) or private student lender. An educational loan that would have been considered an LRP qualifying loan that has been consolidated or refinanced with an ineligible (non-qualifying) debt of the applicant will not be considered for loan repayment. Qualifying educational loans consolidated with loans owned by any other person, such as a spouse or parent, are ineligible for repayment.

#### 1) Non-Qualifying Educational Expenses

Examples of **non-qualifying** educational expenses include:

- i. Eligible education loans owned wholly or in part by any person other than the applicant.
- ii. Loans for which the applicant incurred a service obligation which has not been fulfilled.
- iii. Financial damages or loans obtained to repay damages incurred as a result of a breach of contract with any Federal, state, or local agency or any commercial lending institution.
- iv. Loans for which the associated documentation does not identify the loan as applicable to undergraduate or graduate education.
- v. Loans not obtained from a government or commercial lending institution.
- vi. Loans that have been repaid in full.
- vii. Personal lines of credit.
- viii. Credit card debt.

The Department will be the final authority in determining qualifying educational loans.

## 2) Documentation and Verification of Loans

Applicants will be required to provide the following documentation for each loan that is being submitted for consideration. It is permissible to submit multiple documents, if necessary, to provide all the required information. Please note that the online application system allows only two documents to be uploaded for each loan. If multiple documents are required, they must be attached as a single document in pdf format.

- i. Account Statement – This document is used to provide current information on qualifying educational loans. Often borrowers receive monthly statements indicating the status of loan balances. This document must:
  - a) Be on official letterhead or other clear verification that it comes from the lender/holder
  - b) Include the name of the borrower

- c) Contain the account number
  - d) Include the date of the statement (cannot be more than 30 calendar days from the date of LRP application submission)
  - e) Include the current outstanding balance or the current payoff balance
  - f) Include the current interest rate
- ii. Disbursement Report – This report is used to verify the originating loan information and must:
- a) Be on official letterhead or other clear verification that it comes from the lender/holder
  - b) Include the name of the borrower
  - c) Contain the account number
  - d) Include the type of loan
  - e) Include the original loan date
  - f) Include the original loan amount
  - g) Include the purpose of the loan

For applicants with Federal loans, a National Student Loan Data System (NSLDS) Aid Summary Report may be uploaded and will satisfy the requirement for the Disbursement Report.

b. Practice Site Information

**In order to qualify for the LRP, the applicant must have been continuously employed (full-time or half-time) since July 1, 2016, at a practice site which must be approved by the Department.** Employment at multiple practice sites will be considered as long as all practice sites belong to the same parent organization and all are LRP-approved. LRP-approved practice sites will be required to verify employment status prior to an application being selected for an LRP award. To become approved for participation in the LRP, practice sites must be healthcare facilities that provide outpatient primary and preventive medical services (may provide behavioral and mental health services) or dental healthcare services, or both,

to (1) populations residing in HPSAs or (2) that serve a minimum of 30% low-income patients. (For the purposes of this RFA, low-income patients are defined as patients who are uninsured or underinsured and receive services at no charge or utilizing a sliding/discounted fee schedule for patients whose income is at or below 200% of the Federal Poverty Level. Medicaid patients are also counted as low-income patients.)

Examples of community-based healthcare centers include:

- 1) Federally Qualified Health Centers (FQHCs)
- 2) FQHC Look-Alikes
- 3) Certified Rural Health Clinics (RHCs)
- 4) Public Health Departments
- 5) Hospital-Affiliated Outpatient Primary Care Practices
- 6) General Dental Clinics
- 7) Group or Solo Private Practices
- 8) State Correctional Institutions (with facility HPSA designation)
- 9) Free Clinics

The following are not eligible, even if they are located in a HPSA: county and local prisons; inpatient hospitals; other inpatient facilities; clinics that limit care to veterans and active duty military personnel; and facilities that provide only mental health services.

LRP practitioners may be either employees or independent contractors of the practice site. Contract negotiations are solely the responsibility of the practitioner and are between the practitioner and the practice site. The LRP Agreement is separate and independent from a practitioner's contract with the practice site.

Practitioner applications cannot be submitted until the practice site at which the practitioner is working is LRP-approved and is available in the drop down menu within the practitioner application system. For practitioners working at multiple practice sites, each practice site must be LRP-approved. Practitioners should verify with their practice site director or administrator that their practice site has been LRP-

approved for loan repayment prior to beginning a practitioner application. Practice site applications must be submitted by the practice site director or administrator and can be found at <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Vmr-CWQo6pp>.

A list of LRP-approved practice sites current as of the date of this RFA is available at: <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Vmr-CWQo6pp>. Practice sites approved subsequent to the publishing of this RFA will appear in the drop down menu within the Practitioner Application.

Selecting a practice site where you are not providing clinical services will disqualify your application.

## **B. Application Procedures**

### **1. General**

An online application for the Pennsylvania Primary Care Loan Repayment Grant Program can be found at: <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Vmr-CWQo6pp>.

Practitioner Applications will be accepted from Nov. 16 through Dec. 21, 2016. For Applications to be considered, a complete online application must be submitted by 11:59 pm on Dec. 21, 2016.

Applications must be received by the Department by the time and date stated in the cover letter.

If it becomes necessary to revise any part of the application guidelines, an amendment will be posted on the Department of Health website <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Vmr-CWQo6pp>.

The decision of the Department with regard to selection of applicants is final. The Department reserves the right to negotiate separately with competing applicants and the right to reject any and all applications received in response to this RFA.

**2. Evaluation of Applications**

All applications meeting stated requirements in this RFA and received by the designated date and time will be reviewed by the Department.

A limited number of Agreements will be awarded. The LRP is expected to be competitive. In order to determine which applicants are funded, consideration will first be given to community need as determined by such factors as the type of practice site, HPSA designation, and service to low-income and underserved populations. Priority will then be given to applicants who:

- a. Are legal residents of Pennsylvania at the time of application;
- b. Are graduates of Pennsylvania institutes of education for high school, undergraduate, post graduate and residency programs; and
- c. Have attained their health professional license within the past 10 years.

The LRP will award funding based on the criteria identified above to the extent that funding is available. Awards will be made as follows, except that the Department may reallocate funds among the categories if sufficient qualified applications in each category are not received:

Primary care medical practitioners	50% of available funding
Dental practitioners	25% of available funding
Behavioral and mental health practitioners	25% of available funding

**3. Awards**

All applicants will receive official written notification of the status of their application from the Department.

When an applicant is approved for an award, a Grant Agreement will be prepared for signature by the practitioner and the Commonwealth. All Grant Agreements will be administered through the Department.

a. Suspension, Waiver, or Cancellation

The LRP expects that a practitioner will fulfill his or her obligation at the LRP-approved practice site identified in the Agreement. If a practitioner feels that he or she can no longer continue working at the LRP-approved practice site, the practitioner should discuss the situation with the LRP Administrator as soon as concerns arise. If the practitioner leaves his or her LRP-approved practice site without prior written approval of the Department, he or she may be placed in default.

Practitioners asked by their employer to work at a practice site that is not listed in the Agreement shall immediately notify the LRP Administrator. Site Applications for additional community-based primary care medical or dental health centers must be completed and pre-approved by the Department prior to any changes in, or additions to, employment locations.

Practitioners who become unemployed or are informed of a termination date must contact the LRP Administrator immediately. The Department can provide assistance to help unemployed practitioners identify a position at an alternate LRP-approved practice site, so long as the unemployment is not the result of termination for cause.

Practitioners who voluntarily resign from their LRP-approved practice sites without prior approval from the Department or are terminated by their employer for cause will be placed in default and become liable for damages as described in the Breach of Contract/Default section below.

While the LRP will work with practitioners to assist them in avoiding default and fulfilling the service commitment, failure to fulfill the service commitment, regardless of the reason, is a breach of the LRP obligation.

1) Suspension

A suspension of the LRP service commitment may be granted if compliance with the commitment by the practitioner is temporarily impossible or would involve a temporary extreme hardship such that enforcement of the commitment would be unconscionable. Periods of approved suspension of service will extend the practitioner's LRP service commitment end date. Reasons for suspension are:

- i. Leave of Absence for Medical or Personal Reasons
- ii. Maternity/Paternity/Adoption Leave for up to 12 weeks
- iii. Call to Active Duty in the Armed Forces

## 2) Waiver

A waiver permanently relieves the practitioner of all or part of the LRP service commitment. A waiver may be granted only if the practitioner demonstrates that compliance with the LRP service commitment is permanently impossible or would involve an extreme hardship such that enforcement of the LRP service commitment would be unconscionable. A waiver request must be submitted in writing and include the reasons the waiver is being sought. The practitioner may be required to submit additional documentation necessary to complete the waiver request. Waivers are not routinely granted and require a showing of compelling circumstances.

## 3) Cancellation

If a practitioner were to die before completing the LRP service commitment, the obligation will be cancelled in its entirety.

## 4) Withdrawal

An applicant may request the withdrawal of his or her application at any time before an Agreement is fully executed by the Commonwealth. After the contract is considered fully executed, failure to begin or complete the service obligation will be considered a breach of the Agreement and the practitioner will be liable for default penalties.

### b. Breach of Contract/Default

Any practitioner who fails to complete his or her term of obligated service under the terms and conditions of the Agreement will be considered to have breached the Agreement and is liable for breach of Agreement penalties.

Practitioners who falsify or misrepresent information on the Application or Verification Forms or other required documents will be disqualified from participating, or, if placement has already occurred, be considered to have breached the Agreement.

If the practitioner's employment is terminated for good cause, as determined by the employer and confirmed by the Department, the practitioner is automatically considered to have breached the Agreement. If the practitioner's employment is terminated for reasons beyond the practitioner's control (for example, closure of the site), the practitioner's LRP service commitment will be temporarily suspended. The LRP will provide assistance in seeking employment at another approved LRP-approved practice site. The LRP will be the final determiner as to whether a suspended practitioner is

considered to have breached the Agreement or whether the remainder of their LRP service commitment will be waived.

An LRP practitioner who breaches the LRP Agreement will be required to repay the amount of loan repayment grant assistance received. Therefore, any practitioner placed in breach status shall be liable to repay the total amount of loan repayment grant assistance received under this program. This amount shall be repaid within three months of the date of breach of the Agreement. Failure to pay the debt may result in the debt being reported as delinquent to credit reporting agencies.

Any practitioner who has breached an Agreement will not be eligible to apply for the LRP at any time in the future.

If any person who has received funds and has been declared in breach of contract under this program at any time becomes an employee of the Commonwealth, he or she shall be deemed to have agreed, as a condition of employment, to voluntary or involuntary withholding of his or her wages to repay the default damages.

#### **4. Verification of Service**

Monitoring of the service by practitioners shall be conducted on an ongoing basis by the LRP. Service Verification Forms will be sent out by the LRP in accordance with the practitioner's payment schedule and must be returned to the Department, countersigned by the practice site director, certifying continuous service by the practitioner. Scheduled Grant payments for loan repayment will not be released until completed Service Verification Forms are received by the Department.

The practitioner is required to maintain practice records in such form and containing such information that the Department may readily determine if the individual has complied with or is complying with the terms and conditions of the Agreement. The Department reserves the right to conduct a regular survey to assure that all practitioners (and their practice sites) are maintaining practices which accept Medicaid, Medicare and Children's Health Insurance Program (CHIP) assignment, fully implement a discounted/sliding fee schedule with discounts for patients whose income is at or less than 200% of the Federal Poverty Level, and do not discriminate based upon ability to pay.

### **C. Application Instructions**

An online application for the Pennsylvania Primary Care Loan Repayment Grant Program can be found at: <http://www.health.pa.gov/Your-Department-of-Health/Offices%20and%20Bureaus/Health%20Planning/Pages/Loan-Repayment.aspx#.Vmr-CWQo6pp>.

## 1. Create User Account

- a. To connect to the LRP portal, select the link to the LRP Application (On-line) from the Loan Repayment Program main webpage.
- b. Create a user account in the LRP portal by selecting “Request Account” on the main logon page.

The screenshot shows the logon page for the Pennsylvania Primary Care Loan Repayment Program. At the top left is the Pennsylvania state logo with the word "pennsylvania" below it. To the right of the logo is the title "Pennsylvania Primary Care Loan Repayment Program". Below the logo is a dark rectangular area containing the text "Logon". To the right of the logo area are two input fields: "Username:" and "Password:". Below these fields is a "Submit" button. At the bottom of the form area are two links: "Request Account" and "Reset Password".

- c. Fill in the required information selecting Practitioner Application as the Application Type. Select and note a Username and Password. After clicking on Save, the system returns you to the main logon page. Re-enter your Username and Password and hit Submit.

The screenshot shows the 'Create Account' form for the Pennsylvania Primary Care Loan Repayment Program. The form is titled 'Create Account' and is located on the 'pennsylvania' website. The form includes the following fields and options:

- First Name: [Text Input]
- Last Name: [Text Input]
- Date of Birth: [Text Input] (MM/DD/YYYY)
- Phone: [Text Input]
- Email: [Text Input]
- Application Type: Practitioner Application (Dropdown)
- Question 1: Select One (Dropdown)
- Answer 1: [Text Input]
- Question 2: Select One (Dropdown)
- Answer 2: [Text Input]
- Question 3: Select One (Dropdown)
- Answer 3: [Text Input]
- Username: [Text Input]
- Password: [Text Input]
- Confirm Password: [Text Input]

A 'Save' button is located at the bottom of the form.

## 2. Application Instructions

Applicants must complete each of the sections below to be able to submit an online application.

### a. Personal Information

This is the section for all of the applicant's contact information, demographics, and employer organization. The organization may or may not be the same as the practice site. If your practice site is one of many within an organization, this field is for the name of the managing umbrella organization. If the organization name is not located in the drop down menu, the organization must submit an online Site Application and receive Department approval of the application before the applicant can continue with the Practitioner Application. For the purpose of this RFA, the Service Commitment is 2 Years. Be sure to indicate your Time Commitment.

pennsylvania 

**Pennsylvania Primary Care Loan Repayment Program**  
 Welcome Primary Care Practitioner Wednesday, October 22, 2014

Personal Information
Educational Information
Professional Information
Certification
Service Obligation

Site Information
Loan Information
Submit Application

---

**First Name** \_\_\_\_\_  
**Middle Name** \_\_\_\_\_  
**Last Name** \_\_\_\_\_  
**Organization Name** - Select One - ▾  
**Gender** - Select One - ▾  
**Address** \_\_\_\_\_  
 \_\_\_\_\_  
**City** \_\_\_\_\_  
**State** \_\_\_\_\_  
**Zip Code** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_  
**Cell Phone** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Date of Birth**  (MM/DD/YYYY)

**Are you an American Citizen?**  Yes  No  
**Hispanic Ethnicity**  Yes  No  
**What race are you?**  American Indian Or Alaskan Native  Unknown  
 Asian Or Pacific Islander  White  
 Black

**Service Commitment**  2 Years  3 Years  4 Years  
**Time Commitment**  Half-Time  Full-Time

b. Educational Information

The name and address of the high school, undergraduate school and the professional school where the applicant attained the education required for licensure in the discipline for which he or she is applying for loan repayment must be provided. When providing dates of education, the day can be estimated as long as the month and year are correct.


**Pennsylvania Primary Care Loan Repayment Program**
Tuesday, August

Welcome Primary Care Practitioner

[Personal Information](#) | [Educational Information](#) | [Professional Information](#) | [Certification](#) | [Service Obligation](#) | [Site Information](#) | [Loan Information](#) | [Submit Application](#)

- Logoff
- User Maintenance
- Practitioner Application

---

### Professional Education

Name of School\* \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Beginning Date of Education \_\_\_\_\_ (MM/DD/YYYY)  
 Graduation date \_\_\_\_\_ (MM/DD/YYYY)  
 Degree \_\_\_\_\_  
 Major \_\_\_\_\_

\* School attended where education required for licensure in eligible discipline was obtained.

### Undergraduate Education

Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Graduation date \_\_\_\_\_ (MM/DD/YYYY)  
 Degree \_\_\_\_\_  
 Major \_\_\_\_\_

### High School Education

Name of School \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Graduation date \_\_\_\_\_ (MM/DD/YYYY)

c. Professional Information

This section applies to the licensing required for the discipline and specialty for which the applicant is applying for loan repayment. Residency Program information must be provided if applicable. Fill in the box with the number of hours you normally are scheduled to provide direct out-patient primary care in a workweek.

# Pennsylvania Primary Care Loan Repayment Program

Welcome J Holbert

Thursday, July 21, 2016

- Personal Information
- Educational Information
- Professional Information
- Certification
- Service Obligation
- Site Information
- Loan Information
- Submit Application

- Select Discipline:
- Physician
  - General Dentist
  - Certified Registered Nurse Practitioner
  - Physician Assistant
  - Certified Nurse-Midwife
  - Registered Dental Hygienist
  - Psychologist
  - Licensed Clinical Social Worker
  - Licensed Professional Counselor
  - Marriage and Family Therapist

- Select Specialty:
- Adult
  - Family Medicine
  - Pediatrics
  - Geriatrics
  - Psychiatry
  - Mental Health
  - Women's Health

License Number:

Residency Program(if applicable):

Name  Completion Date  (MM/DD/YYYY)

Address  City

State  Zip Code

Will you be providing prenatal care?  Yes  No

How many hours do you spend providing direct out-patient primary medical, dental, or behavioral health care during normally scheduled work hours?

## d. Certification

The applicant is to complete this section if he or she is Board Certified.

pennsylvania  Welcome Primary Care Practitioner Friday, August 12, 2011 • Logoff • User Maintenance • Practitioner Application	<b>Pennsylvania Primary Care Loan Repayment Program</b>		
	<a href="#">Personal Information</a>   <a href="#">Educational Information</a>   <a href="#">Professional Information</a>   <a href="#">Certification</a>   <a href="#">Service Obligation</a>		
	<a href="#">Site Information</a>   <a href="#">Loan Information</a>   <a href="#">Submit Application</a>		
	<b>Date of Certification</b> <input type="text"/> (MM/DD/YYYY)		
	<b>Name of Board</b> <input type="text"/>		
	<b>Sub-Specialty Board</b> <input type="text"/>		
	<input type="button" value="Back"/> <input type="button" value="Save and Continue"/>		

e. Service Obligation

The applicant must complete this section if he or she has or had any other service obligation. Loan repayment is not available for practitioners who currently have other service obligations.

If you have, had, or anticipate having any other contractual service obligation for the payment of educational loans you must declare this to the Pennsylvania primary Care Loan Repayment Program (LRP). The LRP is not available for practitioners who currently have other contractual service obligations though there are specific exceptions. Based on the information provided below, an LRP representative may contact you for additional information regarding your service obligation to determine your eligibility for this program.

Do you NOW have a contractual service obligation with any other entity?

Yes  No

Anticipated Completion date  (MM/DD/YYYY)

Have you successfully completed a contractual service obligation with any other entity?

Yes  No

Completion Date  (MM/DD/YYYY)

If you answered yes to either question, with which entity is or was the obligation with?

- National Health Service Corps Loan Repayment Program
- National Health Service Corps Scholarship Program
- NURSE Corps Loan Repayment Program
- Employer-Provided Sign-On Bonus
- Employer-Provided Moving Expenses
- Active Military
- National Guard
- Reserved Military
- Private Foundation
  - Specify Foundation
- Employer-Provided Educational Loan
- NURSE Corps Scholarship Program
- State Loan Repayment Program
  - Specify State
- Other
  - Specify

Provide any additional information you would like to be considered.

f. Site Information

This section pertains to the actual site where the applicant will be practicing primary care. Only LRP-approved practice sites will appear in the drop down menu. If your practice site is not available, contact the LRP Administrator, Monday through Friday, 8:30 am – 5:00 pm, exclusive of state holidays. When selected, the practice site information will prepopulate. Fill in the number of hours you will be working at this site and the date you started employment at this site. Applicants can add up to four practice sites. The number of hours spread across all sites must equal the required number of hours for the service commitment option chosen (full-time or half-time).

**Pennsylvania Primary Care Loan Repayment Program**
Welcome J Holbert Thursday, July 21, 2016

Personal Information
Educational Information
Professional Information
Certification
Service Obligation

Site Information
Loan Information
Submit Application

**Practice Site - 1 :**

<p>Select Site Name <input style="width: 90%;" type="text" value="- Select One -"/></p> <p>Organization Name <input style="width: 90%;" type="text"/></p> <p>Approved till <input style="width: 90%;" type="text"/></p> <p>Started at sight on <input style="width: 80%;" type="text"/> <input style="width: 10%; border: none; background-color: #ccc; font-size: 8px; vertical-align: middle;" type="button" value=""/> (MM/DD/YYYY)</p> <p>HPSA Name <input style="width: 90%;" type="text"/></p>	<p>Hours Worked Per Week</p>	<p><input style="width: 90%;" type="text"/></p> <p>Site Address <input style="width: 90%;" type="text"/></p> <p><input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>HPSA ID <input style="width: 90%;" type="text"/></p>
--	--	---

g. Loan Information

This section pertains to each qualifying educational loan for which the applicant is seeking repayment. List all current loans with a balance that you wish to be considered for repayment here. If the loan is a consolidated loan, all original loan information must be included in the Disbursement Report. All loans submitted require verification. For each current loan listed, be sure to scroll to the right to attach an Account Statement and Disbursement Report.

Information for at least one qualifying loan must be provided. Please note there is a short time-out window on the application which also applies to the time spent uploading

documentation. It is recommended that you enter one loan at a time and save after each entry. Additional loan information can be added by returning to the Loan Information tab and clicking on the Edit button at the bottom of the page.

**Pennsylvania Primary Care Loan Repayment Program**

Welcome J Holbert Thursday, July 21, 2010

[Personal Information](#) | 
 [Educational Information](#) | 
 [Professional Information](#) | 
 [Certification](#) | 
 [Service Obligation](#) | 
 [Site Information](#) | 
 [Loan Information](#) | 
 [Submit Application](#)

List all educational loans with remaining balances that you would like to be considered for loan repayment. List only those loans incurred to finance your undergraduate or graduate education and training that led to the professional license necessary for the discipline through which you are applying and will fulfill your PA LRP service obligation. If you have consolidated or refinanced any eligible loan with a non-educational loan, no portion of the consolidated or refinanced loan is eligible for loan repayment and must not be included below. An Account Statement and Disbursement Report for each loan must be attached to the application.

Loan #	Account #	Academic Period		Loan program Name	Lender	Lende A
		From	To			
1	<input type="text"/>					
2	<input type="text"/>					
3	<input type="text"/>					
4	<input type="text"/>					
5	<input type="text"/>					
6	<input type="text"/>					
7	<input type="text"/>					
8	<input type="text"/>					
9	<input type="text"/>					
10	<input type="text"/>					

# Pennsylvania Primary Care Loan Repayment Program

Welcome J Holbert

Thursday, July 21, 2016

- [Personal Information](#) | [Educational Information](#) | [Professional Information](#) | [Certification](#) | [Service Obligation](#)
- [Site Information](#) | [Loan Information](#) | [Submit Application](#)

List all educational loans with remaining balances that you would like to be considered for loan repayment. List only those loans incurred to finance your undergraduate or graduate education and training that led to the professional license necessary for the discipline through which you are applying and will fulfill your PA LRP service obligation. If you have consolidated or refinanced any eligible loan with a non-educational loan, no portion of the consolidated or refinanced loan is eligible for loan repayment and must not be included below. An Account Statement and Disbursement Report for each loan must be attached to the application.

	Lender PAYMENT Address	Balance	Upload Loan Documentation	
			Account Statement	Disbursement Report
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>

## h. Submit Application

In this section, the applicant must upload his or her resume or curriculum vitae (CV) and include a statement of personal commitment. Successful submission will result in an "Application Submitted Successfully" message. It is recommended that a copy of the Practitioner Application be downloaded by the applicant and saved for future reference.

pennsylvania  **Pennsylvania Primary Care Loan Repayment Program**  
 Welcome Primary Care Practitioner Friday, August 08, 2014

[Personal Information](#) | [Educational Information](#) | [Professional Information](#) | [Certification](#) | [Service Obligation](#)  
[Site Information](#) | [Loan Information](#) | [Submit Application](#)

[Logoff](#)  
[User Maintenance](#)  
[Practitioner Application](#)

Upload Curriculum vitae or Resume

**Statement of Personal Commitment**

Describe your education and practice experience which you believe qualifies you to participate in the Loan Repayment Program below. This statement should include the following:

- Your training and experience in providing services to underserved populations.
- Practice experience in shortage areas.
- Personal origins or other factors which describe your commitment to practice in a shortage area.
- Service awards received during your education or practice.
- Pre-professional experiences which caused you to decide to practice in a shortage area.

**Signature Agreement**

By typing my name in the indicated fields, I hereby certify that all of the information submitted in this entry is true, accurate and complete. I understand that transactions and/or signatures in record may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement. I further understand that false statements made knowingly and willfully are punishable by fine and/or imprisonment under the provisions of 16 U.S.C. § 1857 and U.S.C. § 1001

I have read and understand the statement above

Signature: \_\_\_\_\_

**Pennsylvania Primary Care Loan Repayment Program**  
 Welcome J Hoibert Thursday, July 21, 2016

**Application Submitted Successfully**

Once “submitted”, practitioners will not be able to edit information in their applications.