DELAWARE LOAN REPAYMENT PROGRAM FOR HEALTH PROFESSIONALS

PROGRAM MANUAL and APPLICATIONS

A Program Administered by

DELAWARE HEALTH CARE COMMISSION
DELAWARE INSTITUTE FOR MEDICAL EDUCATION AND RESEARCH
DELAWARE INSTITUTE FOR DENTAL EDUCATION AND RESEARCH

In collaboration with

DELAWARE DIVISION OF PUBLIC HEALTH &
DELAWARE HIGHER EDUCATION OFFICE

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Delaware Loan Repayment Program

(Updated August 2011)

FACT SHEET

Program Description

- The Delaware Loan Repayment Program is designed to recruit health professionals to areas of the State that have been identified as underserved by the Delaware Health Care Commission. Applications are currently being accepted for these specialties:

Advanced-degree Practitioners	Mid-level Practitioners
Primary Care Physicians (MD and DO)	Registered Clinical Dental Hygienists
• Family Medicine*	Primary Care Certified Nurse Practitioners
• Osteopathic Practitioners*	Certified Nurse Midwives
• Internal Medicine*	Primary Care Physicians Assistants
• Pediatrics*	Licensed Clinical Psychologists
• Obstetrics & Gynecology*	Psychiatric Nurse Specialists
• General and Pediatric Psychiatry*	Licensed Clinical Social Workers
Medical Oncologists	Licensed Prof. Counselors of Mental Health
General Practice Dentists (DDS and DMD)	Licensed Marriage & Family Therapists

(Note - * Indicates an approved primary care specialty for physicians.)

- Through this program, the Higher Education Office is authorized to make awards for repayment of outstanding government and commercial loans incurred during undergraduate or graduate education (i.e. principal, interest and related expenses for tuition and educational costs).

- Applications from practice sites seeking to recruit and hire a clinician under this loan repayment program are also accepted. Practice sites include public or private non-profit settings and private practices (solo or group) as well as State owned or operated facilities or institutions, including those where the geographic location of the facility or institution falls outside of a federally designated Health Professional Shortage Area (HPSA) but does house an underserved population or group. Loan Repayment funds may also be awarded to assist with loans for capital/equipment expenditures to establish a practice in an area of high need. For more information please contact the Program Coordinator at (302) 739-2730.

- Health professionals participating in this program must provide health services in a practice setting approved by the Delaware Health Care Commission. Initial contracts may be signed for a minimum of two (2) years and maximum of three (3) years. Participants may re-apply for contract extensions in one-year increments, not to exceed a total of four (4) years of loan repayment. Extensions will be granted at the discretion of the State Loan Repayment Review Committee and are contingent upon the availability of funds. Priority will be given to new applicants.

- The Delaware State Loan Repayment Review Committee will review and rank applications in priority order. This will be based on the objective review of data (including public health indicators, the number and spatial distribution of providers practicing in Delaware, hospital needs assessments when applicable), the availability of funding and practice sites.

Types of Loan Repayment Awards

The Loan Repayment Program is funded through a combination of State and federal funds. Depending on the type and location of the practice site, some awards qualify to receive matching State and federal contributions and others are funded with State-only dollars. The same conditions and requirements apply to both types of loan repayment awards.

- State & federal funds – must be a non-profit, public facility or practice located in a designated health professional shortage area.

- State-only funds – private, for-profit facility or practice, as well as State owned or operated facilities or institutions, and awards for capital/equipment loans.

Tax Implications

- State & federal funds – according to an interpretation of a recent amendment to the Federal Public Health Service Act, qualifying loan repayment awards funded with matching State & federal dollars awarded on or after January 1, 2004 are exempt from federal gross income and employment taxes. Additionally, the State of Delaware follows the federal regulations so that qualifying loan repayment funds are also exempt from Delaware State income tax.

- State-only funds – awards funded with non-qualifying State-only dollars may constitute a taxable event subject to State and federal taxation on the total award amount. Participants receiving State-only funded awards will receive a Tax Form 1099 for each year they receive a loan repayment award.

Recipients will be notified at the time of award, and prior to signing a contract, whether their award contains qualifying State & federal dollars OR State-only dollars. All loan repayment award recipients are strongly advised and urged to contact their own tax professional for information and advice regarding the possible tax implications specific to their personal financial circumstances and loan repayment awards.

Default Provision

Loan repayment recipients whose awards contain <u>State and federal funds</u> must agree to the following provision. Should the participant breach the loan repayment contract by failing to complete the specified service commitment the participant will owe the State of Delaware an amount equal to the sum of the following:

a. The total of the amounts paid by the SLRP to, or on behalf of, the participant for loan repayments for any period of obligated service not served;

b. An amount equal to the product of the number of months of obligated service not completed multiplied by $7,500; and

c. Interest on the amounts above at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach, except that the amount the State of Delaware is entitled to recover shall not be less than $31,000.

Award Amounts

- **Advanced-degree Practitioners** may be granted up to $70,000 total for a two (2) year commitment, or $105,000 for a three (3) year contract.*

- **Mid-level Practitioners** may be granted up to $35,000 total for a two (2) year commitment, or $52,500 maximum for a three (3) year contract.*

* Please note that these figures represent the maximum award possible over 3 years; they are not guaranteed levels of funding. Average awards for advanced-degree practitioners range from $25,000 - $35,000 for a two year contract. Average awards for mid-level practitioners range from $10,000 - $15,000 for a two year contract. All awards are paid on a graduated scale.

Distribution Formulae Tables

Advanced-degree Practitioners – payments will be made in accordance to the table below.

Payments will be made 2 times a year, after 6 months of service. EXAMPLE:				
Service Year	Period	Award	Debt Repay $	Cumulative $
1	1st 6 mo.	1/10th	7,000	
	2nd 6 mo.	2/10th	14,000	(21,000)
2	1st 6 mo.	3/10th	21,000	(42,000)
	2nd 6 mo.	4/10th	28,000	(70,000)
3 (if applicable)	1st 6 mo.	1/2	17,500	(87,500)
	2nd 6 mo.	1/2	17,500	(105,000)

Mid-level Practitioners - payments will be made in accordance to the table below.

Payments will be made 2 times a year, after 6 months of service. EXAMPLE:				
Service Year	Period	Award	Debt Repay $	Cumulative $
1	1st 6 mo.	1/10th	3,500	
	2nd 6 mo.	2/10th	7,000	(10,500)
2	1st 6 mo.	3/10th	10,500	(21,000)
	2nd 6 mo.	4/10th	14,000	(35,000)
3 (if applicable)	1st 6 mo.	1/2	8,750	(43,750)
	2nd 6 mo.	1/2	8,750	(52,500)

Practice Site Requirements: Practice sites must meet the following conditions:

- Be located in a health professional shortage area identified by the Delaware Health Care Commission;

- Health care professionals, practicing in State owned or operated facilities or institutions, including those where the geographic location of the practice site falls outside of a federally designated Health Professional Shortage Area (HPSA), are eligible, utilizing State only funding.
- Be identified by the Delaware Health Care Commission as a loan repayment practice site;
- Be committed to employing a health professional full-time (minimum of 40 hours a week, or a minimum of 37.5 hours per week if serving or practicing in a State owned or operated facility or institution, not including time on-call or travel time, except in those instances where the clinician is providing full-time care to low income, homebound patients in an underserved area and for whom transportation to the clinician's office is either unavailable or unreliable) for a minimum of two (2) years;
- Provide assurance that compensation to Loan Repayment Clinician(s) will be comparable to prevailing rates in the area;
- Provide adequate documentation of the medical care that will be provided by the Loan Repayment Clinician; and
- Certify that the Loan Repayment Clinician will provide health care services to Medicare, Medicaid, State Children Health Insurance Program (S-CHIP), and uninsured patients.
- All practice site sponsors must not have been convicted of any felony, including but not limited to violent felonies, as so defined under either Federal or State law and as more particularly defined and enumerated in 11 **Del. C.** Sec. 4201; and not have been convicted or found guilty of, or disciplined by this or any other State licensing Board or Agency authorized to issue a certificate to practice medicine or dentistry in this or any other state, for unprofessional conduct as so defined in 24 **Del. C.** Sec. 1731(a);
- Practice sites must agree to allow all non-dental clinicians to participate in the Delaware Community Healthcare Access Program (CHAP) and the Voluntary Initiative Program Phase II (VIP II) sponsored by the Medical Society of Delaware. CHAP provides low cost or no cost primary care "medical homes" to individuals who are ineligible for the Diamond State Health Plan or the Delaware Healthy Children Program, yet within established income limits. Enrollment in CHAP also provides eligible individuals with access to a statewide network of medical subspecialty services. Other benefits currently under negotiation include discounted lab and x-ray services, and pharmaceuticals. CHAP recipients receive discounted medical services based upon their income. VIP II is a statewide network of private physicians who accept CHAP patients into their practices and serve as their health home or provide medical subspecialty services.

Health Professional Requirements: Applicants must meet the following conditions -

- Be a clinician practicing in an eligible specialty with United States citizenship or a legal permanent resident of the United States or be a selected refugee approved by the U.S. Attorney General;
- Be committed to providing full-time patient care (minimum of 40 hours a week, or 37.5 hours if serving or practicing in State owned or operated facilities or institutions, not including time on-call or travel time, except in those instances where the clinician is providing full-time care to low income, homebound patients in an underserved area and for

whom transportation to the clinician's office is either unavailable or unreliable) for a minimum of two (2) years in an underserved area;

- Establish residency within 30 minutes of the practice site or, in the case of physicians, meet the requirement of the hospital in the catchment areas for admitting privileges;
- Have a valid, unrestricted license to practice in the State of Delaware at the time the service obligation begins;
- Have not been convicted of any felony, including but not limited to violent felonies, as so defined under either Federal or State law and as more particularly defined and enumerated in 11 **Del. C.** Sec. 4201;
- Have not been convicted or found guilty of, or disciplined by this or any other state licensing Board or Agency authorized to issue a certificate to practice medicine or dentistry in this or any other state, for unprofessional conduct as so defined in 24 **Del. C.** Sec. 1731(a). Such a bar to applying for the Delaware State Loan Repayment Program For Health Professionals shall occur if the applicant was disciplined by means of levying a fine or by the restriction, suspension or revocation, either permanently or temporarily, of the applicant's certificate to practice medicine or dentistry, or by other appropriate action, which may include a requirement that the applicant who was disciplined must also complete specified continuing professional education courses.
- Have outstanding qualifying higher education loans that are not in default;
- **All <u>dentists</u>** must agree that a minimum of 20% of their scheduled appointments will be comprised of Medicaid and S-CHIP (Delaware Healthy Children Program) patients and/or low-income (<200 FPL) dentally uninsured patients who will be provided care at reduced rates or free-of-charge. Low-income patients may include participants in the Nemours Dental Outreach program and the Vocational Rehabilitation program administered through the Delaware Division of Public Health. Unannounced audits of office scheduling records may be made periodically by Loan Repayment officials.
- **All <u>non-dental clinicians</u>** must agree to participate in the Delaware Community Healthcare Access Program (CHAP) and the Voluntary Initiative Program Phase II (VIP II) sponsored by the Medical Society of Delaware. CHAP provides low cost or no cost primary care "medical homes" to individuals who are ineligible for the Diamond State Health Plan or the Delaware Healthy Children Program, yet within established income limits. Enrollment in CHAP also provides eligible individuals with access to a statewide network of medical subspecialty services. Other benefits currently under negotiation include discounted lab and x-ray services, and pharmaceuticals. CHAP recipients receive discounted medical services based upon their income. VIP II is a statewide network of private physicians who accept CHAP patients into their practices and serve as their health home or provide medical subspecialty services. To enroll in VIP II, call Wheeler & Associates at (302) 744-9267.

Applications: Applications are accepted from practice sites and health professionals on a continuous basis. Interested persons should contact:

Loan Repayment Coordinator
Delaware Health Care Commission
Margaret O'Neill Building, Third Floor
410 Federal Street, Suite 7
Dover, DE 19901
Phone: (302) 739-2730
Fax: (302) 739-6927
Website: http://dhss.delaware.gov/dhss/dhcc/slrp.html

Application Review and Approval Process:
Loan Repayment Applications are reviewed in three steps over the course of about one month. Application due dates are posted and frequently updated on the website http://dhss.delaware.gov/dhss/dhcc/slrp.html. These deadlines are binding and as such, no exceptions will be made; untimely applications will not be considered.

1. Loan Repayment Review Committee – preliminary review and recommendations
2. Delaware Institute for Medical Education and Research (DIMER) for medical applicants
   Delaware Institute for Dental Education & Research (DIDER) for dental applicants
3. Delaware Health Care Commission – final decision.

PROCEDURES & REQUIREMENTS

INTRODUCTION

The Delaware Health Care Commission (DHCC), in cooperation with the Delaware Health and Social Services (DHSS) and the Delaware Higher Education Commission (DHEC), administers the Delaware Loan Repayment Program. Each is committed to ensuring that quality health care is available to all residents of the State of Delaware.

The Delaware State Loan Repayment Program is designed to recruit health professionals to areas of the State that have been identified as underserved by the Delaware Health Care Commission. The program provides educational loan repayment assistance to clinicians approved for the program. These clinicians will work at an eligible practice site in Delaware, which must be located in an area identified by the DHCC as being medically underserved. Health professionals participating in this program must provide services full-time (a minimum of 40 hours per week, or a minimum of 37.5 hours per week if serving or practicing in a State owned or operated facility or institution) for a minimum of two (2) years. Contracts may be extended in one-year increments at the discretion of the Loan Repayment Review Committee.

The Delaware Loan Repayment Program procedures apply to the following:

- Practice sites seeking to hire an eligible health professional under this loan repayment program.
- Health professionals seeking loan repayment through employment at an existing practice site or with the intent to establish a solo/private practice.

APPLICATION PROCESS
(Practice Sites and Health Professionals)

Practice Site Application Requirements

A preliminary review of each application will be conducted by the Loan Repayment Program Coordinator to determine 1) if the practice site is located within a shortage area, as identified by DHCC, and 2) that the required documentation is complete unless it is a State owned or operated facility or institution housing an underserved population or group as is previously described herein. The preliminary review will be conducted solely for the purpose of determining the completeness of the application; the specific content provided in each of the components will not be considered. Incomplete applications will be returned immediately.

The Practice Site Application (Appendix A) must, at a minimum, include the following:

A. Practice Site Application Form (see Appendix A):

1. **Facility Information:** Provide the name, address, county, telephone number and fax number of the practice site interested in hiring a Loan Repayment Clinician. Also, indicate the type of practice site (i.e. group practice/solo practice, public, private not for profit, private for profit).

2. **Practice Site:** Provide the name, address, and county of actual practice site at which the Loan Repayment Clinician would practice, if different from the primary location of the practice site.

3. **Recruitment Contact:** Provide the name, address, phone number, fax number and the e-mail address of the individual responsible for clinician recruitment. All Loan Repayment Program correspondence will be directed to the person identified as the recruitment contact.

4. **Practice Site Data Regarding Active Clients:** Provide the total number of active patients at the practice site in the previous calendar year. Indicate total patients, as applicable, for primary care, specialty care and mental health services. Provide pro-rated or estimated annual totals if the practice site was not operational for the entire previous calendar year. For new practice sites, estimate the number of patients anticipated for the next year. Of the total number of patients, provide the percentage of all current patients, broken out by given age groups, making payment conventional insurance plans, Medicare, Medicaid or self-pay. Submit a sliding fee scale if applicable. In cases where individual negotiated payment arrangements are made, please indicate the number of patients treated in this manner and describe the general financial arrangements.

5. **Staffing Levels:** Provide the total number of budgeted full-time equivalent providers currently on staff. Also include the number of Loan Repayment Clinicians requested by specialty and the projected hire date of each.

6. **Practice Site Hours of Operation:** Indicate the normal operating hours of the practice site by the days of the week. If hours of operation vary by practitioner, please specify.

7. **Proposed Loan Repayment Clinician Weekly Work Schedule:** Indicate the proposed weekly work schedule of the proposed Loan Repayment Clinician(s). Include the number of hours (with start and end times) and the location (hospital/practice site). The schedule must indicate the amount of time the Loan Repayment Clinician is actually providing services; do not include travel or on-call time. A separate schedule must be included for each proposed loan repayment clinician.

B. Retention:

The practice site must provide written documentation of plans to retain the Loan Repayment Clinician in the service area upon completion of their service obligation. Specifically, this plan must include short-term and long-term strategies that will not only keep the clinician in the service area, but also will encourage the clinician to continue to practice the specialty for which he/she was hired, including but not limited to malpractice insurance, partnership opportunities, pension, annual and sick leave, market rate competitive salary and salary increases . Please limit the retention plan to one-page. **Applications submitted without a retention plan are deemed incomplete and will not be considered.**

C. Practice Site Agreement:

The director or applicant official of the practice site must initial each of the statements on the Practice Site Agreement (see Appendix A) indicating agreement to comply with all requirements of the Delaware Loan Repayment Program. The director or applicant official of the practice site must provide an original, dated application with a live signature (using **blue** ink). This signature

binds the site to the information provided and verifies that the form has been completed with accurate and current information.

Health Professional Application Requirements

DHCC reserves the right to approve or decline any application.

Health Professional Applicants must meet the following conditions:

- Be a clinician practicing in an eligible specialty with United States citizenship or a legal permanent resident of the United States or be a selected refugee approved by the U.S. Attorney General;
- Be committed to providing full-time patient care (minimum of 40 hours a week, or a minimum 37.5 hours per week if a State owned or operated facility or institution, not including time spent in travel and/or on-call)not including time on-call or travel time, except in those instances where the clinician is providing full-time care to low income, homebound patients in an underserved area and for whom transportation to the clinician's office is either unavailable or unreliable) for a minimum of two (2) years in an underserved area;
- Establish residency within 30 minutes of the practice site or, in the case of physicians, meet the requirement of the hospital in the catchments areas for admitting privileges;
- Have a valid, unrestricted license to practice medicine in the State of Delaware at the time the service obligation begins;
- Have not been convicted of any felony, including but not limited to violent felonies, as so defined under either Federal or State law and as more particularly defined and enumerated in 11 **Del. C.** Sec. 4201;
- Have not been convicted or found guilty of, or disciplined by this or any other State licensing Board or Agency authorized to issue a certificate to practice medicine or dentistry in this or any other state, for unprofessional conduct as so defined in 24 **Del. C.** Sec. 1731(a). Such a bar to applying for the Delaware State Loan Repayment Program For Health Professionals shall occur if the applicant was disciplined by means of levying a fine or by the restriction, suspension or revocation, either permanently or temporarily, of the applicant's certificate to practice medicine or dentistry, or by other appropriate action, which may include a requirement that the applicant who was disciplined must also complete specified continuing professional education courses;
- Have outstanding qualifying higher education loans that are not in default;
- **All <u>dentists</u>** must agree that a minimum of 20% of their scheduled appointments will be comprised of Medicaid patients and/or low-income (<200 FPL) dentally uninsured patients who will be provided care at reduced rates or free-of-charge. Low-income patients may include participants in the Nemours Dental Outreach program and the Vocational Rehabilitation program administered through the Delaware Division of Public Health.
- **All <u>non-dental clinicians</u>** must agree to participate in the Delaware Community Healthcare Access Program (CHAP) and the Voluntary Initiative Program Phase II (VIP II) sponsored by the Medical Society of Delaware. CHAP provides low cost or no cost primary care "medical homes" to individuals who are ineligible for the Diamond State Health Plan or the Delaware Healthy Children Program, yet within established income limits. Enrollment in CHAP also provides eligible individuals with access to a statewide network of medical subspecialty services. Other benefits currently under negotiation include discounted lab and

x-ray services, and pharmaceuticals. CHAP recipients receive discounted medical services based upon their income. VIP II is a statewide network of private physicians who accept CHAP patients into their practices and serve as their health home or provide medical subspecialty services. To enroll in VIP II, call Wheeler & Associates at (302) 744 - 9267.

The Loan Repayment Health Professional Application (see Appendix B for application forms) must, at a minimum, include the following:

A. Clinician Data Form:

The Clinician Data Form must be completed and have attached the following:

- Copy of the Loan Repayment applicant's curriculum vitae; and
- Evidence of a Delaware license or certification or application for such.

B. Employment Contract:

Self-employed and/or solo practitioners do not need to submit an employment contract. However, self-employed clinicians must clearly demonstrate their fiscal and administrative capacity to operate a medical practice.

A non self-employed clinician must enter into an employment contract with a practice site, which must, at a minimum, include the following:

- Name and address of the practice site located in the underserved area, as identified by DHCC, at which the clinician will provide medical services. If the Loan Repayment Clinician will practice at more than one site, include the days and hours of practice at each site and a breakdown in the amount of time the clinician will practice at each;
- A statement that the practice site will employ the clinician on a full-time basis (minimum of 40 hours per week or a minimum of 37.5 hours per week if a State owned or operated facility or institution), not including time spent in travel and/or on-call);
- Description of the Loan Repayment Clinician's qualifications, proposed responsibilities and how his/her employment will meet currently unmet health care needs of a medically underserved community;
- If the Loan Repayment Clinician will be practicing in a medically underserved area as identified by DHCC that is based on a population group, the employer must provide adequate documentation of the care that will be provided to this group; and
- Certification that the Loan Repayment Clinician will provide health care services to Medicare, Medicaid and uninsured patients; and certification that all Physicians and the sponsoring physicians of a Physician Assistant will participate in the Voluntary Initiative Program (VIP II).

C. Loan Information and Verification Form:

The Loan Repayment Clinician must include a notarized 'Loan Information and Verification Form.' The document must contain the applicant's live, **notarized** signature (in **blue** ink).

D. Health Professional Loan Repayment Program Contract:

The health professional must enter into a contract with the State of Delaware committing to comply with all program requirements, including the following:

- Practice full-time in the approved underserved area for a minimum of two (2) years;
- Notify DHCC in writing within 30 days prior of any contractual changes that result in termination of contract, change in practice scope, and/or relocation from a practice site approved in the application request;
- Request any move to a different practice site than that already approved in writing to DHCC at least thirty (30) days prior to the change. Requests to change location of practice will be reevaluated based on eligibility criterion and service area priorities; and
- Report all changes in practice location and/or scope as well as routine correspondence to the following:

  Loan Repayment Coordinator
  Delaware Health Care Commission
  410 Federal Street, Suite 7
  Margaret O'Neill Building
  Dover, DE 19901
  Phone: (302) 739-2730
  Fax: (302) 739-6927

PROGRAM EVALUATION

The Delaware Loan Repayment Program is intended to assist with the recruitment of health professionals in underserved areas of Delaware, as identified by the Delaware Health Care Commission (DHCC), and the subsequent retention of such clinicians. In an effort to monitor the program, DHCC will collect various data, which will be utilized for evaluation purposes in terms the effects of the program on clinician recruitment and retention and to monitor the compliance with program requirements. The opportunity to discuss the experiences with the Loan Repayment Program of both clinicians and practice sites is welcome at any point. The following periodic reporting mechanisms are designed to collect evaluation information:

A. Practice Site Facility Visits:

The Delaware Loan Repayment Program reserves the right to conduct site visits to ensure the clinician and the practice site remain in compliance with all program requirements. Site visits will be conducted periodically and may be unannounced.

B. Clinician Annual Reporting Process:

An annual reporting process is used to ensure that each Loan Repayment Clinician continues to practice the approved medicine type at the original site approved for the required two years. DHCC will forward an Annual Practice Report form (see Appendix D for a sample form) to the practice site within thirty (30) days of the anniversary of the Loan Repayment Clinician's start date. The practice site must forward the completed, signed Annual Practice Report to DHCC within fifteen (15) working days of receipt. A new Annual Practice Report must be submitted for each year of practice obligation.

C. Exit Interview:

Each Loan Repayment recipient must complete an exit interview within ninety (90) days prior to completion of his/her two-year obligation, or at such point that the employment contract is terminated by either the practice site or the Loan Repayment Clinician. DHCC will conduct the exit interview, which will concentrate on the Loan Repayment Clinician's experiences in Delaware and their future plans for practicing medicine.

COMPLETED APPLICATIONS AND ASSOCIATED LOAN REPAYMENT PROGRAM CLINCIAN CORRESPONDENCE MUST BE SENT TO:

Loan Repayment Coordinator
Delaware Health Care Commission
410 Federal Street, Suite 7
Margaret O'Neill Building
Dover, DE 19901
Phone: (302) 739-2730
Fax: (302) 739-6927

APPENDIX A

DELAWARE STATE LOAN REPAYMENT PROGRAM
***PRACTICE SITE* APPLICATION FORM**

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1. Facility Information Site: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone Number: _____ Fax Number: _____

Group Practice: ☐ Public: ☐ Private For Profit: ☐ Private Non Profit: ☐

2. Practice Site: _____

Street Address: _____ Census Tract: _____

City: _____ State: _____ Zip: _____ County: _____

3. Recruitment Contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

4. Name of specific Loan Repayment Applicant being recruited by site, if applicable: _____

5. Date of application: _____

6. Practice Site Data Regarding Active Clients

Total Number of Patients Receiving the Following Services During the Previous Calendar Year:

Primary Health Care _____ Specialty Care _____ TOTAL _____
General Dental Care _____ Mental Health Care _____
Pediatric Dental Care _____ Other _____

Total Users in Previous Calendar Year Below 200% of Federal Poverty Level _____

Please provide information on the percent of the total patient population of the practice that falls under the following payment categories:

AGE GROUP	MEDICAID or S-CHIP	MEDICARE	SELF-PAY (UNINSURED) NEGOTIATED/ REDUCED FEE or FREE SERVICE	COMMERCIAL INSURANCE	TOTAL
Birth – 11 Years	%	%	%	%	%
12 - 18 Years	%	%	%	%	%
19 - 62 Years	%	%	%	%	%
63+ Years	%	%	%	%	%
Total	%	%	%	%	%

7. Staffing Levels

AREA OF PRACTICE	STAFFING LEVEL		# of Loan Repayment Clinicians Requested	PROJECTED HIRING TIMELINE (Please include estimated date if known)			
	Full	Current		1-3 Months	4-6 Months	7-12 Months	More than 12 Months
PRIMARY CARE PHYSICIANS/DENTISTS							
Family Practice							
General Internal Medicine							
General Pediatrics							
Obstetrics/Gynecology							
Dentist							
Other (Please Specify)							
SPECIALIST PHYSICIANS (Please Specify Specialty Area)							
Medical Oncology							
General Psychiatry							
Pediatric Psychiatry							
Other (Please Specify)							
NURSE PRACTITIONERS							
Family Nurse Practitioners							
Adult Nurse Practitioners							
Geriatric Nurse Practitioners							
Pediatric Nurse Practitioners							
Women's Health Nurse Practitioners							
Psychiatric Nurse Practitioners							
OTHER DISCIPLINES							
Physician Assistants							
Certified Nurse Midwives							
Dental Hygienist							
Dental Assistant							
Clinical Psychologists							
Clinical Social Workers							
Psychiatric Nurse Specialist							
Licensed Prof. Counselor							
Licensed Marriage & Family Therapists							
Other (Please Specify)							

8. Practice Site Hours of Operation.

DAY	TIME (Start and End)		TOTAL HOURS
Monday	AM:	PM:	
Tuesday	AM:	PM:	
Wednesday	AM:	PM:	
Thursday	AM:	PM:	
Friday	AM:	PM:	
Saturday	AM:	PM:	
Sunday	AM:	PM:	

9. Proposed Loan Repayment Clinician Weekly Work Schedule:

DAY	TIME (Start and End)		WHERE (Practice Site)	TOTAL HOURS
Monday	AM:	PM:		
Tuesday	AM:	PM:		
Wednesday	AM:	PM:		
Thursday	AM:	PM:		
Friday	AM:	PM:		
Saturday	AM:	PM:		
Sunday	AM:	PM:		

Provide a separate work schedule for each Loan Repayment Clinician requested and specify the specialty of each.

RETENTION

Describe your short and long-range plan for the retention of a Loan Repayment Clinician during and beyond the required two-year obligation. Please use additional paper and be specific. **Applications submitted without a retention plan are deemed incomplete and will not be considered.**

PRACTICE SITE AGREEMENT

The Delaware Health Care Commission (DHCC) is committed to ensuring that all Delaware residents have access to quality, affordable health care. Accordingly, DHCC is prepared to consider loan repayment applications on behalf of clinicians under certain conditions. The director or applicant official for the facility or practice site applying to the Loan Repayment Program must initial each of the following requirements:

ACCESS

_____ The practice site agrees to comply with all of the Program requirements set forth in this Agreement and guidelines.

_____ The Loan Repayment Clinician will provide health care services for at least forty (40) hours a week or a minimum of thirty seven and a half (37.5) hours per week if a State owned or operated facility or institution (not including time spent in travel and/or on-call) at the practice site named in the application for a minimum of two (2) years, as agreed upon in the contract**.** No more than 8 of those hours per week may be devoted to practice-related administrative activities. The practice will include hospital treatment coverage appropriate to meet the needs of patients of the approved service site and to ensure continuity of care.

With the exception of obstetrician/gynecologists, at least 32 of the minimum 40 hours per week (or 30 of the 37.5 hours per week at a State owned or operated facility or institution) will be spent providing clinical services in the ambulatory setting at the practice site named in the application, during normally scheduled office hours. The remaining hours will be spent providing inpatient care to patients of the approved site, and/or in practice-related administrative activities.

Obstetrician/gynecologists will spend the majority of the 40 hours per week (not less than 21 hours per week) providing ambulatory care services at the approved practice site during normally scheduled office hours. The remaining hours will be spent providing inpatient care to patients of the approved practice site, and/or in practice-related administrative activities. Administrative activities will not exceed 8 hours per week.

_____ The practice site agrees to provide health services to Medicare, Medicaid, S-CHIP, and uninsured patients on a reduced or pro bono basis for those patients demonstrating a hardship.

_____ The practice site has a nondiscrimination policy that prohibits discrimination based on race, creed, disability or religion.

_____ The practice site must allow all loan repayment **dentists** to agree that a minimum of 20% of their scheduled appointments will be comprised of Medicaid patients and/or low-income (<200 FPL) dentally uninsured patients who will be provided care at reduced rates or free-of-charge.

_____ Practice sites must agree to allow all non-dental clinicians to participate in the Delaware Community Healthcare Access Program (CHAP) and the Voluntary Initiative Program Phase II (VIP II) sponsored by the Medical Society of Delaware. To enroll in VIP II, call Wheeler & Associates at (302) 744 - 9267.

_____ I understand and acknowledge that the review of this practice site application is discretionary and that in the event a decision is made not to approve the site application, I hold harmless the State of Delaware, DHCC and any and all State employees and/or any and all individuals or organizations involved in the review process from any action or lack of action made in connection with this request.

COMPREHENSIVE SYSTEM OF CARE

_____ The providers shall practice in ambulatory settings that assure the availability of services, including after hours coverage, and arrangements for inpatient coverage and referrals, as needed.

_____ Hospital privileges for inpatient practice shall be maintained.

QUALITY OF CARE

_____ The physician practice site has a credentialing program in place to review references and verify licensure and certification status of all providers, including National Practitioner Data Bank Query.

_____ The practice site has a quality monitoring and improvement system in place, which may include patient satisfaction surveys, peer review systems, clinical outcome measures or other such tools.

_____ Services will be delivered in a culturally appropriate fashion so as to be sensitive and responsive to the needs of the target population.

_____ The practice site will address retention of providers through monitoring turnover rates, clinical team management efforts, pay comparability, surveys, exit interviews, and other means.

PROVIDER EMPLOYMENT CONTRACT

_____ Loan Repayment Clinicians shall practice only in the medically underserved area and at the practice site for which originally approved by the DHCC, unless a change is approved in writing by DHCC.

_____ The practice site shall inform DHCC about Loan Repayment Clinician vacancies, including resignations, termination, extended leave for providers, and filled/withdrawn status of recruitment needs. Notification shall be provided within 30 days prior to such occurrence, as or soon as it is known. The practice site shall document in writing all circumstances surrounding resignations and terminations.

_____ The practice site agrees to cooperate with mail, telephone and/or site visits conducted by DHCC for the purpose of monitoring compliance with the Delaware Loan Repayment Program.

I certify that the information provided in this application is true and correct. I also understand that any intentional or negligent misrepresentation(s) of the information contained in this application may result in the forfeiture of eligibility to participate in this recruitment and retention program.

Signature of Facility Director or Applicant Official: _____

Title: _____ Date: _____

APPENDIX B

DELAWARE LOAN REPAYMENT PROGRAM
HEALTH PROFESSIONAL APPLICATION FORM

---

1. Full Name: (Please Print) _____ Date of Application: _____

2. Date of Birth: _____ Place of Birth: _____

3. US Citizen: ☐ Yes OR ☐ No

4. Present Home Address: _____

_____

_____

5. Home Telephone: ( ) _____ Cell Phone: ( ) _____

Business Telephone: ( ) _____ E-Mail: _____

6. Name of Desired Practice Site, if applicable _____

Address: _____

7. Discipline: Indicate the specialty you're interested in practicing and, if applicable, subspecialties and the percent of time devoted to each**.**

		Specialty
_____	Primary Care- MD	_____
_____	Primary Care- DO	_____
_____	Medical Oncologist	_____
_____	Pediatric Psychiatrist	_____
_____	Dentist- DMD	_____
_____	Dentist- DDS	_____
_____	Dental Hygienist	_____
_____	Certified Nurse Midwife	_____
_____	Physicians Assistant	_____
_____	Certified Nurse Practitioners	_____
_____	Clinical/Counseling Psychologist	_____
_____	Licensed Clinical Social Worker	_____
_____	Psychiatric Nurse Specialists	_____
_____	Licensed Professional Mental Health Counselor	_____
_____	Licensed Marriage & Family Therapist	_____

8. Proposed Service Commitment:

Participation in the Delaware Loan Repayment Program requires a minimum of two (2) years continuous full-time service. The maximum length of an initial contract is three (3) years. Please indicate the proposed length of your service commitment.

_____ Two (2) Years
_____ Three (3) Years

9. License:

Type: _____

State: _____ Number: _____

Date Issued: _____ Expiration Date: _____

Restrictions: _____

Has your license ever been suspended or revoked? * ☐ Yes ☐ No

Are any professional disciplinary actions pending? * ☐ Yes ☐ No

Have you ever been convicted of or pled guilty to a felony as so defined under either Federal or State law and as more particularly enumerated in 11 Del. C. Sec. 4201? *
☐ Yes ☐ No

*If you answered yes to either of the above questions, please attach an explanation to this application.

Are You Board Eligible? ☐ Yes ☐ No

Are You Board Certified? ☐ Yes ☐ No

Date of Certification: _____

Name of Board: _____

Sub-Specialty Board: _____

10. Education (Please use additional paper as necessary)

College/Program: _____

Address: _____

_____

From: _____ To: _____

Degree/Diploma: _____ Discipline: _____

Contact Person: _____

Telephone: ( ) _____

Graduate School: _____

Address: _____

_____

From: _____ To: _____

Degree/Diploma: _____ Discipline: _____

Contact Person: _____

Telephone: ( ) _____

Medical or Dental School: _____

Address: _____

_____

From: _____ To: _____

Degree/Diploma: _____ Discipline: _____

Contact Person: _____

Telephone: ( ) _____

11. Residency Program:

Please list the information for the residency program most recently completed. If you have completed several residencies, or if your postgraduate training was completed through several programs, attach the required information for these programs to the application.

Residency: _____

Address: _____

_____

From: _____ To: _____

Degree/Diploma: _____ Discipline: _____

Contact Person: _____

Telephone: ( ) _____

Please indicate if your education, employment or licensure records are under another name(s):

_____ _____

Name Name

12. Program Eligibility (Please use additional paper if needed):

Do you have an existing service obligation due to any educational loans received? ☐ Yes ☐ No

If yes, please provide the following information.

Program Name: _____

Address: _____

_____

Contact Person: _____

Telephone: ( ) _____

When will this obligation be complete? _____

Do you have a current legal obligation to pay child support? ☐ Yes ☐ No

If yes, please provide the following information:

Name of child: _____

Name and address of person/agency payment is mailed to: _____

_____

_____

Telephone number of person/agency payment is mailed to: ( ) _____

When will this obligation be complete? _____

13. Describe your education and practice experience, which you believe qualifies you to participate in the Delaware Loan Repayment Program. Attach a one or two page description to this application that specifically includes the following:

- Training and experience and commitment to providing services to underserved and vulnerable populations;
- Practice experience in shortage areas;
- Personal origins or other factors that describe your commitment to practice in a shortage area and/or to serve vulnerable populations;
- Service awards received during your education or practice;
- Pre-professional experiences which caused you to decide to practice in a shortage area; and
- Physicians and dentists should discuss their collaborative practice experience and commitment to working with physician assistants, certified registered nurse practitioners, dental hygienists, and other practitioner disciplines.

Selecting a practice opportunity is a very important decision. The following questions, along with those above, are designed to assist in making compatible matches between applicants and applicant practice sites and the patient population.

14. Language(s) Spoken Fluently

☐ English
☐ Spanish
☐ Arabic
☐ Indian
☐ French
☐ German
☐ Chinese
☐ Other (please specify) _____

15. Race/Ethnicity (collected for workforce research purposes only)

☐ Black, not of Hispanic origin
☐ Hispanic
☐ White
☐ Other (please specify) _____
☐ Asian
☐ American Indian , Alaskan Native
☐ Pacific Islander, Native Hawaiian

16. Geographical Area(s) or Origin
Are you a native of a rural or urban underserved area, or have you spent a significant amount of time living or working in such an area?

☐ Yes (If yes, please elaborate.)
☐ No

17. Geographical Area(s) of Interest
Rate the area(s) of Delaware in which you would consider working with one (1) being your first choice and five (5) being your last.

_____ New Castle County – Northern
_____ New Castle County – Southern
_____ Kent County
_____ Sussex – Eastern (Coastal/Resort area)
_____ Sussex – Western

Rate the areas in which you would consider working with one (1) being your first choice and three (3) being your last.

_____ Urban
_____ Suburban
_____ Rural

18. Other Considerations/Comments:
Please discuss any preferences and/or requirements that you or your family members have regarding such factors as proximity to recreation, special interests or social activities, availability of other work/training opportunities (i.e. for your spouse/significant other); proximity to schools, etc. Use additional paper if necessary.

19. What date are you available for service? _____

20. How did you hear about the Delaware State Loan Repayment Program? _____

_____

21. Certification:
I certify that the information provided in this application packet is accurate and complete to the best of my knowledge. I hereby authorize DHCC to contact references and program directors listed in the application for the purposes of obtaining information about my professional qualifications, experience, abilities, and criminal history background. I understand that information I have provided is subject to verification.

_____ _____
Signature of Loan Repayment Applicant **Date**

APPENDIX C

DELAWARE LOAN INFORMATION AND VERIFICATION FORM

The following information must be provided for *each* loan that you are applying to have repaid under the Delaware Loan Repayment Program. **APPLICANTS**: Please complete PART A and then submit PART B to your lenders directly for verification. The Delaware State Loan Repayment Program is not responsible for submitting PART B to your lender.

PART A – TO BE COMPLETED BY APPLICANT

Name of Lending Institution and/or Federal, State or Other Government Program:

_____

_____

Street City State Zip Code

Date of Loan: _____ Account Number: _____

Original Amount of Loan: $ _____ Number of Payments Made: _____

Current Balance: $ _____ Date of Balance: _____

Payment Amount: $ _____ Interest Rate Compounded or Simple: _____

Purpose of Loan (as indicated on loan application): _____

_____

Any loan eligible for Federal loan consolidation is eligible for repayment if obtained for the purpose of meeting the borrower's direct costs of attending undergraduate or graduate school, a school of medicine, or a school or osteopathy. Direct education costs include tuition, fees, books and supplies, living expenses, and other items normally associated with the cost of attendance for one academic year as defined by the U.S. Department of Education's Student Aid Handbook. Loans not eligible for Federal loan consolidation will be considered if documentation is presented that establishes the proceeds from the loans were used to meet direct education costs. Credit card debt and funds received from the Delaware Institute for Medical Education and Research (DIMER) are ineligible for repayment. The Delaware Loan Repayment Program will only pay toward the educational costs associated with one health professional degree, and a determination will be made of the proportion of a consolidation loan that will be paid for successful applicants.

Copy of Loan Agreement Attached:	☐ Yes	☐ No
Copy of Loan Application(s) Attached:	☐ Yes	☐ No
Copy of Appropriate Consolidated Loan Documents Attached:	☐ Yes	☐ No

Dear Lender(s): (Retain a copy of this form as record of advanced payment request)
I am requesting that your institution submit the information requested as soon as possible to:
Loan Repayment Coordinator, Delaware Health Care Commission, Margaret O'Neil Building, Third Floor, 410 Federal Street, Suite 7, Dover, DE 19901. Phone: (302) 739-2730, or Fax: (302) 739-6927

_____
Printed Name of Loan Repayment Applicant

CERTIFICATION:
I hereby certify to the accuracy of the above information and apply to enter into an agreement with the Delaware Loan Repayment Program for repayment of educational loans, incurred solely for the costs of education at an undergraduate or graduate school, a school of medicine, or a school of osteopathy (for tuition, educational expenses or living expenses from a college, university, government or commercial source). I hereby authorize the financial institution or Government named in item 1 above to release this information about the loan listed in item 1 above to the administrator of the Delaware Loan Repayment Program.

Warning: any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal or state official, fraudulently obtains repayment for a loan under this agreement or commits any other illegal action in connection with this transaction may be subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

_____ _____

Signature of Loan Repayment Applicant (use **blue** ink) **Date**

_____

Printed Name of Loan Repayment Applicant

PART B – APPLICANT SHOULD SUBMIT TO LENDER FOR VERIFICATION

The individual identified on this form has applied to participate in the Delaware Loan Repayment Program. The Delaware Loan Repayment Program is a program designed to improve the recruitment and retention of health care providers in underserved areas of Delaware. The individual identified above states that, to the best of his or her knowledge, the loan information provided is a bona fide legally enforceable commercial, Federal, state, or other government educational loan obtained for the purpose of meeting the borrower's costs of attending undergraduate or graduate school, a school of medicine, or a school of osteopathy (for tuition, educational expenses or living expenses from a college, university, government or commercial source). Please verify the information according to your records and indicate any corrections in the "comment" space provided below. Also, please indicate your title and date this form in the spaces provided.

COMMENTS:

_____

_____

_____

I hereby certify to the accuracy of the loan information contained on this Loan Information and Verification Form, or as corrected by my notations or comments:

Signature: _____ Title: _____ Date: _____
Lending Institution Representative

Address: _____ Telephone: _____

_____ E-Mail Address: _____

Delaware Institute for Dental Education and Research
Delaware Institute for Medical Education and Research
Delaware Health Care Commission
Delaware Higher Education Commission

Request to Release
Personally Identifiable and Confidential Information

The Family Educational Rights and Privacy Act (FERPA) allows institutions of higher education, state education agencies, and other agencies administering student aid programs to release detailed information to only the student. The student may; however, voluntarily waive their privacy rights to the person(s) they choose to authorize in the statement below. By completing this form the named person(s) will have the ability to obtain information regarding the student's financial aid and/or student loan files.

I _____ hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) by authorizing the Delaware Health Care Commission and Delaware Higher Education Commission, acting as agents for the Delaware Institute for Medical Education and Research to receive any requested information concerning my financial aid application, or application(s) for student loans, and other "non-directory" information pertinent to my application for the Delaware State Loan Repayment Program for Health Care Providers. The institutions and agencies directed to release information to the State's agents are listed below:

Health Professions Educational Institutions:

1. _____
2. _____

Lenders/Guaranty Agencies/Loan Servicers:

1. _____
2. _____
3. _____
4. _____

_____
Student's Signature
(use **blue** ink)

_____
Printed Name of Student

Notary Seal

_____
Social Security Number

_____
Date

APPENDIX D

EXAMPLE: DELAWARE LOAN REPAYMENT PROGRAM ANNUAL PRACTICE REPORT

---

1. **Name of Loan Repayment Applicant:** _____

   Start Date: _____

2. **Facility Information:** _____

   Street Address: _____

   City: _____ State: _____ Zip: _____ County: _____

   Telephone Number: _____ Fax Number: _____

   Non-Profit: _____ For Profit: _____

3. **Practice Site:** _____

   Street Address: _____

   City: _____ State: _____ Zip: _____ County: _____

4. **Contact Person:** _____

   Street Address: _____

   City: _____ State: _____ Zip: _____

   Telephone Number: _____ Fax Number: _____

   E-Mail Address: _____

Type of Service(s) Provided:

Please provide the medical specialties practiced by the Loan Repayment Clinician, the location and total hours he/she worked in each specialty and the number of annual visits performed by this clinician for each specialty practiced (include all primary care and other medical specialties).

Practice Type	Location	Total Hours/Week	Annual Visits

Loan Repayment Clinician's Hours of Operation:

Indicate the weekly work schedule of the Loan Repayment Clinician. Include the number of hours (with start and end times) and the primary location (hospital/practice site). The schedule must indicate the time the Loan Repayment Clinician is actually providing services; do not include travel or on-call time. If the Loan Repayment Clinician is practicing at more than one location, please complete a schedule for each location.

DAY	TIME (Start and End)		TOTAL HOURS
Monday	AM:	PM:	
Tuesday	AM:	PM:	
Wednesday	AM:	PM:	
Thursday	AM:	PM:	
Friday	AM:	PM:	
Saturday	AM:	PM:	
Sunday	AM:	PM:	

Practice Site Data Regarding Active Clients:
Provide the total number of active patients at the practice site in the previous calendar year with totals, as applicable, for primary care, specialty care and mental health services.

Total Number of Patients Receiving the Following Medical Services:

Primary Health Care _____ Specialty Care _____ Mental Health Care _____ TOTAL _____

General (Adult) Dental Care _____
Pediatric Dental Care _____

Total Users in Previous Calendar Year Below 200% of Federal Poverty Level
(to the extent known) _____

Please provide a breakdown of each of the following payor types by age of patient.

AGE GROUP	MEDICAID	MEDICARE	SELF-PAY (UNINSURED) NEGOTIATED/REDUCED FEE or FREE SERVICE	COMMERCIAL INSURANCE	Total
Birth – 11 Years	%	%	%	%	%
12- 18 Years	%	%	%	%	%
19-62 Years	%	%	%	%	%
63+ Years	%	%	%	%	%
Total	%	%	%	%	%

This will certify that _____ (name of Loan Repayment Clinician) provided medical services to patients at the approved health facility site on a full-time basis (minimum thirty-seven and one-half (37.5) hours per week) for the time period of _____ through _____.

Signature of Applicant Official: _____

Title: _____ Date: _____