



*The Delaware Health Care Commission administers loan repayment programs for healthcare practitioners with the purpose of creating healthier communities through recruitment and retention of skilled professionals in rural and urban settings. Full-time applicants are eligible to receive up to \$200,000 for up to four (4) years of contractual commitment with qualified employers. Part-time State Loan Repayment Program applicants are eligible to receive up to \$200,000 for up to eight (8) years of contractual commitment with qualified employers.*

*Applications must be completed in their entirety for consideration in the program. Incomplete applications will not be reviewed for award. Practitioners interested in applying for loan repayment must coordinate with employers to ensure the application is complete and submitted to the Delaware Health Care Commission by the anticipated deadline.*

*Applicants may be eligible for one of two loan repayment program:*

- 1.** Delaware State Loan Repayment Program (SLRP) -- This program is federally funded through a U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) grant award of \$225,000 annually. This match is currently provided by the State of Delaware, General Assembly. In the event state funding is unavailable to match federal award amounts for practitioners employed at qualified healthcare facilities, the Delaware Health Care Commission will contact the Authorized Organization Representative (signatory of this document) to discuss securing match from said employer.
- 2.** Delaware Health Care Provider Loan Repayment Program (HCPLRP) – In August 2021 Governor John Carney signed [House Bill 48](#), with [House Amendment 1](#), establishing the HCPLRP under the Delaware Health Care Commission with a maximum of \$1,000,000 in state funds, and requiring a one-time payment of \$1,000,000 from insurers. Of the total state funds earmarked to the program, \$850,000 is available for awards to healthcare practitioners. This program also requires a 1:1 match for award amounts:
  - Large health systems such as Beebe, Bayhealth, ChristianaCare, Nemours, Saint Francis, and Tidal Health shall contract with the Delaware Health Care Commission to provide a maximum amount of \$25,000 annually per employed award recipient.
  - The \$1,000,000 from insurers is leveraged to match awards for program participants employed at smaller healthcare facilities, or for operational expenses.

*Additional details are available online: <https://dhss.delaware.gov/dhcc/lrp.html>*

**SLRP applicants must complete this form in its entirety for complete assessment of the application. HCPLRP applicant can skip the questions labeled *SLRP applicant only*.**





### Healthcare Employer Contact Information

*Provide information for the physical employment location of the respective applicant. The designated point of contact for future inquiries or requests will be the Direct Supervisor.*

Organization Name:

Organization Lead/Title:

Physical Address:

County:

Direct Phone Number:[Phone]

Email Address:[E-mail]

Direct Supervisor/Title:

Direct Phone Number:[Phone]

Email Address:[E-mail]

#### Date of Application:

### Healthcare Practitioner (Applicant) Details

Applicant Name:

Discipline:

Specialty:

Home Address:

Home Phone:[Phone]

Mobile Phone:[Phone]

Employment Start Date:

Applicant's Weekly Work Hours:

*Weekly hours must not include travel and on-call time.*

Employment Status:     Full-Time     Part-Time

*Eligible applicants must provide 20-40 hours of service per week, 40 hours for full-time consideration and 20-39 hours for part-time consideration.*



**SLRP applicant only. Number of on-site clinical hours:**

**SLRP applicant only. Administrative and Training Hours:**

Is the employee considered under-represented in the dental or medical profession?

Yes  No

Why or why not?

**SLRP applicant only. Attach a short and long-term plan for retention of the applicant in the coming two years.** Applications submitted without a retention plan are deemed incomplete and will not be considered.

Attached  Not Attached

- Include the nature of your organization’s support for the applicant’s career development, opportunities for continuing education, participation in innovative and reformative healthcare initiatives, research and clinical teachings.
- Illustrate a strategic plan for addressing the reasons a provider might leave the practice site and/or Delaware.

## Employer Eligibility

*Employer eligibility vary by loan repayment program. Complete the application in its entirety for accurate review and consideration.*

- Federal Identification Number / DUNS / UEI:
- This facility participates in the Medical Society of Delaware’s Voluntary Initiative Program (VIP):  Yes  No
- **Corporation Status** (check one)
  - For-Profit Organization
  - Non-Profit Organization
  - Public/Government Organization





- **Geographic Areas of Need** (check all that apply)
  - Rural Area
  - Urban Area
  - Community Health Needs Assessment Area (*Specify:*)
  - Medically Underserved Area/Population:
  - Health Professional Shortage Area (ID: & Score:)
  - Other (Specify:)
  
- **Is this location in an ambulatory and outpatient setting?**
  - Hospital primary care practice
  - Private practice
  - Federally Qualified Health Center
  - Community outpatient facilities
  - Community mental health facilities
  - Free medical clinics
  
- **SLRP applicant only. Organization's Hours of Operation:**
  - 24 Hour Facility
  - Rotating Hours (Specify: \_\_\_\_\_ )

Provide the total percent of patient demographics at this employment location for the following insurance payment categories:

- Commercial:
- Medicaid / S-CHIP:
- Medicare:
- Underinsured:
- Uninsured/Private Payment:
- **Total Percent of Service Delivery:**  
Must equal 100%



Schedule of discounts reflect a nominal charge covered by a third party (public or private), must be provided for individuals between 100-200% of the Federal Poverty Level/ guidelines. Employers are allowed to charge for services to the extent payment will be made by a third party, which is authorized or under legal obligation to pay the charges. Total number of patients that are 200% below the Federal Poverty Level, that was served in the previous calendar year:

**SLRP applicant only.** Itemize the total number of patients serviced in the previous calendar year:

- General Dental Care:
- Mental Health Care:
- Pediatric Dental Care:
- Primary Care:
- Substance Use Services:
- Specialty Care:
- **Total Patients Served:**

**SLRP applicant only.** Attach written procedures for utilizing a sliding fee scale, discount schedules, or pro-bono services.  Attached  Not Attached

Is a process in place to notify Delaware Health Care Commission of changes to the applicant’s employment standing?  Yes  No

**SLRP applicant only.** Are there any US Department of Health and Human Services (HHS) projects or priorities at this practice location?  Yes  No

**SLRP applicant only.** Does this location provide training to implement interprofessional education and/or practice?  Yes  No

If yes, what types of Partners/Consortia are used to offer training at this location?

**SLRP Only:** Have you secured a 50% match from the State of Delaware or from your employer?  Yes  No  N/A

**HCPLRP Only:** If you work for a Delaware Hospital System (Bayhealth, Beebe Healthcare, ChristianaCare, Nemours Children’s Hospital, Saint Francis Hospital, or TidalHealth Nanticoke) a 50%, dollar-for-dollar match is required for the award. If applicable, have you secured this match?  Yes  No  N/A



## Employer Acknowledgement & Agreement

The Delaware Health Care Commission (DHCC) is committed to ensuring that all Delaware residents have access to high quality and affordable health care. Accordingly, DHCC is prepared to consider loan repayment applications based on the prescribed conditions outlined in this application. Employment Directors or Authorized Organization Representatives must check each of the following requirements and sign this form for positive attestation.

- **Access**

Employer agrees to comply with all program requirements set forth in this application. Participants in the loan repayment program will provide health care services for at least 20-40 hours per week (not including time spent in travel and/or on-call) at the practice site named in the application for a minimum of one-four years, as stipulated in the contract agreement if awarded. No more than eight of those hours may be devoted to practice-related administrative activities. Employer will include hospital treatment coverage appropriately to meet the needs of patients at the approved service location and ensure continuity of care.

**SLRP applicant only.** With the exception of obstetrics/gynecology and geriatric services, at least 32 hours of the minimum 40 hours per week will be spent providing clinical services at the approved practice site during normally scheduled office hours. The remaining eight hours will be spent providing clinical services at the approved location or in alternative settings (e.g., hospitals, nursing homes, shelters), as directed by the employer, or performing practice-related administrative activities.

**SLRP applicant only.** Providers of obstetrics/gynecology or geriatric services will spend at least 21 hours of the 40 hours per week providing clinical services at the approved practice site during normally scheduled office hours. The remaining 19 hours will be spent providing clinical services or teaching at the approved site, providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters), as directed by the approved site, or performing practice-related administrative activities (administrative activities are limited to eight hours per week).

The employer 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.

**SLRP applicant only.** The employer has a nondiscrimination policy that prohibits discrimination based on race, creed, disability, or religion.

Employers must allow medical practitioners to participate in the Voluntary Initiative Program Phase II (VIP II) sponsored by the Medical Society of Delaware. To enroll in VIP II, contact the VIP Coordinator at the Medical Society of Delaware by phone (302) 224-5190.





- Employer understands and acknowledges that the review of this application and the determination of whether an award is granted or not is discretionary in nature and in the event after review of this application a decision is made not to approve this application for an award, the State of Delaware, its employees and agents, and any other individuals or organizations involved in the review process for this application shall be held harmless from any and all liability, suits, actions or claims arising from or related to in any way the review process for this application and determination of an award (if any).

- **Comprehensive System of Care**

- Practitioners shall practice in ambulatory and outpatient settings that assure the availability of services, including after-hours coverage, and arrangements for inpatient coverage and referrals, as needed.
- SLRP applicant only.** Hospital privileges for inpatient practice shall be maintained.

- **Quality of Care**

- SLRP applicant only.** Employer has a credentialing program in place, including National Practitioner Data Bank Query to review references and verify licensure and certification status of all providers, whether employed by the practice site or third party entity.
- SLRP applicant only.** Employer 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.
- SLRP applicant only.** Services must be delivered in a culturally appropriate fashion and be sensitive and responsive to the needs of the target population.
- SLRP applicant only.** Employer must address retention of practitioners through monitoring turnover rates, clinical team management efforts, pay comparability, surveys, exit interviews, and other means. It is not necessary to address retention of practitioners in instances where third party entities are involved and practitioners are not employed by, or are under the direct control of, the approved healthcare facility. Employers must also notify DHCC upon early termination or resignation of employees

- **Practitioner Employment Contract**

- Practitioners shall practice only in the Geographic Area of Need or Health Professional Shortage Area (HPSA) and at the employment location for which originally approved by the DHCC, unless a change is approved in writing by DHCC.
- SLRP applicant only.** Employer shall inform DHCC about eligible practitioner vacancies, including resignations, termination and extended leave for providers. Notification shall be provided within 30 days prior to such occurrence, or as soon as it is known. The employer shall document in writing all circumstances surrounding resignations and terminations of both practitioners employed by the employer and those employed by a third party entity utilizing the healthcare facilities and staff.
- Employer has an active State of Delaware Business License or Federal Tax Exemption (Determination) Letter, and an active Certificate of Insurance for Employer's Liability, Automotive Liability, and Medical/Professional Liability (\$1,000,000 per occurrence/\$3,000,000 per aggregate). Employers shall have no federal suspensions or debarment.





## Certification

By signing this page, the Authorized Organizational Representative (AOR) is:

1. certifying that statements made herein are true and complete to the best of his/her knowledge; and
2. agreeing to accept the obligation to comply with award terms and conditions if an award is made as a result of this application.

Further, the employer hereby provides certifications regarding conflict of interest (when applicable), drug-free workplace, debarment and suspension, nondiscrimination, responsible conduct of research, and Federal tax obligations. Willful provision of false information in this application and its supporting documents or in reports required under an ensuing award is a criminal offense (U.S. Code, Title 18, §1001).

Employer also understands that any intentional or negligent misrepresentation(s) of the information contained in this application may result in the forfeiture of eligibility to participate in the Loan Repayment Programs.

- Consent is given to Delaware Health Care Commission for the purpose of maintaining electronic communications with this organization via Mail-Chimp, SurveyMonkey, or other engagement software applications. By checking the box, the undersigned party relinquishes authorization to the requesting organization. Un-subscription from this service is accessible at any time and the representative receiving the emails can stop future notifications at will.
- By checking this box I recommend this applicant for further consideration and loan repayment award.

**Authorized Organization Representative:** \_\_\_\_\_

**Print Name Clearly:**

**Title:**

**Date:**







## RESOURCE MATERIAL

Application Checklist: This checklist was developed to help employer submit a complete application in one attempt. ***Please ensure the following documents are attached and emailed to [DHCC@Delaware.Gov](mailto:DHCC@Delaware.Gov) on, or before, the application due date:***

- Application Part A (all sections completed and signed by an authorized organization representative)
- Tax Exemption (Determination) Letter or Delaware Business License
- Certificate of Insurance
- Record of Disciplinary Actions for Applicant (Practitioner)  
***Required for both programs***
- Employer Retention Plan and Employment Contract for Applicant
- Procedures for sliding fee scale, discount schedules, or pro-bono services.

If above documents are not included in this application submission, please explain:

