

**APPLICATION PART A**

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

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1. Organization: \_\_\_\_\_  
Administrator: Type the Contract Administrator's Name & Title (person signing contracts)  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
County: \_\_\_\_\_  Non-Profit   
 Public  Integrated w/ DHIN

Practice Site: \_\_\_\_\_  
HPSA Score: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
County: \_\_\_\_\_  Rural  Urban

2. Is this practice site prepared to provide the Delaware Health Care Commission with 50% (up to \$50,000) of the applicant's awarded funds for the 1-2 years of contractual agreement?

Yes  No

3. Name of Applicant being recruited by this site: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

4. Date of Application: \_\_\_\_\_ Start Date at Site: \_\_\_\_\_

5. Total Number of Patients receiving the following services during the previous calendar year (must be completed to determine eligibility):

Primary Care		Specialty Care	
General Dental Care		Mental Health Care	
Pediatric Dental Care		Other	
		<b>Total:</b>	

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Total Patients in previous calendar year below 200% of Federal Poverty Level: \_\_\_\_\_

Please provide the percentage of patients at this practice site that fall under the following payment categories (*must be completed to determine eligibility and must total 100%*):

Medicaid or S-Chip	Medicare	Self-Pay Negotiated/Reduced Fee or Free Service	Commercial Insurance	Total
%	%	%	%	%

A schedule of discounts reflecting a nominal charge covered by a third party (either public or private), must be provided for individuals between 100 and 200 percent of the HHS Poverty Guidelines. Sites are allowed to charge for services to the extent that payment will be made by a third party which is authorized or under legal obligation to pay the charges.

6. **Practice Site Hours of Operation**

Day	Time		Total Hours
Monday	AM	PM	
Tuesday	AM	PM	
Wednesday	AM	PM	
Thursday	AM	PM	
Friday	AM	PM	
Saturday	AM	PM	
Sunday	AM	PM	

7. Proposed **SLRP applicant** Weekly Work Schedule:\* Total Hours: \_\_\_\_\_

Day	Time		Total Work Hours**
Monday	AM	PM	
Tuesday	AM	PM	
Wednesday	AM	PM	
Thursday	AM	PM	
Friday	AM	PM	
Saturday	AM	PM	
Sunday	AM	PM	

*\*Please provide a separate work schedule for each SLRP applicant requested and specify the specialty of each. Note eligible applicants must provide 40 hours of service per week.*

*\*\*Do not include travel, or on-call time.*

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8. Describe your short and long-term plan for the retention of the Loan Repayment applicant, during and beyond the required two-year obligation. Include the nature of your organization's support for the provider'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. Applications submitted without a retention plan are deemed incomplete and will not be considered.

*Type Retention Plan here or provided on separate sheet of paper.*

9. Provide written procedures for utilizing the sliding fee scale, discount schedules, or pro-bono services.

*Type Retention Plan here or provided on separate sheet of paper.*

**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 applicants under certain conditions. The Director or applicant official for the facility or practice site applying to the Loan Repayment Program must check 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 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 two years, as agreed upon in the contract. No more than eight of those hours 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 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 site or in alternative settings (e.g., hospitals, nursing homes, shelters), as directed by the approved site, or performing practice-related administrative activities.

Providers of obstetrics/gynecology or geriatric services will spend at least 21 hours of the minimum 40 hours per week providing clinical services at the

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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 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 loan repayment ***dentists*** to agree that a minimum of 20% of their scheduled appointments will be comprised of Medicaid patients and/or low income (less than 200% FPL) dentally uninsured patients who will be provided care at reduced rates or free-of-charge.
- Practice sites must agree to allow non-dental clinicians to participate in the Voluntary Initiative Program Phase II (VIP II) sponsored by the Medical Society of Delaware. **To enroll in VIP II, contact Cynthia Bristor, VIP Coordinator at the Medical Society of Delaware by phone (302) 224-5190 or email [Cynthia.Bristor@MedSocDel.org](mailto:Cynthia.Bristor@MedSocDel.org)**
- 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 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.

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**Quality of Care**

- Practice site 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.
  
- 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 culturally appropriate fashion so as to be sensitive and responsive to the needs of the target population.
  
- Practice site will address retention of providers through monitoring turnover rates, clinical team management efforts, pay comparability, surveys, exit interviews, and other means. However, it will NOT be necessary to address retention of providers in those instances where providers are employed by third party entities and are not employed by, and under the direct control of, the practice site.

**Provider Employment Contract**

- Loan Repayment Clinicians shall practice only in the Health Professional Shortage Area (HPSA) 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 and extended leave for providers. Notification shall be provided within 30 days prior to such occurrence, or soon as it is known. The practice site shall document in writing all circumstances surrounding resignations and terminations of both Loan Repayment Clinicians employed by the practice site and those employed by a third party entity utilizing the practice site's facilities and staff.
  
- The practice Site agrees to cooperate with email, mail, telephone, surveys, and/or site visits conducted by DHCC for the purpose of monitoring compliance with Delaware State Loan Repayment Program.

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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 SLRP award terms and conditions if an award is made as a result of this application. Further, the applicant is hereby providing 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). 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 the State Loan Repayment Program.

Consent is given to the Delaware Health Care Commission for the purpose of maintaining electronic communications with this organization via Mail-Chimp 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 SLRP applicant for further consideration and award.

Authorized Organizational Representative: \_\_\_\_\_

Print Name Clearly: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit only one (1) copy of the application:**

Department of Health and Social Services  
Delaware Health Care Commission  
Herman M. Holloway Sr. Campus  
1901 North DuPont Highway – H117  
Main Administrative Building – 1<sup>st</sup> Floor  
New Castle, Delaware 19720  
Fax (302) 255 - 4751 | Email [DHCC@delaware.gov](mailto:DHCC@delaware.gov) (security needed)