

Tool to Identify an Underserved Area

Solicitation of Interest #20283

Nurses Across New York Loan Repayment Program – Cycle I

Instructions: Choose Options A, B or C as necessary per the instructions below. Note that you MUST complete one of these sections for your application to be accepted. Applicants should review all options before proceeding with their response.

OPTION A – Nurse named in the Application working in a HPSA, MUA or MUP

Select Option A if:

1. The nurse will be practicing in a clinical setting as defined in the SOI Part II A #11; **AND**
2. The area or site where the nurse will be practicing is in, or serves one or more of the following:
 - Federally-Designated Primary Care or Mental Health Professional Shortage Area(s) - HPSA
 - Medically Underserved Area(s) - MUA, or
 - Medically Underserved Population(s) - MUP

Instructions:

To identify if a facility is located in a HPSA, MUA or MUP (or is designated as a HPSA) go to:

- <https://data.hrsa.gov/tools/shortage-area/by-address>

Enter the address under consideration. The resulting search should yield all HPSA's, MUA's and MUP's by status, in which the address is located.

ACTION:

Applicants must upload documents supporting the HPSA, MUA, MUP status as Attachment 6 of the application.

OPTION B – Nurse in a Rural County or Town

Select Option B if:

1. The nurse will be practicing in a clinical setting as defined in the SOI Part II A #11, **AND**
2. The area or site where the nurse will be practicing is in a rural county or town.

Instructions:

To identify if a facility is in a rural county or town go to:

- Attachment 7 and print off the two-page document.

ACTION:

Circle the rural county or town where the nurse will be practicing. Applicants must upload these pages as Attachment 6 of the application.

OPTION C – Certified Home Health Agency or Licensed Home Care Services Agency

Selection Option C if:

1. The nurse will be practicing in a clinical setting as defined in the SOI Part II A #11, **AND**
2. The nurse will be employed by a Certified Home Health Agency or Licensed Home Care Services Agency and spending a minimum of 32 clinical hours serving patients belonging to a medically underserved population. This population is defined as:

“Low-income people; racial and ethnic minorities; immigrants; women; lesbian, gay, bisexual, transgender, or other-than-cisgender people; people with disabilities; older adults; persons living with a prevalent infectious disease or condition; persons living in rural areas; people who are eligible for or receive public health benefits; people who do not have third-party health coverage or have inadequate third-party health coverage; and other people who are unable to obtain health care.”

Instructions:

To identify that the nurse employed by a Certified Home Health Agency or Licensed Home Care Services Agency is practicing a minimum of 32 clinical hours per week serving patients belonging to an underserved population, the Agency and nurse must:

Print off and complete the attached “Attestation to Option C.”

ACTION:

Applicants must upload these pages as Attachment 6 of the application.

ATTACHMENT 6 – OPTION C

Solicitation of Interest # 20283

Nurses Across New York Loan Repayment Program – Cycle I

Nurse Applicant Employed by Certified Home Health Agency or Licensed Home Care Services Agency Attestation

THIS ATTESTATION (“Attestation”), is entered into and made a part of the Solicitation of Interest for the Nurses Across New York Loan Repayment Program – Cycle 1 Application dated as of _____, 20____ (“Application”), between

_____ (“Facility”), and

_____ (“Nurse”).

THIS ATTESTATION is being signed under penalty of perjury and shall be subject to confirmation by the New York State Department of Health (the Department) surveillance of agency records.

NOW, THEREFORE, in consideration of the foregoing, the Facility and the Nurse agree that:

The nurse will be employed by a Certified Home Health Agency or Licensed Home Care Services Agency and spending a minimum of 32 clinical hours serving patients belonging to a medically underserved population. This population is defined as:

“Low-income people; racial and ethnic minorities; immigrants; women; lesbian, gay, bisexual, transgender, or other-than-cisgender people; people with disabilities; older adults; persons living with a prevalent infectious disease or condition; persons living in rural areas; people who are eligible for or receive public health benefits; people who do not have third-party health coverage or have inadequate third-party health coverage; and other people who are unable to obtain health care.”

IN WITNESS WHEREOF, this Attestation has been entered into by the Nurse and on behalf of the Facility as of this ____ day of _____, 20_____.

FACILITY:

NURSE:

By: _____

Name: _____

Name: _____

Title: _____