

Solicitation of Interest (SOI) # 20526
New York State Department of Health
Center for Health Care Policy and Resource Development, Division of Workforce Transformation

Nurses Across New York Loan Repayment Program – Cycle 2

Questions and Answers
August 7, 2024

Q#	Category	Question	Answer
1.	NANY Cycle 1 Awardees	I applied for and was accepted for cycle 1. I just received notice that the application for cycle 2 is now out, do I need to apply for cycle 2?	Applicants who received awards for Nurses Across New York Cycle 1 are ineligible to apply for Nurses Across New York Cycle 2.
2.	NANY Cycle 1 Awardees	I applied for the Cycle 1 Loan Repayment, and I did get it. Can I apply for the cycle 2 also? Or if you get one cycle is that all you can apply for?	Applicants who received awards for Nurses Across New York Cycle 1 are ineligible to apply for Nurses Across New York Cycle 2.
3.	NANY Cycle 1 Awardees	Is this just saying other people who haven't gotten this NANY award can apply for this program? I already got approved with cycle 1. So, I am all set correct? I don't have to apply for this cycle 2?	Applicants who received awards for Nurses Across New York Cycle 1 are ineligible to apply for Nurses Across New York Cycle 2.
4.	NANY Cycle 1 Awardees	I was accepted for the loan forgiveness in cycle 1. I received an email about cycle 2. Do I have to refill out the application? Or is this for nurses who have not applied?	Applicants who received awards for Nurses Across New York Cycle 1 are ineligible to apply for Nurses Across New York Cycle 2.
5.	Other State Agencies	Are Registered Nurses and Licensed Practical Nurses who work at facilities operated or	A separate procurement for loan repayment programs will be issued for Registered Nurses and Licensed Practical Nurses who work at facilities operated or licensed by the Department

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		licensed by the Department of Corrections and Community Supervision, the Office of Addiction Services and Supports, the Office of Children and Family Services, the Office of Mental Health, and the Office for People with Developmental Disabilities eligible for this cycle?	of Corrections and Community Supervision, the Office of Addiction Services and Supports, the Office of Children and Family Services, the Office of Mental Health, and the Office for People with Developmental Disabilities, and therefore are not eligible for this cycle.
Q#	Category	Question	Answer
6.	Other State Agencies	On page 1 (Introduction), it says: “A procurement for loan repayment programs will be issued for Registered Nurses and Licensed Practical Nurses who work at facilities operated or licensed by the Department of Corrections and Community Supervision, the Office of Addiction Services and Supports, the Office of Children and Family Services, the Office of Mental Health, and the Office for People with Developmental Disabilities.” And then on page 3 it includes the below in its definition of a health care facility or organization: • A Certified Home Health Agency, Long Term Home Health Care Program or Licensed Home Care Services Agency licensed by the New York State Department of Health pursuant to Public Health Law Article 36.	The Nurses Across New York Loan Repayment Program – Cycle 2 Solicitation of Interest is only open to Registered Nurses and Licensed Practical Nurses who are employed by the health care facilities organizations and settings outlined in the SOI, Section II (Minimum Qualifications), Part A7 and Part B1. A separate procurement for loan repayment programs will be issued for Registered Nurses and Licensed Practical Nurses who work at facilities operated or licensed by the Department of Corrections and Community Supervision, the Office of Addiction Services and Supports, the Office of Children and Family Services, the Office of Mental Health, and the Office for People with Developmental Disabilities.

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		• A certified Hospice licensed by the New York State Department of Health pursuant to Public Health Law Article 40. The licensing agencies listed on page 1 do not include NYDOH. Is NANY Cycle 2 funding limited to employees from only those licensing agencies listed on page 1, or is it more expansive and includes agencies, such as home health and hospice as we see on page 3, that are licensed by NYDOH?	
Q#	Category	Question	Answer
7.	How to Apply <i>Location of SOI, Attachments and Application Link</i>	I think I am trying to apply for cycle 2	The Solicitation of Interest including the attachments and link to the application can be found on the New York State Department of Health’s website at Solicitation of Interest # 20526 – Nurses Across New York Loan Repayment Program – Cycle 2 (ny.gov) and on the New York State Contract Reporter’s website at https://www.nyscr.ny.gov The program application link can be found in the SOI document under Section IV (How to Apply).
8.	How to Apply <i>Location of SOI, Attachments and Application Link</i>	Please to send link and instructions for application	The Solicitation of Interest including the attachments and link to the application can be found on the New York State Department of Health’s website at Solicitation of Interest # 20526 – Nurses Across New York Loan Repayment Program – Cycle 2 (ny.gov) and on the New York State Contract Reporter’s website at https://www.nyscr.ny.gov The program application link can be found in the SOI document under Section IV (How to Apply).

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	How to Apply <i>Location of SOI, Attachments and Application Link</i>	I'm a registered nurse at Jacobi Medical center and I'm interested in submitting an application for Nurses Across New York (NANY) Loan Repayment Program Cycle 2. I do not see the attachments for the required documents listed in the provided link at soi.pdf (ny.gov).	The Solicitation of Interest including the attachments and link to the application can be found on the New York State Department of Health's website at Solicitation of Interest # 20526 – Nurses Across New York Loan Repayment Program – Cycle 2 (ny.gov) and on the New York State Contract Reporter's website at https://www.nyscr.ny.gov
Q#	Category	Question	Answer
9.	How to Apply <i>Location of SOI, Attachments and Application Link</i>	I would like to proceed with submitting the application for this loan. I am a registered nurse who works for a licensed homecare agency. We service all five borrows. Please advise where I can find this application.	The Solicitation of Interest including the attachments and link to the application can be found on the New York State Department of Health's website at Solicitation of Interest # 20526 – Nurses Across New York Loan Repayment Program – Cycle 2 (ny.gov) and on the New York State Contract Reporter's website at https://www.nyscr.ny.gov The program application link can be found in the SOI document under Section IV (How to Apply).
10.	How to Apply <i>Location of SOI, Attachments and Application Link</i>	I am interested in the loan forgiveness application, can you send me the application forms please, is was not attached to the email sent out.	The Solicitation of Interest including the attachments and link to the application can be found on the New York State Department of Health's website at Solicitation of Interest # 20526 – Nurses Across New York Loan Repayment Program – Cycle 2 (ny.gov) and on the New York State Contract Reporter's website at https://www.nyscr.ny.gov The program application link can be found in the SOI document under Section IV (How to Apply).

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11.	How to Apply <i>Location of SOI, Attachments and Application Link</i>	Can you please direct me to a link or website where I can find the forms to fill out.	The Solicitation of Interest including the attachments and link to the application can be found on the New York State Department of Health’s website at Solicitation of Interest # 20526 – Nurses Across New York Loan Repayment Program – Cycle 2 (ny.gov) and on the New York State Contract Reporter’s website at https://www.nyscr.ny.gov The program application link can be found in the SOI document under Section IV (How to Apply).
12.	How to Apply <i>Location of SOI, Attachments and Application Link</i>	I am full time registered nurse working at Elmhurst hospital, Queens. I have been working here for 3 years. I have loan. Please I want to apply for loan forgiveness plan. How can I apply and where do I apply? Is there any website I can apply?	The Solicitation of Interest including the attachments and link to the application can be found on the New York State Department of Health’s website at Solicitation of Interest # 20526 – Nurses Across New York Loan Repayment Program – Cycle 2 (ny.gov) and on the New York State Contract Reporter’s website at https://www.nyscr.ny.gov The program application link can be found in the SOI document under Section IV (How to Apply).
Q#	Category	Question	Answer
13.	Application	What is the submission-type for this procurement?	NANY Cyle 2 is being offered as a Solicitation of Interest and the program application can be accessed via the New York State Department of Health’s website at Solicitation of Interest # 20526 – Nurses Across New York Loan Repayment Program – Cycle 2 (ny.gov) and on the New York State Contract Reporter’s website at https://www.nyscr.ny.gov . This is the first time that the application and the attachments are set up to be submitted electronically directly through the Alchemer web-based platform. The Solicitation of Interest including the attachments and link to the application can be found on the New York State Department of Health’s website at Solicitation of Interest # 20526 – Nurses Across New York Loan Repayment Program – Cycle 2 (ny.gov) and on the New York State Contract Reporter’s website at https://www.nyscr.ny.gov

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14.	Application	You recently shared an RFP for Nurses Across New York Loan Repayment Program. Can I forward it to Prosal's agencies and consultants?	The Nurses Across New York Loan Repayment Program Cycle 2 Solicitation of Interest is a public document and can be found on the New York State Department of Health's website at Solicitation of Interest # 20526 – Nurses Across New York Loan Repayment Program – Cycle 2 (ny.gov) and on the New York State Contract Reporter's website at https://www.nyscr.ny.gov
15.	Eligibility <i>Nurse Practitioners</i>	Do nurse practitioners qualify or is this just for RNs and LPNs?	Per the SOI, Section II.(Minimum Qualifications). Nurse practitioners are not eligible for this Solicitation of Interest.
16.	Eligibility <i>Federal Government Operated Facilities</i>	Are RNS and LPNS who work health care facility operated by the federal government eligible for this cycle?	Per the SOI, Section II. A. 7, (Eligible Nurse Applicants), a nurse employed by a health care facility operated by the federal government is not eligible to apply under this Solicitation of Interest.
17.	Eligibility <i>Long Term Employees</i>	Can this be applied to a long-term employee to guarantee retention of that employee?	Per the SOI, Section I (Introductions), the allocation of funding is anticipated to be as follows: 1) Approximately 50 percent of funding will be allocated to newly licensed nurses (i.e., those that have been licensed for two years or less); 2) Approximately 50 percent of funding will be allocated to nurses who have been licensed two to five years; and 3) nurses licensed for five or more years may be eligible if funding is available after initial awards are made.
Q#	Category	Question	Answer
18.	Eligibility <i>Long Term Employees</i>	Are nurses who are already employed by the applying entity eligible for the loan reimbursement? For example - a nurse who has been employed by the entity for several years and would agree to work for the entity another 3 years?	Applicants should refer to SOI Section II (Minimum Qualifications), Part A and B to determine who and what type of health care facility, organizations and settings are eligible to apply for the Nurses Across New York Cycle 2.

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19.	Eligibility <i>Recruiting Vendors</i>	The SOI states that healthcare facilities can apply for this award in order to recruit and retain RNs and LPNs. However, the name of the nurse must be provided in the application. Can our organization apply for this award if we have not been able to successfully recruit additional nurses yet?	Applicants should refer to SOI Section II (Minimum Qualifications), Part B.1, to determine who and what type of health care facility, organizations and settings are eligible to apply for the Nurses Across New York Cycle 2. The health care facility or organization must be one of the following: • A general hospital, diagnostic and treatment center, or a nursing home licensed by the New York State Department of Health pursuant to Public Health Law Article 28; • A Certified Home Health Agency, Long Term Home Health Care Program or Licensed Home Care Services Agency licensed by the New York State Department of Health pursuant to Public Health Law Article 36. • A certified Hospice licensed by the New York State Department of Health pursuant to Public Health Law Article 40. • A medical practice that is registered with the New York State Department of State as a Professional Corporation or Professional Limited Liability Corporation at the time of application; • A hospital or nursing home operated by the New York State Department of Health, meaning Helen Hayes Hospital, the New York State Veterans Home at Batavia, the New York Veterans Home at Montrose, the New York State Veterans Home at Oxford, or the New York State Veterans Home at St. Albans; • A health care facility operated by the State University of New York; • Federally funded non-for-profit health centers or clinics that serve medically underserved areas and populations (Federally Qualified Health Centers).
Q#	Category	Question	Answer
20.	Eligibility <i>Recruiting Vendors</i>	We are an approved Vendor for NY State. I found the above Ad on the NY State Contractor Reporter site. Is this ad for vendors to apply to assist in filling these open RN and LPN roles?	Applicants should refer to SOI Section II (Minimum Qualifications), Part B.1, to determine who and what type of health care facility, organizations and settings are eligible to apply for the Nurses Across New York Cycle 2. The health care facility or organization must be one of the following:

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			• A general hospital, diagnostic and treatment center, or a nursing home licensed by the New York State Department of Health pursuant to Public Health Law Article 28; • A Certified Home Health Agency, Long Term Home Health Care Program or Licensed Home Care Services Agency licensed by the New York State Department of Health pursuant to Public Health Law Article 36. • A certified Hospice licensed by the New York State Department of Health pursuant to Public Health Law Article 40. • A medical practice that is registered with the New York State Department of State as a Professional Corporation or Professional Limited Liability Corporation at the time of application; • A hospital or nursing home operated by the New York State Department of Health, meaning Helen Hayes Hospital, the New York State Veterans Home at Batavia, the New York Veterans Home at Montrose, the New York State Veterans Home at Oxford, or the New York State Veterans Home at St. Albans; • A health care facility operated by the State University of New York; • Federally funded non-for-profit health centers or clinics that serve medically underserved areas and populations (Federally Qualified Health Centers).
21.	Eligibility <i>Recruiting Vendors</i>	Regarding this solicitation, are you looking for individual nurses to apply, OR looking for companies/vendors to provide nurses and you will pay a fee for recruiting services?	Applicants should refer to SOI Section II (Minimum Qualifications), Part A and Part B, to determine who is eligible to apply. Nurses and health care facilities and organizations must meet the criteria set forth (in the SOI) to be eligible to apply for the Nurses Across New York funding through this Solicitation of Interest. .
Q#	Category	Question	Answer
22.	Minimum Qualifications/Eligibility	At public health we serve the underserved communities and work under Article 6, 28, and 36. I am wondering if our facility would be eligible for this repayment program.	Applicants should refer to SOI Section II (Minimum Qualifications), Part B.1, to determine who is eligible to apply for the Nurses Across New York Cycle 2. The health care facility or organization must be one of the following: • A general hospital, diagnostic and treatment center, or a nursing home licensed by the New York State Department of Health pursuant to Public Health Law Article 28;

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			• A Certified Home Health Agency, Long Term Home Health Care Program or Licensed Home Care Services Agency licensed by the New York State Department of Health pursuant to Public Health Law Article 36. • A certified Hospice licensed by the New York State Department of Health pursuant to Public Health Law Article 40. • A medical practice that is registered with the New York State Department of State as a Professional Corporation or Professional Limited Liability Corporation at the time of application; • A hospital or nursing home operated by the New York State Department of Health, meaning Helen Hayes Hospital, the New York State Veterans Home at Batavia, the New York Veterans Home at Montrose, the New York State Veterans Home at Oxford, or the New York State Veterans Home at St. Albans; • A health care facility operated by the State University of New York; • Federally funded non-for-profit health centers or clinics that serve medically underserved areas and populations (Federally Qualified Health Centers).
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23.	Minimum Qualifications/Eligibility	I work in Flushing Hospital medical center; I want to verify if Flushing Hospital Medical Center is eligible to apply to NANY. Please if you have any other loan forgiveness that Flushing Hospital Medical Center is eligible	Applicants should refer to Section II, (Minium Qualifications), Part A8 and Part B2 to determine if the health care facility, practice, or setting where the nurse will be employed is located in an underserved area or primarily serve an underserved population. To identify if a facility or organization is located in an Health Professional Shortage Area (HPSA), a Medically Underserved Area (MUA), or a Medically Underserved Population (MUP), go to: https://data.hrsa.gov/tools/shortage-area/by-address .
24.	Minimum Qualifications/Eligibility <i>Staffing Agencies</i>	Is it possible for a staffing agency to attest an otherwise qualified nurse for this funding? I didn't see any specific information about that. The nurses in question would work for qualifying facilities, however they would be employees of the staffing agency directly who would provide the attestation.	Applicants should refer to SOI Section II (Minimum Qualifications), Part B.1, to determine who is eligible to apply for the Nurses Across New York Cycle 2. The health care facility or organization must be one of the following:

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			• A general hospital, diagnostic and treatment center, or a nursing home licensed by the New York State Department of Health pursuant to Public Health Law Article 28; • A Certified Home Health Agency, Long Term Home Health Care Program or Licensed Home Care Services Agency licensed by the New York State Department of Health pursuant to Public Health Law Article 36. • A certified Hospice licensed by the New York State Department of Health pursuant to Public Health Law Article 40. • A medical practice that is registered with the New York State Department of State as a Professional Corporation or Professional Limited Liability Corporation at the time of application; • A hospital or nursing home operated by the New York State Department of Health, meaning Helen Hayes Hospital, the New York State Veterans Home at Batavia, the New York Veterans Home at Montrose, the New York State Veterans Home at Oxford, or the New York State Veterans Home at St. Albans; • A health care facility operated by the State University of New York; • Federally funded non-for-profit health centers or clinics that serve medically underserved areas and populations (Federally Qualified Health Centers).
25.	Minimum Qualifications/Eligibility <i>Home Care Agencies</i>	When we input this address into the website provided: https://data.hrsa.gov/tools/shortage-area/by to identify if our agency is eligible for the award as a Health Professional Shortage Area (HPSA), a Medically Underserved Area (MUA), or a Medically Underserved Population (MUP) our agency DOES NOT appear. A) Although our home care agency' main office is not physically located in an HPSA, MUA or MUP, all of our nurses serve patients in <i>medically underserved areas including Bronx, Brooklyn, Manhattan, and Queens</i>. In addition, the entire <i>population</i> our agency RNs provide care for is defined as “medically underserved”, since we provide services for <i>medically fragile</i>	A) Per SOI Section II, (Minium Qualifications), Part B.2, the health care facility, practice, or setting where the nurse will be employed must be located in an underserved area or primarily serve an underserved population. The United State Health Services Administration determines whether an area, population, or facility experiences a shortage of health care services. Each State in conjunction with the United State Health Services Administration follows a defined shortage designation process utilizing population data of individuals within a geographic region which has either a: large elderly population, a high infant mortality rate and/or a high level of poverty. These underserved areas are defined as a Health Professional Shortage Area (HPSA), a Medically Underserved Area (MUA), or a Medically Underserved Population (MUP). B) If the applicant is employed by a Certified Home Health Agency, Licensed Home Care Services Agency, or Hospice, an attestation (Attachment # 2- Nurse Applicant Employed by Certified Home Health Agency, Licensed Home Care Services Agency, or Hospice Attestation) is required outlining required hours and population served.

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		<i>children from birth up to age 44. We also serve patients in underserved areas of Nassau and Suffolk counties on Long Island – are these counties also covered under the award?</i> B) Are our full-time home care RNs eligible to apply and, if yes, is the only requirement that they complete Attachment #2, OPTION C of the Solicitation of Interest #20525 “Nurse Applicant Employed by Certified Home Health Agency, Licensed Home Care Services Agency, or Hospice Attestation”? We would also sign the attestation as the FACILITY operators.	Both the health care organization and the nurse are required to sign SOI Attachment # 2 (Nurse Applicant Employed by Certified Home Health Agency, Licensed Home Care Services Agency, or Hospice Attestation).
Q#	Category	Question	Answer
26.	Minimum Qualifications/Eligibility <i>Other</i>	I recently began employment with Maximus and work as a RN nurse evaluator for the Children and Youth Evaluation Service (C-YES) waiver program overseen by the DOH. I am serving multiple counties throughout NY. Curious if I would be eligible for this program because of the type of population I serve.	Applicants should refer to SOI Section II (Minimum Qualifications), Part A.7 and Part B.1, to determine who and what type of health care facility, organizations and settings are eligible to apply for the Nurses Across New York Cycle 2. Nurses must be employed by and fulfill the service obligation for at least one of the following approved health care facilities/organizations/settings: • A general hospital, diagnostic and treatment center, or a nursing home licensed by the New York State Department of Health pursuant to Public Health Law Article 28; • A Certified Home Health Agency, Long Term Home Health Care Program or Licensed Home Care Services Agency licensed by the New York State Department of Health pursuant to Public Health Law Article 36. • A certified Hospice licensed by the New York State Department of Health pursuant to Public Health Law Article 40.

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			• A medical practice that is registered with the New York State Department of State as a Professional Corporation or Professional Limited Liability Corporation at the time of application; • A hospital or nursing home operated by the New York State Department of Health, meaning Helen Hayes Hospital, the New York State Veterans Home at Batavia, the New York Veterans Home at Montrose, the New York State Veterans Home at Oxford, or the New York State Veterans Home at St. Albans; • A health care facility operated by the State University of New York; • Federally funded non-for-profit health centers or clinics that serve medically underserved areas and populations (Federally Qualified Health Centers).
27.	Minimum Qualifications/Eligibility <i>Licensed Home Care Services Agency</i>	We employ an RN applying for funds. Question 35 asks, "Is the Primary Facility in a HPSA (Health Professional Shortage Area)?" Are we to interpret to mean are we geographically in a HPSA, or are they asking if we provide services in Mental Health, Dental, or Primary Care? We are a LHCSA providing services in Cattaraugus and Allegany County	Per SOI Section II, (Minium Qualifications), Part B.2, the health care facility, practice, or setting where the nurse will be employed must be located in an underserved area or primarily serve an underserved population. The United State Health Services Administration determines whether an area, population, or facility experiences a shortage of health care services. Each State in conjunction with the United State Health Services Administration follows a defined shortage designation process utilizing population data of individuals within a geographic region which has either a: large elderly population, a high infant mortality rate and/or a high level of poverty. These underserved areas are defined as a Health Professional Shortage Area (HPSA), a Medically Underserved Area (MUA), or a Medically Underserved Population (MUP). To identify if a facility or organization is located in an HPSA, MUA, or MUP, go to: https://data.hrsa.gov/tools/shortage-area/by-address. For purposes of this Solicitation of Interest, underserved areas also include rural areas, and a list of New York State rural counties and towns can be found on Attachment # 1 of this Solicitation of Interest. If the applicant is employed by a Certified Home Health Agency, Licensed Home Care Services Agency, or Hospice, an attestation (Attachment # 2) is required outlining required hours and population served.

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28.	Minimum Qualifications/Eligibility	We are looking to see what registry or definition is used to determine facilities that are medically underserved?	Per the SOI, Section II (Minimum Qualifications), Part A and B, the health care facility, practice, or setting where the nurse will be employed must be located in an underserved area or primarily serve an underserved population. The United State Health Services Administration determines whether an area, population, or facility experiences a shortage of health care services. Each State in conjunction with the United State Health Services Administration follows a defined shortage designation process utilizing population data of individuals within a geographic region which has either a: large elderly population, a high infant mortality rate and/or a high level of poverty. These underserved areas are defined as a Health Professional Shortage Area (HPSA), a Medically Underserved Area (MUA), or a Medically Underserved Population (MUP). To identify if a facility or organization is located in an HPSA, MUA, or MUP, go to: https://data.hrsa.gov/tools/shortage-area/by-address. For purposes of this Solicitation of Interest, underserved areas also include rural areas, and a list of New York State rural counties and towns can be found on Attachment # 1.
29.	Minimum Qualifications/Eligibility <i>Home Care Service Area</i>	I am the HR person at UR Medicine Home Care in Rochester NY, I am trying to get better clarification on what area would qualify in upstate area that we serve. We serve Livingston, Monroe, Ontario, Seneca, Wayne, and Yates counties. Would all counties qualify except Monroe, and then in Monroe only Riga, Rush, and Wheatland would qualify? Or how do we determine and verify the low-income people below?	Per the SOI, Section II (Minimum Qualifications), Part A and B, the health care facility, practice, or setting where the nurse will be employed must be located in an underserved area or primarily serve an underserved population. The United State Health Services Administration determines whether an area, population, or facility experiences a shortage of health care services. Each State in conjunction with the United State Health Services Administration follows a defined shortage designation process utilizing population data of individuals within a geographic region which has either a: large elderly population, a high infant mortality rate and/or a high level of poverty. These underserved areas are defined as a Health Professional Shortage Area (HPSA), a Medically Underserved Area (MUA), or a Medically Underserved Population (MUP). To identify if a facility or organization is located in an HPSA, MUA, or MUP, go to: https://data.hrsa.gov/tools/shortage-area/by-address.

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		We want to be sure we can place our clinicians in the correct locations so they can qualify for this program.	For purposes of this Solicitation of Interest, underserved areas also include rural areas, and a list of New York State rural counties and towns can be found on Attachment # 1 of this Solicitation of Interest. Option C under the Facility Identification section of the electronic program application applies if the applicant is employed by a Certified Home Health Agency, Licensed Home Care Services Agency, or Hospice. An attestation (Attachment # 2) is required outlining required hours and population served.
Q#	Category	Question	Answer
30.	Minimum Qualifications/Eligibility <i>State Operated Hospitals and Nursing Homes</i>	Would a State Veterans Home be considered a site for LPN/RN loan repayment? Since the start of the COVID-19 pandemic, we have been relying on temp agency staffing. Being able to participate in this program would help us with our recruitment efforts of permanent staff.	Per the SOI, Section II (Minimum Qualifications), Part B.1, health care facilities operated by the State University of New York including a hospital or nursing home operated by the New York State Department of Health, meaning Helen Hayes Hospital, the New York State Veterans Home at Batavia, the New York Veterans Home at Montrose, the New York State Veterans Home at Oxford, or the New York State Veterans Home at St. Albans can NOT apply for a Nurses Across New York award. Nurses who work in the above referenced facilities ARE eligible to apply for a Nurses Across New York award DIRECTLY . Facilities, please provide this opportunity to eligible nursing staff and instruct eligible nursing staff to complete and submit applications as individual applicants according to the application instructions outlined in this Solicitation of Interest.

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31.	Eligibility <i>Behavioral Health Loan Repayment Program</i>	Some of my staff nurses have applied for the Behavioral Health Loan Repayment Program (BH4NYC) and they are inquiring if they can apply for this loan repayment grant as well? I saw the document on the website, and it mentions exceptions such as “Public Service Loan Forgiveness Program”. Since we work at South Brooklyn Health formerly known as Coney Island Hospital, I assume we fall under this category of “Public Service Loan Forgiveness Program”. If so, does that mean we are eligible to apply for the Nurses Across New York (NANY) Loan Repayment Program Cycle 2 program	Per the SOI, Section II (Minimum Qualifications), Part A,6, the nurse must not be fulfilling an obligation under any local, state or federal government loan repayment program which overlaps or coincides with the three-year Nurses Across New York service obligation. The exceptions are the participation in the Public Service Loan Forgiveness Program and individual nurses receiving employer sponsored loan repayment funds.
Q#	Category	Question	Answer
32.	Minimum Qualifications/Eligibility	I am requesting clarification about whether our hospital meets Minimum Qualification #8: II. Minimum Qualifications 8. The health care facility, practice, or setting where the nurse will be employed must be located in an underserved area or primarily serve an underserved population.	If the nurse will be practicing in a clinical setting as defined in the SOI Section II, A.7; AND 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 or Medically Underserved Area(s) - MUA, or Medically Underserved Population(s) – MUP, applicants can use this link to confirm designation: https://data.hrsa.gov/tools/shortage-area/by-address Enter the address of the healthcare facility/organization under consideration, and resulting search should yield all HPSA's, MUA's and MUP's by status, in which the address is located.

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		#8 also says: To identify if a facility or organization is located in an HPSA, MUA, or MUP, go to: https://data.hrsa.gov/tools/shortage-area/by-address. Our hospital is not located in an underserved area but does primarily serve an underserved population. Our primary service area includes a mental health HPSA and a primary care HPSA and an MUA. Please confirm that our hospital meets Minimum Qualification #8.	
Q#	Category	Question	Answer
33.	Use of Funds	Would the registered nurse be eligible to use the funding to pay for an RN to BSN program starting in the fall?	Per the SOI, Section III (Project Narrative), Part A (Use of Funds), Nurses Across New York loan repayment funds can be awarded to: (1) a nurse to pay qualified educational debt; or (2) a health care facility or organization to help recruit and retain a nurse by providing that nurse funds to repay outstanding educational debt. For purposes of this Solicitation of Interest, “qualified educational debt” means any outstanding amounts remaining on student loans that were used by the nurse to pay tuition or related educational expenses, where such loans were made by or guaranteed by the federal or state government or made by a lending or educational institution approved under Title IV of the federal Higher Education Act.
34.	Use of Funds	Can funds be applied to previous education related to healthcare?	Per the SOI, Section III (Project Narrative), Part A (Use of Funds), Nurses Across New York loan repayment funds can be awarded to: (1) a nurse to pay qualified educational debt; or (2) a health care facility or organization to help recruit and retain a nurse by providing that nurse funds to repay outstanding educational debt. For purposes of this Solicitation of Interest,

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			“qualified educational debt” means any outstanding amounts remaining on student loans that were used by the nurse to pay tuition or related educational expenses, where such loans were made by or guaranteed by the federal or state government or made by a lending or educational institution approved under Title IV of the federal Higher Education Act.
35.	Use of Funds	I am trying to pay the school the money I owe them so I could go get my license please?	Pursuant to Public Health Law § 2807-AA, Nurses Across New York funds can be awarded to: (1) registered professional nurses <u>licensed</u> to practice under section sixty-nine hundred five of the education law and <u>licensed</u> practical nurses licensed under section sixty-nine hundred six of the education law; or (2) a health care facility or organization to recruit or retain a nurse by providing the nurse funds to repay outstanding qualifying educational debt.
Q#	Category	Question	Answer
36.	Use of Funds <i>Tuition Reimbursement</i>	If I was to return to school at the graduate level and my employer was to provide tuition reimbursement would this affect my eligibility to receive the NANY grant for my pre-existing student loan debts?	Per the SOI, Section III (Project Narrative), Part A (Use of Funds), Nurses Across New York loan repayment funds can be awarded to: (1) a nurse to pay qualified educational debt; or (2) a health care facility or organization to help recruit and retain a nurse by providing that nurse funds to repay outstanding educational debt. For purposes of this Solicitation of Interest, “qualified educational debt” means any outstanding amounts remaining on student loans that were used by the nurse to pay tuition or related educational expenses, where such loans were made by or guaranteed by the federal or state government or made by a lending or educational institution approved under Title IV of the federal Higher Education Act.
37.	Submission of Questions/Application	I am trying to apply to the Nurses Across New York Cycle 2 and I am having a few difficulties figuring this out. I see that there are written questions that is required to be sent to this email address. Can you please specify where these questions are that should be answered and sent over? I started answering the questions for the	As part of the SOI process, potential applicants have the opportunity to submit written questions if you have specific questions about the process. The due date for those questions was July 24, 2024 at 4 pm. The submission of questions is not required. In order to apply for the SOI including the attachments and link to the application can be found on the New York State Department of Health’s website at Solicitation of Interest # 20526 – Nurses Across New York Loan Repayment Program – Cycle 2 (ny.gov) and on the New York State Contract Reporter’s website at https://www.nyscr.ny.gov

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		Solicitation of Interest # 20526 but can't locate any other written questions that should be answered.	An Addendum (#1) was issued on 7/25/24 with additional information regarding the application process.
Q#	Category	Question	Answer
38.	Application/ Addendum	I am writing this email to let you know that after having uploaded the application I did not find any option to download it and send it for this way, the application number is # 20526, please let me know if I have to upload it again or if it is okay like this, I am attaching a photo of when I uploaded the application.	Per SOI Addendum #1 issued on July 25, 2024, applications will not be considered complete unless the applicant clicks the “Submit” button at the end of the electronic program application/survey. A summary page and confirmation page will appear on the screen once the program application is submitted. Those applicants who already submitted their program application and did not upload the Employment Attestation or another required attachment into the program application should email the completed document to NANY@health.ny.gov no later than 4:00 pm ET on the date and time posted on the cover of this Solicitation of Interest. Applicants should not email the entire program application to the NANY@health.ny.gov. Applicants will not receive an email when an application is submitted. A summary page and confirmation page will appear on the screen after submission. Applicants will receive an email about the status of their application AFTER it has been reviewed by New York State Department of Health staff.
39.	Application Limits	If a health care organization submits 5 applications, are other nurses working at that facility still eligible to apply on their own?	Refer to SOI Section III (Project Narrative), Part B. (Application Limits): No more than one application will be accepted from a single nurse. <u>If a nurse submits more than one application, only the application received first will be reviewed.</u> No more than <u>five</u> (5) applications will be accepted from a health care facility or organization with the same operating certificate number or health care facility or organization that is a medical practice with the same Department of State Identification Number. If a health care facility or organization or employed nurse of that health care facility or organization, in aggregate, submit more than <u>five</u> (5) applications, the sixth award (and any subsequent

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			awards) may be considered only if there are additional funds left over after all other eligible applications are funded.
Q#	Category	Question	Answer
40.	Application Limits	I am working with a large organization with multiple divisions and multiple eligible nurses. Is each eligible nurse affiliated with a survey response? Is there a limit to the number of survey responses (i.e., nurse applicants) allowed?	Refer to SOI Section III (Project Narrative), Part B. (Application Limits): No more than one application will be accepted from a single nurse. <u>If a nurse submits more than one application, only the application received first will be reviewed.</u> No more than <u>five</u> (5) applications will be accepted from a health care facility or organization with the same operating certificate number or health care facility or organization that is a medical practice with the same Department of State Identification Number. If a health care facility or organization or employed nurse of that health care facility or organization, in aggregate, submit more than <u>five</u> (5) applications, the sixth award (and any subsequent awards) may be considered only if there are additional funds left over after all other eligible applications are funded.
41.	Application Limits	Can one eligible organization submit for multiple nurses in its employ? And if so, should we submit one consolidated application or one application for each nurse?	Refer to SOI Section III (Project Narrative), Part B. (Application Limits): No more than one application will be accepted from a single nurse. <u>If a nurse submits more than one application, only the application received first will be reviewed.</u> No more than <u>five</u> (5) applications will be accepted from a health care facility or organization with the same operating certificate number or health care facility or organization that is a medical practice with the same Department of State Identification Number. If a health care facility or organization or employed nurse of that health care facility or organization, in aggregate, submit more than <u>five</u> (5) applications, the sixth award (and any subsequent awards) may be considered only if there are additional funds left over after all other eligible applications are funded. Applications cannot be consolidated.

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42.	Change in Work Status	What if I remain at SMH but change jobs titles by moving up the clinical ladder, or transfer to a different unit?	Per the SOI, Section 2 (Minimum Qualifications), Part A and B, the services that the nurse will provide under the service obligation must constitute full time direct clinical patient care and must be indicated as such in the attestation (Attachment # 3). The calculation of full-time employment is based on working a minimum of 144 hours of service per month for 12 months of the year providing direct clinical patient care. Time spent in “on-call” status shall not be applied toward the 144 hours. Nurses who have any change in employment status, position or location must submit a request in writing, in advance, to the Department at NANYgrantee@health.ny.gov.
Q#	Category	Question	Answer
43.	Change in Work Status <i>Break in Service Default</i>	I had a question on the loan forgiveness program, what would happen if something unexpected happened in one year and a half into the program out of the 3 years? Does the person get partial money?	All applicants should enter into the contract with the intent to fulfill the full 3-year contract obligation. If the grantee cannot fulfill the full 3- year contract obligation, the default formula can be found in the electronic program application under the Section labeled Default Penalty Attestation.. If default should occur, the Department will provide individualized calculations on the amounts owed at the time of default. Nurses who have any change in employment status, position or location must submit a request in writing, in advance, to the Department at NANYgrantee@health.ny.gov.
44.	Change in Work Status <i>Break in Service Due to Strike</i>	The program rules stipulate that the nurse must be employed in direct clinical patient care for a minimum of 144 hours per month, 12 months per year. If the nurse participates in a strike action, is this considered a violation of the award terms?	The NANY contract permits a maximum of 35 days away from the work site for any reason per year. Absences beyond the 35-day threshold in any year will result in an equivalent extension of your contractual obligation. You are not required to report days off, such as national holidays for example, if they occurred during weeks in which the nurse otherwise physically worked at least 40 hours. It is the sole discretion of the Department to approve the deferment of a nurse’s service obligation. A nurse wanting to defer their service obligations for reasonable cause must submit a request in writing, in advance, to the Department at NANYgrantee@health.ny.gov. Examples of reasonable cause may include (but are not limited to) maternity or paternity leave, personal or family illness, military services, etc.

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45.	Change in Work Status <i>Break in Service Due to Time Off</i>	I see there is a 144-hour monthly requirement for direct patient care. How does time off work? What if I need to call in sick, or what if I'd like to take a long vacation	The NANY contract permits a maximum of 35 days away from the work site for any reason per year. Absences beyond the 35-day threshold in any year will result in an equivalent extension of your contractual obligation. You are not required to report days off, such as national holidays for example, if they occurred during weeks in which the nurse otherwise physically worked at least 40 hours. It is the sole discretion of the Department to approve the deferment of a nurse's service obligation. A nurse wanting to defer their service obligations for reasonable cause must submit a request in writing, in advance, to the Department at NANYgrantee@health.ny.gov. Examples of reasonable cause may include (but are not limited to) maternity or paternity leave, personal or family illness, military services, etc.
Q#	Category	Question	Answer
46.	Service Obligation <i>Default</i>	What happens if a nurse cannot complete three years?	All applicants should enter into the contract with the intent to fulfill the full 3-year contract obligation. If the grantee cannot fulfill the full 3- year contract obligation, the default formula can be found in the electronic program application under the Section labeled Default Penalty Attestation. If default should occur, the Department will provide individualized calculations on the amounts owed at the time of default.
47.	Change in Employment Site	Are nurses allowed to leave employment at one facility and accept employment at a competing facility before the end of their three-year service obligation, provided the competing facility is also located in an underserved area? If so, will the Nurses Across New York program notify the first facility that this has occurred?	Nurses who have any change in employment status, position or location must submit a request in writing, in advance, to the Department at NANYgrantee@health.ny.gov .

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48.	Loan Status <i>Forbearance</i>	If an individual nurse has a loan or loans in <u>forbearance</u> , is the nurse still eligible to apply for the NYS NANY program?	A nurse may have loans in deferment or forbearance status. However, applicants are not eligible if loans are in default status.
49.	Loan Status	Can you explain what you need for my loan information? Is the loan number my account number with the loan servicer or something else?	An applicant seeking to use NANY funds for loan repayment must include educational loan statements dated no more than 30 days prior to their application submission. Such statements will be forwarded to the New York State Higher Education Services Corporation (HESC) to verify the existence and amount of qualified education debt. No NANY award shall be made in excess of the outstanding amount of educational debt as verified by HESC.
Q#	Category	Question	Answer
50.	Loan Status	Does the loan have to be in my name or can it be in my parent's name for me to be eligible for the Nurses Across NY Loan Repayment Program?	The educational debt must be in the nurse's name for a nurse to be eligible for the Nurses Across New York Loan Repayment Program Cycle 2 Solicitation of Interest.
51.	Attachments <i>General</i>	Do I email the attachments, or do I upload them into the program application?	Per the SOI, Section IV. (How to Apply), all required attachments must be completed and uploaded where indicated in the electronic application. Per SOI Addendum #1 issued on July 25, 2024, those applicants who already submitted their program application and did not upload the Employment Attestation or another required attachment into the program application should email the completed document to NANY@health.ny.gov no later than 4:00 pm ET on the date and time posted on the cover of this Solicitation of Interest. If applicants submitted their application prior to July 25, 2024 and did not upload the required documents, the completed documents just be sent by email to NANY@healh.ny.gov.

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52.	Attachments <i>General</i>	So in total, I have to go through the link listed in the form and upload attachment #3, #4, #5, #6, and loan statements.	Per SOI, Section IV (How to Apply), all required attachments must be completed and uploaded where indicated in the electronic application. Attachments # 3 (Employment Attestation) and # 6 (Consent to Disclosure) are required for all applicants. Attachment #4 (Healthcare Facility Default & Nurse Responsibility) and #5 (Promissory Note) are only required for facility applicants. Loan Statements within 30 days of application submission are also required to be uploaded into the electronic application where indicated.
Q#	Category	Question	Answer
53.	Attachments <i>Attachment #2 Option C</i>	Attachment #2 – Option C (Nurse Applicant Employed by Certified Home Health Agency, Licensed Home Care Services Agency, or Hospice Attestation) requires a nurse and facility to attest that the nurse provide direct clinical patient care to patients belonging to a medically underserved population. A lengthy definition of “medically underserved population” follows, which includes several groups including “...people with disabilities, older adults, persons living with a prevalent infectious disease or condition....” The overwhelming majority of our homecare patients belong to one of these three populations, with many others also belonging to the remaining groups covered by your “medically underserved population” definition. It is possible that a few of our	Yes, 100% of the patient that the nurse provides direct clinical care to must belong to the defined “medically underserved population”. Per the SOI, Section II (Minimum Qualifications), Part A and B, the services that the nurse will provide under the service obligation must constitute full time direct clinical patient care and must be indicated as such in the attestation (Attachment # 3). The calculation of full-time employment is based on working a minimum of 144 hours of service per month for 12 months of the year providing direct clinical patient care. Time spent in “on-call” status shall not be applied toward the 144 hours.

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		homecare patients are neither elderly nor disabled nor living with an infectious disease. Must 100% of the patient population cared for by the nurse applicant belong to the “medically underserved population” as you have defined it?	
Q#	Category	Question	Answer
54.	Attachments <i>Attachment #3 Employment Attestation</i>	I am unable to locate the template for “nurses employment Attestation”.	The Solicitation of Interest including the attachments and link to the application can be found on the New York State Department of Health’s website at Solicitation of Interest # 20526 – Nurses Across New York Loan Repayment Program – Cycle 2 (ny.gov) and on the New York State Contract Reporter’s website at https://www.nyscr.ny.gov Refer to SOI Section IV. (How to Apply), Sample Documents, Attachment #3 Employment Attestation (TEMPLATE ONLY).
55.	Attachments <i>Attachment #3 Employment Attestation</i>	For attachment #3, how do I fill that out? It says “the following statements must be contained in the attestation” do I have to manually write all 4-bullet point and fill in the blanks?	Refer to SOI, Attachment # 3 (Employment Attestation) for instruction on what to include in the document. Applicants must use this document as a template for the one that is to be uploaded into in their electronic application under where indicated. This Attestation <u>must</u> be on the employer’s letterhead and dually signed by both the employer and the nurse. It also must include the completed statements listed/bulleted in the template.
56.	Attachments <i>Attachment #3 Employment Attestation</i>	How would a Home Care agency fill in the address for work location on attachment #3. Our clinicians work in patient homes not in a facility.	Refer to SOI, Attachment # 3 (Employment Attestation) for instruction on what to include in the document. Applicants must use this document as a template for the one that is to be uploaded into in their electronic application under where indicated. This Attestation <u>must</u> be on the employer’s letterhead and dually signed by both the employer and the nurse. It also must include the completed statements listed/bulleted in the template.

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57.	Attachments <i>Attachment #4 Healthcare Facility Default & Nurse Responsibility</i>	Is attachment #4, Healthcare Facility Default & Nurse Responsibility, required to be signed by the facility where the nurse is employed as the facility is not the grantor of the award?	If the nurse is applying on behalf of themselves, Attachment # 4 is not required. If a facility is the applicant and applying on behalf of an individual nurse, Attachment # 4 (Healthcare Facility Default & Nurse Responsibility) and Attachment #5 (Promissory Note) are required to be completed, signed and uploaded into the electronic program application where indicated in the program application (https://survey.alchemer.com/s3/7903229/Nurses-Across-New-York-Loan-Repayment-Program-Cycle-2-SOI-20526) Attachment # 4 (Healthcare Facility Default & Nurse Responsibility) must be signed by the health care facility representative. Attachment #5 (Promissory Note) must be completed by the health care facility, signed by the nurse, and notarized by a Notary Public.
58.	Attachments <i>Attachment #4 Healthcare Facility Default & Nurse Responsibility</i>	For attachment #4 it says facility signature... who is supposed to be signing that? Someone from my facility as in my manager?	Attachment # 4 (Healthcare Facility Default & Nurse Responsibility) must be signed by the health care facility representative.
Q#	Category	Question	Answer
59.	Attachments <i>Attachment #4 Healthcare Facility Default & Nurse Responsibility</i>	I work with NYC Health + Hospitals Workforce Development and have a question regarding attachment #4, Healthcare Facility Default & Nurse Responsibility. Is this form required to be signed by a representative at the facility where the RN is employed? In cycle one we only provided the attestation forms, the MUA status documents, and the appointment letters.	If a facility is the applicant and applying on behalf of an individual nurse, Attachment # 4 (Healthcare Facility Default & Nurse Responsibility) and Attachment #5 (Promissory Note) are required to be completed, signed and uploaded into the electronic program application where indicated in the program application (https://survey.alchemer.com/s3/7903229/Nurses-Across-New-York-Loan-Repayment-Program-Cycle-2-SOI-20526) Attachment # 4 (Healthcare Facility Default & Nurse Responsibility) must be signed by the health care facility representative. Attachment #5 (Promissory Note) must be completed by the health care facility, signed by the nurse, and notarized by a Notary Public.

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			If the nurse is applying on behalf of themselves, Attachment # 4 and Attachment #5 are not required.
60.	Attachments <i>Attachment #5 Promissory Note</i>	Regarding promissory note and attachment #5, do both promissory note and attachment 5 need to be completed. Or does the promissory note take place of attachment #5? For attachment #5, the person who notarizes the paper for me is who fills out the back part correct?	Attachment #5 (Promissory Note) is the actual document that must be completed by the health care facility, signed by the nurse, and notarized by a Notary Public.
Q#	Category	Question	Answer
61.	Attachments <i>Attachment #4, #5 and #6</i>	I want to know who is supposed to fill the attachment 4 to 6.	Attachment # 4 (Healthcare Facility Default & Nurse Responsibility) must be signed by the health care facility representative. Attachment #5 (Promissory Note) must be completed by the health care facility, signed by the nurse, and notarized by a Notary Public. If the nurse is applying on behalf of themselves, Attachment # 4 and Attachment #5 are not required. Attachment #6 (Consent to Disclosure) is required whether a facility is applying or an individual nurse is applying. It is signed by the nurse. All documents must be completed, signed and uploaded into the electronic application where indicated.

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62.	NANY Cycle 2 <i>Funding</i>	Can you please clarify the total amount of funding that will be distributed in Cycle 2?	A maximum of \$3 million is currently available under this Solicitation of Interest. However, funding for this project is contingent on the availability of state funds and the number of eligible applicants that respond to this Solicitation of Interest. Available funding to support this initiative will be limited to the amount(s) appropriated in the enacted state Fiscal Year budgets for this purpose. This advertisement is not a guarantee or promise of funding.
63.	NANY Cycle 2 <i>Payments</i>	When would payments be made to nurses?	Nurses Across New York Cycle 2 payments will be made to grantees after contract execution, at the end of the contract year one, and after the required employment verifications are completed.
Q#	Category	Question	Answer
64.	NANY Cycle 2 <i>Awards</i>	Can you clarify the expected number of awards for this solicitation?	Per SOI Section III (Project Narrative), funding for this project is contingent on the availability of state funds and the number of eligible applicants that respond to this Solicitation of Interest. Available funding to support this initiative will be limited to the amount(s) appropriated in the enacted state Fiscal Year budgets for this purpose. This advertisement is not a guarantee or promise of funding.
65.	NANY Cycle 2 <i>Awards – Preference/Priority</i>	Is there any preference or priority given to local vendors for this contract?	Per the SOI, Section III (Project Narrative) C.(Award limits), and as required by Public Health Law § 2807-AA, one-third of funding awarded under this Solicitation of Interest must be allocated to nurses practicing in and health care facilities or organizations located in New York City (comprised of New York, Bronx, Kings, Queens, and Richmond counties) with the remaining two-thirds to individual nurses practicing in and health care facilities or organizations located in the rest of the state.
66.	Miscellaneous	Could you confirm if it is possible to obtain the proposals or pricing details of the incumbent	Requests such as these must go through the Freedom of Information Law process. Department of Health FOIL Records Access Center (govqa.us)

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		vendors? If it is ongoing, kindly provide the names.	
67.	Miscellaneous	Is this a newly initiated project, or is it a continuation of an existing one?	This is the second cycle of the Nurses Across New York Loan Repayment Program.
68.	Miscellaneous	Could you provide details on the previous expenditure associated with this contract?	This question does not pertain to applying to the current SOI.
69.	Miscellaneous	Are there any specific challenges or issues currently being faced with the existing vendors?	This question does not pertain to applying to the current SOI.