CalHealthCares
Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Program

Application Instructions

Application Cycle:
January 13 – February 7, 2020 (11:59PM PST)
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APPLICATION INSTRUCTIONS

General Description
In 2018, SB 849 established the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program, named the CalHealthCares program, and appropriated $220 million for the loan assistance program for recently graduated physicians and dentists. An additional $120 million was added to the program in Governor Newsom’s revised 2019-20 budget. A total of $340 million has been allocated to the CalHealthCares program from Proposition 56 revenue. The Department of Health Care Services (DHCS) has contracted with Physicians for a Healthy California (PHC) to administer the CalHealthCares program.

Approximately $69.3 million will be available annually for funding in FY 2018-19 through FY 2020-21. The following tables illustrate the funding available for the FY 2018-19 cycle through the FY 2022-23 cycle. This will result in approximately 917 physicians and 158 dentists receiving an award over the course of the program – assuming all awards are $300,000 per awardee. Per Proposition 56, up to five percent of all available funds may be directed for administrative expenses associated with administering the program.

Table: Approximate Funding and Awarding Available for Physicians

<table>
<thead>
<tr>
<th>Years</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Funds</td>
<td>$58.6 million</td>
<td>$58.6 million</td>
<td>$56.1 million</td>
<td>$56.1 million</td>
<td>$46.1 million</td>
</tr>
<tr>
<td></td>
<td>Physicians Awarded</td>
<td>195</td>
<td>195</td>
<td>187</td>
<td>187</td>
<td>153</td>
</tr>
</tbody>
</table>

Note: These numbers are approximate assuming all awards are $300,000 per awardee.

Table: Approximate Funding and Awarding Available for Dentists

<table>
<thead>
<tr>
<th>Years</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Funds</td>
<td>$10.7 million</td>
<td>$10.7 million</td>
<td>$9.7 million</td>
<td>$8.2 million</td>
<td>$8.2 million</td>
</tr>
<tr>
<td></td>
<td>Dentists Awarded</td>
<td>36</td>
<td>36</td>
<td>32</td>
<td>27</td>
<td>27</td>
</tr>
</tbody>
</table>

Note: These numbers are approximate assuming all awards are $300,000 per awardee.

Program Description
Per Senate Bill 849, CalHealthCares was created to provide loan assistance payments to qualifying, recently graduated physicians and dentists who serve beneficiaries of Medi-Cal and Medi-Cal Dental, California’s Medicaid program. Recently graduated physician is defined as having graduated from either a residency program or completed a fellowship program within the last five years (on or after January 1, 2015). Recently graduated dentist is defined as having graduated from dental school or completed a dental residency program within the last five years (on or after January 1, 2015). Qualifying physicians may apply to the Loan Repayment...
Program. Qualifying dentists may apply for the Loan Repayment Program or the Practice Support Grant – qualifying dentists may not apply for both. All medical and dental specialties are eligible to apply.

Loan Repayments
Eligible physicians and dentists may receive loan repayment of up to $300,000 in exchange for a five-year service obligation. All applicants are required to:

+ Have an unrestricted license and be in good standing with the Medical Board of California, Osteopathic Medical Board of California or Dental Board of California
+ Be an active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations or have applied to DHCS to become an active enrolled Medi-Cal provider
+ Have graduated from a physician residency program and/or completed a physician fellowship program or have graduated from a dental school or dental residency program as of June 30, 2020
+ Have existing educational loan debt incurred while pursuing their medical degree and/or residency or fellowship program or pursuing their dental school degree and/or dental residency program
+ Not currently participating in another loan repayment program as of June 30, 2020
+ Practice in California
+ Have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in their application
+ Be employed, self-employed or have a validated offer of employment

Payments will be made in arrears after every one-year of service. Each annual payment will be 20 percent of the total award. As such, an awardee who receives a loan repayment of $300,000 would receive a $60,000 payment after each one year of service, assuming the awardee also meets the other requirements (i.e. active and unrestricted license, in good standing with the Medi-Cal program, minimum 30 percent Medi-Cal caseload, etc.). The Loan Repayment Program award amount is based on the current total payoff balance of qualifying educational debt and the applicant’s hours providing direct patient care. Payments will be made directly to the awardee. Awardees are responsible for keeping their educational loans in good standing.
APPLICATION INSTRUCTIONS

Loan Repayments: Funding Disbursement (assuming $300,000 award*)

<table>
<thead>
<tr>
<th>When funds will be disbursed</th>
<th>Percentage of total awarded</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>After first year</td>
<td>20%</td>
<td>$60,000</td>
</tr>
<tr>
<td>After second year</td>
<td>20%</td>
<td>$60,000</td>
</tr>
<tr>
<td>After third year</td>
<td>20%</td>
<td>$60,000</td>
</tr>
<tr>
<td>After fourth year</td>
<td>20%</td>
<td>$60,000</td>
</tr>
<tr>
<td>After fifth year</td>
<td>20%</td>
<td>$60,000</td>
</tr>
</tbody>
</table>

*Note: Assumes all program requirements have been met. Funding disbursements are likely to be made in August.

Payments made under the National Health Service Corps or any state loan repayment or loan forgiveness program that is intended to provide for the increased availability of health care services in underserved or health professional shortage areas are excluded from gross income, effective for amounts received by an individual in tax years beginning after December 31, 2008. Per the Internal Revenue Service (IRS), certain educational loan repayment or loan forgiveness programs to help provide health services in certain areas are exceptions to cancellation of debt and therefore reportable but not taxable income. Applicants are advised to consult with a tax advisor to address questions about whether this loan repayment is considered reportable and/or taxable income. This response is not intended to provide tax or legal advice. Applicants with questions regarding the taxable and/or reportable nature of this loan repayment should consult a tax advisor.

Practice Support Grants for Dentists
Dentists may apply for either the Loan Repayment Program or the Practice Support Grant. The Practice Support Grant provides up to $300,000 to relocate, expand or establish a new practice in one of the target counties, in exchange for a ten-year service commitment. Relocate means applicants will relocate their current practice to a target county. Expand means applicants will expand their current practice by opening a new location within a target county. Establish means applicants will establish a new practice within a target county. Establish means applicants will establish a new practice within a target county. Eligible dentists may not apply for both the Loan Repayment Program and the Practice Support Grant – the electronic application will ask eligible dentists to choose an option. Dentists applying for the Practice Support Grant are not required to have educational loan debt. Further, dentists applying for the Practice Support Grant are required to have graduated in the last fifteen years (on or after January 1, 2005). All applicants are required to:

+ Have an unrestricted license and be in good standing with the Dental Board of California
+ Be an active enrolled Medi-Cal Dental provider without existing suspensions, disbarments or revocations or have applied to DHCS to become an active enrolled Medi-Cal provider

+ Have graduated from dental school or residency program within the last fifteen (15) years (on or after January 1, 2005)

+ Not currently participating in another loan repayment program or practice support grant as of June 30, 2020

+ Practice in California

+ Have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in their application

+ Willing to relocate, expand or establish a new practice if they receive the Practice Support Grant, in one of the target counties

The funding disbursement is 10 percent ($30,000) after the initial contract signing, 23 percent ($69,000) in year one and 67 percent ($50,250 each year) across the remaining four years. The remaining five years will be spent monitoring the awardees to ensure compliance. Awardees who breach their contract will be required to repay a portion of their award. Details will be provided in the awardee contract. The table below is an example of the funding disbursement for a dentist who has been awarded the full amount of $300,000.

<table>
<thead>
<tr>
<th>When funds will be disbursed</th>
<th>Percentage of total awarded</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>After initial contract signing</td>
<td>10%</td>
<td>$30,000</td>
</tr>
<tr>
<td>After first year</td>
<td>23%</td>
<td>$69,000</td>
</tr>
<tr>
<td>After second year</td>
<td>16.75%</td>
<td>$50,250</td>
</tr>
<tr>
<td>After third year</td>
<td>16.75%</td>
<td>$50,250</td>
</tr>
<tr>
<td>After fourth year</td>
<td>16.75%</td>
<td>$50,250</td>
</tr>
<tr>
<td>After fifth year</td>
<td>16.75%</td>
<td>$50,250</td>
</tr>
</tbody>
</table>

*Note: Assumes all program requirements have been met. Funding disbursements are likely to be made after initial contract signing and in August thereafter.

1 This amount is based on receiving the full award amount of $300,000.
Practice support grants are typically considered reportable and taxable income. The information contained in this document should not be considered tax advice. Applicants are advised to consult with a tax advisor to address questions about whether this grant is considered reportable and/or taxable income.

**Program Requirements**
Awardees may be considered in breach of their contract if they are unable to comply with the terms of their contract. If an awardee does not meet the terms of their contractual obligations, they will not be eligible for the annual loan repayment. Awardees are expected to comply with the following program requirements:

+ To complete any necessary training programs (formal schooling, residency and any applicable fellowship)
+ Be employed, self-employed or have a validated offer of employment
+ Have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in their application
+ Maintain a current and unrestricted license and be in good standing with the Medical Board of California, Osteopathic Medical Board of California or Dental Board of California
+ To enroll with DHCS as an active health care provider in the Medi-Cal program and to remain in good standing without existing suspensions, disbarments or revocations
+ Not be subject to a performance improvement plan (i.e. disciplinary action) from an employer related to their standard of care
+ Not enter another loan repayment program and/or practice support grant
+ Keep their educational loans in good standing and provide documentation satisfactory to PHC demonstrating the awardee is in compliance with the terms of each applicable educational loan agreement
+ Submit semi-annual and annual verification, in the form required by PHC, demonstrating compliance with program requirements and their awardee agreement
+ To inform PHC in writing, within 30 calendar days, of any change in: mailing address, telephone number, e-mail address, name of lending institution or any other change in circumstances (including employment status, Medi-Cal participation, Medi-Cal

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This only applies to those awarded in the Loan Repayment Program.
caseload, loan status, lender name or consolidation) impacting an awardee’s eligibility to receive or participate in the Loan Repayment Program or the Practice Support Grant.

+ To cooperate with any audit undertaken by PHC or state agency regarding awardee’s compliance with the program

Failure to comply with these requirements may result in a breach of contract. Those who have breached their contract may not be eligible for an annual payment. For example, if an awardee moves out of state. Additionally, if an awardee changes employment and no longer has their patient caseload at a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of their Medi-Cal patient caseload proposed within their application, the awardee is considered in breach of the contract and an annual payment will not be provided for that year.

An awardee may be terminated from the program if there are two consecutive years in which they do not comply with the terms of their contract. For example, an awardee that fails to meet the terms of their contract in year two, will not receive an annual payment for their second year in the program. They may remain in the program and will be monitored for program compliance in future years. In this example, the awardee may be terminated from the program if they also fail to meet the terms of the contract in year three. Awardees who meet the minimum of 30 percent Medi-Cal beneficiaries but are not within 10 percent of their stated proposed Medi-Cal percentage will be placed on a probationary period. To view the probationary period document, please visit our website at CalHealthCares.org.

DHCS will consider each breach of contract separately and individually. DHCS has discretion to consider extenuating circumstances determining whether the awardee may remain in the program.

Awardees will be required to submit Semi-Annual Reviews (SAR) and Annual Reviews (AR) regarding compliance with program requirements such as the active status of their employment, Medi-Cal patient caseload and the status of their educational loans. To view the SAR document please visit our website at CalHealthCares.org. Payments will not be made if an awardee receives a written performance improvement plan/disciplinary action from their employer related to standard of care, during their service obligation.

Patient Caseload
The patient caseload section is worth 20 out of 45 points for the Loan Repayment Program and 20 out of 55 points for the Practice Support Grant. The goal of this program is to increase providers accepting Medi-Cal patients by supporting and incentivizing physicians and dentists to increase and/or maintain participation in the Medi-Cal program. Importantly, awardees will self-attest they will be meeting the minimum 30 percent patient Medi-Cal caseload and within 10 percent of their Medi-Cal patient caseload within their application. A caseload may be defined as payor mix, panel of patients, annual office visits or practice and/or time spent on each patient.
Payor mix is determined by calculating the percentage of revenue from each payor.

Panel of patients can be determined by calculating the number of patients a provider is responsible for managing.

Annual office visits can be determined by calculating the number of patients seen in a one-year timeframe.

Practice and/or time is determined by the amount of time you have spent with each patient.

For applicants who work at multiple practice sites, calculating patient caseload can be accomplished by using the formula provided included on the How to Calculate Patient Caseload document. To view this document, please visit our website at CalHealthCares.org.

Applicants will be asked to explain how they calculated their individual Medi-Cal patient caseload within their application, SAR and AR. The SAR will occur every six months and will require applicants to update PHC on their patient caseload and provide an updated Employment Verification Form (EVF). The AR will occur six months after the SAR and will ask applicants to update PHC on their patient caseload and provide an updated EVF. In order to be eligible for an annual payment the SAR, AR and EVF must all be completed.

This information should be considered auditable self-attestation – this means that applicants will self-attest and must be able to document that they will be meeting the minimum 30 percent patient Medi-Cal caseload and within 10 percent of their Medi-Cal patient caseload proposed within their application. This self-attestation is subject to an audit.

Application Submission

The following documents are required to be submitted at the time of application submission for an application to be considered complete for the Loan Repayment Program:

- Educational loan statements with the total payoff balance amount
- Employment Verification Form (EVF) for each practice site

The following documents are required to be submitted at the time of application submission for an application to be considered complete for the Practice Support Grant:

- Employment Verification Form (EVF) for each practice site
- Valid business plan detailing business relocation, expansion or establishing a new location of an existing business in a target county

Please note, only the applicant is able to upload these documents onto the CalHealthCares’ electronic application. Applicants will not be able to mail or email these documents separately and will not be able to make changes to their application once the application has been submitted.
submitted. Applications will be considered incomplete and ineligible for funding if they do not have all the required documents. Applicants who submit their applications no later than January 24, 2020 at 5pm (PST), will receive feedback regarding any inconsistencies. PHC will only provide feedback via email if any inconsistencies were found. Once the email is sent, the applicant will have three (3) business days to fix any inconsistencies and re-submit the application. PHC will only provide feedback once to applications submitted within this timeframe. Once the application has been resubmitted, applicants will not be able to make changes and PHC will not provide feedback. Late applications may be considered only after all timely-submitted applications have been reviewed and evaluated, and awarding decisions made. If there are remaining funds, then PHC may consider reviewing late applications. This is not a guarantee and applicants should strive to submit their application online before the deadline.

Applying
Applications are submitted electronically and will not be accepted in hard copy form. Each applicant must create an individual account with a username and password. Returning applicants may use their previous username and password or can create a new account. Returning users will not be able to see their previous application. An applicant must register as a new user to view and complete application materials. Once an applicant completes a section and moves forward their application will automatically save. Applicants will not be allowed to move forward in the application without completing all mandatory fields. Once a tab in the application is completed and saved, the system allows the applicant to go back and edit as necessary. However, once an application is submitted, an applicant may view the submitted application, but will not have access to the application to make changes. Please be sure to thoroughly review the application before clicking the final submission button. The deadline to submit the application is 11:59pm (PST) on February 7, 2020. All completed applications received by this deadline will receive full consideration for funding. Applicants will have the ability to download their submitted application as a PDF file. Applicants are encouraged to print a copy of their submitted application. Please email all technical questions to CalHealthCares@phcdocs.org and expect a reply within five (5) business days.

Funding is approximate and applying is not a guarantee of funding. PHC has convened an Advisory Council to score and make recommendations to the DHCS. The scoring criteria is available on the CalHealthCares website at CalHealthCares.org. DHCS shall make the final determination on who is awarded.

Getting Questions Answered
There are various ways to get answers to applicant questions. First and foremost, please read this Application Instructions manual. Secondly, read the Frequently Asked Questions (FAQ) document for more information. Applicants are also encouraged to attend a scheduled webinar. The webinars will provide an overview of the application as well as provide applicants
with an opportunity for real-time responses to their questions. Below is the schedule of webinars. Please visit CalHealthCares.org for information on how to sign up for these webinars.

<table>
<thead>
<tr>
<th>Webinar Dates</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Support Grant Webinar</td>
<td>November 20, 2019 5:30-6:30pm</td>
</tr>
<tr>
<td>Webinar #1</td>
<td>December 11, 2019 3:00-4:00pm</td>
</tr>
<tr>
<td>Webinar #2</td>
<td>January 9, 2020 2:00-3:00pm</td>
</tr>
<tr>
<td>Webinar #3</td>
<td>January 15, 2020 10:00-11:00am</td>
</tr>
<tr>
<td>Webinar #4</td>
<td>January 21, 2020 12:00-1:00pm</td>
</tr>
<tr>
<td>Webinar #5</td>
<td>January 27, 2020 5:30-6:30pm</td>
</tr>
<tr>
<td>Webinar #6</td>
<td>February 4, 2020 3:30-4:30pm</td>
</tr>
</tbody>
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Finally, please check out the information on CalHealthCares.org. Applicants and those interested in the program can also email PHC (preferred) at CalHealthCares@phcdocs.org or call PHC at (916) 551-2579. Email is preferred as it allows PHC to provide applicants with a timelier response.
How to Use this Document
This document will provide a step-by-step view of the questions on the CalHealthCares application (the electronic application section) and a description and/or explanation for each section. The section titled “Electronic Application” is the information the applicant will see on the electronic application. The section titled “Instructions for Completing the Application” provides additional information to guide the applicant in completing the application.

Electronic Application
Welcome to the CalHealthCares online application. Eligible physicians may apply for a loan repayment up to $300,000 in exchange for a five (5) year service obligation. Eligible dentists may apply for either a loan repayment up to $300,000 in exchange for a five (5) year service obligation or a Practice Support Grant up to $300,000 in exchange for a ten (10) year service obligation. All awardees are required to meet the minimum 30 percent patient Medi-Cal caseload and within 10 percent of their Medi-Cal patient caseload proposed within their application.

Before you apply, please read the Application Instructions, Frequently Asked Questions (FAQ) and other documents listed on the CalHealthCares website. The Application Instructions and FAQs contain answers to commonly asked questions, information about important deadlines, as well as instructions for completing the application. Please also consider attending a webinar to receive additional information about the program – more information on the webinars is available at CalHealthCares.org.

The deadline to submit your application is February 7, 2020 at 11:59PM (PST). You may save the application and continue to complete the online application throughout the open application period. You are not able to make changes to the application once you have submitted the application so please ensure that the information contained within the application is complete prior to submitting it. If there are remaining funds after all applications submitted on time are reviewed and awarded, late applications may be considered.

Funding for this program was made possible by Proposition 56, Senate Bill 849 (Chapter 47, Statutes of 2018) and the May Revise of the FY 2019-20 budget.

Note to all applicants: inconsistencies on the Employment Verification Form (EVF), lender statements and/or application can result in the following: reduction in award amount, reduction in scores and/or applicant found not eligible. Additionally, each section of the application is scored independently. Please view the scoring matrix for more information on how applications are scored. Furthermore, applicants must use the correct track of the application. Applicants who use the incorrect track (ex: physician residents using the physician track instead of the physician residents or physician fellows track) will be disqualified.
DHCS has contracted with Physicians for a Healthy California to administer CalHealthCares.

APPLICATION INSTRUCTIONS

☐ I understand inconsistencies on the EVF and the application can result in the following: reduction in award amount, reduction in scores and applicant found not eligible.
☐ I understand inconsistencies on the lender statement and the application can result in reduction in award amount and application found not eligible.

Instructions for Completing the Application

This first page provides the applicant with background information on the CalHealthCares program.

Electronic Application – Step 1: Eligibility

Eligibility
Thank you for applying to the CalHealthCares program.

To be eligible for consideration, all the following must be true at the time of application, and before funds are released.

Please check the box that describes you (can only check one):

☐ Physician
  ▸ Current physician residents or physician fellows
  ▸ Physicians

☐ Dentist
  ▸ Current dental students or dental residents
  ▸ Dentists applying for the Loan Repayment Program
  ▸ Dentists applying for the Practice Support Grant

For Physician Track:
For current physician residents or physician fellows, you must attest that the following will be true as of June 30, 2020 (you must check all boxes to be considered eligible to apply):

☐ I will be an active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations or have applied to DHCS to become an active enrolled Medi-Cal provider
☐ I will have graduated from a physician residency or fellowship program
☐ I have existing educational loan debt incurred while pursuing my medical degree and/or residency or fellowship program
☐ I am not currently participating in another loan repayment program as of June 30, 2020
☐ I will practice in California
☐ I will have my patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in this application
☐ I will be employed, self-employed or have a validated offer of employment
For current physicians, please check all the boxes that describe you (you must check all boxes to be considered eligible to apply):

- I have an unrestricted license and am in good standing with the Medical Board of California and/or Osteopathic Medical Board of California
- I am an active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations or have applied to DHCS to become an active enrolled Medi-Cal provider
- I graduated from an Accreditation Council for Graduate Medical Education (ACGME) - approved residency program and/or completed a fellowship within the last five (5) years (on or after January 1, 2015)
- I have existing educational loan debt incurred while pursing my medical degree
- I am not currently participating in another loan repayment program as of June 30, 2020
- I will practice in California
- I will have my patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in this application
- I will be employed, self-employed or have a validated offer of employment

For Dental Track:
For current dental students or dental residents, you must attest that the following will be true as of June 30, 2020 (you must check all boxes to be considered eligible to apply):

- I have an unrestricted license and am in good standing with the Dental Board of California
- I will be an active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations, or have submitted an application to become a Medi-Cal provider
- I will have graduated from a dental school or dental residency program
- I have existing educational loan debt incurred while pursing my dental degree and/or dental residency program
- I am not currently participating in another loan repayment program as of June 30, 2020
- I will practice in California
- I will have my patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in this application
- I will be employed, self-employed or have a validated offer of employment

For dentists applying for the Loan Repayment Program: Please check all the boxes that describe you (you must check all boxes to be considered eligible to apply):

- I have an unrestricted license and am in good standing with the California Dental Board
- I am an active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations, or have submitted an application to become a Medi-Cal provider
□ I have graduated from dental school, residency, and/or dental fellowship program within the last five (5) years (on or after January 1, 2015)
□ I am not currently participating in another loan repayment as of June 30, 2020
□ I will practice in California
□ I will have my patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in this application
□ I am employed, self-employed or have a validated offer of employment

For dentists applying for the Practice Support Grant. Please check all the boxes that describe you (you must check all boxes to be considered eligible to apply):

□ I have an unrestricted license and am in good standing with the California Dental Board
□ I am an active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations, or have submitted an application to become a Medi-Cal provider
□ I have graduated from a dental school or residency program within the last fifteen (15) years (on or after January 1, 2005)
□ I am not currently participating in another loan repayment program or practice support grant as of June 30, 2020
□ I will practice in California
□ I will have my patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in this application
□ I am willing to expand and open a new practice, relocate my current practice or establish a new practice if I receive the Practice Support Grant, in one of the target counties

Instructions for Completing the Application

This page is critical. Applicants must check off they are eligible to apply based on the criteria set forth. If applicants do not check off all boxes, the electronic application will not allow them to continue further. Applicants will receive an error message and have the opportunity to explain why they think they are still eligible to apply.

Eligibility

On this page, applicants will be required to self-select whether they are physicians, physician residents or physician fellows, dental students or dental residents applying for Loan Repayment Program, or dentists applying for Practice Support Grant. This allows the application to provide questions that are relevant to each applicant. Applicants must use the correct track of the application. Applicants who use the incorrect track (ex: physician residents using the physicians track instead of the physician residents or physician fellows track) will be disqualified. To be eligible for the Loan Repayment Program, the following statements must be true of the applicant:
**APPLICATION INSTRUCTIONS**

**For Physicians:**
For current physician residents or physician fellows, they must attest the following will be true as of June 30, 2020 (check all boxes to be considered eligible to apply):

- □ Be an active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations or have applied to DHCS to become an active enrolled Medi-Cal provider
- □ Have graduated from a physician residency or fellowship program
- □ Have existing educational loan debt incurred while pursuing their medical degree and/or residency or fellowship program
- □ Not currently participating in another loan repayment program as of June 30, 2020
- □ Practice in California
- □ Will have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in their application
- □ Be employed, self-employed or have a validated offer of employment

Medical students are not eligible for CalHealthCares. Medical and/or osteopathic residents and/or fellows are eligible to apply as long as the statements below are true as of June 30, 2020.

For current physicians, please check all the boxes that describe the applicant (must check all boxes to be considered eligible to apply):

- □ Have an unrestricted license and is in good standing with the Medical Board of California and/or Osteopathic Medical Board of California
- □ Be an active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations or have applied to DHCS to become an active enrolled Medi-Cal provider
- □ Graduated from an ACGME-approved residency program and/or completed a fellowship within the last five (5) years (on or after January 1, 2015)
- □ Have existing educational loan debt incurred while pursuing their medical degree
- □ Not currently participating in another loan repayment program as of June 30, 2020
- □ Practice in California
- □ Will have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in their application
- □ Be employed, self-employed or have a validated offer of employment

**For Dental Track:**
For current dental students or dental residents, applicants must attest that the following will be true as of June 30, 2020 (must check all boxes to be considered eligible to apply):

- □ Have an unrestricted license and am in good standing with the Dental Board of California
DHCS has contracted with Physicians for a Healthy California to administer CalHealthCares.

APPLICATION INSTRUCTIONS

- Will be an active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations, or have submitted an application to become a Medi-Cal provider
- Will have graduated from a dental school or dental residency program
- Have existing educational loan debt incurred while pursuing their dental degree and/or dental residency program
- Not currently participating in another loan repayment program as of June 30, 2020
- Practice in California
- Will have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in their application
- Be employed, self-employed or have a validated offer of employment

For dentists applying for the Loan Repayment Program: Please check all the boxes that describe the applicant (must check all boxes to be considered eligible to apply):

- Have an unrestricted license and am in good standing with the California Dental Board
- An active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations, or have submitted an application to become a Medi-Cal provider
- Have graduated from dental school, residency, and/or dental fellowship program within the last five (5) years (on or after January 1, 2015)
- Not currently participating in another loan repayment program as of June 30, 2020
- Practice in California
- Will have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in their application
- Be employed, self-employed or have a validated offer of employment

For dentists applying for the Practice Support Grant. Please check all the boxes that describe the applicant (must check all boxes to be considered eligible to apply):

- Have an unrestricted license and am in good standing with the California Dental Board
- An active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations, or have submitted an application to become a Medi-Cal provider
- Have graduated from a dental school or residency program within the last fifteen (15) years (on or after January 1, 2005)
- Not currently participating in another loan repayment program or practice support grant as of June 30, 2020
- Practice in California
- Will have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in their application
□ Willing to expand and open a new practice, relocate my current practice or establish a new practice if awarded the Practice Support Grant, in one of the target counties

All specialties are welcome to apply. Physicians (Medical Doctor and Doctor of Osteopathic Medicine) practicing medicine in primary, specialty and sub-specialty care are eligible to apply. Dentists (Doctor of Dental Surgery or Doctor of Medicine in Dentistry) practicing general and/or specialty dentistry are eligible to apply.

Graduates of national and/or international schools of medicine are eligible to apply.

Applicants must be eligible to work in the United States for the terms of the contract.

Individuals that are listed in the Medicaid bar list or the Medi-Cal suspended list are not eligible to apply.

Applicants who previously participated and successfully completed another loan repayment program are eligible to apply. Applicants currently pursuing loan forgiveness through Public Service Loan Forgiveness Program (PSLF) are eligible to apply.

Applicants currently participating in another loan repayment program and will not complete their service obligation by June 30, 2020, are not eligible to apply. This may include employer-sponsored, local, regional, state and/or national loan repayment programs. For example, physicians currently participating in the Steven M. Thompson Loan Repayment Program and/or the National Health Services Corp (California’s State Loan Repayment Program) are not eligible to apply. Applicants may apply once they have successfully completed the terms and conditions of their loan repayment program. Participating and successfully completing a loan repayment program will not impact an applicant’s eligibility.

Applicants may provide direct patient care in a solo, group, clinic and/or hospital-based setting. If an applicant is part of a medical group, independent physician/dentist association or hospital-based practice, the applicant must still have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the proposed Medi-Cal patient caseload as noted in their application.

Program Requirements
The following will be required of all applicants awarded a loan repayment.

□ Have an unrestricted license and be in good standing with the Medical Board of California and/or Osteopathic Medical Board of California or Dental Board of California

□ Be an active enrolled Medi-Cal provider without existing suspensions, disbarments or revocations or have applied to DHCS to become an active enrolled Medi-Cal provider

□ Have graduated from a physician residency program and/or completed their fellowship program or graduated from dental school and/or completed their dental residency program
DHCS has contracted with Physicians for a Healthy California to administer CalHealthCares.

**APPLICATION INSTRUCTIONS**

- Have existing educational loan debt incurred while pursuing their medical degree and/or residency program or dental degree or residency program
- Not currently participating in another loan repayment program as of June 30, 2020
- Not subject to a performance improvement plan related to standard of care
- Keep educational loans in good standing
- Comply with semi-annual and annual verification, in the form required by PHC
- Inform PHC in writing, within 30 calendar days, of any change in: mailing address, telephone number, e-mail address, name of lending institution, or any other change in circumstances
- Practice in California
- Have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in their application
- Be employed, self-employed or have a validated offer of employment
- Cooperate with any audit undertaken by PHC or state agency regarding awardee's compliance with the program

Failure to comply with these requirements may result in a breach of contract. Those who have breached their contract may not be eligible for an annual payment.

The following will be required of dentists awarded the Practice Support Grant.

- Have an unrestricted license and am in good standing with the California Dental Board
- Be an active enrolled Medi-Cal Dental provider without existing suspensions, disbarments or revocations or have applied to DHCS to become an active enrolled Medi-Cal provider
- Have graduated from dental school or residency program within the last fifteen (15) years (on or after January 1, 2005)
- Not currently participating in another loan repayment program or Practice Support Grant as of June 30, 2020
- Practice in California
- Have patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the Medi-Cal patient caseload proposed in their application
- Willing to expand and open a new practice, relocate their current practice or establish a new practice if awarded the Practice Support Grant, in one of the target counties

Failure to comply with these requirements may result in a breach of contract. Those who have breached their contract may not be eligible for an annual payment.

**Documentation to be Provided Upon Request**
The information provided should be considered auditable self-attestation. This means applicants will self-attest they are able and willing to comply with the program requirements and any other inquiry by PHC, DHCS or state agency. In addition to the documents below, applicants will be asked to provide supporting documentation in their SAR and AR, such as an updated EVF to ensure compliance with the program requirements.

Applicants and awardees may be asked to provide documentation regarding but not limited to the following:

- Current medical and/or dental license by the Medical Board of California, Osteopathic Medical Board of California and/or Dental Board of California
- Proof of employment
- Evidence of applicants/awardees patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the proposed Medi-Cal patient caseload as noted in this application
- Proof of current educational loan debt. Loan statements should include applicants name, address, date and total payoff balance. Applicant’s total payoff balance should include the amount it would take to pay off their loan, including interest. Applicants will be held to the payoff amount they provide. Any inconsistencies on the lender statement and the application can result in the following: reduction in award amount, incomplete application or applicant found not eligible
- Proof of enrollment as a Medi-Cal provider
- Proof of contracts with Medi-Cal managed care plans and/or fee-for-service Medi-Cal
- Proof of agreements with safety net providers such as designated public hospitals and/or Federally Qualified Health Centers (FQHC)

### Electronic Application – Step 1: If Applicants Do Not Meet Eligibility

Applicants that do not meet the criteria as outlined above

If you do not meet the aforementioned criteria, but you still think you are eligible, please provide a detailed explanation here and a program representative will reply within five (5) business days.

First Name:
Middle Name:
Last Name:
Telephone Number:
Email:
Explanation: (text box with 100 words max)

### Instructions for Completing the Application
Applicant's not meeting the aforementioned criteria, but still think they are eligible, please provide a detailed explanation here. Explanations will be limited to 100 words.

Applicant's should include their name, telephone number, email and a brief explanation. A program representative will reply within five (5) business days. PHC will consider each request for consideration separately and individually and make a recommendation to DHCS for consideration. DHCS has discretion to consider extenuating circumstances in determining whether an applicant may be eligible for the program.

**Electronic Application – Step 2: How You Heard About Us**

**How did you hear about us?**
Please tell us how you heard about the CalHealthCares program.

- PHC Website
- Email
  - **Select an email option:**
    - CalHealthCares Emails
    - CMA Emails
    - CDA Emails
    - Other
- Social media
  - **Select a social media option:**
    - LinkedIn
    - Facebook
    - Twitter
    - Instagram
- Presentation
  - Presentation: _____ (text box)
- Specialty Society
  - From: _____(text box)
- Professional Association
  - From: _____(text box)
- Other
  - From: _____(text box)

**Instructions for Completing the Application**

**How did you hear about us?**
Applicants should select the best option which describes how they heard about the CalHealthCares program. Responses will help PHC with future outreach and marketing efforts.

**Electronic Application – Step 2: Future Communications**

**Future Communication**
Please tell us how you want us to share information about the CalHealthCares program in the future.
APPLICATION INSTRUCTIONS

- PHC Website
- Email
  - Select an email option:
    - CalHealthCares Emails
    - CMA Emails
    - CDA Emails
    - Other
- Social media
  - Select a social media option:
    - LinkedIn
    - Facebook
    - Twitter
    - Instagram
- Presentation
  - Presentation: _____ (text box)
- Specialty Society
  - From: ____ (text box)
- Professional Association
  - From: ____ (text box)
- Other
  - From: ____ (text box)

Instructions for Completing the Application

Future Communication
Applicants should select the best option representing how they would like to hear about future CalHealthCares funding opportunities.

Electronic Application – Step 3: Applicant Information

Applicant Information
First Name:
Middle Name:
Last Name:
Primary Address:
Primary Telephone Number:
Secondary Telephone Number:
Primary Email:
Secondary Email:

Sex
Female
DHCS has contracted with Physicians for a Healthy California to administer CalHealthCares.

<table>
<thead>
<tr>
<th>Application Instructions</th>
</tr>
</thead>
</table>

**Gender (check the box that best describes your current gender identity)**
- Male
- Transgender: male to female
- Transgender: female to male
- Female
- Male
- Transgender: male to female
- Transgender: female to male
- Non-Binary (neither male nor female)
- Another gender identity

**Date of Birth: mm/dd/yyyy**

**Race/Ethnicity (for outreach and reporting purposes only)**
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black or African American
- Hispanic or Latino
- White, Non Hispanic, Non Latino

**For physicians, physician residents and physician fellows track only: Which type of license do you practice under?**
- Medical License
- Osteopathic license

**Current license number: (text box)**

**For dentists applying for LRP, dentist applying for Practice Support Grant, dental students and dental residents track only:**

**Current license number: (text box)**

**National Provider Index Number: (text box)**

**Languages spoken at work in addition to English: Applicants who do not use another language in addition to English while providing direct patient care without the use of translator services, must select none within the table below. Applicants may select up to three (3) languages (see table).**

**For physicians and physician residents or physician fellows track only:**
- Please select your specialty and percentage of time you practice under for each specialty. (see table)

**For dentists applying for loan repayment, dentist applying for Practice Support Grant and dental students and dental resident tracks only:**
Please select your specialty and percentage of time you practice under for each specialty. (see table)

Are you currently participating in another loan repayment program? If yes, please select the date you complete the program.

Have you previously participated in another loan repayment program? If yes, when did you complete the loan repayment program?

**Instructions for Completing the Application**

**Applicant Information**

Please provide contact information and other demographic information. Please ensure information for address, telephone number and email are accurate as PHC will use this contact information to communicate with applicants regarding awards status, contracts, payments, etc.

**Name**

Applicants should provide the name as it appears on their medical, osteopathic or dental license.

**Primary Address**

Please provide the preferred primary address. PHC will use this address if there is a need for additional information to determine applicant’s eligibility and/or if they are awarded.

**Primary Telephone Number**

Please provide the preferred telephone number. PHC uses this telephone number if additional information is needed to determine applicant’s eligibility and/or if they are awarded.

**Secondary Telephone Number**

Please provide a back-up telephone number. PHC will use this number if there is a need for additional information to determine applicant’s eligibility and/or if they are awarded. PHC will use this telephone number to communicate with applicants and awardees if PHC cannot reach the applicants and awardees at their primary telephone number.

**Primary Email**

Please provide the preferred email. PHC will use this email if additional information is needed to determine applicant’s eligibility and/or if they are awarded. PHC will use this email to communicate with applicants and awardees.

**Secondary Email**

Please provide a secondary email. This email should be a back-up email address for PHC to use if additional information is needed to determine applicant’s eligibility and/or if they are awarded (ex: work email or secondary personal email). PHC will use this email to communicate with applicants and awardees if PHC cannot reach the applicants and awardees at their primary email.
Sex
Select the option that best describes the applicant.

Gender
Select the option that best describes the applicant.

Date of Birth
Input applicant’s date of birth.

Race/Ethnicity
Select the option that best describes the applicant. Demographic information such as gender, date of birth and race/ethnicity will not be used to determine an applicant’s eligibility for funding. This information is being collected solely for statistical purposes.

Current License Number
Applicants will be asked to provide their medical license information (letter followed by up to a six (6) digit number), osteopathic license number (up to a five (5) digit number), or dental license number (up to a five (5) digit number).

National Provider Index Number
Applicants must provide their ten (10) digit National Index Provider Number.

Languages Spoken at Work
Please provide any languages spoken at work in addition to English, spoken by the applicant, speaking directly to the patient without the use of translator services. Languages spoken at work will be verified through the Employer Verification Form (EVF).

Specialty
Please choose the option that best describes the applicants medical or dental specialty.

Other Loan Repayment Programs
Applicants who previously participated and successfully completed another loan repayment program are eligible to apply. Applicants that are currently pursing loan forgiveness through the national Public Service Loan Forgiveness Program (PSLF) or are in an Income Based Repayment Program (IBR) are eligible to apply.

Applicants that are currently participating in another loan repayment program and will not complete their service obligation by June 30, 2020 are not eligible to apply. This may include employer-sponsored, local, regional, state and/or national loan repayment programs. For example, physicians currently participating in the Steven M. Thompson Loan Repayment Program and/or the National Health Services Corp (California’s State Loan Repayment Program) are not eligible to apply. Applicants may apply once they have successfully completed the terms of their agreement or their loan repayment program. Participating and successfully completing a loan repayment program will not impact an applicant’s eligibility.
Electronic Application – Step 4: Facility Information

Facility Information
Please fill out the table below with information regarding your current facility. For self-employed individuals, please note "self" on the section asking for supervisor information. Please note, inconsistencies on the Employment Verification Form (EVF) and the application can result in the following: reduction in award amount, reduction in scores and applicant found not eligible.

Current Physician and Dentist Only:
For current physicians, dentists applying for LRP and dentists applying for Practice Support Grant track only: Please fill out the table below with information regarding your current facility. All EVFs should be filled out from a supervisor at your employment facility. An EVF is required for each facility you practice at. Failure to provide all required EVFs may result in a reduction in award amount, reduction in score and applicant found not eligible. For individuals that are self-employed, please note "self" on the section that asks for supervisor information. Please note, inconsistencies on the EVF and the application can result in the following: reduction in award amount, reduction in scores and applicant found not eligible.

See Facility Table

Current Physician Resident or Physician Fellow Only:
For physician residents or physician fellows track only: Please fill out the table below with the information regarding your current physician residency and/or fellowship program information. Please note, inconsistencies on the EVF and the application can result in the following: reduction in award amount, reduction in scores and applicant found not eligible.

See Facility Table

Current Dental Students or Dental Residents Only:
For dental students or dental residents track only: Please fill out the table below with the information regarding your current dental school information. Please note, inconsistencies on the EVF and the application can result in the following: reduction in award amount, reduction in scores and applicant found not eligible.

See Facility Table

Table Facility Information

<table>
<thead>
<tr>
<th>Primary Practice Site</th>
<th>Secondary Practice Site</th>
<th>Tertiary Practice Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upload EVF Here</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of facility/organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice setting (drop down menu)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position/Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**APPLICATION INSTRUCTIONS**

<table>
<thead>
<tr>
<th>Name of supervisor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Work address</td>
<td></td>
</tr>
<tr>
<td>County of employment (drop down menu)</td>
<td></td>
</tr>
<tr>
<td>Direct work phone number</td>
<td></td>
</tr>
<tr>
<td>Work email</td>
<td></td>
</tr>
<tr>
<td>Annual gross income</td>
<td></td>
</tr>
<tr>
<td>Hours worked per week</td>
<td></td>
</tr>
<tr>
<td>Hours worked per week providing direct patient care</td>
<td></td>
</tr>
<tr>
<td>If you supervise a physician/dentist in an academic setting, how much of the above hours are spent supervising those trainees?</td>
<td></td>
</tr>
<tr>
<td>HPSA/DHPSA</td>
<td></td>
</tr>
</tbody>
</table>

**Changes to employment**

Will there be or do you anticipate changes to your employment information you just provided within the next six months?

**Instructions for Completing the Application**

**Facility Information**

This section requests information about applicant’s current facility. For self-employed individuals, please note “self” on the section asking for supervisor information. For dentists applying for the Practice Support Grant, please note “self” on the section asking for supervisor information. Current physician residents, physician fellows, dental students or dental residents shall provide their program/schools information for the current employer section. If applicants have an offer for employment at another facility, they should provide the information.

**Changes to employment**

If applicants anticipate any changes to their employment within the next six months, they will be asked to fill out an additional facility information table, if the information is known. Applicants who expect changes in their employment within the next six months but do not know can select “yes” and leave the following table blank. Please note, if applicants begin to fill out the additional information it will become mandatory. Applicants switching positions or moving into a position from dental school, residency or fellowship programs will need to provide the information of their prospective employer, if known.

**Upload**

In addition to completing this section, applicants will be required to submit an EVF. The EVF is to be completed by the applicant and supervisor or their human resources department. All EVFs must be signed by wet signature in blue or black ink. **Applicants who have more than one facility are required to submit an EVF for each practice location.** The applicant will be required to upload this document to the electronic application. Applicants will not be allowed to submit the EVF by mail and/or email. EVFs received by mail will not be considered. Applications without a complete and
submitted EVF will be considered incomplete. Applicants that are in solo practice may complete their form on their behalf and self-attest to the accuracy of the information being provided.

Full-time work is considered 32 or more per week providing direct patient care for at least 45 weeks per year or as defined by the applicant’s facility. Part-time work is generally considered 31 hours or less or as defined by applicant’s facility. Applicants working less than full-time are eligible to apply. Funding requests will be prorated based on the number of hours providing direct patient care. For example, an applicant working 20 hours per week providing direct patient care, would be eligible for 50 percent of the up to $300,000 maximum loan repayment award.

**Practice Setting**

Applicants will choose the practice setting best describing where they provide direct individual patient care. Applicants may not choose more than one option. The group practice option includes Dental Service and/or Dental Support Organizations (DSO) for dental providers.

For the purpose of this program, academic practice setting refers to applicants who are not clinicians at an academic facility. This is referring to applicants supervising physicians or dentists in an academic setting.

<table>
<thead>
<tr>
<th>Practice Setting</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community clinic or Federally Qualified Health Center (FQHC)</td>
<td>A community-driven, non-profit clinics located in medically underserved areas or serving populations that are medically underserved.3</td>
</tr>
<tr>
<td>Group Practice</td>
<td>Two or more physicians who all provide medical care within the same facility. They utilize the same personnel and divide the income in a manner previously agreed upon by the group.4</td>
</tr>
<tr>
<td>Hospital</td>
<td>Furnishing substantially all their services in a hospital setting and who uses the hospital facilities and equipment.5</td>
</tr>
<tr>
<td>Locum Tenens</td>
<td>Those who fill in for other positions on a temporary basis for a range of a few days to up to six month or more.6</td>
</tr>
<tr>
<td>Private Solo Practice</td>
<td>A practitioner without partners or employment affiliations with other practice organizations.7</td>
</tr>
</tbody>
</table>


DHCS has contracted with Physicians for a Healthy California to administer CalHealthCares.

Government | A governmental agency that administers the provision of medical care to individuals or a community.

Direct individual patient care for the purposes of this program shall include assessment, treatment, counseling, procedures, self-care, patient education and documentation relating to patient encounter.

**Health Professional Shortage Area (HPSA)**
HPSA or Dental Health Professional Shortage Area (DHPSA) will be inputted into the application by PHC. Please ensure the practice site address and facility name is correct.

A health professional shortage area is an area designated by the federal Health Resources Services Administration (HRSA) as having a shortage of healthcare providers. Please note, if the primary place of practice is located in a primary care HPSA (geographic area or automatic facility) – for physicians and or a dental HPSA – for dentists as defined by the federal Health Resources Services Administration (HRSA). If the geographic area HPSA score differs from the automatic facility HPSA score, PHC will input the highest score.

Please note, working in a primary care HPSA or dental HPSA is **not** required to participate and be eligible for the Loan Repayment Program or the Practice Support Grant. Physician specialists do not have a HPSA score.

**Electronic Application – Step 5: Educational History**

**Educational History**
Please provide information regarding your educational history.

**Table: Education Information**

<table>
<thead>
<tr>
<th>Medical/Dental School</th>
<th>Internship</th>
<th>Residency Program</th>
<th>Fellowship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of School and/or Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address of School and/or Program (specific address)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years of Attendance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree Conferred</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Degree Conferred</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Instructions for Completing the Application**

**Educational History**
Please provide information regarding applicant’s educational history. For applicants currently in a physician residency program, physician fellowship program, dental school or dental residency...
program, please provide information about the applicant’s current program and expected completion/graduation date.

For physicians, please include information regarding medical school and residency programs as well as fellowships, if applicable.

For dentists, please include information regarding dental school, internship and residency programs if applicable.

**Electronic Application – Step 6: Funds Requested**

**Funds Requested**

If applying for loan repayment:

Applicants with multiple loans through one lender should provide a single total payoff balance statement.

If you have consolidated your educational loans, you must submit loan origination information at the time of application. Please note, inconsistencies on the lender statement and the application can result in reduction in award amount and application found not eligible.

Please select the number of your educational loan lenders: [applicant may select up to five (5)]

Total payoff balance of current qualifying educational loans $__________

Amount requested: $__________

**Table Educational Debt (allows for up to 5 lenders)**

<table>
<thead>
<tr>
<th>Lender 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Account Number</td>
<td></td>
</tr>
<tr>
<td>Original loan amount</td>
<td></td>
</tr>
<tr>
<td>Total payoff balance</td>
<td></td>
</tr>
<tr>
<td>Date of current balance</td>
<td></td>
</tr>
<tr>
<td>Status of loan</td>
<td>Current/Deferred/Forbearance</td>
</tr>
</tbody>
</table>

Please upload copies of your most recent educational loan payoff balance. Please redact any personal identifiable information like social security numbers that may be contained in your educational loan statements.

**If applying for a practice support grant:**

Amount requested: $__________
## Instructions for Completing the Application

### Funds Requested
This section asks for information about the funds applicants are requesting.

### Educational Loans
Qualifying educational loans are any outstanding U.S. federal government (federal, state or local) and U.S. commercial (i.e. private) educational loan for undergraduate or graduate education obtained by the applicant for school tuition, other reasonable educational expenses, and reasonable living expenses in their pursuit of their medical and/or dental degree. Educational loans must be in the name of the applicant. Educational loans must be obtained prior to the submission of the application to the Loan Repayment Program. Recognizing applicants may have multiple loans administered through a single loan servicer, applicants should include all loans from a single loan servicer as one lender and provide the total amount. Applicants with multiple loans through a single loan servicer should submit their most recent account statement which should include a list of each loan and their current balance. Educational loans in pursuit of other post-graduate degrees such as a Master of Public Health (MPH), Master of Business Administration (MBA) or Doctor of Philosophy (PhD) are not eligible for the loan repayment. Applicant’s may still apply if they have an MPH, MBA or PhD, however educational loans in pursuit of those degrees are not qualifying loans eligible for a loan repayment.

The following loans do not qualify for the Loan Repayment Program:
- Parents PLUS loans
- Personal lines of credit
- Loans subject to cancellation
- Credit card debt
- Promissory notes

Applicant’s educational loans must be in good standing. Good standing for the purposes of educational loan debt is defined as not being in default. Applicants may have educational loans that are in deferment and/or forbearance. Applicants who are awarded must continue to make payments during their terms of their contract. As part of this application, applicants will be required to submit current educational loan statements. Current lender statements are defined as dated November 13, 2019 or later. Lender statements dated prior to November 13, 2019 will not be accepted. If an applicant is awarded, they will be required to submit proof that their educational loans are current.

Consolidated educational loans may be eligible for consideration. Consolidated educational loans must clearly delineate the original loans and the degrees conferred. Failure to provide this information may result in ineligibility for this program.

**Upload:** Applicants will be required to submit recent educational loan statements to verify their current educational debt. Online printouts are acceptable if they include the required information. A lender statement must be submitted for each loan identified in the application. Applicants with multiple loans through one lender should provide a single total payoff balance statement. To help students with lender information and verification, the National Student Loan Data System (NSLDS),
allows students to generate a summary report that contains originating loan information such as: outstanding balance, interest and loan status for all federal loans. Applicants can visit their website for more information. [https://nslds.ed.gov/npas/index.htm](https://nslds.ed.gov/npas/index.htm)

Lender statements must:
- be dated on or after November 13, 2019
- include the applicant’s name, **total payoff amount**, account number, and lenders’ name and address.
- match the information that is included in the application. If information is missing, the application will be considered incomplete.

Applicants who have consolidated educational loans, this consolidated refinanced loan must be from a government (federal, state or local) or commercial lender and must include only qualifying educational loans of the applicant. Lender statement/s must clearly indicate the loans are for educational purposes. Applicants must submit proof of consolidation. Further, consolidated loans cannot be with another person’s loans or with non-educational loans.

**Practice Support Grant**

Eligible dentists applying to the Practice Support Grant are not required to have educational loan debt. As a reminder, dentists may apply for either the Loan Repayment Program or the Practice Support Grant. Eligible dentists may not apply for both – the electronic application will ask eligible dentists to choose the option for which they are applying. Dentists applying for the Practice Support Grant will be required to submit a valid business plan.

**Electronic Application – Step 7: Patient Caseload**

**Patient Caseload**

Please provide data on your current and proposed patient population. The proposed patient caseload is the patient caseload you will maintain if awarded. All awardees are required to have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the proposed Medi-Cal patient caseload as noted in this application.

**For physicians, physician residents and physician fellows track only:**

**Current** patient population:

<table>
<thead>
<tr>
<th>Payer</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>30%</td>
</tr>
<tr>
<td>Dual eligible (Medi-Cal and Medicare)</td>
<td></td>
</tr>
<tr>
<td>Indigent</td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td></td>
</tr>
<tr>
<td>Other payers</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>100 percent</td>
</tr>
</tbody>
</table>

**Proposed** patient population:
DHCS has contracted with Physicians for a Healthy California to administer CalHealthCares.

(916) 551-2579
CalHealthCares.org
CalHealthCares@phcdocs.org

Table Patient Caseload

<table>
<thead>
<tr>
<th>Payer</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
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</tr>
<tr>
<td>Other payers</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
</tr>
</tbody>
</table>

For dentists applying for LRP, dentists applying for Practice Support Grant, dental students and dental residents track only:

**Current** patient population:

Table Patient Caseload

<table>
<thead>
<tr>
<th>Payer</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>30%</td>
</tr>
<tr>
<td>Uninsured</td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
</tr>
</tbody>
</table>

**Proposed** patient population:

<table>
<thead>
<tr>
<th>Payer</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>30%</td>
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<tr>
<td>Uninsured</td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
</tr>
</tbody>
</table>

Please select the option which defines how you calculated your existing caseload. (drop down menu)

- Payor mix
- Panel of patients
- Annual office visits
- Time spent on each patient

Please describe how you calculated your individual Medi-Cal patient caseload using the method selected above. Please note, the maximum number of words for this section is 150 words. (textbox)
Describe how you and your employer will meet your proposed patient caseload. Please note, the maximum number of words for this section is 350 words.

### Instructions for Completing the Application

#### Patient Caseload

Applicants are asked to provide data on their current patient population. Physician residents or physician fellows shall document the patient caseload of their residency program or fellowship program. Dental students or dental residents shall document the patient caseload of their dental school or residency program. Applicants should also describe their employer or prospective employer’s patient population mix in the proposed patient population section.

Applicants must fill out the table listed and may be required to submit information to verify this response, as well as, describe how they calculated their existing Medi-Cal caseload. Medi-Cal, for purposes of this program, is any patient who is a Medi-Cal beneficiary. Dual eligible, for purposes of this program, is any patient who is a Medi-Cal and Medicare beneficiary. **Dual eligible is not considered Medi-Cal for physician applicants.** Indigent, for purposes of this program, is any patient who does not currently have insurance and who is not eligible for other health care such as Medi-Cal, Medicare, or private insurance. Uninsured, for purposes of this program, is any patient who does not have health insurance, but is eligible. For purposes of this program, other payors are any patient who has any other type of payor than described above (for example: private market).

#### Table Patient Caseload for Physician**

<table>
<thead>
<tr>
<th>Payor</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>30%</td>
</tr>
<tr>
<td>Dual eligible (Medi-Cal and Medicare)</td>
<td></td>
</tr>
<tr>
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<td>Uninsured</td>
<td></td>
</tr>
<tr>
<td>Other payors</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

#### Table Patient Caseload for Dentist**

<table>
<thead>
<tr>
<th>Payor</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>30%</td>
</tr>
<tr>
<td>Uninsured</td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

#### Proposed Patient Caseload:

The goal of this program is to support existing Medi-Cal providers to maintain and/or increase their Medi-Cal caseload as well as incentivize providers with no or low Medi-Cal beneficiaries to increase their caseload of Medi-Cal beneficiaries. Applicants will be asked to explain how they derived the 30 percent Medi-Cal caseload and how they will stay within the 10 percent of their proposed Medi-Cal patient caseload. This information should be considered auditable self-attestation – this means that...
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CalHealthCares.org
CalHealthCares@phcdocs.org

DHCS has contracted with Physicians for a Healthy California to administer CalHealthCares.

**APPLICATION INSTRUCTIONS**

Applicants will self-attest that they will be meeting the minimum 30 percent patient Medi-Cal caseload and within 10 percent of their proposed Medi-Cal patient caseload within this application. This self-attestation is subject to an audit. This information must be from a reliable and accurate source. **Data may not be more than one year old.** Applicants may be required to submit information to verify this response as well as describe how they calculated their existing Medi-Cal caseload.

Applicants must fill out the table listed and may be required to submit information to verify this response, as well as, describe how they calculated their proposed Medi-Cal caseload. All awardees will have their patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the proposed Medi-Cal patient caseload as noted in this application Medi-Cal, for purposes of this program, is any patient who is a Medi-Cal beneficiary. Dual eligible, for purposes of this program, is any patient who is a Medi-Cal and Medicare beneficiary. Indigent, for purposes of this program, is any patient who does not currently have insurance and who is not eligible for other health care such as Medi-Cal, Medicare, or private insurance. Uninsured, for purposes of this program, is any patient who does not have health insurance, but is eligible. Other payors, for purposes of this program, as any patient who has any other type of payor than described above (for example: private market).

---

**Table Proposed Patient Caseload for Physician**

<table>
<thead>
<tr>
<th>Payor</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
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</tr>
<tr>
<td>Other payors</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>100 percent</td>
</tr>
</tbody>
</table>

**Table Proposed Patient Caseload for Dentist**

<table>
<thead>
<tr>
<th>Payor</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>30%</td>
</tr>
<tr>
<td>Uninsured</td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>100 percent</td>
</tr>
</tbody>
</table>

**Method for Calculating Patient Caseload**

For the purposes of this program Medi-Cal can also be defined as Medi-Cal HMO, fee-for-service Medi-Cal, county Medi-Cal programs, etc. A caseload may be defined as payor mix, panel of patients, annual office visits or practice and/or time spent on each patient. A payor mix can be determined by calculating the percentage of revenue coming from each payor. Panel of patients can be determined by calculating the number of patients a provider is responsible for managing. Annual office visits can be determined by calculating the number of patients seen in a one-year timeframe. Practice and/or time is determined by the amount of time spent with each patient.
After selecting one of the methods above to calculate their individual Medi-Cal patient caseload applicants will need to describe the method used to calculate the individual Medi-Cal patient caseload on this application. Calculation of direct patient caseload may include assessment, treatment, counseling, procedures, self-care, patient education and documentation relating to patient encounter. For more information and how to calculate patient caseload please view the document on the CalHealthCares website at CalHealthCares.org.

Caseload Obligation
Applicants will need to describe how they and their employer will meet the proposed patient caseload.

Applicants are asked to provide details on the process they and their employer used to meet their proposed caseload. This could be demonstrated by expanding their panel of patients to include more Medi-Cal beneficiaries. The goal of this program is to support existing physicians and dentists whose patient caseload is comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the proposed Medi-Cal patient caseload as noted in this application.

Contractually, awardees are required to maintain a caseload with a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the proposed Medi-Cal patient caseload as noted in this application. This information should be considered auditable self-attestation – this means that applicants will self-attest that they will be providing a minimum of 30 percent Medi-Cal beneficiaries in their caseload. This self-attestation is subject to an audit.

Electronic Application – Step 8: Personal Statement

Personal Statement
Please submit a personal statement that incorporates responses to the following questions.

For physicians, physician residents and physician fellows track only:
Describe your experience working with underserved communities, especially Medi-Cal and your commitment to Medi-Cal beneficiaries. Please note, the maximum number of words for this section is 200 words. (textbox)

Describe the need for your specialty in your geographic area. Please note, the maximum number of words for this section is 150 words. (textbox)

Describe how you as a provider will improve the health outcomes of underserved communities, especially Medi-Cal. Please note, the maximum number of words for this section is 150 words. (textbox)

For dentists applying for LRP, dentists applying for Practice Support Grant, dental students and dental residents track only:
Describe your experience working with underserved communities, especially Medi-Cal and your commitment to Medi-Cal beneficiaries. Please note, the maximum number of words for this section is 200 words. (textbox)
Describe the need for your specialty in the geographic area you plan to relocate, establish or expand. Please note, the maximum number of words for this section is 150 words. (textbox)

Describe how you as a provider will improve the oral health of underserved communities, especially Medi-Cal. Please note, the maximum number of words for this section is 150 words. (textbox)

### Instructions for Completing the Application

#### Personal Statement

Applicants will be required to answer three separate questions as part of their personal statement. The goal of this program is to support existing physicians and dentists that have 30 percent or more Medi-Cal beneficiaries as part of their caseload as well as support existing physicians and dentists to increase their participation in Medi-Cal. As such, this section requires applicants to describe their commitment to these goals.

**For physicians, physician residents and physician fellows track only:**

The first question asks the applicant to describe their experience working with underserved communities, especially Medi-Cal and their commitment to Medi-Cal beneficiaries. Here, applicants are expected to provide concrete examples that directly relate to the questions presented.

The second question asks applicants to describe the need for their specialty in their area. Applicants should provide concrete examples showing why their specialty is important to the area they serve.

The third question asks the applicant to describe how they will improve health outcomes of the underserved communities, especially Medi-Cal. Here, applicants should provide concrete examples of how they will improve the health outcomes of Medi-Cal beneficiaries.

If applicants are interested in viewing how personal statements are scored, please reference the scoring matrix provided on the CalHealthCares website.

**For dentists applying for LRP, dentists applying for Practice Support Grant, dental students and dental residents track only:**

The first question asks the applicant to describe their experience working with underserved communities, especially Medi-Cal and their commitment to Medi-Cal beneficiaries. Here, applicants are expected to provide concrete examples that directly relate to the questions presented.

The second question asks applicants to describe the need for their specialty in their area. Applicants should provide concrete examples showing why their specialty is important to the area they serve.

The third question asks the applicant to describe how they will improve the oral health of the underserved communities, especially Medi-Cal. Here, applicants should provide concrete examples of how they will improve the oral health outcomes of Medi-Cal beneficiaries.

If applicants are interested in viewing how personal statements are scored, please reference the scoring matrix at CalHealthCares.org.
Electronic Application – Step 9: Practice Support Grant track only – Valid Business Plan

For dentists applying for practice support grant:

Valid Business Plan
Please submit a valid business plan documenting your plans for expanding and opening a new practice, relocating your current practice or establishing a new practice if you receive the Practice Support Grant, in one of the target counties.

What county are you planning to work in if you receive the award? (drop down menu of target counties)

<table>
<thead>
<tr>
<th>County</th>
<th>County</th>
<th>County</th>
<th>County</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpine</td>
<td>Del Norte</td>
<td>Kings</td>
<td>Mono</td>
<td>Yuba</td>
</tr>
<tr>
<td>Amador</td>
<td>Glenn</td>
<td>Lassen</td>
<td>Monterrey</td>
<td></td>
</tr>
<tr>
<td>Calaveras</td>
<td>Humboldt</td>
<td>Mariposa</td>
<td>Sierra</td>
<td></td>
</tr>
<tr>
<td>Colusa</td>
<td>Inyo</td>
<td>Modoc</td>
<td>Trinity</td>
<td></td>
</tr>
</tbody>
</table>

Instructions for Completing the Application

Practice Support Grant:
Applicants must submit a valid business plan documenting their plans to relocate, expand or establish their practice to a target county. Applicants business plan should include detailed information regarding their existing practice, their prospective practice, proposed location and plans to meet the requirement of a minimum of 30 percent direct patient caseload serving Medi-Cal beneficiaries. Visit the CalHealthCares website at CalHealthCares.org to find more information on a valid business plan.

Electronic Application – Step 10: Attestations

Attestations
You must check all boxes to be considered eligible to apply:

- □ I certify that I am the applicant noted in the application and I am the one submitting this application.
- □ I attest that the statements herein are true and complete to the best of my knowledge. I understand that knowingly submitting false information will void this application and may be considered breach of contract.
- □ I attest that I am eligible to work in the United States for the terms of the contract.
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**APPLICATION INSTRUCTIONS**

**Attestations**
The applicant will be asked to attest to the following statements:

- I certify that I am the applicant noted in the application and I am the one submitting this application.

- I attest that the statements herein are true and complete to the best of my knowledge. I understand that knowingly submitting false information will void this application and may be considered breach of contract.

- I attest that I am eligible to work in the United States for the terms of the contract.

- I attest that I am not currently participating in another state or federal loan repayment program as of June 30, 2020.

- I acknowledge that these funds are subject to an audit pursuant to Article 2.5 (commencing with Section 30130.50), Chapter 2 of Division 2 of the Revenue and Taxation Code.

- I attest that I do not have a judgement lien against my property for a debt to the United States.

- I attest that I do not have a history of failing to comply with or inability to comply with service or payment obligations.

Please note that knowingly providing inaccurate information voids this application and may be considered breach of contract.

**Electronic Application – Step 11: Program Requirements**

**Program Requirements**
You must check all boxes to be considered eligible to apply:

*For physicians, physician residents or physician fellows, dentists applying for LRP, dental students or dental residents track:*
DHCS has contracted with Physicians for a Healthy California to administer CalHealthCares.

APPLICATION INSTRUCTIONS

□ I commit to maintain my patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the proposed Medi-Cal patient caseload as noted in this application for the next five (5) years

**For dentists applying for the Practice Support Grant:**

□ I commit to maintain my patient caseload comprised of a minimum of 30 percent Medi-Cal beneficiaries and within 10 percent of the proposed Medi-Cal patient caseload as noted in this application for the next ten (10) years.

(for all)

□ I will have a current and non-restricted license to practice in the state of California by the start of the contract, June 30, 2020, and during the terms of the contract.

□ I commit to being a Medi-Cal provider in good standing without existing suspensions, disbarments or revocations.

□ I will make payments and stay current and in good standing with my educational loans.

□ I will provide semi-annual and annual information to verify that I am meeting the terms of the program.

□ By submitting this application, I agree to all the conditions stipulated in the loan repayment program description.

□ I agree to provide updated information to PHC immediately and no less than ten (10) business days – for example but not limited to change in contact information, place of employment and/or employment status.

□ I acknowledge that if I am awarded, this is subject to public information.

**Instructions for Completing the Application**

**Program Requirements**

This section provides more detailed information on the program requirements. Applicants are required to check the box below for the application to be considered complete.

**Electronic Application – Step 12: Permissions**

**Permissions**

I consent to the release - to Physicians for a Healthy California and the Department of Health Care Services - of information about me to the extent that it bears upon any of the following: my education; internship, postgraduate, preceptorship, or residency specialty training; board certification; experience; professional conduct; ethics; ability to work with others; hospital and other affiliations; disciplinary actions; malpractice claims history; litigation experience; state licensure; and controlled substance licensure. I intend that this consent includes all information that reflects on my ability to safely, competently, and professionally perform the professional activities required of me should I receive a contract under this program. I agree that this consent extends to all persons, institutions, and entities that have such information about me including: colleges, universities, professional societies, hospitals, specialty boards, practice groups, clinics, insurance companies, partnerships,
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CalHealthCares.org
CalHealthCares@phcdocs.org

DHCS has contracted with
Physicians for a Healthy California

to administer CalHealthCares.
Review and Selection Process
The CalHealthCares Advisory Council established a fair and impartial process for scoring and evaluating applications. Each application will be reviewed by the Advisory Council and PHC staff to assess their eligibility against the criteria. Scoring criteria is included as an attachment. Applying is not a guarantee of funding. The Advisory Council will make recommendations to DHCS. DHCS will have the final authority in terms of who gets awarded. Funding is prioritized based on the criteria set forth in Welfare and Institutions Code 14114.

DHCS and PHC expect to make funding announcements by May 1, 2020. Awardees will be notified by email and mail. The awardee list is public information and may be posted on DHCS and PHC’s website. Please ensure that your contact information is complete and accurate. Awardees will be required to submit their acceptance to this program by submitting a signed contract within seven (7) business days. Please keep checking the CalHealthCares website at www.CalHealthCares.org for up to date information.

Helpful Tips
Below are the most common mistakes and omissions from the 2019 application cycle. Please be sure to look at these in detail. For more detailed information regarding each of the sections below please attend a webinar. The webinars provide an opportunity to ask questions and learn about the application process.

<table>
<thead>
<tr>
<th>Application Area</th>
<th>Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Verification Form (EVF)</td>
<td>List languages other than English that you use to speak directly with patients in the practice without the use of translation services. Ensure that the languages you report in the EVF match the languages you list in the application. Ensure that the hours you report in the EVF match the hours you report in the application.</td>
</tr>
<tr>
<td>Personal Statement</td>
<td>Provide quality answers to the three narrative questions (see below). Describe your experience working with underserved communities, especially the Medi-Cal community, and your commitment to Medi-Cal beneficiaries. Describe the need your geographic area has for your specialty. Articulate how you will improve the oral health of your patients.</td>
</tr>
<tr>
<td>Patient Caseload</td>
<td>Fill out both tables and provide quality answers to the two-part. Answer the question about your current patient caseload. Describe quantitatively how you calculated your proposed patient caseload and how</td>
</tr>
</tbody>
</table>
DHCS has contracted with Physicians for a Healthy California to administer CalHealthCares.

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CalHealthCares.org
CalHealthCares@phcdocs.org

<table>
<thead>
<tr>
<th>Lender Statement</th>
<th>Provide total payoff balance statement.</th>
<th>Statement must have total payoff balance.</th>
<th>Ensure applicant name and account number are included in the document.</th>
<th>If consolidated educational debt, provide origination information showing it is educational debt.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Professional Shortage Area (HPSA)(^8)</td>
<td>Provide the correct facility name and address for employment (required to receive points). You must provide the correct facility name and address in order to receive points for the high-need area you work in.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^8\) Note that PHC staff will enter your HPSA score and that not all applicants will have a HPSA score.

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