



Healthcare Access Loan Repayment (HEALR) Program Guide



Department of Health
Medicaid

TABLE OF CONTENTS

1. Introduction	2
1.1. Document Scope, Purpose, and Use	2
2. Program Overview.....	2
3. Application Process.....	4
3.1. Individual Application Process.....	4
3.2. Employer Application Process.....	6
3.3. Additional Notes	8
3.4. Application Scoring.....	8
4. Eligibility Requirements	9
4.1 Eligible Employers.....	10
4.2 Eligible Loan Types	11
5. Loan Repayment	12
6. Service Commitment.....	13
7. Awardee Responsibilities	14
7.1. Employment Verification.....	14
7.2. Communications.....	14
7.3. Circumstances under which incomplete service commitment may be permissible	15
8. Program Policies	15
8.1. Leave Policy	15
8.2. Change of Employer/Job Separation Policy	16
8.3. Awardee Name Change Policy	17
8.4. Recoupment Policy	17
9. Glossary of Terms.....	17

1. INTRODUCTION

1.1 Document Scope, Purpose, and Use

This guide is designed as a central source of information for the Healthcare Access Loan Repayment (HEALR) program administered by the New York State (NYS) Department of Health Office of Health Insurance Programs (OHIP), and provides a detailed overview of the HEALR program, step-by-step instructions about applicant eligibility requirements, the application process, and guidance for individuals selected to receive an award. This guide will be updated throughout the duration of the program with clarifications and additional information as needed.

Additional program resources, including the application, are available on the NYS Department of Health “Healthcare Access Loan Repayment (HEALR) Program” web page, located at: https://www.health.ny.gov/health_care/medicaid/redesign/med_waiver_1115/healr/.

Questions that have not been answered in this document or in the companion *Healthcare Access Loan Repayment (HEALR) Program Frequently Asked Questions* document, located at: https://www.health.ny.gov/health_care/medicaid/redesign/med_waiver_1115/healr/docs/faqs.pdf, should be directed to healr@health.ny.gov.

2. PROGRAM OVERVIEW

The HEALR program is a workforce initiative authorized under New York’s 1115 Medicaid Waiver Demonstration and administered by OHIP. The HEALR program directly aligns with the goals of New York’s 1115 Waiver which aims to improve NYS Medicaid services by enhancing access, quality, and cost-effectiveness of health care for vulnerable populations. The 1115 waiver is effective through March 2027. The HEALR program aims to improve access to high-quality services for NYS Medicaid members by attracting and retaining providers in critical, high-demand roles throughout NYS.

The HEALR program will provide student loan repayment for qualifying health care providers who make a commitment to complete four years of employment at a NYS Medicaid-enrolled provider where at least 30 percent of the patient panel are Medicaid members and/or uninsured individuals or that is contracted with a state-designated Social Care Network (SCN) and providing health-related social needs (HRSNs) screening, referrals, and/or services.

Under the HEALR program, loan payments will be made directly to the loan servicer on behalf of the awardee. Qualifying provider types and their associated award amount thresholds are listed below:

Eligible Positions	Qualifying Degree(s)	Maximum Award
Psychiatrists	Doctor of Medicine (MD), Doctor of Osteopathic Medicine (DO)	Up to \$300,000 per awardee
Primary Care Physicians	MD, DO	Up to \$100,000 per awardee
Dentists	Doctor of Dental Medicine (DMD), Doctor of Dental Surgery (DDS)	Up to \$100,000 per awardee
Nurse Practitioners (NPs)	Master of Science in Nursing (MSN), Doctor of Nursing Practice (DNP)	Up to \$50,000 per awardee
Pediatric Clinical Nurse Specialists	MSN, DNP	Up to \$50,000 per awardee

Please note: The amounts listed above are maximum thresholds. Final awards will be calculated based on the applicant's total eligible outstanding student loan debt.

3. APPLICATION PROCESS

The HEALR program offers two pathways for submitting application information:

1. Individual Application
2. Employer Application

Each process is designed to ensure that all necessary details are collected efficiently and accurately. Below is a comprehensive overview of both application options, along with preparation guidance for applicants and employers.

3.1. Individual Application Process

Individuals may apply directly for the HEALR program by completing an online application. Through this process, applicants will provide all required information, attest to their eligibility, and submit their application independently.

- **How to Apply:** Access the secure online application on the NYS Department “Healthcare Access Loan Repayment (HEALR) Program” web page, located at: https://www.health.ny.gov/health_care/medicaid/redesign/med_waiver_1115/healr/. The application portal will remain open until 11:59 p.m. on Sunday, February 15, 2026.
- **Notifications and Updates:** Applicants are encouraged to subscribe to the Medicaid Redesign Team (MRT) Listserv, via the NYS Department of Health “Medicaid Redesign Team (MRT) LISTSERV” web page, located at: https://health.ny.gov/health_care/medicaid/redesign/listserv.htm, for program updates. Announcements and application updates will also be posted in the *Healthcare Access Loan Repayment (HEALR) Frequently Asked Questions* document, located at: https://www.health.ny.gov/health_care/medicaid/redesign/med_waiver_1115/healr/docs/faqs.pdf.
- **Estimated Completion Time:** The application typically takes about one hour to complete. Applicants can save their progress and return to complete the application as needed.
- **Support:** For technical assistance or questions, email healr@health.ny.gov.

Materials Needed for Individual Applicants

Before starting, please gather the following documents and information:

- Last four digits of Social Security Number (SSN)
- Relevant qualifying degree information (degree, institutions attended, graduation date)
- Employer Medicaid Management Information System (MMIS) Number (if applicable)
- Employer Organization Federal Tax Identification (ID)/Employer Identification Number (EIN)
- Supervisor contact information (if applicable)
- Loan servicer information (legal name, account number, current loan balance, email, phone number for all qualifying loans)
- Loan billing/summary statements (dated within the past six months for all qualifying loans)
- Government-issued ID
- Recent paystub (within last 30 days), 2024 W-2, or 1099 form (for all current employers) **or** an offer letter (if applicable)
- NYS Professional License Number (if applicable)
- National Provider Identification (NPI) Number
- MMIS or Provider Identification (PID) Number
- Name change documentation (if applicable)

Please note: A list of all eligible organizations can be found on the NYS Department of Health “1115 Workforce Initiatives Service Commitment Site Directory” web page, located at: https://health.ny.gov/health_care/medicaid/redesign/1115_waiver/app_svcs_commit_site_dir.htm. An eligible service commitment site, defined as an organization, facility, or practice where at least 30 percent of the patient panel are Medicaid members and/or uninsured individuals OR that is contracted with a state-designated SCN and providing HRSN screening, referrals, and/or services.

If your organization is not listed, please submit the NYS Department of Health 1115 Waiver Workforce Program Provider Attestation form, located at: https://health.ny.gov/health_care/medicaid/redesign/1115_waiver/docs/provider_attestation.pdf, and ensure your organization is listed prior to completing the application. If you are not currently employed at an eligible organization but are actively looking for a position with an eligible organization, please complete all application questions as they appear. Once you secure a position at an eligible organization, email HEALR@health.ny.gov.

3.2. Employer Application Process

Employers or organizations can submit a separate employer version of the application to encourage recruitment and retention for prospective and current employees. This process enables the employer to fill out specific sections of the application, after which the information will automatically populate the corresponding fields in the employee's application. The employee will receive an email from healr@health.ny.gov with a link to the pre-filled application for their review, completion, and submittal.

- **Submission Limit:** Employers may submit applications for a maximum of five employees. In the case of organizations with multiple sites/facilities, this limit applies per site/facility.
- **How It Works:** Once the employer submits the required information, the employee receives a link to their pre-filled application from healr@health.ny.gov. The employee must then review the pre-populated data, complete any remaining sections, and submit the final application. The full list of information that the employee will have to provide is listed in section “3.1 Individual Application Process” of this guide.
- **Application Access:** The employer application is available on the NYS Department of Health “Healthcare Access Loan Repayment (HEALR) Program” web page, located at: https://www.health.ny.gov/health_care/medicaid/redesign/med_waiver_1115/healr/, and will remain open until 11:59 p.m. on Saturday, January 31, 2026. The relevant employee(s) will be able to complete their portion of the application until 11:59 p.m. on Sunday, February 15, 2026.
- **Estimated Completion Time:** The employer portion takes approximately twenty to thirty minutes to complete. Progress can be saved and resumed if necessary.
- **Support:** For assistance, employers should email healr@health.ny.gov.

Materials Needed for Organizations/Employers

Before starting, please gather the following documents and information:

- Last four digits of the employee's SSN
- Employee's relevant qualifying degree information (degree, institutions attended, graduation date)
- Employer MMIS Number (if applicable)
- Employer Organization Federal Tax ID/EIN
- Supervisor Contact Information (if applicable)

Please note: A list of all eligible organizations can be found on the NYS Department of Health “1115 Workforce Initiatives Service Commitment Site Directory” web page, located at: https://health.ny.gov/health_care/medicaid/redesign/1115_waiver/app_svcs_commit_site_dir.htm. An eligible service commitment site, defined as an organization, facility or practice where at least 30 percent of the patient panel are Medicaid members and/or uninsured individuals **or** that is contracted with a state-designated SCN and providing HRSN screening, referrals, and/or services.

If your organization is not listed, please submit the NYS Department of Health 1115 Waiver Workforce Program Provider Attestation form, located at: https://health.ny.gov/health_care/medicaid/redesign/1115_waiver/docs/provider_attestation.pdf, and ensure your organization is listed prior to completing the application.

If you are not currently employed at an eligible organization but are seeking eligible employment opportunities, you are still eligible to apply. Please fill out the application accordingly. Your employment start date must occur prior to the execution of the awardee contract (estimated to be late spring 2026). This contract will be considered fully executed on the date that the awardee has signed the contract and returned it to healr@health.ny.gov. When you have secured employment at an eligible organization or if you have any questions about whether a specific employer qualifies, email healr@health.ny.gov.

Please note: Even if an employer submits an employer application on behalf of their employee, the employee is still responsible for fulfilling the service commitment and may be liable for recoupment of award if necessary.

Employee Steps After Employer Application

Once an employer has submitted the employer application on behalf of their employee, the employee will receive an email from healr@health.ny.gov with a personalized link to an individual application that has the pre-filled information from their employer. The employee is responsible for the following tasks:

- reviewing the information provided by the employer;
- Making changes as needed to any of the pre-filled information from the employer;
- completing the remaining sections of the application;
- completing the attestations; and
- submitting the final application.

Before starting, please gather the following documents and information to verify and complete any remaining application sections:

- Last four digits of SSN
- Relevant qualifying degree information (degree, institutions attended, graduation date)
- Employer MMIS Number (if applicable)
- Employer Organization Federal Tax ID/EIN
- Supervisor contact information (if applicable)
- Loan servicer information (legal name, account number, current loan balance, email, phone number for all qualifying loans)
- Loan billing/summary statements (dated within the past six months for all qualifying loans)
- Government-issued ID
- Recent paystub (within last 30 days), 2024 W-2, or 1099 form (for all current employers) **or** an offer letter (if applicable)
- NYS Professional License Number (if applicable)
- NPI Number
- MMIS or PID Number
- Name change documentation (if applicable)

Please note: The entire application will not be considered complete or eligible for award if the employee does not submit their portion of the application. Employees must submit their individual application by 11:59 p.m. on Sunday, February 15, 2026.

3.3. Additional Notes

- Applicants not currently employed at an eligible organization may still apply. Please complete the application accordingly and update employment status before contract execution (estimated late Spring 2026).
- For technical assistance or questions about the application, email healr@health.ny.gov.

3.4. Application Scoring

All applications will go through a competitive review process based on federal and state requirements according to the 1115 Waiver Special Terms and Conditions that govern the HEALR program. Applications will be evaluated based on factors, such as NYS residency, provider type, and dedication to providing services to underserved communities and areas with health provider shortages.

4. ELIGIBILITY REQUIREMENTS

You must be a psychiatrist, primary care physician, dentist, NP or pediatric clinical nurse specialist to be eligible for the HEALR program. In addition, individuals must meet the following requirements:

- You are a United States (U.S.) citizen/eligible non-citizen (as defined on the Federal Student Aid “Eligibility for Non-U.S. Citizens” web page, located at: <https://studentaid.gov/understand-aid/eligibility/requirements/non-us-citizens>).
- You are currently licensed to practice in NYS or anticipate being licensed prior to the contract execution. This contract will be considered fully executed on the date that the awardee has signed the contract and returned it healr@health.ny.gov. Contracts are expected to be executed in late Spring 2026.
- Your NYS Professional License is in good standing (this will not apply if you are not currently licensed to practice in NYS).
- You have **not** participated in any other student loan repayment program, excluding Public Service Loan Forgiveness (PSLF).
- You are currently employed full-time (35 hours per week minimum) or anticipate being employed full-time by March 2026: With a personal practice panel that serves at least 30 percent of the patient panel are Medicaid members and/or uninsured individuals **or** that is contracted with a state-designated SCN and providing HRSN screening, referrals, and/or services.

If you are not currently employed at an eligible organization, you may still apply for the program and fill out the application accordingly. When you have secured employment at an eligible organization or if you have any questions about whether a specific employer qualifies, please reach out to healr@health.ny.gov. Your employment start date must occur prior to the execution of the awardee contract (estimated to be late spring 2026).

4.1. Eligible Employers

To be an eligible employer you must meet the criteria below and have an approved attestation form submission for the HEALR or Career Pathways Training programs. Prior to starting the application, please verify that your organization is listed as an eligible organization on the NYS Department of Health “1115 Workforce Initiatives Service Commitment Site Directory” web page, located at: https://health.ny.gov/health_care/medicaid/redesign/1115_waiver/app_svs_commit_site_dir.htm. An appropriate representative from your organization can fill out the NYS Department of Health 1115 Waiver Workforce Program Provider Attestation form, located at: https://health.ny.gov/health_care/medicaid/redesign/1115_waiver/docs/provider_attestation.pdf, in accordance with the process outlined below.

Eligibility Criteria

An eligible service commitment site, defined as an organization, facility, or practice:

- where at least 30 percent of the patient panel are Medicaid members and/or uninsured individuals; **or**
- that is contracted with a state-designated SCN and providing HRSN screening, referrals, and/or services.

Process for Attestation Form Submission:

Approval is granted at the individual site level. For example, a health system must submit a separate attestation for each of its locations.

A. Verify Facility Listing: Visit the NYS Department of Health “1115 Workforce Initiatives Service Commitment Site Directory” web page, located at: https://health.ny.gov/health_care/medicaid/redesign/1115_waiver/app_svs_commit_site_dir.htm, to confirm if your facility is approved.

B. If your facility is not listed – Check Eligibility: Facilities not found in the listing must first confirm they satisfy at least one of the eligibility criteria.

Please note: Applications submitted by employers prior to form verification of eligibility and approval by the OHIP will not be processed until eligibility is verified.

C. Download the Form: Download the NYS Department of Health 1115 Waiver Workforce Program Provider Attestation form, located at: https://health.ny.gov/health_care/medicaid/redesign/1115_waiver/docs/provider_attestation.pdf.

D. Complete and Submit Form: Have an authorized representative from your organization complete NYS Department of Health 1115 Waiver Workforce Program Provider Attestation form, located at: https://health.ny.gov/health_care/medicaid/redesign/1115_waiver/docs/provider_attestation.pdf, and submit it to healr@health.ny.gov.

E. Review and Notification of Outcome: OHIP will review your submission.

i. OHIP will send the result of their review to the email address used for submission. If you are not the party submitting the application and would like to be directly notified of eligibility decision, please ensure that you are cc'd on the attestation submission email.

ii. If approved, your facility will be added to the eligible list and may immediately submit employer applications for up to five employees. You may submit applications upon receipt of eligibility verification and do not need to wait for your facility to appear on the public list.

4.2. Eligible Loan Types

Only student loans for educational costs related to the program of study that led to the qualifying clinical title are eligible for repayment under this program. For example, if an applicant has student loans for their undergraduate course of study as well as for their MD program, only the loans used to pay for the MD program will qualify.

Definitions:

- **Government loans** are defined as loans that are made by federal, state, county, or city agencies that are authorized by law to make such loans.
- **Commercial loans**, also known as private loans, are defined as loans made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions.
- **Credit institutions** are defined as those which are subject to examination and supervision in their capacity as lenders by an agency of the U.S. or of the States in which the lender has place of business.

The following types of debt are NOT eligible for repayment under the program:

- Loans in default
- Loans repaid in full
- Credit card debt
- State or Federal Primary Care Loans [e.g., National Health Service Corps Repayment (NHSC) or New York State Primary Care Service Corps (PCSC)]
- Personal lines of credit
- Residency loans
- Eligible educational loans that have been consolidated with any other non-eligible educational loans
- Eligible educational loans consolidated with loans owed by any other person, such as a spouse or child
- Eligible educational loans consolidated with any other type of debt (non-educational)
- Parent Plus Loans
- Loans from a family member or friend
- Loans not obtained from a government entity or commercial lending institution
- Loans from institutions outside the U.S.

5. LOAN REPAYMENT

Following notification of a HEALR award, awardees must continue to make payments on their loans until HEALR funds are disbursed to loan servicers and reflected in the individual's account statement. Awardees will receive a *Loan Verification Form*, to be distributed with the onboarding package, that collects their updated loan information prior to their award disbursement. Awardees must complete this form to receive their award. The award will be disbursed directly as a lump sum payment to the awardee's student loan servicer(s).

No award value will exceed the value of the applicant's outstanding educational debt. If the applicant's educational debt is less than the maximum award value, then the outstanding educational debt at the time of payment will be the maximum award amount. If the award amount does not cover the full amount of the applicant's remaining student loans, the awardee must continue to make payments after the award is applied to fulfill the terms of their loan.

If an applicant has several loan servicers for their eligible debt, loans with higher interest rates will take priority and will be paid off before loans with lower interest rates.

6. SERVICE COMMITMENT

To receive a student loan repayment award, you must commit to working full-time at an eligible organization for four years starting from the date of the full execution of your awardee contract with NYS Department of Health. If you are awarded, you must respond to quarterly employment verification requests during the service commitment period to confirm your continued eligibility.

- **Eligible Organization:** An eligible service commitment site, defined as an organization, facility or practice where at least 30 percent of the patient panel are Medicaid members and/or uninsured individuals **or** that is contracted with a state-designated SCN and providing HRSN screening, referrals, and/or services.
- A non-exhaustive list of eligible organizations can be found on the NYS Department of Health “1115 Workforce Initiatives Service Commitment Site Directory” web page, located at: https://health.ny.gov/health_care/medicaid/redesign/1115_waiver/app_svs_commit_site_dir.htm.
- **Full-time work:** To be considered full-time you will need to work a minimum of 35 hours per week at an eligible organization. If you work part-time at multiple organizations, you may be eligible if your total hours add up to at least 35 hours per week.

The service commitment begins on the date your awardee contract with NYS Department of Health is signed and returned. Even if you are already working at the organization, time worked prior to the contract execution does not qualify for the service commitment.

The service commitment must be completed as a term of your acceptance of an award. NYS Department of Health may alter or waive this requirement under certain extraordinary circumstances as described in section “8.1 Leave Policy” of this guide.

Please note: Suspension or revocation of a professional license does not constitute an extraordinary circumstance for purposes of not meeting the service commitment.

Awardees should contact OHIP regarding any change to their employment status or if special consideration of their circumstances is required. Please refer to section “8. Program Policies” in this guide for more details.

7. Awardee Responsibilities

7.1. Employment Verification

OHIP requires that all applicants complete the four-year service commitment as a condition of accepting a HEALR award. Awardees who do not comply may be subject to recoupment of their award, meaning that the entire award amount will have to be repaid to NYS Department of Health.

Employment will be verified using an *Employment Verification Form*, to be distributed with the onboarding package, to be completed and submitted quarterly via email, throughout the duration of the four-year service commitment. Awardees will receive communication from OHIP at the beginning of each quarter to remind them to complete their employment verification. Awardees will have 30 days to return the *Employment Verification Form*, to be distributed with the onboarding package, after which they will receive a reminder email and additional follow-up until employment verification is complete.

Please note: If the awardee fails to provide quarterly verification of employment, the individual may be considered in breach of the service commitment, and their award may be subject to recoupment.

7.2. Communications

Awardees must email healr@health.ny.gov within these specific timeframes for the following reasons:

- Immediately:
 - if you are no longer employed by an eligible organization (refer to section “8.2 Change of Employer/Job Separation Policy” of this guide, for more information)
 - requesting a leave of absence from the service commitment (refer to section “8.1 Leave Policy” of this guide, for more information)
 - change of contact information (mailing address, phone number, or email address)
- 30 calendar days prior to:
 - changing your name (refer to section “8.3 Awardee Name Change Policy” of this guide, for more information)
 - making any changes to your employer and employment status (refer to section “8.2 Change of Employer/Job Separation Policy” of this guide, for more information)

7.3. Circumstances under which incomplete service commitment may be permissible

Under a limited number of extraordinary circumstances that would prevent an individual from returning to complete their program, an incomplete service commitment may be permissible. Discharge of the service commitment requirement must be approved by OHIP. These circumstances include:

- Caring for your own serious health condition, including illness, injury, or pregnancy / childbirth
- Caring for a family member with a serious health condition, including illness, injury, or pregnancy / childbirth
- Maternity / paternity leave
- Time to bond with a new child
- Active-duty military
- Managing affairs while a family member is on active duty
- Disability
- Death

Refer to section “8.1 Leave Policy” of this guide for more information and notify healr@health.ny.gov, **immediately**, if any circumstances arise that may interrupt the service commitment.

8. PROGRAM POLICIES

8.1. Leave Policy

An awardee may pause the service commitment requirement in the event of job separation or other extraordinary circumstances described below. Other circumstances will be considered on a case-by-case basis. All leave requests require review and approval by OHIP. Awardees are allowed up to 12 weeks of extended personal leave during their service commitment period without being required to enter the recoupment process or extending their service commitment date.

Extended personal leave or reduced schedule leave may be for family or medical reasons as permitted by the awardee's employer organization or, if self-employed, leave that qualifies under the NYS Paid Family Leave (PFL) policy, located on the NYS "Paid Family Leave" web page, at: <https://paidfamilyleave.ny.gov/>, and may include:

- caring for your own serious health condition, including illness, injury, or pregnancy / childbirth;
- caring for a family member with a serious health condition, including illness, injury, or pregnancy / childbirth;
- maternity / paternity leave;
- time to bond with a new child;
- active-duty military; and
- managing affairs while a family member is on active duty.

Awardees must **immediately** email OHIP at healr@health.ny.gov to inform NYS Department of Health of their leave start and end dates. Any personal leave extending beyond 12 weeks, or additional leave requests following a completed personal leave, must be approved by OHIP. Extended or multiple personal leaves may result in an extension of the service commitment end date.

Please note: Employer-granted paid time off used for vacations, sick time, etc. does not require OHIP approval.

Upon returning to work, the awardee must complete a *Return from Leave Verification Form*, to be distributed with the onboarding package, signed by a Human Resources representative or supervisor, confirming that their leave is over, and that the awardee has returned to full-time work hours. The form must be submitted to healr@health.ny.gov within 30 days of returning to work.

8.2. Change of Employer/Job Separation Policy

Change of Employer

An awardee does not have to work at the same eligible organization for the full four-year service commitment. The awardee may change settings during the service commitment period provided they obtain a position with an eligible organization. Awardees must email healr@health.ny.gov 30 days prior to making changes to their employing organization and should verify with OHIP that a potential employer qualifies as a service commitment site **prior to** accepting an offer of employment.

Job Separation

If an awardee separates from an eligible employer during the service commitment period, email healr@health.ny.gov **immediately**. The awardee is allowed a 12-week grace period to obtain a position at another eligible organization. If the awardee cannot obtain a position within that time, the awardee must reach out to OHIP for next steps.

Please note: If the awardee is unable to obtain employment with an eligible service commitment organization within 12 weeks, the end date of their four-year service commitment may be extended.

The same steps will be taken if an awardee works at multiple eligible organizations to fulfill 35 full-time hours and loses one of those positions, resulting in a less than 35 hour per week workload, therefore no longer meeting the time commitment. As noted above, the awardee should contact healr@health.ny.gov immediately and a 12-week grace period to obtain a position at another eligible organization may be granted.

8.3. Awardee Name Change Policy

Awardees must notify OHIP via email 30 days prior to changing your name, address, phone number or email address.

8.4. Recoupment Policy

If an awardee breaches the service commitment or any of the other terms or contractual obligations of the HEALR program and their circumstances do not meet the requirements for an authorized exemption, the awardee will be required to repay their awarded funds, in full, to NYS Department of Health. Further details regarding the recoupment process will be defined and provided with the awardee contract.

9. GLOSSARY OF TERMS

1115 Demonstration Waiver: A provision under Section 1115 of the Social Security Act that allows the Secretary of Health and Human Services to approve projects that promote the objectives of the Medicaid and Children's Health Insurance Program (CHIP) programs. Certain provisions of the Medicaid law may be waived to give states additional flexibility to design and improve their programs.

Eligible Organization: An eligible service commitment site, defined as an organization, facility, or practice where at least 30 percent of the patient panel are Medicaid members and/or uninsured individuals **or** that is contracted with a state-designated SCN and providing HRSN screening, referrals, and/or services.

For a full list of eligible organizations, refer to the NYS Department of Health "1115 Workforce Initiatives Service Commitment Site Directory" web page, located at: https://health.ny.gov/health_care/medicaid/redesign/1115_waiver/app_svs_commit_site_dir.htm.

Please note: This list is not exhaustive. This list includes facilities that have submitted attestation forms. If your employer is not on the list and would like to serve as an eligible commitment site, refer to the NYS Department of Health *1115 Waiver Workforce Program Provider Attestation* form, located at: https://health.ny.gov/health_care/medicaid/redesign/1115_waiver/docs/provider_attestation.pdf.

Paid Family Leave (PFL): Up to a 12-week grace period as permitted by the awardee's employer organization or leave that qualifies under the NYS PFL policy, located on the NYS "Paid Family Leave" web page, at: <https://paidfamilyleave.ny.gov/>.

Public Service Loan Forgiveness (PSLF): A federal program designed to encourage individuals to work in public service by forgiving the remaining balance of their federal student loans after meeting specific criteria. For more information, visit the Federal Student Aid "Public Service Loan Forgiveness (PSLF)" web page, located at: <https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service>.

Recoupment: The process of an awardee repaying the entire award amount to the state if service commitment is breached, including failing to provide verification of employment.

Service Commitment: The four years of employment an awardee serves at an eligible organization starting from the date of full execution of awardee contract with NYS Department of Health. Awardees must respond to quarterly employment verification requests during the services commitment period to confirm continued eligibility.

Social Care Networks (SCNs): A core part of the New York Health Equity Reform (NYHER) 1115 Demonstration Amendment to build a robust Network of Community-Based Organizations (CBOs) and other organizations providing HRSN services and coordinating with health and behavioral health providers. For more information, visit the NYS Department of Health "Social Care Networks (SCN)" web page, located at: https://www.health.ny.gov/health_care/medicaid/redesign/sdh/scn/index.htm.



Department of Health
Medicaid