

REQUEST FOR APPLICATIONS



The Mississippi State Department of Health (MSDH) Office of State Health Planning and Research is issuing this Request for Applications (RFA) for the purposes of entering into an agreement and awarding funds to eligible and qualified entities to Mississippi State Loan Repayment Program (SLRP): Sponsoring Entity (Practice Site). A more detailed description may be found in **Project Description and Requirements**.

RFA Release Date

Friday, July 31, 2026

Application Due Date

June 1, 2029

A copy of this RFA may be found online at the MSDH website at:
<https://procurement.opengov.com/portal/msdh/projects/275107>

SECTION 1 | RFA OVERVIEW

1.1 Funding Information

Federal Agency Name

Department of Health and Human Services

Health Resources and Services Administration

Assistance Listing Program Name

Grants to States for Loan Repayment

Assistance Listing Number

93.165

Federal Award Date

04/30/2026

Federal Award Identifier (FAIN)

H5655603

The Mississippi State Loan Repayment Program grant is authorized and funded in accordance with Public Health Service Act, Title III, Section 338I(a)–(i), codified at 42 U.S.C. § 254q-1(a)–(i), which establishes the State Loan Repayment Program under the authority of the U.S. Department of Health and Human Services.

A total of \$3,929,940.00 is available under this RFA. The total anticipated funds for the participant under this RFA is \$150,000.00. A total award of this amount of funds is not guaranteed, but is subject to the applications received, the actual money awarded to MSDH from the Federal Awarding Agency, and MSDH's discretion. The total funds may be split among multiple participants at the discretion of MSDH. MSDH reserves the right to restrict the number of awards based on the funding available and program resources available for subgrant administration and subrecipient monitoring.

All awards are subject to availability of funds.

1.2 Period of Performance

The Period of Performance is the time during which a successful Applicant may incur costs to carry out work authorized under this RFA and the resulting agreement. The Initial Period of Performance for this RFA is October 1, 2026-October 1, 2028.

For the Initial Period of Performance, all costs must be spent by October 31, 2028, and invoiced to MSDH by November 15, 2028. These dates are dependent on federal periods of allowability and MSDH's ability to timely process payments. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency, but no extensions are guaranteed. Future Periods of Performance, as allowed by MSDH, may have different obligation and liquidation deadlines.

1.3 Matching Funds

Cost sharing/matching is required. States will be required to demonstrate a \$1 for \$1 match for the federal funding received through this award.

Match requirement through any (non-federal source) combination of:

- Cash contributed by your organization, partners, or other third parties.
- State appropriations, foundations, service sites, licensing fees, or tobacco taxes, as per the standard guidelines.

1.4 Applicable Law

Additional federal and or state statutes and regulations may apply to the funding contained herein if applicable. These may be included below, as well as in the Subgrant Agreement itself.

Further information about allowable costs and activities may be set forth herein.

1.5 Award of Funding

MSDH will evaluate Applications as described in the "Evaluations" Section of this RFA. Funds will be awarded through a written agreement, termed an Agreement. No promise for funds is binding on MSDH, and no funds will be paid to any Applicant until an Agreement has been executed and signed by both the Applicant's authorized signer and the State Health Officer. In the Evaluation of Applications,

Any work performed prior to execution is done at the vendor's own risk and may not be eligible for payment. MSDH reserves the right, in its sole discretion, to determine on a case-by-case basis whether payment is allowable based on the particular circumstances.

SECTION 2 | PROJECT DESCRIPTION AND REQUIREMENTS

2.1 Background and Purpose

The Public Health Service Act, Title III, Section 338l(a)-(i) (42 U.S.C. 254q-1(a)-(i)) offered funding to assist states in establishing and operating their own state educational loan repayment programs for primary care providers working in Health Professional Shortage Areas (HPSA)s in exchange for their service in underserved areas.

The Mississippi Center for Rural Health and Population Studies was awarded \$654,990.00 per year for 3 years to administer the Mississippi State Loan Repayment Program (SLRP). The purpose of SLRP is to recruit and retain healthcare professionals to serve at eligible practice sites located in HPSAs. Program participants are obligated to practice a minimum of two (2) years at an approved public or private healthcare organization and can receive up to \$150,000 towards educational loan repayment.

SLRP goals include:

- Recruit and retain providers to sustain a growing primary health care workforce working in HPSA within Mississippi.
- Increase access to primary care services in underserved communities/populations.
- Reduce disparities and improve health care outcomes for all in underserved communities.

2.2 Eligibility Requirements

Healthcare professionals participating in SLRP must fulfill their service obligations at an eligible practice site. The following site types are **eligible** to be approved as practice sites for participants:

1. Federally Qualified Health Centers (FQHCs) are community-based and patient- directed organizations that provide affordable, accessible, high-quality primary health care services to individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans.

- Community Health Centers
 - Migrant Health Centers
 - Homeless Programs
 - Public Housing Programs
- A. FQHC Look-A-Likes are centers that meet all Health Center Program requirements but do not receive federal award funding.
- B. Centers for Medicare & Medicaid Services Certified Rural Health Clinics
- C. Other Health Facilities
- Community Outpatient Facilities
 - Community Mental Health Facilities
 - State and County Health Department Clinics
 - Immigration and Customs Enforcement Health Service Corps

- Free Clinics
 - Mobile Units
 - School-based programs
 - Critical Access Hospitals affiliated with a qualified outpatient clinic
 - State Mental Health Facilities
 - Rural Emergency Hospitals affiliated with a qualified outpatient clinic
- D. Indian Health Service Facilities, Tribally Operated 638 Health Program, and Urban Indian Health Programs
- Federal Indian Health Service (IHS) Clinical Practice Sites
 - Tribal/638 Health Clinics
 - Urban Indian Health Program
 - IHS and tribal hospitals
- E. Correctional or Detention Facilities
- Federal Prisons
 - State Prisons
- F. Private Practices (Solo or Group)

To be **eligible**, practice sites must also meet the following criteria:

- A. Be a **public or non-profit private entity** located in and providing health care services within Mississippi HPSA. *“Non-profit private entity”* means an entity that may not lawfully hold or use any part of its net earnings to the benefit of any private shareholders or individual and which does not hold or use its net earnings for that purpose.
- Non-profit organizations that operate for-profit health care facilities must accept reimbursement from Medicare, Medicaid, and the Children’s Health Insurance Program.
- B. All practice sites must be in federally designated HPSA. Medically Underserved Areas or Populations and shortage areas designated by the state do not qualify. To determine if the practice site is an eligible HPSA please visit <http://hpsafind.hrsa.gov>.
- C. Accept reimbursement from Medicare, Medicaid, and the Children’s Health Insurance Program, utilize a sliding fee scale, and see all patients regardless of their ability to pay.
- D. Eligible sites, except free clinics, must charge for professional services at the usual and customary prevailing rates.
- E. Must provide discounts for individuals with limited incomes (i.e., use a sliding fee scale). For information about current HHS Poverty Guidelines, please visit [HHS PovertyGuidelines](#)

2.3 Project Activities and Performance Requirements

Program goals

- Recruit and retain providers to grow the primary health care workforce in HPSAs within the state.
- Increase access to primary care in underserved communities and for underserved populations.
- Reduce disparities and improve health care outcomes for all in underserved communities.

Program objectives

- Develop partnerships between academia, primary care delivery sites, primary care associations, primary care offices, governor's offices, health departments, and community-based organizations.
- Increase the primary health care workforce in HPSAs.
- Encourage providers to work in HPSAs by repaying their eligible educational loans.

2.4 Reporting Requirements

MSDH will monitor and track loan repayment recipients participating in HPSAs through a field strength report and annually track health care professionals after completing their obligation to assess retention and continuous practice in medically underserved areas of Mississippi.

Verifying eligible educational loans is a required step to ensure that applicants only receive loan repayment for qualifying educational debt. Applicants must submit an official loan documentation from the lender including: a current account statement (dated within 30-60 days), original loan agreement or promissory note, a payment history or amortization schedule. Applicants must complete a Loan Verification Form (LVF) for each lender consisting of the original loan amount, current principal balance, interest rate, and loan status.

Verifying employment status is an essential component in the applicants' status with the SLRP. After the initial application, participants will be required to submit the completed VOE forms every 6 months to maintain active status in the program.

Task-specific activity data will be carefully collected. The data will be used to inform quality improvement efforts for the project's duration.

Each health care professional and practice site is responsible for the timely submission of the following forms:

- Mississippi Health Care Provider Loan Verification Form (LVF)
- Mississippi Health Care Provider Employment Verification Form (EVF)

MSDH will disburse one-lump sum of the MSLRP funding with the OMPW match to the practice site approximately six to eight weeks after the contract and MOU is approved by the State Health Officer. The practice site has thirty (30) calendar days to deposit the funds into the site account and pay the amount either to the health care provider or directly to the lender(s). The health care provider has forty-five (45) calendar days to pay the entire amount of the funds towards the qualifying education loans listed on the *Mississippi Health Care Provider Loan Verification Form*. Within the 45-day allotment, the health care provider must submit proof of payment using the *Mississippi Health Care Provider Payment Verification Form* along with payment confirmations from the lender to the Center.

The sponsoring entity/practice site must submit the *Mississippi Health Care Provider Employment Verification Form* to the PCO every six (6) months of the health care providers service obligation. By completing this form, the practice site is certifying compliance with the MSLRP's employment requirements during the preceding contract year. The practice site is responsible for ensuring the timely submission of the employment verification form. The practice site's responsibilities extend to immediately reporting to the PCO changes such as practice site transfers, termination of employment, leave of absence, or any other circumstances that may lead to a breach of contract. If necessary, the MSDH will reserve the right to increase or decrease the number of forms required within the agreement term.

2.5 Use of Grant Funds

As part of the Mississippi State Department of Health's commitment to outcome-driven public health practice, this solicitation incorporates a Pay for Performance structure. The selected recipient will be expected to achieve clearly defined public health outcomes—for example, improved access to care, increased immunization coverage, or reductions in disease burden—with payments tied to performance metrics. This approach ensures that funding supports strategies that demonstrate measurable impact, accountability, and effective use of public resources. Responses should detail how the recipient will track and report outcomes, adjust activities to improve results, and contribute to data-informed public health efforts.

SLRP participants may receive loan repayment for eligible government (federal, state, or local) and private student loans used to fund the education that led to their current professional training and licensure. Eligible loans must have been obtained prior to application and used only for tuition and reasonable educational expenses; living expenses are not eligible.

Participants who obtain new loans for a different health profession must reapply as new applicants in a future cycle.

Consolidated or refinanced loans are eligible only if they include exclusively qualifying educational debt. Loans combined with non-qualifying debt, or debt belonging to another individual (e.g., spouse or child), are not eligible. Participants must keep eligible loans separate from other debts.

Ineligible loans include, but are not limited to:

- Loans tied to unfulfilled service obligations
- Loans lacking documentation of educational use
- Loans not issued by a government or private student loan lender
- Paid-in-full loans
- Primary Care Loans, Parent PLUS Loans, personal lines of credit
- Loans subject to cancellation, residency loans, or credit card debt

2.6 Debarment

MSDH will not consider responses to this solicitation from any applicant, offeror, or entity that is debarred, suspended, proposed for debarment, excluded, or declared ineligible by any federal or state agency to receive funding. Submissions from such entities will be deemed non-responsive and will not be evaluated or considered further. It is the responsibility of the applicant, offeror, or entity to ensure that they are in good standing and eligible to apply. By submitting a response to this solicitation, the applicant, offeror, or entity certifies compliance with all eligibility requirements, including that they are not subject to any of the conditions listed above.

In addition, by submitting an application in response to the RFA, the applicant certifies that it is not currently excluded or debarred from future contract awards by any political subdivision or agency of any state, federal, local, or county government.

Applicant further certifies that it is not an agent of any such person or entity. Applicant certifies that it has not, in the five-year period preceding its offer, been convicted of or had a civil judgment rendered against it for commission of a fraud or criminal offense in connection with obtaining, attempting to obtain, or performance of a public contract;

violation of antitrust laws; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. Applicant certifies that it is not presently indicted or otherwise criminally or civilly charged with the commission of any of the acts listed herein.

Applicant certifies that, within the past five years, it has not had a contract with a governmental entity terminated due to the applicant's failure to perform, default, or any other action or inaction by the applicant.

SECTION 3 | RFA PROCESS

This RFA seeks Applications to complete activities allowable under the funding source identified above in this RFA. All Applications must conform to the instructions, conditions, and requirements in this RFA. Applicants should carefully examine this RFA, as well as requirements on the state or federal funds involved. Applications that MSDH determines do not conform to the requirements of this RFA, or Applications from ineligible entities, may be rejected without scoring.

3.1 RFP Point of Contact

The Applicant should direct questions regarding the RFA to the Point of Contact listed below.

Larika Rand
Director of Grant Support and Compliance
larika.rand@msdh.ms.gov
(601) 576-7067

Questions regarding information needed for an Application, as well as the meaning or interpretation of any RFA provision, must be submitted in writing to the Question & Answer section of this RFA on MSDH's OpenGov Procurement portal. All questions are due before 12:00 am on Monday, May 28, 2029.

No member of state government, employee of the state, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The POC will issue any clarifications or opinions regarding this RFA through MSDH's OpenGov Procurement portal. Only the POC has the authority to modify the RFA, answer questions, and render opinions, on behalf of MSDH.

3.2 Schedule of Events

Release RFA:	July 31, 2026
Question Submission Deadline:	May 28, 2029, 12:00am
Application Due Date:	June 1, 2029, 12:00am
Period of Performance Start Date:	Rolling applications accepted and will be processed upon receipt

No binding agreement has been made between MSDH and any Applicant until a Subgrant Agreement is fully executed by both parties.

3.3 Preparing and Submitting the Application

The Application can be submitted electronically through [MSDH's OpenGov Procurement portal](#). The portal will guide you through submitting your Application including noting any required information. Applications are due prior to 12:00 am on Friday, June 1, 2029 and late submittals will not be accepted. Applications that do not contain all required information or that are not in a submitted status prior to the deadline for Application submittals will be rejected. Submitting at the deadline will likely result in a late submittal as uploading and providing the necessary information takes time so please prepare your Application in a timely manner to avoid missing the deadline.

3.4 Evaluation Committee

Applications are evaluated by members of an Evaluation Committee, which will consist of individuals selected at the discretion of MSDH. All members of the Evaluation Committee will disclose to MSDH any potential conflicts of interest before evaluation. Members with a conflict will be removed from the Evaluation Committee before scoring.

Any attempt to influence an evaluator that is involved in this RFA may result in the rejection of the Application.

3.5 Evaluation of Applications

All complete Applications that are responsive to the RFA will be evaluated. MSDH reserves the right to evaluate Applications and award funds in a manner utilizing criteria selected at MSDH's discretion and in the best interest of meeting the objectives of the funding involved. The Evaluation will be conducted by the following method.

MSDH will initially evaluate all Applications to determine whether the Applicant is an eligible entity; whether the Application meets the minimum requirements of this RFA; and whether the Applicant poses risk of noncompliance with federal statutes, regulations, and the terms and conditions of the Subgrant, such that MSDH should not award funding.

MSDH will award to the top-scoring applicant(s), as determined by MSDH and subject to available funding. Applicants must receive a score of at least 60 out of 60 to be considered for an award.

MSDH will conduct a fair, impartial, and comprehensive evaluation of all Applications in accordance with the predetermined criteria based on the Application. The Applicant's responses to the Forms will be scored through a point method described below.

3.6 Late Applications

All Applications must be electronically or physically received by the deadline listed in the Schedule of Events. The State is not responsible for Applications that are late or lost regardless of cause or fault. It is the Applicant's responsibility to ensure Applications are received timely.

3.7 Corrections

An Applicant may correct a mistake in an application prior to the deadline by "unsubmitting" their Application on MSDH's OpenGov Procurement portal and modifying the Application before submitting it again. Once the deadline for submitting Applications has passed, the system will no longer allow electronic submittals. Applications not submitted or re-submitted (if corrected) after the due date and time will not be considered as "submitted". Changes in an Application after the Evaluation Period has begun are acceptable only if the change is made to correct a minor error. Whether an error is minor shall be determined by MSDH.

3.8 MSDH Reservations of Authority During Application and Evaluation Process

After Evaluation of the Applications, or at any point in the RFA process, MSDH may take one or more of the following actions:

1. Amend the RFA
2. Extend the due date for Applications
3. Waive deviations or errors in the RFA process and in Applications that are not material, do not compromise the RFA process or an application, and do not improve an Applicant's position.

4. Accept or reject a portion of or all of an application.
5. Accept or reject all applications.
6. Withdraw the RFA.
7. Elect to reissue the RFA.

MSDH reserves the right to adjust the budget and work plan of the intended Subgrantee as considered necessary as a result of a decrease in the availability of funds or to meet the requirements of the grant, Federal Funding Agency, law, or MSDH programmatic needs.

MSDH also reserves the right to apply additional conditions based on the successful Application and the result of a subgrantee risk assessment.

SECTION 4 | EVALUATIONS

MSDH will evaluate on the following categories with a maximum point potential for each:

No.	Evaluation Criteria	Scoring Method	Weight (Points)
1.	HRSA Designation Confirm that the practice site is located within a federally designated Health Professional Shortage Area (HPSA) or serves a population within a HPSA. Documentation should include the HPSA score and designation type (geographic, population, or facility). This ensures the site meets eligibility criteria for serving underserved communities.	Points Based	10 <i>(16.7% of Total)</i>
2.	Practice Site Policy on Non-Discrimination Review the site's written non-discrimination policy to ensure it complies with federal regulations. The policy must clearly state that services are provided regardless of race, color, national origin, sex, age, disability, religion, or ability to pay. The document should be current, formally adopted, and applicable to all patients.	Points Based	10 <i>(16.7% of Total)</i>
3.	Practice Site Policy for Sliding Fee Scale Verify that the practice site has an established sliding fee discount program for patients with limited income. The policy must outline eligibility criteria, income thresholds (typically based on federal poverty guidelines), and the process for determining discounted fees. This ensures access to care for uninsured and underinsured populations.	Points Based	10 <i>(16.7% of Total)</i>
4.	Photo of Sign for Non-Discrimination and Sliding Fee Confirm submission of photographic evidence showing that both the non-discrimination policy and sliding fee scale information are publicly displayed at the practice site. The signage must be clearly visible and accessible to patients (e.g., in waiting areas or reception). This demonstrates transparency and compliance with program requirements.	Points Based	10 <i>(16.7% of Total)</i>

5.	Recruitment and Retention Plan Evaluate the site's recruitment and retention plan for healthcare providers. The plan should describe strategies to attract qualified clinicians, support workforce stability, and retain providers long-term, particularly in underserved areas. Consideration should be given to incentives, professional development opportunities, and community integration efforts.	Points Based	10 <i>(16.7% of Total)</i>
6.	Completed W-9 Ensure that a current and fully completed IRS Form W-9 is submitted for the practice site. The form must include the correct legal business name, taxpayer identification number (TIN), and signature. This document is required for payment processing and financial compliance.	Points Based	10 <i>(16.7% of Total)</i>

SECTION 5 | APPLICATION

5.1 Health Care Practice Site Information

5.1.1 Health Care Practice Site Name*

Please provide the full legal name of the Applicant Organization that should be listed on an agreement or contract. Be sure to include any other "doing business as" names, or any previous names the organization used.

NOTE: Name must match the UEI Number

*Response required

5.1.2 Health Care Practice Site UEI Number*

Please enter the full UEI Number of the Applicant Organization here.

*Response required

5.1.3 UEI Number Upload*

Please upload a copy or printout of your registration from SAM.gov.

*Response required

5.1.4 Health Care Practice Site Address*

What is the full physical/mailling address of the Application Organization?

Please be sure to include the full street name and address (including floor or room number if applicable), City, State, and Zip Code.

*Response required

5.1.5 Health Care Practice Site Contact Information - Name*

Please designate a primary contact person for this practice site. This individual will be responsible for responding to quarterly verification requests from the State to confirm provider contract compliance.

The contact person should be knowledgeable about provider schedules, employment status, and service obligations, and must be available to provide timely and accurate information when requested.

The designated contact person may include, but is not limited to:

- Practice Manager or Clinic Administrator
- Medical Director or Clinical Supervisor
- Office Manager or Front Office Supervisor
- Human Resources Representative
- Credentialing or Compliance Coordinator

*Response required

5.1.6 Health Care Practice Site Contact Information - Title*

Please provide the full title of the Applicant's Point of Contact for this Application.

*Response required

5.1.7 Health Care Practice Site Contact Information - Telephone Number*

Please provide the full telephone number (including area code) of the Applicant's Point of Contact for this Application.

*Response required

5.1.8 Health Care Practice Site Contact Information - Email Address*

Please provide the full email address of the Applicant's Point of Contact for this Application.

*Response required

5.1.9 Health Care Practice Site Authorized Signer Name, Title*

Please provide the name and title of the individual authorized to sign official documents on behalf of the health care practice site. This person has legal authority to bind the organization in contractual agreements, certifications, and other required program documentation.

The authorized signer is typically a practice owner, chief executive officer, medical director, or other designated executive-level representative. This individual must ensure that all submitted information is accurate and that the practice site agrees to comply with program requirements.

*Response required

5.1.10 Health Care Practice Site Authorized Signer Telephone Number *

*Response required

5.1.11 Health Care Practice Site Authorized Signer Email Address*

*Response required

5.1.12 Provide practice site policy on non-discrimination of patients based on race, color, sex, national origin, disability, religion, age, or sexual orientation. *

*Response required

5.1.13 Provide practice site policy for the sliding fee scale discount or financial assistance and the patient application for financial assistance, if applicable. *

*Response required

5.1.14 Provide photograph of posted signage of the non-discrimination policy and sliding fee scale/financial assistance policy. *

*Response required

5.1.15 Provide recruitment and retention plan to retain the health care professional upon completion of the service obligation. *

*Response required

5.1.16 Is the practice site a Federally Qualified Health Center (FQHC) or Look-a-like (FQHC-LAL)*

Federally Qualified Health Centers (FQHCs) are community-based and patient- directed organizations that provide affordable, accessible, high-quality primary health care services to individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans.

- Community Health Centers
- Migrant Health Centers
- Homeless Programs
- Public Housing Programs

☐ Yes

☐ No

*Response required

5.1.17 Is the practice site a Rural Health Center (RHC)?*

Centers for Medicare & Medicaid Services Certified Rural Health Clinics

☐ Yes

☐ No

*Response required

5.1.18 Is the practice site one of the other health facilities?*

- Community Outpatient Facilities
- Community Mental Health Facilities
- State and County Health Department Clinics
- Immigration and Customs Enforcement Health Service Corps
- Free Clinics
- Mobile Units
- School-based programs
- Critical Access Hospitals affiliated with a qualified outpatient clinic
- State Mental Health Facilities
- Rural Emergency Hospitals affiliated with a qualified outpatient clinic

☐ Yes

☐ No

*Response required

5.1.19 Is the practice site an Indian Health Service Facility*

- Federal Indian Health Service (IHS) Clinical Practice Sites
- Tribal/638 Health Clinics
- Urban Indian Health Program
- IHS and tribal hospitals

☐ Yes

☐ No

*Response required

5.1.20 Is the practice site a correctional or detention facility?*

- ☐ Federal Prisons
- ☐ State Prisons

☐ Yes

☐ No

*Response required

5.1.21 Is the practice site a public or non-profit private entity?*

Non-profit private entity means an entity that may not lawfully hold or use any part of its net earnings to the benefit of any private shareholders or individual and which does not hold or use its net earnings for that purpose.

- Non-profit organizations that operate for-profit health care facilities must accept reimbursement from Medicare, Medicaid, and the Children's Health Insurance Program.

☐ Yes

☐ No

*Response required

5.1.22 Does the practice site accept patients regardless of insurance or ability to pay?*

☐ Yes

☐ No

*Response required

5.1.23 Does the practice site accept new patients?*

☐ Yes

☐ No

*Response required

5.1.24 Does the practice site accept Medicaid/ Children's Health Insurance Program?*

☐ Yes

☐ No

*Response required

5.1.25 If yes to question 1.24, provide Medicaid number:

5.1.26 Does the practice site accept new Medicaid/ MSCAN patients?*

☐ Yes

☐ No

*Response required

5.1.27 Does the practice site accept Medicare?*

☐ Yes

☐ No

*Response required

5.1.28 If yes to question 1.27, provide Medicare number:

5.1.29 Does the practice site accept new Medicare patients?*

☐ Yes

☐ No

*Response required

5.1.30 Does the practice site offer a sliding fee scale or income-based financial assistance to patients?*

☐ Yes

☐ No

*Response required

5.1.31 Does the practice site have a recruitment and retention plan in place?*

☐ Yes

☐ No

*Response required

5.1.32 On average, how many days does it take to schedule a routine, non-urgent appointment?*

Please indicate the average number of days it takes for a patient to schedule a routine, non-urgent appointment at the practice site. This refers to the typical wait time from the date a patient requests an appointment to the earliest available scheduled visit for non-urgent care.

Responses should reflect standard operating conditions and routine scheduling capacity, excluding emergency or urgent care visits. If scheduling times vary, provide an estimated average based on typical patient access patterns.

*Response required

5.1.33 On average, how many days does it take to schedule a new patient routine, non-urgent appointment?*

Please indicate the average number of days it takes to schedule a routine, non-urgent appointment for a new patient at the practice site. This refers to the typical time between a new patient's initial request for care and the earliest available scheduled appointment.

Do not include urgent or emergency visits. If scheduling times vary, provide an estimated average based on standard appointment availability and routine access patterns for new patients.

*Response required

5.1.34 What percent of patients utilize the sliding fee/financial assistance?*

Please indicate the approximate percentage of patients at the practice site who utilize the sliding fee scale or receive financial assistance. This should reflect the proportion of total patients seen who are enrolled in or approved for discounted or financial assistance programs based on eligibility criteria.

Provide an estimated average based on typical patient volume and billing practices. If no patients utilize the sliding fee or financial assistance program, enter 0%.

*Response required

5.1.35 Practice Site Data (Previous Calendar Year) *

Please complete the practice site data tables using information from the previous calendar year. Include only individuals who received direct patient care services at the practice site.

Exclude individuals with limited contact with the clinic. Limited contact includes, but is not limited to:

- Individuals who only received services through large-scale or one-time events (e.g., immunization drives, screening programs, health fairs, or community-wide service initiatives)
- Individuals who only participated in outreach activities or group education sessions where no direct patient care services were provided
- Individuals whose only interaction with the practice site was for ancillary or minimal services, such as laboratory tests, x-rays, immunizations or injections, tuberculosis (TB) testing or readings, or prescription filling/refilling

Ensure that all data reported reflects routine, ongoing patient care and accurately represents the patient population served by the practice site.

- [SLRP PRACTICE SITE DATA TAB...](#)

*Response required

5.1.36 Eligible Entity*

Party submitting this application certifies that Applicant Organization is an eligible entity as defined by this RFA. Practice Site eligibility requirements can be found in the SLRP Overview & Guidelines document.

☐ Please confirm

*Response required

5.1.37 Debarment or Suspension Confirmation*

Party submitting this application certifies that Applicant Organization is not presently debarred or suspended.

☐ Please confirm

*Response required

5.1.38 W9*

Upload a copy of your current W9 here.

*Response required

5.2 Conflicts of Interest

5.2.1 Other Current MSDH Contracts*

List all other current agreements/contracts with MSDH, including the dollar amount associated with the agreement/contract and the beginning and ending dates. If no other funds are received, please mark N/A.

Please provide each entry in the following format:

MSDH Program or Agreement/Contract Name #1

- Dollar Amount
- Contract Beginning Date
- Contract Ending Date

*Response required

5.2.2 Organization Governing Body*

Please list the name of each member of your organization's Board of Directors or other governing body (i.e., trustee, alderman, partner, owner).

*Response required

5.2.3 Governing Body or Project Staff Affiliations*

Are any members of the governing body or project staff also MSDH employees, MSDH Board Members, or spouses, parents, or children of MSDH employees?

- ☐ Yes
☐ No

*Response required

When equals "Yes"

5.2.4 Governing Body or Staff Affiliations - Explanation*

You have indicated that one or more members of your governing body or project staff are also MSDH employees, MSDH Board Members, or spouses, parents, or children of MSDH employees.

Please provide the following for all such individuals:

- Name of Individual
- Indicate if individual is an MSDH Employee, MSDH Board Member, or relative type of MSDH employee.
- Applicable position held with MSDH

*Response required

When equals "Yes"

5.2.5 Income From Business*

Does the MSDH Board Member, Employee, or Relative receive more than \$2,500.00 per year in income from the business?

- ☐ Yes
☐ No

*Response required

When equals "Yes"

5.2.6 Ownership Status - Percentage*

Does the MSDH Board Member, Employee, or Relative own ten (10%) percent or more of the fair market value in the business, either directly or indirectly through another business?

☐ Yes

☐ No

*Response required

When equals "Yes"

5.2.7 Ownership Status - Amount

Does the MSDH Board Member, Employee, or Relative have ownership interest in the business, in which the fair market value exceeds \$5,000.00?

☐ Yes

☐ No

When equals "Yes"

5.2.8 Position Within Business*

Is the MSDH Board Member, Employee, or Relative a director, officer, or employee of the business?

☐ Yes

☐ No

*Response required

5.2.9 Conflict of Interest Certification*

I hereby certify that the information set forth above is true and complete to the best of my knowledge and that no MSDH employee, spouse, parent, or child of an MSDH employee, serves as a member of the governing body, project staff, or has an ownership or pecuniary interest in the agreement/contract or organization. I agree to notify MSDH within thirty (30) days if any of these conditions change during the agreement/contract.

☐ Please confirm

*Response required

5.3 Health Professional Shortage Area (HPSA)

Please indicate the type of Health Professional Shortage Area (HPSA) designation for the practice site. HPSA types identify the specific category of shortage and may include Primary Care, Dental Health, or Mental Health designations.

Select the HPSA type that best corresponds to the services provided at the practice site, based on the official federal designation. This information is used to verify site eligibility for workforce incentive and loan repayment programs.

5.3.1 HPSA Type*

Select all that apply

- ☐ Primary Care
 - ☐ Dental Care
 - ☐ Mental Health
- *Response required

5.3.2 Provide HPSA Score*

Please provide the current Health Professional Shortage Area (HPSA) score for the practice site. The HPSA score is a federally assigned value used to measure the severity of provider shortage in a designated area or population and is used to determine program eligibility and priority.

To locate the HPSA score, visit the HRSA Data Warehouse at [Health Workforce Shortage Areas](#) and search by practice site address or name. Ensure the score entered reflects the most current federal designation at the time of application submission.

*Response required

5.3.3 List practice site geographic boundaries or population centers served by the practice site.*

*Response required

5.4 Other

5.4.1 Debarment, Suspension, and Eligibility*

The applicant certifies that they or any of its principals _____ presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal or state contracts.

Select the answer which best fills in the blank for the applicant.

- ☐ are
- ☐ are not

*Response required

5.4.2 Charges From A Government Agency*

The applicant certifies that they or any of its principals _____ presently indicted for, or otherwise criminally or civilly charged by a government entity.

Select the answer which best fills in the blank for the applicant.

- ☐ are
- ☐ are not

*Response required

5.4.3 Conviction or Acknowledgment of Fault*

The applicant certifies that they or any of its principals _____ within the last five (5) years, been the subject of a federal or state criminal proceeding resulting in a conviction or other acknowledgment of fault, been the subject of a federal or state civil or administrative proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000 or other acknowledgment of fault; convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

Select the answer which best fills in the blank for the applicant.

☐ have

☐ have not

*Response required

5.4.4 Contract Termination By Default*

The applicant certifies that they or any of its principals _____ within the last five (5) years preceding this offer, had one or more contracts terminated for default by any federal agency.

Select the answer which best fills in the blank for the applicant.

☐ have

☐ have not

*Response required

5.4.5 Felony Criminal Violations*

The applicant certifies that they or any of its principals _____ within the last five (5) years, been convicted of a felony criminal violation under federal or state law.

Select the answer which best fills in the blank for the applicant.

☐ have

☐ have not

*Response required

5.4.6 Please acknowledge that any work performed prior to execution is done at the vendor's own risk and may not be eligible for payment. MSDH reserves the right, in its sole discretion, to determine on a case-by-case basis whether payment is allowable based on the particular circumstances.*

☐ Please confirm

*Response required

5.4.7 Conditions and Requirements as an approved Practice Site (Sponsoring Entity)* SLRP Sponsoring Entity Requirements – Description

As a State Loan Repayment Program (SLRP) Practice Site/Sponsoring Entity, you are required to comply with the following conditions and responsibilities:

- **MAGIC Registration:** All entities receiving payments from State government agencies must be registered in Mississippi's Accountability System for Government Information and Collaboration (MAGIC), unless exempt. For assistance, contact the Department of Finance and Administration at mash@dfa.ms.gov or visit <http://www.dfa.ms.gov/dfa-offices/mmrs>.
- **Invoice Verification:** Review and verify all invoices submitted by the Mississippi State Department of Health (MSDH).
- **Disbursement of Funds:** SLRP payments will be issued directly to the sponsoring entity (facility). The facility is responsible for disbursing the full award amount to the approved health care provider. Funds must be deposited as a one-time lump sum into the participant's account within thirty (30) days of receipt from MSDH. Proof of payment must be submitted to MSDH within forty-five (45) days.

- **Verification Requirements:** Submit loan verification and employment verification forms to MSDH upon request.
- **Notification of Changes:**
 - Notify MSDH immediately if the provider is relocated.
 - Notify MSDH immediately of any changes to the practice site's administrative representative.
 - Notify MSDH immediately if the employment agreement with the participant is terminated.
- **Program Compliance:** Comply with all applicable provisions of Medicare (Title XVIII) and Medicaid (Title XIX) of the Social Security Act.
- **Use of Funds:** SLRP funds must not be used as a salary offset.
- **Absence Reporting:** Report to MSDH within ten (10) days if the participant is absent from the approved practice site(s) for more than thirty-five (35) full-time working days during the agreement year.
- **Additional Compensation:** Any additional benefits, services, or compensation provided by the Sponsoring Entity are outside the scope of the SLRP agreement and do not create any obligation or liability for MSDH.

Failure to comply with these requirements may result in program non-compliance and potential penalties.

☐ Please confirm

*Response required

5.4.8 Health Care Practice Site Attestation*

I have read and understand the Overview and Guidelines Document, which describes the requirements of the Mississippi State Loan Repayment Program (SLRP) that the practice site meets the qualifications for participation in the program. I understand that the information I have provided is subject to verification, and providing willfully false information will result in disqualification from the SLRP.

☐ Please confirm

*Response required