

APPLICATION GUIDANCE

Grant Initiative Funding Application (GIFA) Title:	Pennsylvania (PA) Substance Use Disorder (SUD) Loan Repayment Program (LRP)
GIFA Number:	22-02
Due Date for Applications:	Thursday, May 26, 2022 by 11:59:59 p.m., Eastern Time.
Application Submitted via Online Application:	Application shall be submitted via online application through Thursday, May 26, 2022 by 11:59:59 p.m., Eastern Time.
PROJECT SUMMARY:	
<p>DDAP has identified a need for professionals serving in the SUD treatment system. The SUD LRP supports the supply, distribution and retention of individuals delivering SUD treatment and SCA-funded case management services. High rates of turnover and shortages of health care professionals placed increased pressure on recruitment and retention, and access to care for PA residents. Through the SUD LRP, the Department provides loan repayment opportunities as an incentive to recruit and retain health care practitioners willing to continue providing services within the Commonwealth.</p> <p>The SUD LRP is designed to assist PA licensed drug and alcohol treatment facilities as well as staff providing SCA-funded case management services throughout the Commonwealth. The SUD LRP allows practitioners who provide SUD treatment and SCA-funded case management at an approved practice site to receive repayment assistance for their outstanding qualifying educational loans. PA licensed drug and alcohol treatment facilities, SCA-funded case management services at either the SCA or their contracted case management providers are considered approved practice sites.</p>	

Submission Instructions for Applications:

Due Date – All applications shall be submitted via online application no later than Thursday, May 26, 2022 by 11:59:59 p.m., Eastern Time.

Submission – Late submissions will not be accepted regardless of the reason. Applicant shall be able to demonstrate the application had been submitted by the required timeframe, if there is any dispute.

Completeness – Applications which do not meet all of the listed requirements may be administratively rejected.

Evaluation of Applications – All applications meeting stated requirements and received by the designated date and time will be reviewed by the Department.

APPLICATION INFORMATION

A complete and accurate online application must be submitted via the SUD LRP online application. Applicants should print and keep a copy of the completed application package for their records. If during the initial review of the application, DDAP discovers information is missing, not legible or inaccurate, the application shall be deemed “incomplete” and rejected. DDAP will not accept requests to update a submitted application or permit the submission/ resubmission of incomplete, rejected, or otherwise delayed application materials after the deadline.

When filling out an application, it is recommended that Applicants periodically save their progress as the system will log Applicants out after 15 minutes of inactivity.

Applicants will be unable to edit their application once it has been submitted. All Applicants shall notify DDAP through email at RA-DAGrantsMgmt@pa.gov of changes in information prior to the application submission deadline. Applicants shall provide DDAP with notification of any changes to their contact information prior to the change occurring, if possible, or immediately after the change occurs.

Applicants may withdraw their application at any time prior to any Grant Agreement being signed. To withdraw, Applicants shall contact DDAP through email at RA-DAGrantsMgmt@pa.gov and state their intent to withdraw their application. After the Applicant confirms the request, DDAP will remove the application from consideration.

DDAP will not begin to review applications for funding until the application submission deadline has passed.

Applicants should download and save a copy of their Practitioner Application for future reference.

ONLINE APPLICATION

Applicants are required to complete each of the sections listed below to be able to submit an online application.

- **Create User Account**
 - To connect to the SUD LRP portal, navigate to [Funding Opportunities \(pa.gov\)](https://www.pa.gov) and select “Application” under 21-02 Loan Repayment.
 - Create a user account in the SUD LRP portal by selecting “Request Account” on the main logon page.



The screenshot shows the login page for the Substance Use Disorder Loan Repayment Program. At the top left is the Pennsylvania Department of Drug and Alcohol Programs logo. The main header reads "Substance Use Disorder Loan Repayment Program" with the date "Monday, April 11, 2022" on the right. Below the header is a navigation menu with "Logon" and "Valid Sites". The login form includes fields for "UserName:" and "Password:", a "Submit" button, and links for "Request Account" and "Reset Password". The background features a collage of images related to healthcare and substance use treatment.

- Fill in the required information selecting Practitioner Application as the Application Type. Select and note a Username and Password. Usernames are limited to 10 characters. After clicking on Save, the system returns you to the main logon page. Re-enter your Username and Password and hit Submit.

The screenshot shows the 'Create Account' page for the Substance Use Disorder Loan Repayment Program. The page header includes the Pennsylvania Department of Drug and Alcohol Programs logo and the program name. The date is Monday, April 11, 2022. A left sidebar contains links for 'Logon' and 'Valid Sites'. The main form area is titled 'Create Account' and contains the following fields:

- First Name:
- Last Name:
- Date of Birth: (MM/DD/YYYY)
- Phone:
- Email:
- Application Type:
- Question 1:
- Answer 1:
- Question 2:
- Answer 2:
- Question 3:
- Answer 3:
- Username:
- Password:
- Confirm Password:

Below the 'Confirm Password' field, there is a note: "Passwords should be 12-16 characters long and include upper case, lower case, numbers and special characters". A 'Save' button is located at the bottom of the form.

• **Personal Information**

Personal Information | Educational Information | Previous Employment Information | Professional Information
 Certification | Service Obligation | Site Information | Loan Information | Submit Application

First Name
 Middle Name
 Last Name
 License Entity
 Gender
 Home Address

 City
 State
 Zip Code
 Home Phone
 Cell Phone
 Email
 Date of Birth (MM/DD/YYYY)
 Are you an American Citizen? Yes No
 Hispanic Ethnicity Yes No
 What race are you? American Indian Or Alaskan Native Undeclared
 Asian Or Pacific Islander Unknown
 Black White
 Two Or More Races
 Service Commitment 2 Years
 Time Commitment Half-Time Full-Time

- License Entity
 - DDAP Licensed Treatment Facility – All sites, including those contracted through an SCA, will be listed under DDAP Licensed Treatment. If your practice site is a drug and alcohol facility licensed by the DDAP, choose this organization from the drop-down menu. Later in the application (on the Site Information Tab) when you need to choose your practice site, a list of all DDAP Licensed Treatment Facilities approved for participation in the SUD LRP will be available.
- Service Commitment
 - For the purpose of this SUD LRP, the service commitment is 2 years. No other options are available.
- Time Commitment
 - Full-time Service Commitment
 - Full-time service commitment is defined as a minimum of 37.5 hours each week, 48 weeks each year.
 - The full-time week shall include not less than four days each week, with not more than 12 hours of work to be performed in any given 24-hour period.
 - The practitioner shall spend a minimum of 20 hours each week providing SUD treatment or SCA-funded case management services at the SUD LRP-approved practice sites(s).
 - The practitioner may spend up to eight hours each week providing SUD treatment or SCA funded case management services in alternative settings (i.e., hospitals, nursing homes, shelters) or performing administrative activities as directed by the approved practice site(s).

- Practitioners shall not receive service commitment credit for hours worked over the required 37.5 hours each week and excess hours shall not be applied to any other work week.
 - Time spent while in an “on-call” status shall not count toward the service commitment.
- Half-time Service Commitment
- Half-time service commitment is defined as a minimum of 20 hours each week (not to exceed 37.5 hours per week), 48 weeks each year.
 - The half time week shall include not less than two days each week, with not more than 12 hours of work to be performed in any given 24-hour period.
 - The practitioner shall spend a minimum of 10 hours each week providing SUD treatment or SCA-funded case management services at the SUD LRP-approved practice site(s).
 - The practitioner may spend up to four hours each week providing SUD treatment or SCA-funded case management services in alternative settings (i.e. hospitals, nursing homes, shelters) or performing administrative activities as directed by the approved practice site(s).
 - Practitioner shall not receive service commitment credits for hours worked over the required 20 hours each week and excess hours shall not be applied to any other work week.
 - Time spent while in an “on-call” status shall not be counted toward the service commitment.
 - A half-time service commitment is not available to practitioners who are employed full-time.

- **Educational Information**

Personal Information	Educational Information	Previous Employment Information	Professional Information	
Certification	Service Obligation	Site Information	Loan Information	Submit Application

Professional Education

Name of School*

Address

City

State PA

Zip Code

Beginning Date of Education (MM/DD/YYYY)

Graduation date (MM/DD/YYYY)

Degree

Major

* School attended where education required for licensure in eligible discipline was obtained (if applicable).

Graduate Education (if applicable)

Name of School

Address

City

State

Zip Code

Graduation date (MM/DD/YYYY)

Degree

Major

Undergraduate Education (Required)

Name of School

Address

City

State

Zip Code

Graduation date (MM/DD/YYYY)

- The name and address of the undergraduate, graduate, and the professional education school where the Applicant attained the education required in the discipline for which they are applying. When providing dates of education, the day can be estimated if the month and year are correct.

- **Previous Employment**

Personal Information	Educational Information	Previous Employment Information	Professional Information
Certification	Service Obligation	Site Information	Loan Information
			Submit Application

Prior Employment Experience

In order to be eligible to apply to the SUD LRP, you must have at least two years of full-time or four years of half-time work experience providing SUD treatment or SCA-funded case management services immediately preceding July 1, 2022. The prior experience does not need to be at your current practice site(s) or even in the state of Pennsylvania. If you have not been employed at your current practice site(s) for two years, if full-time, or four years, if half-time, you must complete the following information.


1) Name of previous employer


Address

City

State

Zip Code

Start Date  (MM/DD/YYYY)

End Date  (MM/DD/YYYY)

Direct Supervisor Name

Direct Supervisor Title

Direct Supervisor Email

Direct Supervisor Phone

Site Hours in SUD treatment

- Use the Previous Employment Information tab to document all SUD treatment or SCA-funded case management services experience from July 1, 2020 until the time you started at your current SUD LRP-approved practice site. DDAP will use this information to verify your previous employment, so please make every effort to ensure the contact information is up to date and correct. The inability to verify previous employment may make your application ineligible.
- You may add up to three previous employers. Include the average number of hours per week you provided SUD treatment or SCA-funded case management services at each site. Provide any additional information you would like to have DDAP consider in the Notes section on this tab. If you have been employed at your current SUD LRP-approved practice site since July 1, 2020, type “None” in the notes box at the bottom of the page.

• Professional Information

[Personal Information](#) | [Educational Information](#) | [Previous Employment Information](#) | [Professional Information](#) | [Certification](#) | [Service Obligation](#) | [Site Information](#) | [Loan Information](#) | [Submit Application](#)

Select Discipline:

- Physician
- Psychiatrist
- Physician Assistant (PA-C)
- Registered Nurse (RN)
- Certified Registered Nurse Practitioners (CRNP)
- Certified Addictions Registered Nurse (CARN)
- Certified Addictions Registered Nurse Advanced Practice (CARN-AP)
- Psychologist
- Licensed Clinical Social Worker (LCSW)
- Licensed Social Worker (LSW)
- Licensed Professional Counselor (LPC)
- Certified Clinical Supervisor (CCS)
- Certified Advanced Alcohol and Drug Counselor (CAADC)
- Certified Alcohol and Drug Counselor (CADC)
- Clinical Supervisor
- Counselor
- Counselor Assistant
- Case Management Supervisor
- Case Manager

License or Certification Number(if applicable)

Practitioners applying under a Certified discipline must provide their License or Certification Number.

License or Certification Number:

Service Verification(if applicable)

Practitioners applying under the disciplines of Clinical Supervisor, Counselor, Counselor Assistant, Case Management Supervisor, and Case Manager must submit a signed document from the SUD LRP-approved facilities Human Resources Department. This signed document shall attest to the practitioner being a SUD treatment provider in one of these disciplines.

Please name the file using naming convention: "LastName,FirstName,TitleofDocument". File type should be a PDF or MS Word(.DOC / .DOCX).

Service Verification Letter: No file chosen

Service Verification(if applicable)

Practitioners applying under the disciplines of Clinical Supervisor, Counselor, Counselor Assistant, Case Management Supervisor, and Case Manager must submit a signed document from the SUD LRP-approved facilities Human Resources Department. This signed document shall attest to the practitioner being a SUD treatment provider in one of these disciplines.

Please name the file using naming convention: "LastName,FirstName,TitleofDocument". File type should be a PDF or MS Word(.DOC / .DOCX).

Service Verification Letter: No file chosen

Residency Program(if applicable)

Name CompletionDate (MM/DD/YYYY)

Address City

State Zip Code

Will you be providing prenatal care? Yes No

How many hours of Substance Use Disorder (SUD) treatment services do you provide in a normally scheduled work week?

- This section applies to the licensing or certification required for the discipline.

• **Certification**

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[Certification](#) | [Service Obligation](#) | [Site Information](#) | [Loan Information](#) | [Submit Application](#)

Date of Board Certification (MM/DD/YYYY)
 Name of Board
 Sub-Specialty Board

- The Applicant is to complete this section if they are Board Certified.

• **Service Obligation**

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If you have, had, or anticipate having any other contractual service obligation for the payment of educational loans you must declare this to the Pennsylvania Substance Use Disorder Loan Repayment Program (SUD LRP). The SUD LRP is not available for practitioners who currently have other contractual service obligations though there are specific exceptions. Based on the information provided below, an LRP representative may contact you for additional information regarding your service obligation to determine your eligibility for this program.

Do you NOW have a contractual service obligation with any other entity?
 Yes No

Anticipated Completion date (MM/DD/YYYY)

Have you successfully completed a contractual service obligation with any other entity?
 Yes No

Completion Date (MM/DD/YYYY)

If you answered yes to either question, with which entity is or was the obligation with?

National Health Service Corps Loan Repayment Program
 National Health Service Corps Scholarship Program
 NURSE Corps Loan Repayment Program
 Employer-Provided Sign-On Bonus
 Employer-Provided Moving Expenses
 Active Military
 National Guard
 Reserved Military
 Private Foundation
 Specify Foundation
 Employer-Provided Educational Loan
 NURSE Corps Scholarship Program
 State Loan Repayment Program
 Specify State
 Other
 Specify

Provide any additional information you would like to be considered.

- The Applicant must complete this section if they currently have or had any other service obligation. SUD LRP is not available for practitioners who currently have other contractual service obligations. If Applicant currently has or had another service obligation, include the

anticipated completion or completion date. Also, indicate which entity you incurred the service obligation. You may include additional information in the text box for consideration by the SUD LRP.

- **Site Information**

Personal Information
Educational Information
Previous Employment Information
Professional Information
Certification

Service Obligation
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Submit Application

Practice Site - 1 :

Select Site Name - Select One -

Direct Supervisor Name	<input type="text"/>	Hours Worked Per Week	<input type="text"/>
Direct Supervisor Email	<input type="text"/>	Direct Supervisor Title	<input type="text"/>
License Entity	<input type="text"/>	Direct Supervisor Phone	<input type="text"/>
Approved till	<input type="text"/>	Site Address	<input type="text"/>
Started at sight on (MM/DD/YYYY)	<input type="text"/>	City	<input type="text"/>
HPSA Name	<input type="text"/>	HPSA ID	<input type="text"/>

- This section pertains to the actual site where the Applicant will be providing SUD treatment or SCA-funded case management services. Only SUD LRP-approved practice sites will appear in the drop-down menu. If your practice site is not available, please contact DDAP at RA-DAGrantsMgmt@pa.gov, Monday through Friday, 8:00 am – 4:00 pm, exclusive of state holidays. When selected, the practice site information will pre-populate. Verify the site address is where you will be providing SUD treatment or SCA-funded case management services. Fill in the number of hours you will be working at this site each week and the date you started employment at this site. Applicants can add up to four practice sites. The number of hours spread across all sites must equal the required number of hours for the service commitment option chosen (full-time or half-time).

• **Loan Information**

- [Personal Information](#)
- [Educational Information](#)
- [Previous Employment Information](#)
- [Professional Information](#)
- [Certification](#)
- [Service Obligation](#)
- [Site Information](#)
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- [Submit Application](#)

List all educational loans with remaining balances that you would like to be considered for loan repayment. List only those loans incurred to finance your undergraduate or graduate education and training that led to the professional license necessary for the discipline through which you are applying and will fulfill your PA LRP service obligation. If you have consolidated or refinanced any eligible loan with a non-educational loan, no portion of the consolidated or refinanced loan is eligible for loan repayment and must not be included below. An Account Statement and Disbursement Report for each loan must be attached to the application. **Place all loans with the same lender and having the same account number on one line. Attach supporting documentation that includes all sub-loans within that account.**

Loan #	Account #	Academic Period		Loan program Name	Lender	Lender P
		From	To			
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						Total

Lender PAYMENT Address	Balance	Upload Loan Documentation	
		Account Statement	Disbursement Report
<input type="text"/>	<input type="text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen
<input type="text"/>	<input type="text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen
<input type="text"/>	<input type="text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen
<input type="text"/>	<input type="text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen
<input type="text"/>	<input type="text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen
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<input type="text"/>	<input type="text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen
<input type="text"/>	<input type="text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen
<input type="text"/>	<input type="text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen
<input type="text"/>	<input type="text"/>	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Choose File"/> No file chosen
Total Loan Balance	0		

- This section pertains to each qualifying educational loan for which the Applicant is seeking repayment. List all current loans with a balance that you wish to be considered for repayment here. If the loan is a consolidated loan, all original loan information must be included in the Disbursement Report. All loans submitted require verification. For each current loan listed, be sure to scroll to the right to attach an Account Statement and Disbursement Report.
- Information for at least one qualifying loan must be provided. Please note there is a short time-out window on the application with also applies to the time spent uploading documentation. It is recommended that you enter one loan at a time and save after each entry. Additional loan information can be added by returning to the Loan Information tab and clicking on the Edit button at the bottom of the page.
- There is a size limit on the uploaded documentation within the DDAP SUD LRP application. Account statements and disbursement reports verifying multiple loans with the same lender and having the same account number **do not** need to be listed individually on the application and should be placed on a single line.

- **Submit Application**

Personal Information	Educational Information	Previous Employment Information	Professional Information	
Certification	Service Obligation	Site Information	Loan Information	Submit Application

Upload Curriculum vitae or
Resume

Choose File No file chosen

Signature Agreement

By typing my name in the indicated fields, I hereby certify that all of the information submitted in this entry is true, accurate and complete. I understand that transactions and/or signatures in record may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement. I further understand that false statements made knowingly and willfully are punishable by fine and/or imprisonment under the provisions of 16 U.S.C. § 1857 and U.S.C. § 1001

I have read and understand the statement above

Signature:

[Download Application](#) [Submit Application](#) [Back](#)



- In this section, the Applicant must upload his or her resume or curriculum vitae (CV) as either a doc. or pdf. Successful submission will result in an “Application Submitted Successfully” message. It is recommended that a copy of the Practitioner Application be downloaded by the Applicant and saved for future reference.
- Once “submitted”, practitioners will not be able to edit information in their application.

COMMUNICATION METHODS

DDAP frequently corresponds with Applicants via email. It is important for Applicants to check their email during the application process for correspondence from the DDAP and make certain to disable “spam” blockers (or check the spam folder). DDAP will provide email updates as applicable; however, it is the Applicant’s responsibility to ensure the contact information DDAP has on file is correct.