



**Office of
Mental Health**

OMH Community Mental Health Loan Repayment Program (Round 2)

2023-24 APPLICATION INSTRUCTIONS

May 2023

Questions? Comments? OMH.CMHLRP@omh.ny.gov

General Overview

The FY 2022-23 Office of Mental Health Budget included \$9 million annually to support a new program to support licensed community mental health programs in the recruitment and retention of psychiatrists and psychiatric nurse practitioners (NPs). The Office of Mental Health (OMH) established: The **OMH Community Mental Health Loan Repayment Program (OMH CMHLRP)** to support designated community programs in this effort.

For eligible programs, the OMH CMHLRP is awarding State Aid grants for loan repayment for both eligible existing or newly hired psychiatrists and psychiatric NPs in designated community mental health settings throughout New York State as follows:

- For psychiatrists, the OMH CMHLRP provides up to \$120,000 in loan repayment over a three-year period.
- For psychiatric NPs, the OMH CMHLRP provides up to \$30,000 in loan repayment over a three-year period.

In addition, the OMH CMHLRP is now awarding State Aid grants for loan repayment for eligible psychiatric physician assistants (PAs) in designated community mental health settings throughout New York State as follows:

- For psychiatric PAs, the OMH CMHLRP provides up to \$30,000 in loan repayment over a three-year period.

Following Round 1 of the OMH CMHLRP, which awarded \$3.5M annually, a total of \$5.5 million annually remains available to fund additional awards for the OMH CMHLRP during FY 2023-24. These funds will support a minimum of 236 awards (106 psychiatrists/130 psychiatric NPs). This guidance provides information on the OMH CMHLRP only for prospective programs considering applying on behalf of existing employees or new prospective staff. Additional information is posted on <https://omh.ny.gov/omhweb/rfp/>.

Eligible Applicant Agencies

Providers of licensed community mental health programs in one of the two below specified program categories may apply on behalf of eligible staff.

- **Inpatient/CPEP:** Licensed providers of Article 28 hospital inpatient psychiatric units, Article 31 freestanding inpatient hospital programs, Comprehensive Psychiatric Emergency Programs (CPEPs), and Residential Treatment Facility - Children & Youth.
- **Outpatient/Crisis Residence:** Licensed providers of Article 31 outpatient programs including Assertive Community Treatment (ACT) teams, Continuing Day Treatment (CDT), Children's Day Treatment, Partial Hospitalization (PH), Personalized Recover Oriented Services (PROS), Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS), and Crisis Stabilization Centers (Intensive & Supportive) or licensed providers of crisis residence programs including Children's Crisis Residence, Intensive Crisis Residence, and Residential Crisis Support.

If your program is NOT licensed by OMH and DOES NOT fall into one of the two specified program categories above, STOP – you are not an eligible applicant agency for OMH CMHLRP Round 2 funding.

Eligible Professionals

Licensed programs will be able to apply on behalf of psychiatrists, psychiatric nurse practitioners, and psychiatric physician assistants for the full award amount that meet each of the following criteria:

- A U.S. citizen or permanent resident alien holding an I-155 or I-551 card (green card);
- Licensed to practice in New York State by the time the service obligation begins;
- Still has student loan expenses that can be repaid;
- Not fulfilling any current DANY or other state or federal loan repayment obligation where the obligation period of that repayment program would overlap or coincide with the OMH CMHLRP obligation period;
- In good standing with the Department of Health;ⁱ
- Not in breach of a health professional service obligation to federal, state, or local government, or have any judgment liens arising from federal or state debt; and must not be delinquent in child support payments; and
- Working or planning to as a psychiatrist/psychiatric nurse practitioner/psychiatric physician assistant within eligible OMH licensed community mental health programs in New York State.ⁱⁱ

If any these conditions DO NOT pertain to the psychiatrist or psychiatric nurse practitioner/physician assistant, STOP -- the psychiatrist or psychiatric nurse practitioner/physician assistant is NOT eligible for OMH CMHLRP Round 2 funding.

General Instructions

- The employer, applying on behalf of the employee, must evaluate whether they and/or their employee meet the criteria, and complete the application as instructed.
- Please complete all fields to the best of your ability so we can timely review your application.
- All attestations must be signed for the application to be considered completed.
- The employer must maintain contemporaneous records for all claims related information and any other data or documents used to demonstrate that an employee was eligible to receive such award, including but not limited to an employee-employer agreement. All records, data and other information will be made available for review upon request.
- For Year 2 & 3 of the award, an additional attestation must be completed and submitted (for each year) by the employer to confirm the employee is still eligible.

Application Instructions

Section A - Applicant Information

- Employer must complete all fields in both sections to the best of their ability.

Section B – Employer Verification of Employment

- Employer must answer questions, where applicable, then sign and date the attestation.

Section C – Employer Verification of Employee Qualifying Loan

- Employer must answer questions, where applicable, then sign and date the attestation.

Section D – Employer Verification of Employee Eligibility

- Employer must answer questions, where applicable, then sign and date the attestation.

Attachment A – Employer-Employee Agreement

- An example for the required employer-employee agreement. Agencies will have the discretion on how they administer their own employer-employee agreements.

Attachment B – Sexual Harassment Prevention Certification Form

- Employer must complete the form in full, then sign and date and return along with the completed application.
- For the Solicitation # and/or OMH descriptive name of solicitation, please put OMH CMHLRP Round 2.

NOTE: State Finance Law Section 139_I requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFA. Applicants must complete and return the certification with their application or provide a statement detailing why the certification cannot be made.

Definitions

For purposes of this application, the following definitions will apply:

- **Applicant:** The licensed program applying who will be responsible for executing and implementing the contract(s) with New York State for entering into agreements with eligible participants for loan repayment.
- **OMH CMHLRP:** The Office of Mental Health Community Mental Health Loan Repayment Program, administered by OMH.
- **Eligible Participant:** The eligible staff, whether newly hired or existing, that can be nominated by the licensed program (applicant) for receipt of the award. This can be either a psychiatrist or a psychiatric nurse practitioner.
- **Full-Time Clinical Capacity:** Providing at least 40 hours of service (with a *minimum of 32 clinical hours*) per week for at least 45 weeks per year. Unless otherwise approved in writing by OMH, the 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. Time spent in on-call status should not be applied toward the 40-hour week. Hours worked in excess of 40 hours per week shall not be applied to any other workweek.
- **Inpatient/CPEP:** Licensed providers of Article 28 hospital inpatient psychiatric units, Article 31 freestanding inpatient hospital programs and Comprehensive Psychiatric Emergency Programs (CPEPs).
- **Licensed Program:** Any existing or prospective mental health provider, subject to the jurisdiction of OMH, that has obtained an operating certificate (License) from the Commissioner prior to the operation of such facilities and programs. They are the applicant (see above).
- **OMH:** The New York State Office of Mental Health, a State entity authorized to administer the OMH CMHLRP.
- **Outpatient:** Licensed providers of Article 31 outpatient programs including Assertive Community Treatment (ACT) teams, Continuing Day Treatment (CDT), Children's Day Treatment, Partial Hospitalization (PH), Personalized Recover Oriented Services (PROS), and Mental Health Outpatient treatment and Rehabilitative Services (MHOTRS).
- **Psychiatrist (MD):** Any graduate of an osteopathic or allopathic medical school who possesses an MD or DO degree, who has been licensed to practice medicine in New York State, and who is board-eligible or board-certified in psychiatry.
- **Psychiatric Nurse Practitioner (NPP):** is a Registered Nurse (RN) who has earned a separate certification as a Nurse Practitioner (NP) through advanced clinical nursing education (usually a master's degree) in a distinct specialty area of practice, in this case Psychiatry. NPs may diagnose, treat, and prescribe for a patient's condition that falls within their specialty area of practice.
- **Qualified educational loans/debt:** Any student loan that was used to pay graduate or undergraduate tuition or related educational expenses, made by or guaranteed by the federal or state government, or made by a lending or educational institution approved under Title IV of the federal Higher Education Act.

Section A - Applicant Information

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-3 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP@omh.ny.gov.

For Section A, please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

Employer Information

Agency Name:	
Program Name:	
Program Address:	
Contact Name:	
Contact Phone #:	
Contact Email:	

Employee Information

Employee Name:	
Employee Position:	
Employee License #:	
Employee Total Loan Debt:	
Employee Award Request:	
Employee Award Start Date:	
Additional Information:	

Section B - Employer Verification of Employment

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-3 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP@omh.ny.gov.

For Section B, please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

- Is the employee listed above currently employed at the licensed program listed above? If not and this is for a recruitment, please provide the anticipated employee start date. If not and this employee is contracted through an academic affiliation, please provide additional information regarding the academic affiliation:

NOTE: If the employee listed on this application is not currently employed and an anticipated award start date is not provided, the application may be rejected. Please provide additional details on why an anticipated award start date cannot be provided.

- Will the employee listed above work a full-time schedule providing clinical services (for at least 45 weeks during the year) during the award service period for you, the employer, at the licensed program listed above? If not, please provide the hours that the employee will be working.

NOTE: If the employee listed on this application will not work a full-time schedule providing clinical services (for at least 45 weeks during the year) during the anticipated award obligation period and the hours worked are not provided, the application may be rejected. Please provide additional details on why the hours worked cannot be provided.

Employer Verification of Employment Attestation

As employer I declare, affirm, and certify that I, the undersigned, attest that the employee listed above will be employed for the award service period and that they will be working a full-time schedule providing clinical services for at least 45 weeks, unless otherwise specified in Section B where asked, during the year at the licensed program specified above.

Name (Printed):	
Signature:	
Date of Signature:	

Section C - Employer Verification of Employee Qualifying Loan

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-3 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP@omh.ny.gov.

For Section C, please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

- Does the employee listed above have qualifying student loans? You, the employer, will be required to keep a copy of the awardee’s loan documentation used to verify the qualifying loan amount. The employee will be responsible for providing this documentation to the employer.

** NOTE: If the employee above does not have qualifying student loans or is unable to provide documentation supporting stated qualifying student loans to the employer, they will not be eligible for the OMH CMHLRP Round 2.*

Employer Verification of Employee Qualifying Loan Attestation

As employer I declare, affirm, and certify that I, the undersigned, have reviewed the qualifying loan documentation provided by the employee listed above and attest that to the best of my knowledge the above is true and correct.

Name (Printed):	
Signature:	
Date of Signature:	

Section D - Employer Verification of Employee Eligibility

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-3 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP@omh.ny.gov.

For Section D, please complete all fields to the best of your ability so we can timely review your application. If we are unable to verify your application with the information provided, we will reach out for additional information and your application will be considered incomplete until we are able to verify.

- Does the employee listed above meet all the eligibility requirements as outlined in the application instructions on page 1? The employee will be responsible for providing any requested documentation to the employer needed to verify eligibility.

** NOTE: If the employee above does not have meet all the eligibility requirements of this award or is unable to provide requested documentation supporting eligibility, they will not be eligible for the OMH CMHLRP Round 2.*

Employer Verification of Employee Eligibility Attestation

As employer I declare, affirm, and certify that I, the undersigned, have reviewed the eligibility requirements of this award as well as the employee’s eligibility and attest that to the best of my knowledge the above is true and correct.

Name (Printed):	
Signature:	
Date of Signature:	

ⁱ i.e., not excluded from, or terminated by, the federal Medicare or Medicaid programs (see <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>); not subject to Orders of the State Board for Professional Medical Conduct (see <http://w3.health.state.ny.us/opmc/factions.nsf/physicianssearch?openform>); or under indictment for, or convicted of, any crime as defined by the New York State Penal Code, (see: <http://public.leginfo.state.ny.us/menuf.cgi>).

ⁱⁱ To be eligible for the full award amount, employees must be working in a full-time clinical capacity as defined on page 3. Part-time awards will be prorated. Employees contracted via academic affiliation will be subject to OMH approval and additional information should be provided where requested under Section B of this application.



KATHY HOCHUL
Governor

ANN MARIE T. SULLIVAN, M.D.
Commissioner

MOIRA TASHJIAN, MPA
Executive Deputy Commissioner

Sexual Harassment Prevention Certification

Solicitation # and/or OMH descriptive name of solicitation:

State Finance Law §139-l requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor’s model policy and training standards) to all its employees.

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law.

I hereby affirm that _____ (Offerer’s Name) has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy, at a minimum, meets the requirements of section two hundred one-g of the labor law. Unless I provide notice otherwise, my execution of this affirmation shall be an ongoing representation that I have complied with, and continue to be in compliance with State Finance Law §139-l.

I understand and agree that: 1) OMH shall have the right to terminate the contract, purchase order or purchase authorization resulting from this solicitation in the event that this affirmation is found to be intentionally false or intentionally incomplete; and 2) upon such finding, OMH may exercise its termination right by providing written notification.

Date _____ 20__

Signature of Offerer’s Authorized Representative _____

Printed Name and Title _____

Name of Offerer _____

Offerer’s Address _____

OMH CMHLRP Attachment B - May 2023