



**Office of  
Mental Health**

# OMH Community Mental Health Loan Repayment Program (OMH CMHLRP)

Office of Mental Health  
Community Budget & Fiscal Management  
December 2022

# Background & Program Overview

# Background

- A new program to support licensed community mental health programs in the recruitment and retention of psychiatrists and psychiatric nurse practitioners (NPs)
- By 2030, growth in demand for all physicians in New York State will likely outpace growth in the supply of physicians, particularly psychiatrists
- In addition to psychiatrists, psychiatric NPs can play a critical role in addressing shortages of mental health practitioners in eligible programs
- In states with full practice, such as New York State, psychiatric NPs can offer critical expertise and capacity to assist in filling the gaps in supply

# Overview

- For eligible programs, the OMH CMHLRP is awarding State Aid grants for loan repayment
- Available for existing or newly hired eligible professionals in designated community mental health settings throughout New York State as follows:
  - For psychiatrists, up to \$120K in loan repayment over a three-year period
  - For psychiatric NPs, up to \$30K in loan repayment over a three-year period
- A total of \$9M annually will support a minimum of 360 awards

# Eligible Applicant Agencies

- Inpatient/CPEP:
  - Licensed providers of Article 28 hospital inpatient psychiatric units
  - Article 31 freestanding inpatient hospital programs
  - Comprehensive Psychiatric Emergency Programs (CPEPs)
- Outpatient (licensed providers of Article 31 outpatient programs):
  - Assertive Community Treatment (ACT) teams
  - Continuing Day Treatment (CDT)
  - Children's Day Treatment
  - Partial Hospitalization (PH)
  - Personalized Recovery Oriented Services (PROS)
  - Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)

# Eligible Professionals

Licensed programs will be able to apply on behalf of psychiatrists and psychiatric nurse practitioners that meet each of the following criteria:

- Working or planning to work full time clinical capacity
- Licensed to practice in New York State by the time the service obligation begins
- Still has student loan expenses that can be repaid
- A U.S. citizen or permanent resident alien holding an I-155 or I-551 card (green card)
- Not fulfilling any current DANY or other state or federal loan repayment obligation concurrently
- In good standing with the Department of Health
- Not in breach of a health professional service obligation to federal, state, or local government
- Have any judgment liens arising from federal or state debt
- Must not be delinquent in child support payments

# Application Submission and Review Process

- Applications will be accepted until funds are exhausted
- Submit applications electronically to [OMH.CMHLRP@omh.ny.gov](mailto:OMH.CMHLRP@omh.ny.gov)
- Initial awards will be within available capacity through February 28, 2023
- If all awards have not been made, OMH will advise on the process going forward
- Awards will be reviewed and made on a first-come, first serve basis
- Will be notified in writing whether application has been approved, waitlisted, or rejected

# Application Submission and Review Process (continued)

- Applicants can notify OMH in writing to:
  - Withdraw an application
  - Deferral of obligation (e.g., for maternity/paternity leave, military service, etc.)
  - Request for approval for reassignment or changes in service location
  - Changes that result in the inability to fulfill the requirements of the award
- Applicants with a withdrawn or rejected application may resubmit a new application



# Award Notifications

- Applications will be selected for award if:
  - Complete
  - Meet minimum threshold for an award
  - Funding remains available by region/setting
- Funds will be provided directly to the licensed programs who will:
  - Enter into loan repayment agreements with employee
  - Distribute payments as obligated by each agreement
- Awardees will be notified by email and/or U.S. mail within a reasonable time following the conclusion of the application approval

# Allocation of Funding

- Criteria will be utilized to ensure fair allocation amongst eligible programs
- Allocations are based on a composite of information including:
  - Existing licensed capacity and staffing
  - Number of locations
  - Anticipated staffing needs
- Allocation of funding by OMH region and licensed setting
- \$500K total annual award maximum applied by provider

# Allocation of Funding (continued)

Region	Setting	Psychiatrist		Psychiatric NP	
		Funding	Awards Available	Funding	Awards Available
Central	Inpatient/CPEP	\$ 440,000	11	\$ 100,000	10
	Outpatient	\$ 280,000	7	\$ 80,000	8
	<b>Subtotal</b>	<b>\$ 720,000</b>	<b>18</b>	<b>\$ 180,000</b>	<b>18</b>
Hudson River	Inpatient/CPEP	\$ 640,000	16	\$ 160,000	16
	Outpatient	\$ 440,000	11	\$ 100,000	10
	<b>Subtotal</b>	<b>\$ 1,080,000</b>	<b>27</b>	<b>\$ 260,000</b>	<b>26</b>
Long Island	Inpatient/CPEP	\$ 440,000	11	\$ 100,000	10
	Outpatient	\$ 280,000	7	\$ 80,000	8
	<b>Subtotal</b>	<b>\$ 720,000</b>	<b>18</b>	<b>\$ 180,000</b>	<b>18</b>
New York City	Inpatient/CPEP	\$ 2,160,000	54	\$ 540,000	54
	Outpatient	\$ 1,440,000	36	\$ 360,000	36
	<b>Subtotal</b>	<b>\$ 3,600,000</b>	<b>90</b>	<b>\$ 900,000</b>	<b>90</b>
Western	Inpatient/CPEP	\$ 640,000	16	\$ 160,000	16
	Outpatient	\$ 440,000	11	\$ 120,000	12
	<b>Subtotal</b>	<b>\$ 1,080,000</b>	<b>27</b>	<b>\$ 280,000</b>	<b>28</b>
<b>Total</b>	Inpatient/CPEP	\$ 4,320,000	108	\$ 1,060,000	106
	Outpatient	\$ 2,880,000	72	\$ 740,000	74
	<b>Total</b>	<b>\$ 7,200,000</b>	<b>180</b>	<b>\$ 1,800,000</b>	<b>180</b>

- Once a region and category has exhausted all their allocated awards, a waitlist of additional applicants will be kept
- If all awards have not been made by February 28, 2023, the awards may be reallocated to any other region/applicant with a waitlist based on those regions with the greatest need

# Payment Instructions

- Payments will be made in yearly increments as follows:
  - Payment 1 (Year 1): 1/3 of total qualified debt not to exceed \$40,000 for psychiatrist or \$10,000 for nurse practitioner
  - Payment 2 (Year 2): 1/3 of total qualified debt not to exceed \$40,000 for psychiatrist or \$10,000 for nurse practitioner
  - Payment 3 (Year 3): 1/3 of total qualified debt not to exceed \$40,000 for psychiatrist or \$10,000 for nurse practitioner

# Payment Instructions (continued)

- Payment 1 will be made upon approval of the award and the successful completion of all of the following:
  1. Execution of the award between the OMH and eligible program
  2. Employer Verification of Employment Attestation
  3. Employer Verification of Employee Qualifying Loan Attestation
  4. Employer Verification of Employee Eligibility Attestation
- Payment 2 will be made eighteen (18) months after initial payment
- Payment 3 twelve (12) months after that

# Payment Instructions (continued)

- Both payment 2 & 3 pending:
  - Verification of continued employment
  - Proof of qualifying loan repayment
  - Continued availability of funds
- The employer must maintain contemporaneous records for application and award
- All records, data and other information will be made available for review upon request

# Issuing Agency & Questions

- Posted on the OMH public website at: <https://omh.ny.gov/omhweb/rfp/>
  - 2022-23 Program Overview
  - Application Instructions
  - FAQs
  - Employer-Employee Agreement
  - Questions & Answers
  - Sexual Harassment Prevention Certification
  - Updates and/or modifications
- Questions regarding this funding opportunity and application materials should be submitted to: [OMH.CMHLRP@omh.ny.gov](mailto:OMH.CMHLRP@omh.ny.gov)

# Issuing Office/Designated Contact

- The Issuing Officer for this RFP is:

Carol Swiderski

Contract Management Specialist 2

New York State Office of Mental Health

Contracts and Claims

44 Holland Avenue, 7th Floor

Albany, NY 12229

[carol.swiderski@omh.ny.gov](mailto:carol.swiderski@omh.ny.gov)



# Application Instructions

# General Instructions

- The employer, applying on behalf of the employee, must:
  - Evaluate whether they and/or their employee meet the criteria
  - Complete the application as instructed in full
- The employer must maintain contemporaneous records
- 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

# Application Instructions

- Must complete all four sections:
  - Section A – Applicant Information
  - Section B – Employer Verification of Employment
  - Section C – Employer Verification of Employee Qualifying Loan
  - Section D – Employer Verification of Employee Eligibility

# Section A – Applicant Information

- Consists of two subsections:
  - Employer Information
  - Employee Information
- Must be completed in full
- This information allows us to evaluate criteria utilized to ensure fair allocation

## Section A. Application

### Employer Information

Agency Code:

Please Select From Dropdown

Licensed Program Name:

Please Select From Dropdown

Licensed Program Address:

Contact Name

Contact Phone #:

Contact Email:

### Employee Information

Employee Name:

Employee Position:

Employee License #:

Employee Award Start Date:

Employee Award End Date:

Employee Total Loan Debt:

Employee Award Request:

# Section A – Helpful Tips

- Selections from the first two dropdowns should have matching agency codes
- Contact information should be the person providing and handling information related to the award
- Employee award start date cannot begin before 1/1/23 or after 12/31/23 without approval of OMH

Employer Information	
Agency Code:	12050 --- Behavioral Health Services North, Inc.
Licensed Program Name:	Please Select From Dropdown
Licensed Program Address:	12010 --- Mobile Crisis Intervention 12010 --- 'Our House' Residential Crisis Support Program 12050 --- Behavioral Health Services North Clinic 12050 --- Center for Wellbeing 12050 --- CSS Crisis Service 12050 --- PROS Learning Center 12110 --- Crisis Intervention 12290 --- Behavioral Health and Wellness Center
Contact Name	
Contact Phone #:	
Contact Email:	
Employee Information	
Employee Name:	
Employee Position:	
Employee License #:	
Employee Award Start Date:	
Employee Award End Date:	
Employee Total Loan Debt:	
Employee Award Request:	

# Section B – Employer Verification of Employment

- Attestation must be signed
- Walks applicant through employment eligibility requirements
- If employee does not meet any of these requirements, such as working part-time, please provide details for additional consideration

## Section B. Employer Verification of Employment

- Is the employee listed above currently employed at the licensed program listed above?

*\* NOTE: If the employee listed is not employed, and they will not be by the start of the proposed award start date, the application may be rejected. Please provide details.*

- 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?

*\* NOTE: If the employee listed above will not work a full-time schedule providing clinical services (for at least 45 weeks during the year) during the award service period, the service obligation may need to be extended. Please provide details.*

## 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 during the year at the licensed program specified above.

Name (Printed):

Signature:

Date of Signature:


# Section C – Employer Verification of Employee Qualifying Loan

- Attestation must be signed
- Walks applicant through qualifying loan requirements
- Employee will be responsible for providing documentation to the employer to verify

## Section C. Employer Verification of Employee Qualifying Loan

- 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. Please provide details.*

### 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:

Name (Printed):	
Signature:	
Date of Signature:	

# Section D – Employer Verification of Employee Eligibility

- Attestation must be signed
- Walks applicant through remaining eligibility requirements
- Employee responsible for providing any requested documentation needed for the employer to verify eligibility

## Section D. Employer Verification of Employee Eligibility

- 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. Please provide details.*

## 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:

Form fields for Name (Printed), Signature, and Date of Signature, each with a blue input box and a red arrow pointing to the right.



# Questions?

These questions along with their answers will be posted at:

<https://omh.ny.gov/omhweb/rfp/>

# Frequently Asked Questions (FAQs)

# FAQs

- **I have staff that are medical doctors but not a psychiatrist or nurse practitioner. Am I eligible for the OMH Community Mental Health Loan Repayment Program (OMH CMHLRP)?**

No. Only psychiatrists or psychiatric nurse practitioners working for an employer within one of the specified regions and settings within New York State are eligible for the OMH CMHLRP.

# FAQs

- **Is there a due date for applications to be submitted?**

No, applications will be accepted until all awards have been made. Applications are reviewed on a first-come, first-served basis. If all awards have not been made by February 28, 2023, at the sole discretion of the Commissioner of the Office of Mental Health, the awards may be reallocated to any other region/applicant with a waitlist.

# FAQs

- **Do the staff have to be a new hire to qualify or would staff currently employed be eligible?**

Either. If the staff are eligible, whether a new or existing hire, you will be able to apply.

- **Will applications be accepted with part-time psychiatrists or psychiatric nurse practitioners?**

Yes, applications for part-time employees will be accepted. However, if the employee works less than full-time, the award should be proportionally reduced based on the licensed programs definition of full-time staff.

# FAQs

- **Is an electronic signature acceptable?**

Yes.

- **Are funds received from OMH CMHLRP taxable?**

No. Loan repayment funds under the OMH Community Mental Health Loan Repayment Program are exempt from Federal and State Taxes.

# FAQs

- **How are the funds for the awards distributed?**

Under the OMH Community Mental Health Loan Repayment Program, funds are disbursed directly to the provider of the licensed program to manage distribution as obligated in the employer-employee agreement.

- **Can awards be applied retroactively?**

No.

# FAQs

- **What is the payment schedule?**

Providers with eligible psychiatrists may receive up to \$120,000 over 3 years, payable upon award execution, educational debt levels and annual employment verification reports. Providers with eligible psychiatric nurse practitioners may receive up to \$30,000 over 3 years, payable upon the same above-mentioned criteria. Payments will be made in yearly increments as follows:

Payment 1 (Year 1): 1/3 of total qualified debt not to exceed \$40K for psychiatrist or \$10K for NP

Payment 2 (Year 2): 1/3 of total qualified debt not to exceed \$40K for psychiatrist or \$10K for NP

Payment 3 (Year 3): 1/3 of total qualified debt not to exceed \$40K for psychiatrist or \$10K for NP



# FAQs

- **Are the staff we apply on behalf required to remain with us for all 3 years?**  
Yes. However, the licensed program applying for such award can notify OMH of changes in assignment which may be considered at the Commissioner's discretion.
  
- **Can I qualify if my staff have already paid their student loans in full?**  
No. Your staff must be able to provide current debt information.

# FAQs

- **How will I know if our applications have been received?**

A provider shall be notified in writing by OMH whether the application is accepted, rejected, or on waitlist. Licensed programs with applications that were rejected for being incomplete will be able to resubmit.

- **How will I know any of our applications have been approved?**

All providers awarded OMH CMHLRP funds will be notified by email and/or U.S. mail.

# FAQs

- **What happens if our staff cannot fulfill the 3-year commitment to practice required by the program?**

You would be required to notify OMH in writing. Staff who are unable to fulfill the 3-year commitment would no longer be eligible and additional payments would not be made. Obligated psychiatrists or psychiatric nurse practitioners who need to defer their service obligations (e.g., for maternity/paternity leave, military service, etc.) can be authorized permission from the licensed program to defer service obligations with notification to OMH but any deferral periods granted by OMH will be added to the obligated clinician's term of obligation.

# FAQs

- **Can I withdraw my application?**

A provider may withdraw an application at any time by notifying OMH in writing.

# Thank you for attending!