

OMH Community Mental Health Loan Repayment Program (OMH CMHLRP)

General Overview

The FY 2022-23 Budget includes \$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. The Office of Mental Health (OMH) is establishing the: OMH Community Mental Health Loan Repayment Program (OMH CMHLRP) to support designated community programs in this effort.

For licensed programs, the OMH CMHLRP is awarding funds for loan repayment for both eligible existing or newly hired psychiatrists and psychiatric nurse practitioners 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 nurse practitioners, the OMH CMHLRP provides up to \$30,000 in loan repayment over a three-year period.

A total of \$9 million annually is available to fund the OMH CMHLRP during FY 2022-23. These funds will support a minimum of 360 awards (180 psychiatrists/180 psychiatric nurse practitioners).

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 and Comprehensive Psychiatric Emergency Programs (CPEPs).
- **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).

Eligible Professionals

Licensed programs will be able to apply on behalf of psychiatrists and psychiatric nurse practitioners 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;
- 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 work full time clinical capacity as a psychiatrist/psychiatric nurse practitioner within eligible OMH licensed community mental health programs in New York State

If any these conditions DO NOT pertain to the psychiatrist or psychiatric nurse practitioner, STOP -- the psychiatrist or psychiatric nurse practitioner is NOT eligible for OMH CMHLRP 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.
- The application must be completed in full to be accepted.
- 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.

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Application Instructions

Section A - Applicant Information:

- 1) Enter information for the Licensed Program to verify eligibility of the applicant.
- 2) Enter the information for the employee. The estimated start date of the award service obligation cannot begin before January 1st, 2023.

Section B – Employer Verification of Employment: Employer should answer questions, then sign and date the attestation.

Section C – Employer Verification of Employee Qualifying Loan: Employer should answer questions, then sign and date the attestation.

Section D – Employer Verification of Employee Eligibility: Employer should answer questions, then sign and date the attestation.

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.

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Before completing this form, please read the instructions provided on page 1 of this form.

All applications must be submitted electronically to the New York State Office of Mental Health in PDF format only to OMH.CMHLRP@omh.ny.gov

Section A. Application

Employer Information

Agency Code: _____

Licensed Program Name: _____

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 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: _____

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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: _____

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: _____

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/physiciansearch?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>).