



OMH CMHLRP Attachment B

EMPLOYER-EMPLOYEE AGREEMENT

Initiative Name: OMH Community Mental Health Loan Repayment Program (OMH CMHLRP)

In consideration of the receipt of a loan repayment award to the EMPLOYER ([[Employer Name]]), which is hereby acknowledged, the EMPLOYEE ([[Employee Name]]) agrees that he/she:

- A. is a United States citizen or permanent resident;
- B. is (1) currently or will be employed by the EMPLOYER at the licensed program specified on the award by the obligated service date as specified by the EMPLOYER or (2) an approved academic affiliated contractor at the licensed program specified on the award by the obligated service date as specified by the EMPLOYER.
- C. shall fulfill the service obligation by practicing for three (3) consecutive years, beginning on the start date of the award contract (specified below), as a [FILL IN JOB TITLE] specializing in psychiatry at the licensed program specified in the award for at least 40 hours (with a minimum of 32 clinical hours) [OR SPECIFY TO MATCH THE HOURS ON THE AWARD] per week for at least 45 weeks per year. Unless specifically exempted by the New York State Department of Mental Health, in writing, the 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work performed in any 24-hour period. Time spent in "on-call" status shall 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.
- E. has a valid license to practice in New York State and is board-certified or eligible in the specialty identified in C. above;
- F. understands that the period of the service obligation identified in C. above is three (3) years regardless of the amount of the annual award payment;
- G. shall not charge more for professional services than the usual and customary rate prevailing in the area in which such services are provided. If an individual is unable to pay the amount so charged for professional services, he/she shall charge such individual at a reduced rate or not charge such individual any amount;
- H. shall provide health services to individuals in the area without discriminating against them because (a) of their inability to pay for those services or (b) payment for these health services shall be made under part A or B of title XVIII of the Social Security Act (42 U.S.C. 1395) ("Medicare") or under a State plan for medical assistance approved under titles XIX and XXI of that ACT ("Medicaid" and "State Children's Health Insurance Program");
- I. shall accept assignment under section 1842(b)(3)(B)(ii) of the Social Security Act (42 U.S.C. section 1395u(b)(3)(B)(ii)) for all services for which payment may be made under Part B of Title XVIII of such Act. He/she shall enter into an appropriate agreement with the State agency which administers the State plan for medical assistance under titles XIX and XXI of the Social Security Act to provide services to individuals entitled to medical assistance under the plan or work under current agreement of employing facility;



- J. is not in default on the repayment of a guaranteed student loan or in default under the terms of any service obligation on any other governmentally administered scholarship or financial aid program;
- K. is not obligated under the Doctors Across New York (DANY) or Public Service Loan Forgiveness (PSLF) or any other loan repayment program for the contract period;
- L. is not excluded from, or terminated by, the federal Medicare or Medicaid programs;
- M. assures that he/she maintains an updated Physician Profile as required by current law. See <http://www.nydoctorprofile.com/> for information. This requirement is only applicable to psychiatrists;
- N. must notify the EMPLOYER if the EMPLOYEE needs to modify any aspect of the service obligation so that the EMPLOYER can receive prior approval in writing from NYSOMH;
- O. shall comply with all service obligation requirements, and that failure to do so may cause EMPLOYEE to no longer be eligible for additional payments under this agreement. If the EMPLOYEE knows they are unable to comply with all service obligation requirements, they must notify the EMPLOYER.
- P. will abide by the recoupment plan for returning paid funds should the service obligation not be completed **[ENTER SPECIFICS OF RECOUPMENT MECHANISM/REPAYMENT PLAN – This recoupment method must be legally binding and enforceable in court].**

Payment Terms

[ENTER SPECIFICS OF PAYMENT SCHEDULE/TERMS FOR THE EMPLOYER TO PAY OUT TO THE EMPLOYEE – TIMING, AMOUNTS, ETC.]

IN WITNESS THEREOF, this agreement has been entered into by the EMPLOYER and the EMPLOYEE as of **[START DATE OF AWARD CONTRACT]**.

Representative of EMPLOYER:

EMPLOYEE:

Sign: _____

Sign: _____

Name: _____

Name: _____

Title: _____

Date: _____

Date: _____