



**Office of  
Mental Health**

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

Office of Mental Health  
Community Budget & Fiscal Management  
October 2024

# Background & Program Overview

# Background

- 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 and PAs 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
- Psychiatric PAs could become significant contributors to the growing demand for mental health services and offer additional capacity to assist in the psychiatrist physician shortage.

# Overview

- For eligible programs, the OMH CMHLRP is awarding State Aid grants for loan repayment as a tool for recruitment and/or retention
- 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
  - For psychiatric PAs, up to \$30K in loan repayment over a three-year period
- A total of \$3M annually will support a minimum of 120 awards

# Eligible Applicant Agencies

## Inpatient/CPEP:

- Licensed providers of Article 28 hospital inpatient psychiatric units
- Article 31 freestanding inpatient hospital programs
- Residential Treatment Facilities – Children & Youth
- Comprehensive Psychiatric Emergency Programs (CPEPs)

## Outpatient/Crisis Residence:

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)

Licensed providers of crisis residence programs:

- Children's Crisis Residence
- Intensive Crisis Residence
- Residential Crisis Support

# Eligible Professionals

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

- Working or planning to work full-time or part-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 other loan repayment or forgiveness program obligation concurrently
- In good standing with the Department of Health (psychiatrists/NPs) or Department of Education (PAs)
- Not in breach of a health professional service obligation to federal, state, or local government
- Not 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 January 31, 2025
- If all awards have not been made, OMH will advise on the process going forward
- Applications will be reviewed, and awards made, on a first-come, first served basis
- Applicant will be notified in writing whether application has been approved, waitlisted, or rejected

# Application Submission and Review Process (continued)

- Applicants must notify OMH in writing:
  - To withdraw an application
  - Of a deferral of obligation (for parental leave, military service, FMLA, or disability)
  - To request deferral of obligation for another reason
  - To request approval for reassignment or changes in service location
  - Of 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 agreement with employee
  - Distribute payments as obligated by each agreement
- Awardees will be notified by email within a reasonable time

# 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
- \$120K total annual award maximum applied by provider

# Allocation of Funding (continued)

Region	Setting	Psychiatrist		Psychiatric NP / Psychiatric PA	
		Funding	Awards Available	Funding	Awards Available
Central	Inpatient/CPEP	\$160,000	4	\$30,000	3
	Outpatient/Crisis Residence	\$80,000	2	\$30,000	3
	<b>Subtotal</b>	<b>\$240,000</b>	<b>6</b>	<b>\$60,000</b>	<b>6</b>
Hudson River	Inpatient/CPEP	\$240,000	6	\$40,000	4
	Outpatient/Crisis Residence	\$120,000	3	\$50,000	5
	<b>Subtotal</b>	<b>\$360,000</b>	<b>9</b>	<b>\$90,000</b>	<b>9</b>
Long Island	Inpatient/CPEP	\$160,000	4	\$30,000	3
	Outpatient/Crisis Residence	\$80,000	2	\$30,000	3
	<b>Subtotal</b>	<b>\$240,000</b>	<b>6</b>	<b>\$60,000</b>	<b>6</b>
New York City	Inpatient/CPEP	\$720,000	18	\$150,000	15
	Outpatient/Crisis Residence	\$480,000	12	\$150,000	15
	<b>Subtotal</b>	<b>\$1,200,000</b>	<b>30</b>	<b>\$300,000</b>	<b>30</b>
Western	Inpatient/CPEP	\$240,000	6	\$40,000	4
	Outpatient/Crisis Residence	\$120,000	3	\$50,000	5
	<b>Subtotal</b>	<b>\$360,000</b>	<b>9</b>	<b>\$90,000</b>	<b>9</b>
<b>Total</b>	Inpatient/CPEP	\$1,440,000	36	\$300,000	30
	Outpatient/Crisis Residence	\$960,000	24	\$300,000	30
	<b>Total</b>	<b>\$2,400,000</b>	<b>60</b>	<b>\$600,000</b>	<b>60</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 January 31, 2025, 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 or physician assistant
  - Payment 2 (Year 2): 1/3 of total qualified debt not to exceed \$40,000 for psychiatrist or \$10,000 for nurse practitioner or physician assistant
  - Payment 3 (Year 3): 1/3 of total qualified debt not to exceed \$40,000 for psychiatrist or \$10,000 for nurse practitioner or physician assistant

# Payment Instructions (continued)

- Payment 1 will be made upon approval of the award and the successful completion of **all** 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 the award start date
- Payment 3 twelve (12) months after Payment 2

# Payment Instructions (continued)

- Both payment 2 & 3 pending:
  - Verification of continued employment
  - Proof of qualifying loan debt and qualifying loan repayment
  - Continued eligibility for CMHLRP
  - 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/2024/cmhlrp/index.html>
  - Round 4 2024-25 Program Overview
  - Application & Instructions
  - FAQs
  - **Sample** Employer-Employee Agreement
  - Sexual Harassment Prevention Certification
  - Questions & Answers
  - 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 3

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 Walkthrough

# 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
- Must complete Sexual Harassment Prevention Certificate

# 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 Employer Information

- First dropdowns, Agency & Program Name, start with a 5-digit code (OMH Agency Code)
- In most cases, these should match. If your program is missing from the list or the codes do not match, please provide additional information at the bottom of Section A.

(Optional) Additional Information

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## 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](mailto: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

*Please note, the five-digit code in both dropdowns below is the OMH Agency Code and should match in most circumstances. If you cannot find your agency/program name in the dropdown list, or the codes do not match, please provide additional information at the bottom of Section A.*

Agency Name:	Please Select from Dropdown	▼
Program Name:	Please Select from Dropdown	▼

Attaching your OMH Operating Certificate in these cases will help us determine eligibility!

## Section A Employer Information Continued

- Enter the Program Address
- The Contact person should be someone at the Agency who can handle and provide information for the grant.
- There is space for Additional Contacts

Program Address:	
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*Primary Contact: please indicate the person at your agency who will provide and handle information related to the grant. You may optionally list additional contacts in the space provided.*

Contact Name:	
Contact Phone #:	
Contact Email:	

### **(Optional) Additional Contacts:**

Contact Name(s):	
Contact Phone #(s):	
Contact Email(s):	

## Employee Information

If you are submitting multiple applications **at the same time**, please provide a priority order for this employee's individual application:

#  of  (total number of applications being submitted simultaneously).

Employee Name:	<input type="text"/>
Employee Position:	Please Select from Dropdown <input type="text"/>
Employee License #:	<input type="text"/>
Employee Total Loan Debt:	<input type="text"/>
Employee Award Request:	<input type="text"/>
Employee Service Obligation Start Date:	<input type="text"/>

*The Employee Service Obligation Start Date should be the date when the employee is eligible and able to begin their 3 year service obligation.*

How long has the employee worked at this agency?

Less than 1 year:  1-to-5 years:  Greater than 5 years:

### (Optional) Additional Information

## Section A Employee Information:

- If submitting multiple applications at the same time, a priority order is required
- Enter the employee's name, position, license #, and total loan debt
- For award request, psychiatrist are eligible for up to \$120,000 (not to exceed their total loan debt); NPs and PAs are eligible for up to \$30,000 (not to exceed their total loan debt)
- The earliest employee service obligation start date for Round 4 is 9/1/24
- The latest employee service obligation start date for Round 4 is 3/31/25
- Indicate how long the employee has worked at the agency

# 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 grant
- Employee award start date cannot begin before 9/1/24 or after 3/31/25 without approval of OMH
- Agencies applying on behalf of multiple eligible professionals simultaneously must provide a priority order in which they want the applications to be processed.

# 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, please provide details for additional consideration

## 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](mailto: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?

Yes:  No:

If not and this is for a recruitment, please provide the anticipated employee start date below.

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 either a full-time or part-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?

Yes:  No:

Please provide the hours that the employee will be working below.

(hours)/40

(clinical hours)/32

*NOTE: If the employee listed on this application will not work a full-time or part-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. For more information regarding prorated awards, see "Prorated Awards" in the OMH CMHLRP Round 4 Program Overview. Please provide additional details on why the hours worked cannot be provided.*

## Section B

- Answer the eligibility questions
- Provide information if the employee is not currently employed at the indicated program
  - Start date for new hires
  - Information about an academic affiliation
- Provide the total minimum hours the employee works per week
- Provide the total minimum hours the employee's schedule is spent on clinical duties, i.e. direct care with patients and the follow up or documentation for these encounters

## Section B

- Complete and sign the Employer Attestation

### 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 the schedule indicated above providing clinical services for at least 45 weeks during the year at the licensed program specified above. Failure to maintain this eligibility for the full 3-year service obligation will result in the full award amount being revoked.

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

**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](mailto: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?

Yes:  No:  In student loan forbearance or deferment:

Please Note: 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. OMH may from time to time request such documentation to confirm and verify the qualifying loans and amounts. You the employer will be required to furnish such documentation to OMH upon request.

### 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. Failure to maintain this eligibility for the full 3-year service obligation will result in the full award amount being revoked.

Name (Printed):	
Signature:	
Date of Signature:	

## Section C

- Answer the eligibility question
- Complete and sign the Employer Attestation

## 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

**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](mailto: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 below? The employee will be responsible for providing any requested documentation to the employer needed to verify eligibility.

Yes:  No:

- 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 other loan repayment program obligation where the obligation period of that repayment program would overlap or coincide with the OMH CMHLRP obligation period;
- In good standing with:
  - For psychiatrist and psychiatric nurse practitioners – the Department of Health<sup>iii</sup>
  - For physician assistants – the Department of Education<sup>iv</sup>;
- 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;
- Working or planning to work full time or part time clinical capacity as a psychiatrist/psychiatric nurse practitioner/psychiatric physician assistant within eligible OMH licensed community mental health programs in New York State.

*\* 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 4.*

## Section D

- Answer the eligibility question
- Complete and sign the Employer Attestation

### 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. Failure to maintain this eligibility for the full 3-year service obligation will result in the full award amount being revoked.

Name (Printed):	
Signature:	
Date of Signature:	

# Attachment A – Sexual Harassment Prevention Certificate

## Sexual Harassment Prevention Certification

Solicitation # and/or OMH descriptive name of solicitation:

State Finance Law §139-I 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-I.

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

- Required of all applicants on state procurements
- Certifies that your agency has a written policy addressing sexual harassment prevention and provides annual sexual harassment training
- Should be signed by the contact at your agency who can attest to the above

## Attachment A – Sexual Harassment Prevention Certificate

**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](mailto:OMH.CMHLRP@omh.ny.gov).

For Attachment A, please complete the Sexual Harassment Prevention Certification form completely. For the Solicitation # and/or OMH descriptive name of solicitation, please put OMH CMHLRP Round 4. Offerer refers to the agency. The form should be signed by the contact at your agency who can attest to the agency's written policy and training addressing sexual harassment prevention in the workplace. We cannot speak to the specific contact at your agency, but we recommend reaching out first to your HR department if you are unsure. The only stated restriction is that the employee your agency is applying on behalf of should not be completing and signing this form.

*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.*

## Attachment A

- The instructions contain information for the form, including the Solicitation #, who the “Offerer” is, and guidance on who should complete and sign the form

# Attachment B – Sample Employer-Employee Agreement

## 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

- Sample – not complete; may not meet your agency's needs
- Needs to outline employee requirements, including full 3-year service commitment, employer distribution of funds
- Must contain a legally binding enforcement mechanism
- To be completed upon execution of the contract
- Should be signed by the employer and employee and made available for review upon request

# Questions?

These questions along with their answers will be posted at:

<https://omh.ny.gov/omhweb/rfp/2024/cmhlrp/index.html>



# Frequently Asked Questions (FAQs)

# FAQs

- **Are Employees with Eligible Job Titles working at OMH facilities eligible for this program?**

Unfortunately, the OMH CMHLRP cannot be used for recruitment and retention of Employees with Eligible Job Titles working at any of the OMH facilities, regardless of program/setting. We are exploring this possibility in the future.

- **Do private/commercial loans taken out expressly for educational purposes qualify?**

To be eligible for this program, an employee must still have qualified educational loan debt that can be repaid. Personal loans would not qualify. Qualified educational loans/debt is 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.

# FAQs

- **Will programs licensed by other agencies (such as OASAS) be eligible for the OMH CMHLRP?**

Providers must be a licensed by OMH to be eligible for applying on behalf of eligible professionals. At this time, we are not aware of OASAS putting out a similar program to this opportunity.

- **Who determines employee eligibility?**

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 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.

# FAQs

- **Would consultants/contractors be eligible for the OMH CMHLRP?**

No, unless they are contracted via an academic affiliation that is approved by OMH. If applying on behalf of an employee contracted via an academic affiliation, please make sure to specify and explain where asked when applying under Sections A & B.

- **What if no OMH-licensed programs exist in my County? Can we still apply on behalf of our employees to help address the mental health needs in our area?**

Programs operating in a county with a population of less than 25,000 where no OMH licensed programs exist within said county may submit an application for similar types of OMH funded programs as listed under “Eligible Agencies”. Requests submitted based on these criteria must indicate how these requirements are met in the email with the applications submitted. All other OMH CMHLRP eligibility requirements still apply.

# FAQs

- **Am I able to apply for the OMH CMHLRP on behalf of an employee if they are already participating in another loan repayment or forgiveness program?**
  - No. Individual Employees with Eligible Job Titles cannot participate in both the OMH CMHLRP and any other loan repayment/forgiveness programs simultaneously, i.e., Doctors Across New York (DANY), Public Service Loan Forgiveness (PSLF), or any employee-sponsored student loan repayment/forgiveness program.

- **If an employee applies for other loan repayment or forgiveness programs during the application period, can they choose to participate in CMHLRP once they've been approved?**

If an eligible professional seeks out other loan repayment options during the application period and is then subsequently approved for an OMH CMHLRP award, they must be able to withdraw from any other loan repayment program before their OMH CMHLRP start date. Failure to do so will result in ineligibility.

# FAQs

- **How many applications can an agency submit?**

Each agency may submit applications for all of their eligible employees. They will be required to provide application priority when applying in batches, which means if several applications are submitted at once the employer needs to tell us in what order they want applications considered. However, applications will be considered incomplete unless this prioritization is provided.

To ensure a fair and equitable access statewide and across programs, applicants will be limited by a total maximum award cap of \$120,000 annually by provider of eligible.

- **If an employee changes from part-time to full-time, will their payment amount be adjusted?**

No, their payment amount would not be adjusted once an award as been allocated.

# FAQs

- **Can an employee apply on their own behalf?**

No. OMH is contracting directly with eligible agencies to provide this funding, who then in turn contract with their eligible employees; so a representative of the agency/employer needs to sign the applications. If an authorized representative of the agency/employer does not sign off on the application and required attestations, then an application will not be considered complete. Agencies may reapply on behalf of employees who applied on their own behalf and were rejected.

- **What if two separate agencies apply on behalf of the same employee?**

Employees can only receive one OMH CMHLRP award. Therefore, only the first application would be considered. If both agencies wanted to apply together, please see the answer to question 14 above.

# FAQs

- **What should be used for the employee award start date?**

The employee award start date is the beginning of the employee's service obligation to receive this award, or when they become fully eligible. Eligibility must be maintained for the duration of the three-year service requirement starting on this date.

If the employee is already on payroll and the application is being used for retention, you may use as early as 9/1/2024. If the application is being used for recruitment, you would use the anticipated employee start date, or licensure date if later. You must notify OMH in writing of any changes should the award start date need to be updated after the application is submitted.

# FAQs

- **Is there a deadline for the start date of applications being used for recruitment? For example, we have a recruitment that won't complete their residency until February 2025.**

The deadline would be an award start date no later than 3/31/2025 for all Round 4 applications.

- **Will prorated awards be available for applications on behalf of part-time employees?**

Applications for part-time employees will be accepted and additional information should be provided where asked within the application (e.g., hours worked). During the review process, awards will be prorated based on the minimum part-time schedule of the eligible professional in the case of a variable schedule; hours worked in excess of the eligible professional's minimum part-time schedule shall not be applied to any other workweek or averaged.

# FAQs

- **If our awarded employee leaves the agency prior to completing the three-year obligation period, would the agency be responsible for returning the funds to the State or would they be able to reallocate the remaining funds to another eligible employee?**

Should the employee fail to fulfill the service obligation in full for any reason, the employer would be required to notify OMH in writing in a timely manner and return any unpaid award funds not yet paid to the employee. The employee would be required to repay in full any funds received from the award to OMH. Failure by the employee to repay would disqualify them from receiving a future award from the OMH CMHLRP.

Employers have discretion within their required employer-employee agreement on the enforcement mechanism used to recoup money from an employee for failure to complete their service obligation. The enforcement mechanism must be legally binding and enforceable in court by the employer.

# FAQs

- **What if the employee we applied on behalf of takes a new job within our agency? What about a new job at a different agency?**

Eligible participating professionals will be expected to fulfill their three (3) year service obligation pursuant to the agreement with the eligible program in which the award was made. The eligible program must notify OMH CMHLRP of changes in such agreements including reassignment or changes in their service location for approval of continuation in the program at the discretion of the Commissioner of the Office of Mental Health. Changes in location that result in a change in setting type or a change in OMH Region will be considered on a case-by-case basis. Requests for changes should be sent to [OMH.CMHLRP@omh.ny.gov](mailto:OMH.CMHLRP@omh.ny.gov).

If the eligible professional accepts a new job at a different agency, they would no longer be eligible for their current OMH CMHLRP award.

# FAQs

- **Do eligible employees for this Loan Repayment program need to work in a direct care position, or can they be in a leadership role on site at an eligible clinic?**

Employees must be working in a Full-Time or Part-Time Clinical Capacity. Full-Time Clinical Capacity is defined as “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.” Part-Time Clinical Capacity is defined as “Providing less than 40 hours of service (with a minimum of 80% of those hours of service being clinical hours) per week for at least 45 weeks per year. Unless otherwise approved in writing by OMH, part-time schedules should not be compressed to the point of shifts greater than 12 hours in any 24-hour period. Time spent in on-call status should not be applied toward part-time schedule for purposes of determining a prorated award. Awards will be prorated based on the minimum part-time schedule of the eligible professional in the case of a variable schedule; hours worked in excess of the eligible professional’s minimum part-time schedule shall not be applied to any other workweek or averaged.”

If someone in a leadership role is working some part of their scheduled time in a clinical capacity, they would be eligible for the time they are working in that clinical capacity for a prorated award.

# FAQs

- **Is this considered a three-year contract or is it prorated based on length of engaged employment?**

The application is for the full three-year period, and providers that receive awards will enter three-year contracts with OMH unless there is a deferral of obligation. Eligible programs are permitted to authorize participating professionals to defer their service obligations for parental leave, military service, Family and Medical Leave (FMLA), or disability. The eligible programs shall notify OMH in writing, and any deferral periods will be added to the term specified in the award. Requests for deferrals for any other reason, excluding any reason that would otherwise make a professional ineligible, should be sent to [OMH.CMHLRP@omh.ny.gov](mailto:OMH.CMHLRP@omh.ny.gov) for approval.

- **Is there a portal for providers to track participants in this program?**

No, but you can reach out to [OMH.CMHLRP@omh.ny.gov](mailto:OMH.CMHLRP@omh.ny.gov) to request that information.

# FAQs

- **How long will it take to hear back after my application is submitted?**

OMH will review all applications by eligible programs on behalf of current or prospective employees in the order in which they are received and in a timely manner. An eligible program shall be notified in writing by OMH whether the application is accepted, rejected or on waitlist. Eligible programs with applications that were rejected for being incomplete will be able to resubmit.

- **Will OMH provide updates on how many available awards remain by position, setting and/or region?**

OMH may choose to provide publicly posted updates. In the meantime, please reach out to [OMH.CMHLRP@omh.ny.gov](mailto:OMH.CMHLRP@omh.ny.gov) for any questions you may have regarding availability of awards.

# FAQs

- **Who should complete the Sexual Harassment Prevention Certification form?**

We cannot speak to the specific contact at your agency, but we recommend reaching out first to your HR department if you are unsure. The only stated restriction is that the employee your agency is applying on behalf of should not be completing and signing this form.

- **For Attachment A, the Sexual Harassment Certification Prevention form, what should the solicitation description be? What about offeror?**

For the Solicitation Description, either “OMH Community Mental Health Loan Repayment Program” or “OMH CMHLRP” should be entered. For Offerer, that would be the agency.

- **Is a copy of the Sample Employer-Employee Agreement intended to be given to each participating employee as an FYI (no signature required)?**

The Sample Employer-Employee Agreement is being provided as an example. Agencies will have the discretion on how they administer their own employer-employee agreements. Both parties – employer and employee must sign the Employer-Employee Agreement.

# Thank you for attending!