

Community Mental Health Loan Repayment Program: Psychiatrists & Advanced Practitioners CMHLRP 2025 Prescribers RFP



**Office of
Mental Health**

April 26, 2025 & September 18, 2025

Background & Program Overview

Workforce Shortages

- Increasing need for mental health services combined with declining workforce, both exacerbated by COVID
- NYS projected to see a 27% decrease in 18-year-olds through 2041
- Projected shortage of between 1,182 and 2,653 psychiatrists in NYS by 2030
- Advanced practitioners offer critical expertise and clinical capacity alongside psychiatrists

Student Loan Debt Crisis

- Student loan debt in the US is over [\\$1.8 trillion](#)
- This financial burden impacts recruitment, retention, and productivity
- Today's workforce identifies student loan support as a central consideration and highly sought benefit in their job searches
 - [Over 85% of employees](#) say they'd commit to an employer for five years if it helped pay their loans

Overview

Through the Community Mental Health Loan Repayment Program (CMHLRP), OMH offers funding and administrative support so community agencies can offer this benefit to critical clinical professionals

Retention and Recruitment Tool for Providers of OMH licensed/authorized Community Mental Health Programs

- Agency applies on behalf of eligible professional(s) working in their eligible program(s)
- OMH contracts with agency; agency contracts with participating staff
- Participating professionals complete a 3-year service commitment at applicant agency's program(s)

Eligible Applicant Agencies

Eligible applicants are not-for-profit agencies with 501(c)(3) incorporation, for-profit agencies, or government entities that provide **community mental health programs** licensed or authorized by OMH in one of the below program type categories:

- Assertive Community Treatment (ACT) teams & Children and Youth ACT teams
- Certified Community Behavioral Health Clinic (CCBHC)
- Children and Family Treatment and Support Services (CFTSS)
 - Other Licensed Practitioner (OLP)
 - Community Psychiatric Support and Treatment (CPST)
 - Crisis Intervention (CI) [Mobile Crisis]
- Comprehensive Psychiatric Emergency Programs (CPEPs)
- Continuing Day Treatment (CDT)

Eligible Applicant Agencies Continued

- Crisis Stabilization Centers (Intensive & Supportive)
- Home Based Crisis Intervention (HBCI)
- Inpatient Psychiatric Units under Article 28 and Article 31
- Intensive Crisis Residence
- Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
- Mobile Crisis Services
- OnTrackNY Coordinated Specialty Care First Episode Psychosis Program
- Partial Hospitalization (PH)
- Personalized Recover Oriented Services (PROS)
- Residential Crisis Support
- Residential Treatment Facilities - Children & Youth
- Children's Crisis Residence
- Children's Day Treatment
- Children's Mental Health and Rehabilitation Services (CMHRS)
- Community Oriented Recovery and Empowerment (CORE): Community Psychiatric Support and Treatment (CPST)
- Community Residence, Children & Youth

Eligible Licensed Professionals

- U.S. citizen or permanent resident alien holding an I-155 or I-551 card
- Hold a professional license to practice in New York State as a psychiatrist, psychiatric nurse practitioner, or physician assistant
- Not in breach of any health professional service obligation, no judgement liens, not delinquent in child support
- Have student loan debt that can be repaid
- Not fulfilling a service commitment for another loan repayment program
- Not recipient of a previous CMHLRP award unless withdrawn & repaid
- If participating in PSLF, has at least 40 payments as of 12/21/25 before loan forgiveness
- Works a clinical capacity schedule at applicant agency's eligible program(s)

Application Submission and Review Process

- Applications will be accepted until funds are exhausted
- Submit applications electronically to OMH.CMHLRP@omh.ny.gov
- Initial application approvals will be within available capacity through 10/20/2025
- Applications will be reviewed, and awards will be made, on a first-come first-served basis
- Applicants 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 by 10/20/25 or to a future CMHLRP RFP

Award Notifications

- Applications will be selected for award if:
 - Complete
 - Meet minimum threshold for an award
 - Funding remains available by region/profession
- Funds will be provided directly to the agency who will:
 - Enter into Agency Loan Repayment and Service Commitment Agreement(s) with each participating professional
 - Distribute payments as obligated by each agreement
- Agencies will be notified by email within a reasonable time

Disbursement of Funding

- OMH will make payments to Agencies in yearly increments as follows:
 - Payment 1 (Year 1): 1/3 of total awarded
 - Payment 2 (Year 2): 1/3 of total awarded
 - Payment 3 (Year 3): 1/3 of total awarded
- Agencies will disperse funds to the participating professional(s) per the terms of their **Agency Loan Repayment and Service Commitment Agreement(s)**
- **Award Amounts** are based on the clinical capacity schedule the professional commits to working at agency's eligible program(s) for the duration of the 3-year service commitment
- **Maximum Awards, not to exceed professional's total student loan debt:**
 - **Psychiatrist:** \$120,000 for 40 total/32 clinical hours/week
 - **PMHNP/PA:** \$30,000 for 40 total/32 clinical hours/week

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 profession
- Initial awards will be capped at \$150,000 annual funding (i.e., \$450,000 over the course of the 3-year awards) **per eligible program** and \$450,000 annual funding (i.e., \$1,350,000 over the course of the 3-year awards) **per eligible agency**

Allocation of Funding

Profession:	Psychiatrists	PMHNPs/PAs	Subtotal
Central NY	\$480,000	\$120,000	\$600,000
Hudson River	\$720,000	\$180,000	\$900,000
Long Island	\$480,000	\$120,000	\$600,000
New York City	\$2,400,000	\$600,000	\$3,000,000
Western NY	\$720,000	\$180,000	\$900,000
Statewide	\$4,800,000	\$1,200,000	\$6,000,000

- Annual funding allocated for FY 2025-2026
- Each CMHLRP award has a 3-year term with 3 annual payments from OMH to the awarded agency
- Once funding is exhausted in a region/profession or an applicant has met the agency/program cap, a waitlist will be kept

Minimum Awards Available

Profession:	Psychiatrists	PMHNPs/PAs	Subtotal
Central NY	12	12	24
Hudson River	18	18	36
Long Island	12	12	24
New York City	60	60	120
Western NY	18	18	36
Statewide	120	120	240

Payment Timeline: OMH to Agency

- Payment 1 will be made upon approval of the award and the successful completion of **all** the following:
 - Agency Verification of Employment Attestation (within Application)
 - Agency Verification of Professional's Qualifying Loan Attestation (within Application)
 - Agency Verification of Professional's Eligibility (within Application)
 - **Agency Attestation of Loan Repayment and Service Commitment Agreement(s)**
 - **Execution of the contract between OMH and applicant agency**
- Payment 2 will be made twelve (12) months after the contract start date
- Payment 3 will be made twenty-four (24) months after the contract start date

Payment Timeline (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 agency must maintain contemporaneous records for application and award
- All records, data and other information will be made available to OMH for review upon request

Issuing Agency and Contact

- Questions regarding this opportunity? OMH.CMHLRP@omh.ny.gov
- Posted to the OMH public website:
 - Program Overview
 - Application
 - FAQs
 - Agency Loan Repayment and Service Commitment Agreement Example & Requirements
 - Background & Definitions
 - Questions & Answers
 - Updates

Issuing Officer

Carol Swiderski

Contract Management Specialist 3

New York State Office of Mental Health

Contracts and Claims

44 Holland Avenue, 7th Floor

Albany, NY 12229

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Application Walkthrough

General Instructions

- The agency, applying on behalf of the eligible professional, must:
 - First review the Program Overview, Definitions & Background, FAQ, and other RFP documents
 - Evaluate whether the agency and professional meet all eligibility criteria
 - Complete the application as instructed in full, including signing of attestations
 - Confirm, if applicable, that they are Prequalified
 - Complete the Sexual Harassment Prevention Certificate
 - Maintain contemporaneous records used to verify eligibility

Section A – Applicant Information

- 5-digit code is the OMH Agency Code and should match across all 3 dropdowns
- Not-for-profits must be Prequalified in SFS at time of application to be considered
- All agencies must be registered in SFS

Please refer to the [Program Overview](#), [Definitions & Background](#), and [FAQ](#) documents on the [OMH RFP Page](#). All applications must be submitted by email to OMH.CMHLRP@omh.ny.gov.

Section A - Applicant Information

Applicant Agency Information

1. Agency Name:

Please Select (format: Agency 5-digit OMH Code --- Agency Name)

2. Agency Type:

☐ Not-for-profit agency with 501(c)(3) incorporation ☐ For-profit agency ☐ Government entity

All eligible applicants must be registered in Grants Management in the State Financial System (SFS). **Not-for-profit agencies must be Prequalified.** Please see the Prequalification Requirement section of the [Program Overview](#) for more. Information on becoming registered and prequalified can be found on the [NYS Grants Management site](#).

3. Main Program Name:

Please choose the program name that starts with your agency's five-digit OMH Agency Code as listed in the Agency Name field. If you cannot find your Program Name, please provide additional information in the "Additional Information" field and the OMH Operating Certificate.

Please Select (format: Agency 5-digit OMH Code --- Program Name)

4. Program Address:

5. For CCBHC, please provide the name of the associated MHOTRS site:

Please Select (format: Agency 5-digit OMH Code --- MHOTRS Site Name)

6. Additional Program Name(s), if Applicable:

If the professional works at more than one eligible program, you may apply for the total hours they work at eligible program(s). Please provide the name(s) of any additional programs below, **as listed in the above Program Name dropdown menu.**

Section A – Applicant Information

Continued

- Primary contact is responsible for coordinating and communicating within agency, providing information for the grant
- Add any additional contacts you want included on communication about this application

Agency Contact for CMHLRP

The agency contact(s) are responsible for coordinating and communicating within your agency to determine and monitor the professional's eligibility, to convey information necessary for contracts and payments, and for communicating with the professional regarding this application and your Agency's Loan Repayment and Service Commitment Agreement should this application result in an award.

1. Primary Agency Contact Name:

2. Primary Agency Contact Phone #:

3. Primary Agency Contact Email:

4. (Optional) Additional Contact Name(s):

5. (Optional) Additional Contact Phone #(s):

6. (Optional) Additional Contact Email(s):

Section A – Applicant Information

Professional's Information

- Priority Order is **required** for batch submissions
- Eligibility Start Dates for CMHLRP 2025 Prescriber RFP must be between 10/21/25 and 12/21/25

Professional's Information

If you are submitting multiple applications **at the same time**, please provide a priority order for this professional's individual application. If you are submitting multiple applications at the same time, they will **not** be processed until a priority order is provided.

1. Priority Order #:

of

(total number of applications being submitted simultaneously).

2. Professional's Name:

3. Professional License Title:

Please Select from Dropdown

4. 6-digit New York State License #:

5. Professional's Total Student Loan Debt:

6. CMHLRP Eligibility Start Date:

The CMHLRP Eligibility Start Date should reflect the earliest date the professional will be **fully eligible** for CMHLRP. This date should be **no earlier than 10/21/25 and no later than 12/21/25** for the CMHLRP 2025 Prescriber RFP.

7. How long has the professional worked at this agency?

Less than 1 year:

1-to-5 years:

Greater than 5 years:

Section B – Agency Verification of Employment

- Details about employment and clinical capacity schedule
- Attestation must be signed

Please refer to the [Program Overview](#), [Definitions & Background](#), and [FAQ](#) documents on the [OMH RFP Page](#). All applications must be submitted by email to OMH.CMHLRP@omh.ny.gov.

Section B - Agency Verification of Employment

1. Is the professional listed above currently working at the eligible program(s) listed above?

Yes: ☐ No: ☐

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

If not and this professional is an academically affiliated contractor, please provide additional information regarding the arrangement for review (see [Definitions & Background](#) for more regarding academically affiliated contractors):

2. Will the professional listed above provide a clinical capacity schedule (see [Definitions & Background](#)) at the eligible program(s) listed above for the duration of the 3-year service commitment?

Yes: ☐ No: ☐

3. Please provide the hours that the professional will be working at the eligible program(s) listed above:

Total Hours per Week:	
Clinical Hours per Week:	
If the professional works at multiple programs, please indicate how many of their hours are spent at each program in the space below:	

Agency Verification of Employment Attestation

As a representative of the applicant agency, I declare, affirm, and certify that I, the undersigned, attest that the professional listed above will work at the eligible program(s) listed in this application for the award service period and that they will be working the clinical capacity schedule indicated above. I understand that failure to maintain this eligibility for the full 3-year service commitment will result in the full CMHLRP award amount being revoked.

Name and Title:	
Signature:	
Date of Signature:	

Section C- Agency Verification of Professional's Qualifying Loan

- Professional must have qualifying loan debt in need of repayment
- If applicable, provide information regarding PSLF
- Professional must have at least 40 payments remaining before forgiveness as of 12/21/25 to qualify
- Attestation must be signed

Please refer to the [Program Overview](#), [Definitions & Background](#), and [FAQ](#) documents on the [OMH RFP Page](#). All applications must be submitted by email to OMH.CMHLRP@omh.ny.gov.

Section C - Agency Verification of Professional's Qualifying Loan

1. Does the professional listed above have qualifying student loan debt, defined as: "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"?

Yes: ☐ No: ☐

2. Is this professional in student loan forbearance or deferment?

Yes: ☐ No: ☐

3. Is this professional tracking payments for Public Service Loan Forgiveness (PSLF)?

Yes: ☐ No: ☐

4. If yes, please complete the below:

Payments remaining until loan forgiveness (120 minus payments made to date)	
Monthly minimum payment amount	

Please Note: You, the applicant agency, will be required to keep a copy of the professional's loan documentation used to verify the qualifying loan amount and PSLF participation if applicable. Eligible professionals tracking payments toward Public Service Loan Forgiveness (PSLF) must have at least 40 payments remaining before forgiveness as of 12/21/25. The professional will be responsible for providing this documentation to the agency. OMH may from time-to-time request such documentation to confirm and verify qualifying loan information. You the applicant agency will be required to furnish such documentation to OMH upon request.

Agency Verification of Professional's Qualifying Loan Attestation

As a representative of the applicant agency, I declare, affirm, and certify that I, the undersigned, have reviewed the qualifying loan documentation provided by the professional listed above and attest that to the best of my knowledge the above is true and correct. I understand that failure to maintain this eligibility for the full 3-year service commitment will result in the full CMHLRP award amount being revoked.

Name and Title:	
Signature:	
Date of Signature:	

Section D – Agency Verification of Professional's Eligibility

- Indicate that you have verified each requirement by initialing
- Attestation must be signed

Please refer to the [Program Overview](#), [Definitions & Background](#), and [FAQ](#) documents on the [OMH RFP Page](#). All applications must be submitted by email to OMH.CMHLRP@omh.ny.gov.

Section D - Agency Verification of Professional's Eligibility

1. Please review the following professional eligibility requirements *and initial or check next to each requirement* to indicate you have verified that the professional listed above meets that requirement.

<input type="checkbox"/>	Is a U.S. citizen or permanent resident alien holding an I-155 or I-551 card (green card)
<input type="checkbox"/>	Has a current, full, permanent, unencumbered, unrestricted professional license to practice in New York State
<input type="checkbox"/>	Is in good standing with: NYS Department of Health or NYS Department of Education
<input type="checkbox"/>	Is not in breach of a health professional service obligation to federal, state, or local government, does not have any judgment liens arising from federal or state debt, and is not delinquent in child support payments
<input type="checkbox"/>	Has student loan expenses that can be repaid
<input type="checkbox"/>	Is not fulfilling a service commitment for any other loan repayment program where the commitment period of that repayment program would overlap or coincide with the CMHLRP service commitment period and if participating in PSLF has more than 40 payments before forgiveness as of 12/21/25 (please also see Section C above)
<input type="checkbox"/>	Is not the recipient of a current or past CMHLRP award, unless such award was withdrawn and funding repaid in full before time of application to this CMHLRP RFP
<input type="checkbox"/>	Works a clinical capacity schedule (as defined in the Definitions & Background document) as a psychiatrist, psychiatric nurse practitioner (PMHNP), or physician assistant (PA) at the agency's eligible program(s) in New York State

2. Does the professional listed above meet all the eligibility requirements as outlined above?

Yes: ☐ No: ☐


Agency Verification of Professional's Eligibility

As a representative of the applicant agency, I declare, affirm, and certify that I, the undersigned, have reviewed the eligibility requirements of this award as well as the professional's eligibility and attest that to the best of my knowledge the above is true and correct. I understand that failure to maintain this eligibility for the full 3-year service commitment will result in the full CMHLRP award amount being revoked.

Name and Title:	
Signature:	
Date of Signature:	

Attachment A – Sexual Harassment Prevention Certification

- 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
- Offerer is your agency name
- Name of solicitation is CMHLRP 2025 Prescribers RFP



Office of
Mental Health

KATHY HOCHUL
Governor
ANN MARIE T. SULLIVAN, M.D.
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:	
Signature of Offerer’s Authorized Representative:	
Printed Name and Title:	
Name of Offerer:	
Offerer’s Address:	

Questions?

OMH.CMHLRP@omh.ny.gov



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