



**Office of
Mental Health**

OMH Community Mental Health Loan Repayment Program (Round 6)

2025 APPLICATION & INSTRUCTIONS

March 2025

Questions? Comments? OMH.CMHLRP@omh.ny.gov

General Overview

The FY 2022-23 Office of Mental Health Budget included \$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 (NPs). The Office of Mental Health (OMH) established the **Community Mental Health Loan Repayment Program (CMHLRP)** to support designated community programs in this effort. Rounds 2 and 4 continued to fund additional awards to eligible psychiatrists and NPs as well as physician assistants in designated community mental health settings throughout New York. For the 2025-2026 FY, \$3 million annually remains available to fund additional CMHLRP awards. These funds will support a minimum of 120 awards (60 psychiatrists/60 psychiatric NPs/PAs). Round 6 of the CMHLRP will continue to award State Aid grants for loan repayment for psychiatrists, psychiatric nurse practitioners (NPs), and psychiatric physician assistants (PAs), eligible professionals hereafter, as follows:

- For psychiatrists, the CMHLRP provides up to \$120,000 in loan repayment over a three-year period.
- For psychiatric NPs and PAs, the CMHLRP provides up to \$30,000 in loan repayment over a three-year period.

This guidance provides information on the OMH CMHLRP only for prospective programs considering applying on behalf of existing employees or new prospective staff. Additional information is posted on the [OMH RFP page](#). **Applications are due by May 30, 2025.**

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:

- Article 28 hospital inpatient psychiatric units
- Article 31 freestanding inpatient hospital programs
- Comprehensive Psychiatric Emergency Programs (CPEPs)
- Residential Treatment Facility - Children & Youth

Outpatient/Crisis Residence:

- Assertive Community Treatment (ACT) teams
- Continuing Day Treatment (CDT)
- Children's Day Treatment
- Partial Hospitalization (PH)
- Personalized Recover Oriented Services (PROS)
- Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)
- Crisis Stabilization Centers (Intensive & Supportive)
- Children's Crisis Residence
- Intensive Crisis Residence
- Residential Crisis Support

If your program is NOT licensed by OMH and DOES NOT fall into one of the two specified program categories above, STOP – you are not an eligible applicant agency for OMH CMHLRP Round 6 funding.

Eligible Professionals

Licensed programs will be able to apply on behalf of eligible professionals who meet **all** 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 other loan repayment/forgiveness program obligation where the obligation period of that repayment/forgiveness program would overlap or coincide with the CMHLRP obligation period
- Not the recipient of a previous CMHLRP award unless the participant withdrew prior to fulfilling the service obligation **and** paid back any CMHLRP funding received in full before time of application to this round of CMHLRP
- In good standing with:
 - For psychiatrist and psychiatric nurse practitioners – the Department of Health¹
 - For physician assistants – the Department of Education²
- 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 not delinquent in child support payments
- Working or planning to work full-time clinical capacity or part-time clinical capacity (as defined in the CMHLRP Definitions) as a psychiatrist/psychiatric nurse practitioner/psychiatric physician assistant within eligible OMH licensed community mental health programs in New York State.
 - Employees contracted via academic affiliation will be subject to OMH approval and additional information should be provided where requested.

Please Note: Other consultants/contractors are ineligible for the CMHLRP.

If any these conditions DO NOT pertain to the psychiatrist or psychiatric nurse practitioner/physician assistant, STOP -- the psychiatrist or psychiatric nurse practitioner/physician assistant is NOT eligible for OMH CMHLRP Round 6 funding.

¹ 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>).

² New York State Education Department Office of the Professions, Article 131-A, Definitions of Professional Misconduct Applicable to Physicians. (see: <https://www.op.nysed.gov/professions/physicians/laws-rules-regulations/article-131a>)

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.
- Please complete all fields to the best of your ability so we can timely review your application.
- All attestations must be **signed** by a representative of the employer for the application to be considered completed.
- Applications are reviewed on a first come, first served basis with a deadline of May 30, 2025.
- 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.
- The employer must enter into an Employer-Employee Agreement with each employee applicant outlining employee requirements, including but not limited to the full 3-year service commitment, employer distribution of funds, and an enforcement mechanism which must be legally binding and enforceable in court by the employer. The Employer-Employee Agreement is **not** due at time of application; it must be completed upon execution of the contract.
- 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. Payments for Year 2 & 3 are dependent on completion of the attestations and will not be sent until completed and returned.

Prequalification

Pursuant to the New York State Division of Budget Bulletin H-1032, dated June 7, 2013, New York State has instituted key reform initiatives to the grant contract process which require not-for-profits to register in Grants Management in the State Financial System (SFS) and complete the Prequalification process in order for applications to be evaluated and any resulting contracts executed.

Applications received from eligible not-for-profit applicants who have not been Prequalified by the application due date of May 30, 2025 cannot be evaluated; therefore, such Applications will be disqualified from further consideration. For-Profit applicants are exempt from Prequalification but must still Register in Grants Management in SFS in order to submit applications and receive a contract if an award is made.

Please **do not delay** in beginning and completing the Prequalification process. The State reserves five (5) days to review submitted prequalification applications. Prequalification applications submitted to the State for review less than five (5) days prior to the RFA due date and time may not be considered. Applicants should not assume their prequalification information will be reviewed if they do not adhere to this timeframe.

Application Sections

Please read all instructions and review the CMHLRP definitions, below, before completing the Application form. Complete each section in full and per the section instructions, including signing employer attestations where indicated.

- 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
- Attachment A – Sexual Harassment Prevention Certification Form

Definitions

For purposes of Round 6 of the CMHLRP, 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.
- **Clinical Hours:** Time spent on direct care mental health services with clients, as well as time spent on documentation and follow-up of these encounters.
- **CMHLRP:** The Community Mental Health Loan Repayment Program, administered by the Office of Mental Health (OMH).
- **Eligible Professional:** 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, psychiatric nurse practitioner, or physician assistant.
- **Direct Care Mental Health Services:** Mental health assessment and treatment services provided within that professional's scope of practice, and which cannot be provided without the relevant professional license.
- **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. See also Part-Time Clinical Capacity, below.
- **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).
- **Part-Time Clinical Capacity:** 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.

- **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 (NP):** 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.
- **Psychiatric Physician Assistant (PA):** is a medical professional licensed by the New York State Education Department (NYSED) to provide direct patient care delegated by and within the scope of practice of a supervising physician (MD), who works at a community mental health program licensed by OMH.
- **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.
- **Qualifying Loan Payments:** Participating professionals must continue to make their monthly loan payments, unless in forbearance/deferment. Participating professionals will become ineligible if they enter delinquency or default on student loan payments. Any CMHLRP award funds received must be applied to the balance of the participating professional's student loan debt.
- **Service Obligation:** A three-year commitment that the eligible professional makes to provide the full or part-time clinical capacity at the eligible program, as indicated in the CMHLRP application and upon which an award is made, while maintaining all other eligibility requirements. The three-year service obligation start date is the start date of the award.

Section A - Applicant Information

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-5 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP.

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 and/or send a copy of the OMH Operating Certificate for the program where the employee works.

Agency Name:	
Program Name:	

Program Address:	
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Primary Agency 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. If you are submitting multiple applications at the same time, they will not be processed until a priority order is provided.

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

Employee Name:	
Employee Position:	
Employee 6 digit License #:	
Employee Total Loan Debt:	
Employee Award Request:	
CMHLRP Eligibility Start Date:	

Please Note: The CMHLRP Eligibility Start Date should reflect the earliest date the employee will be fully eligible for CMHLRP. This date should be no earlier than 5/31/25 and no later than 9/1/25 for Round 6.

How long has the employee worked at this agency?

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

(Optional) Additional Information

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Section B - Employer Verification of Employment

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-5 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP.

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 provide direct care mental health 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 6 Program Overview.

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

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-5 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at 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, 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:

- Is the employee in student loan forbearance or deferment?

Yes: No:

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.

** 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 CMHLRP Round 6.*

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 D - Employer Verification of Employee Eligibility

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-5 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at 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.

- **Please review the following employee eligibility criteria and initial where the employee listed above meets the eligibility requirements.**

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/forgiveness program obligation where the obligation period of that repayment/forgiveness program would overlap or coincide with the CMHLRP obligation period

Not the recipient of a previous CMHLRP award unless the participant withdrew prior to fulfilling the service obligation **and** paid back any CMHLRP funding received in full before time of application to this round of CMHLRP

In good standing with: for psychiatrist and psychiatric nurse practitioners – the Department of Health; for physician assistants – the Department of Education.

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 not delinquent in child support payments

Working or planning to work full-time clinical capacity or part-time clinical capacity (as defined in the CMHLRP Definitions) as a psychiatrist/psychiatric nurse practitioner/psychiatric physician assistant within eligible OMH licensed community mental health programs in New York State.

- **Does the employee listed above meet all the eligibility requirements as outlined above?**

Yes: No:

** NOTE: If the employee above does not meet all the eligibility requirements of this award or is unable to provide requested documentation supporting eligibility, they will not be eligible for the CMHLRP Round 6.*

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

Instructions: Before completing this section, please make sure you read the instructions provided on pages 1-5 of this application. All applications must be submitted electronically to the New York State Office of Mental Health at OMH.CMHLRP.

For Attachment A, please complete the Sexual Harassment Prevention Certification form completely and submit with the application.

- For the Solicitation # and/or OMH descriptive name of solicitation, please put: **“CMHLRP Round 6.”**
- Offerer refers to your 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.



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:

Signature of Offerer’s Authorized Representative:

Printed Name and Title:

Name of Offerer:

Offerer’s Address: