

# Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP) Technical Assistance Guide

Department of Health Care Access and Information

May 2026

# Background and Mission

- HCAI is offering the Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP) as part of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Workforce Initiative. The program is committed to expanding access to critical mental health and substance use disorder services across California.
- The goal of the MBH-SLRP is to expand the availability of behavioral health professionals in Medi-Cal safety net settings by alleviating student loan burdens and incentivizing practice in these settings.
- Behavioral health professionals who commit to providing services to Medi-Cal enrollees and underserved communities have an opportunity to reduce their educational loan debt. Eligible behavioral health practitioners can receive up to \$240,000 in loan repayment with a commitment to a multi-year service obligation.

# **Application Release Dates**

**Launch Webinars: April 28, 2026 and May 7, 2026**

**Application released: May 1, 2026**

**Application deadline: May 29, 2026**

**Applications open and close at 3:00 p.m.**

# Before You Apply

- Applicants must agree to the terms and conditions in the Grant Agreement before receiving funds.
- HCAI will not make changes to the terms and conditions specified in the Grant Agreement.
- Funds shall not supplant existing state or local funds.
- We encourage you to read the updated [2026 MBH-SLRP Grant Guide](#) before starting an application.

# Information to Gather

- Copy of your License/Associate Registration/Certification associated with your profession, showing it is current and unexpired.
- Copy of your unofficial college/university transcripts that document education that was required for your profession.
- A recent lender statement which should include the following: your name, account number, origination date, current balance for each loan, description of the type of loan for each loan.
- Current Employer contact information so they can be sent an Employment Verification Form (EVF).
- Name, email address, and phone number for two personal additional contacts.
- National Provider Identification (NPI) number (if you have one).
- If you worked or volunteered for the State of California in the past, or currently work for CSU, UC, or CCC, you will need to submit a Conflict-of-Interest (COI) letter ([a template is available](#)).
- Legal name change document (if your current legal name does not match the name on your documents).

# Available Funding

- Total MBH-SLRP Funding Available is **\$93,300,000**
- Up to **\$120,000** per certified practitioner, including AOD or SUD (Alcohol and Other Drug or Substance Use Disorder) Counselors, Certified Peer Support Specialists, Certified Wellness Coaches, Community Health Workers (Promotores/ Representatives), and Mental Health Rehabilitation Specialists.
- Up to **\$180,000** per non-prescribing licensed or associate level pre-licensure practitioner, including Associate Clinical Social Workers, Associate Marriage and Family Therapists, Associate Professional Clinical Counselors, Licensed Clinical Psychologists, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Professional Clinical Counselors, Licensed Psychiatric Technicians, Licensed Vocational Nurses, Occupational Therapists, Psychology Associates, and Registered Nurses.
- Up to **\$240,000** per licensed practitioner with prescribing privileges, including Addiction Medicine Physicians, Psychiatrists, Addiction Psychiatrists, Child and Adolescent Psychiatrists, Nurse Practitioners, and Physician Assistants.

# Helpful Resources

- [2026 MBH-SLRP Homepage](#): Scroll down to the Resources section on the homepage for additional resources
- [2026 MBH-SLRP Grant Guide](#)
- [HCAI BH-CONNECT Funding Portal](#) (<https://fundingportal.hcai.ca.gov>)

# Navigating to the BH-CONNECT Funding Portal

The screenshot shows the HCAI website interface. At the top right, a "LOG IN" button is highlighted with a red box. A green arrow points from this button to the "BH-CONNECT Funding Portal" card at the bottom left, which is also highlighted with a red box. Another green arrow points from the "Funding Portal" card (which is crossed out with a red X) to the "BH-CONNECT Funding Portal" card. The "Funding Portal" card is crossed out with a red X.

To begin applying to the MBH-SLRP from the HCAI website, you will have to get to the BH-CONNECT Funding Portal.

1. From [hcai.ca.gov](https://hcai.ca.gov): Click on the “Log In” button displayed in the top-right corner of the website to get to the list of HCAI Services and Portals.
2. Scroll down the page to the **BH-CONNECT Funding Portal** and click on either the Portal title or the “Log In” button in that section to get to the BH-CONNECT Funding Portal site.

# Creating an Account – Part 1

CA HCAI California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

Funding Portal

Log In

Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. Give feedback.

## Funding for California's Health Workforce

HCAI offers grants, scholarships, and loan repayment programs to health workforce professionals, students, and organizations.

Filter opportunities: All Grant Types

### Apply Today

Loan Repayment

#### Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP)

To provide loan repayment grants to providers working with Medi-Cal and uninsured patients.

If you do not already have an account, you will need to create an account.

If you are a **new** applicant, click **“Log In”**.

# Creating an Account – Part 2

**HCAi**

Sign in with your email address

Email Address


Password


[Forgot your password?](#)


**Sign in**

Don't have an account? [Sign up now](#)

Sign in with your social account

 HCAI

 Google

 Microsoft

If you are a new applicant, click **“Sign up now”**.

# Creating an Account – Part 3



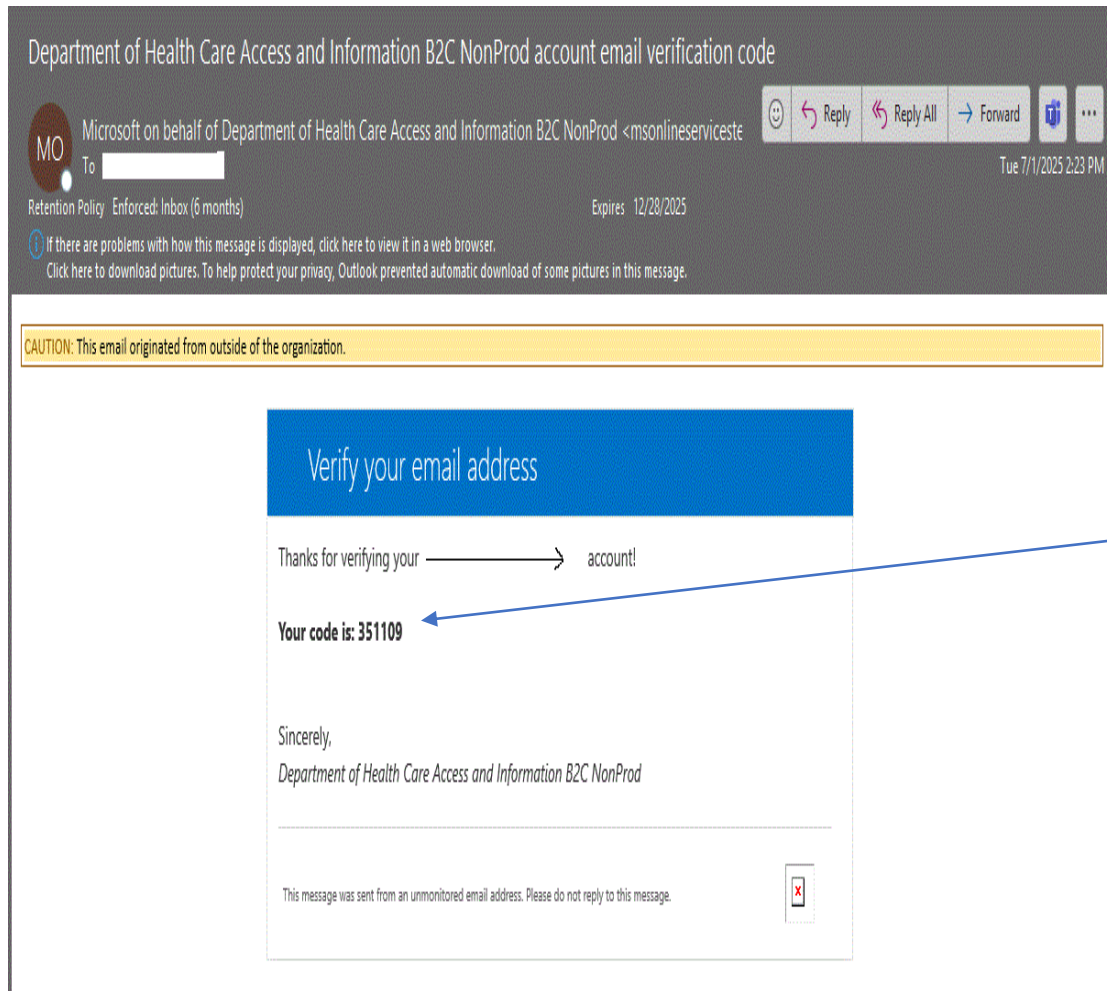
Send verification code

Create

If you are a new applicant, HCAI will need to confirm your email address. Type in your email address and click the “**Send verification code**” button.

Once you receive the verification code that HCAI sends you via email, then you may proceed and complete the remaining fields. Click the “**Create**” button once completed.

# Creating an Account – Part 4



This is an example of the verification code email. You may need to check your junk or spam folder. Save the customized code to continue setting up your account.

# Creating an MBH-SLRP Profile

# Profile – Choose “Individual”

CA HCAI California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

Funding Portal Sign Out zzzF. Scott Fitzgeraldzzz

Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. Give feedback.

Welcome, zzzF. Scott!

You haven't started any applications. Start a new application or visit <https://hcai.ca.gov>

Filter opportunities: All Grant Types

Apply Today

**Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP)**

To provide loan repayment grants to providers working with Medi-Cal and uninsured patients.

Closes 08/15/2025 3:00 PM

Welcome to the HCAI Funding Portal

Start by telling us a little more about the opportunities you might be interested in.

First Name \* zzzF. Scott

Last Name \* Fitzgeraldzzz

I will be applying as an individual  
Select this if you're applying for loan or scholarship programs on your own.

I will be applying on behalf of an organization  
Select this if you're applying on behalf of an organization.

Submit

If you are applying for the Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP), please click **“I will be applying as an individual”** and then select **“Submit”**.

The option to choose “organization” leads to other HCAI grant opportunities and will take you away from the MBH-SLRP application. Please do not select organization.

# Profile – Recommend Completing Profile

The screenshot shows the HCAI Funding Portal interface. At the top left is the HCAI logo with the text "California Department of Health Care Access and Information". To the right are navigation links: "Newsroom", "Public Meetings", "About HCAI", "Subscribe", and "Careers". Below the logo is the "Funding Portal" header with a "Sign Out" button and a user profile icon labeled "zzzF\_Scott\_Fitzgeraldzzz". A light blue notification bar contains the text: "Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. Give feedback." Below this, a larger light blue box says "Welcome, zzzF. Scott!". A message in a light blue box states: "You haven't started any applications yet. Once you've started an application, it will display here. Click on one of the opportunities below to start a new application or visit <https://hcai.ca.gov/workforce/financial-assistance/> for more information." Below the message is a "Filter opportunities:" section with a dropdown menu set to "All Grant Types". Underneath is the "Apply Today" section, which features a card for the "Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP)". The card includes a photo of two men talking, a "Loan Repayment" tag, the program title, a description: "To provide loan repayment grants to providers working with Medi-Cal and uninsured patients.", and a closing date: "Closes 08/15/2025 3:00 PM".

If you are applying for the Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP), you should complete your personal profile first. This will save you some time and effort later in the application process. To do so, please **click your name**.

# Profile – Contact Information

The screenshot shows the HCAI Funding Portal interface. At the top left is the HCAI logo and the text "California Department of Health Care Access and Information". To the right are links for "Newsroom", "Public Meetings", "About HCAI", "Subscribe", and "Careers". Below this is the "Funding Portal" header with a "Sign Out" link and a user profile icon labeled "zzzF. Scott Fitzgeraldzzz". A light blue notification banner reads: "Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. Give feedback. X". A "Back" button is located on the left. A sidebar menu on the left includes "Profile" (expanded), "Contact Information", "Education", "Additional Contacts", "Employment", "Licenses and Certifications", and "Portal Profile Type". The main content area contains the following fields:

- First Name**: Input field containing "zzzF, Scott"
- Last Name \***: Input field containing "Fitzgeraldzzz"
- E-mail \***: Input field containing "{Email Address}"
- Phone Number**: Input field containing "Provide a telephone number"
- Portal Profile Type**: A dropdown menu with "Individual" selected
- Address**: An empty input field

A blue "Save" button is located at the bottom left of the form area. Blue arrows point from the text on the right to the "Contact Information" menu item, the "Save" button, and the "E-mail" field.

The first profile question requires collecting your personal contact information. To navigate please select “**Contact Information**” in the left margin and complete the fields.

When you are done, please select “**Save**”.

Note: If you need to change your email address, contact us at [MBHSLRP@hcai.ca.gov](mailto:MBHSLRP@hcai.ca.gov).

# Profile – Education

The screenshot shows the HCAI Funding Portal interface. At the top left is the HCAI logo and the text "California Department of Health Care Access and Information". To the right are links for "Newsroom", "Public Meetings", "About HCAI", "Subscribe", and "Careers". Below this is the "Funding Portal" header with "Sign Out" and a user profile icon labeled "zzzF\_Scott.Fitzgerald@zzz". A light blue notification bar states: "Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. Give feedback X". A "Back" button is visible. The left sidebar contains a "Profile" dropdown menu with a sub-menu for "Education" selected. A green notification box says "Your profile changes have been saved X". The main content area is titled "Education" and features a table with columns "Institution" and "Degree/Certificate Type". A yellow box at the bottom of the table area contains the text "There are no records to display." A blue button labeled "Add Education to Profile" is located at the bottom right of the table area.

The first profile question requires collecting your personal contact information. Please select **“Education”** in the left margin and complete the fields.

Please click **“Add Education to Profile”**. Clicking this will result in a pop-up box. See pop-up example on next slide.

# Profile – Education (Continued)

CA HCAi California Department of Health Care Access and Information

Funding Portal

← Back

» Profile

Contact Information

Education

Additional Contacts

Employment

Licenses and Certifications

Loans

Create

Please upload an unofficial transcript from an accredited college or university showing any completed Certificates of Achievement, completed undergraduate degrees, or completed graduate degrees that led to your current profession.

Institution \*

Other

Degree Type \*

Select

Upload unofficial transcript. Copies of diplomas will not be accepted in place of unofficial transcripts.

You can upload a maximum of 1 file, up to 90MB. Supported files include pdf, image.

↑ Upload

Submit

**Institution:** The search feature provides a list of schools to choose from. There are hundreds of schools to choose from on this list.

Note: If you do not see your school on the drop-down list, please select “**Other**” and type in the name of your school.

**Degree/Certificate Type:** Associate, Bachelor’s, Certificate of Achievement, JD, Master’s, MD/DO, PhD/PsyD/Doctorate

**Upload Unofficial Transcript:** A copy of your unofficial transcript is needed by HCAI for consideration in issuing a possible award. DO NOT upload a diploma.

Please click “**Submit**”.

# Profile – Additional Contacts

GA HCAI California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

Funding Portal [Sign Out](#) [zzzF.Scott.Fitzgeraldzzz](#)

Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. [Give feedback](#) X

[← Back](#)

» Profile ▾

Your profile changes have been saved X

Contact Information

Education

Additional Contacts

Employment

Licenses and Certifications

## Additional Contacts

[Add Emergency Contact to Profile](#)

Full Name ↑	Email	Phone Number	Additional Contact Relationship
There are no records to display.			

Please click **“Add Additional Contacts to Profile”**. Clicking this will result in a pop-up box.

Reminder: You will need to add two contacts later in the application. See pop-up example on next slide.

# Profile – Additional Contacts (Continued)

The screenshot shows a 'Create' modal form with the following fields and elements:

- First Name \***: Text input field.
- Last Name \***: Text input field.
- Email \***: Text input field.
- Phone Number \***: Text input field with placeholder text 'Provide a telephone number'.
- Additional Contact Relationship \***: Dropdown menu with 'Select' as the current option.
- Submit**: A blue button at the bottom of the form.

Below the dropdown menu, there is a note: "If you are selected for an award, we may contact these individuals in the event we cannot reach you regarding your grant agreement."

The purpose of this page is to collect two additional contacts in case HCAI cannot reach you.

When you have added the additional contact information, please click **“Submit”**.

# Profile – Employment

The screenshot shows the HCAI Funding Portal interface. At the top, there is a navigation bar with the HCAI logo and the text "California Department of Health Care Access and Information". To the right of the logo are links for "Newsroom", "Public Meetings", "About HCAI", "Subscribe", and "Careers". Below the navigation bar, there is a "Funding Portal" header with a "Sign Out" button and a user profile icon labeled "zzzF. Scott Fitzgeraldzzz". A light blue notification banner at the top of the main content area reads: "Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. Give feedback. X". On the left side, there is a sidebar menu with a "Back" button and a "Profile" dropdown menu. The "Profile" dropdown is open, showing a list of profile sections: "Contact Information", "Education", "Additional Contacts", "Employment", "Licenses and Certifications", and "Employment". The "Employment" section is selected and highlighted. A green notification banner at the top of the main content area reads: "Your profile changes have been saved X". Below the notification banner, the "Employment" section is displayed. It features a table with the following columns: "Employer Legal Name ↑", "Primary Employment MBH-SLRP", "Start Date", "Job Title", "Weekly Hours Worked", and "Point of Contact Email Address". A blue button labeled "Add Employment Info to Profile" is located to the right of the table. A blue arrow points from the text on the right slide to this button. At the bottom of the main content area, there is a yellow box with the text: "There are no records to display."

Please click **“Add Employment Info to Profile”**. Clicking this will result in a pop-up box. See pop-up example on next slide.

Note: Do not add any former employment. Only current employment should be on file in your profile.

# Profile – Employment (Continued)

The screenshot shows a 'Create' modal window with the following sections:

- Employment Details**
  - Organization Legal Name \***: A text input field with a blue arrow pointing to it from the explanatory text on the right.
  - Start Date \***: A date picker field showing 'M/D/YYYY'.
  - Job Title \***: A text input field.
  - Weekly Hours Worked for this Employer \***: A text input field.
  - Check this box if your employer is a school or a school-linked organization
- Employer Point of Contact**
  - A grey box with instructions: "Provide the contact information of the supervisor or administrator who will verify your employment and provide your employer's site type, organization NPI, and site payor mix. Failure to provide accurate contact information may result in ineligibility for the program."
  - First Name \***: A text input field.

The purpose of this page is to collect your current employment information which should be an eligible profession for the grant opportunity that you are applying for.

When you have added your employment information (which will include a contact person who will need to verify your employment information), please click “**Submit**”.

**IMPORTANT: If you finish and submit your application, the employment contact person you entered here will be contacted via email. Contacting your employer is a required step in the grant process. Be sure that the email address entered for your employer is correct.**

# Applying – Part 1

Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. [Give feedback](#) X

[← Back](#)

When you have completed all the sections of your profile, you may begin your application. To navigate to the start of the application from here, please click “**Back**”.

- » Profile
- Contact Information
- Education
- Additional Contacts
- Employment
- Licenses and Certifications

## Licenses/Certifications

[Add License/Certification to Profile](#)

License/Credential/Certification/Etc. ID	Issue Date	License/Credential/Certification/Etc. Name ↑	Expiration Date
	12/13/2006	Associate Marriage and Family Therapist Registration	9/13/2025

# Applying – Part 2

Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. Give feedback.

Welcome, zzzF. Scott!

You haven't started any applications yet. Once you've started an application, it will display here. Click on one of the opportunities below to start a new application or visit <https://hcai.ca.gov/workforce/financial-assistance/> for more information.

Filter opportunities:

All Grant Types

Apply Today



**Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP)**

To provide loan repayment grants to providers working with Medi-Cal and uninsured patients.

Closes 08/15/2025 3:00 PM

You may begin your application by clicking on the Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP) icon.

# Applying – Part 3

CA HCAI California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

Funding Portal Sign Out zzzF\_Scott.Fitzgeraldzzz

Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. Give feedback

### HCAI Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP Cycle 2)

Grant Year 2026

Accepting Applications: 05/01/2026, 9:00 AM - 05/29/2026, 3:00 PM

This program provides loan repayment for behavioral health professionals working in Medi-Cal safety net settings.

- Up to \$120,000 per certified practitioner, including AOD or SUD (Alcohol and Other Drug or Substance Use Disorder) Counselors, Certified Peer Support Specialists, Certified Wellness Coaches, Community Health Workers (Promotores/ Representatives), and Mental Health Rehabilitation Specialists.
- Up to \$180,000 per non-prescribing licensed or associate level pre-licensure practitioner, including Associate Clinical Social Workers, Associate Marriage and Family Therapists, Associate Professional Clinical Counselors, Licensed Clinical Psychologists, Licensed Clinical Social Workers, Licensed Marriage and Family Therapists, Licensed Professional Clinical Counselors, Licensed Psychiatric Technicians, Licensed Vocational Nurses, Occupational Therapists, Psychology Associates, and Registered Nurses.
- Up to \$240,000 per licensed practitioner with prescribing privileges, including Addiction Medicine Physicians, Psychiatrists, Addiction Psychiatrists, Child and Adolescent Psychiatrists, Nurse Practitioners, and Physician Assistants.

Learn More [Apply](#)

Medi-Cal Beh  
Loan Repaym

To provide loan repayment grants to providers working with Medi-Cal and uninsured patients.

Closes 08/15/2025 3:00 PM

After clicking on the Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP) application pop-up, please read the information regarding eligible professions and award amounts and click “**Apply**” to start the application process.

# MBH-SLRP Welcome Page

This page outlines what to expect in the application process and the information and documents you may need to prepare before applying. Please click “**Save and Next**” once you have read and are ready to proceed.

Application Contents

- Welcome
- Attestations
- Confirmation

## MBH-SLRP Cycle 2 Pre-Application

### Welcome

We appreciate your interest in the MBH-SLRP. This stage is designed to gather the necessary information to determine your eligibility. Your careful and honest responses will help us understand your background and ensure you meet our program’s criteria. Please review the details below and follow the guided steps.

#### What to Expect:

- **Personal Information:**
  - Share your basic details and background, which form the foundation of your application.
- **Items we recommend you prepare for use during the application process:**
  - Your individual National Provider Identifier (NPI) number (if you have one)
  - Copy of your License/Associate Registration/Certification associated with your current eligible profession
  - Copy of your unofficial college/university transcripts that document education that was required for your profession
  - Copy of your current loan statements for loans associated with your required education
  - name and email address for a current employer point of contact
  - name, email address, and phone number for two personal additional contacts
  - conflict of interest letter (if applicable)
  - legal name change document (if your current legal name does not match the name on your documents)

Thank you for taking this important first step. Your commitment to accuracy ensures that your application will be processed efficiently. We look forward to helping you advance through the MBH-SLRP Application.

Save and Next

🔍 Need Help?  
The resources below can help you understand and complete your application.

📄 [2026 MBH-SLRP Grant Guide](#)

Still need help? Contact us via email:  
✉ [MBHSLRP@HCAI.ca.gov](mailto:MBHSLRP@HCAI.ca.gov)

# MBH-SLRP Attestations Page

GA HCAI | California Department of Health Care Access and Information | Welcome | Help/Support | About HCAI | Settings | Contact

Funding Portal | My Profile | Get Your Attestations

MBH-SLRP Pre-Application

Attestations

I have read and understood the Grant Guide for this program.

I acknowledge

I have read and understood the service obligation and benefit terms described in the Grant Guide.

I acknowledge

I give my permission for iCfA to contact my employer via an electronic Employer Verification Form (EVP) within this application process.

I acknowledge

I will remain in good standing with the Loan Servicer for the duration of this application and selection process, and for the duration of my grant agreement if am awarded.

I acknowledge

I attest that I work full-time within my selected profession. (Note that full-time means at least 32 hours/week of direct services, or at least 30 hours/week of direct services within a school year for school settings).

I acknowledge

I attest that I am not currently on today's California State employee within the CalHR system or planning to be a State employee during the grant period. (The CalHR system does not include employees of California State University, University of California, the California Community College system).

I acknowledge

Funding for this program is limited to the statuses listed below:

- U.S. Citizen
- Lawful permanent residents
- Conditional permanent aliens
- Conditional entrants
- Refugees
- Persons granted asylum
- Persons paroled into the U.S. for at least one year
- Temporary citizens and residents
- Afghan citizens and nationals paroled into the U.S. between July 31, 2021, and September 30, 2023
- Cuban-Haitian Entrants
- Victims of human trafficking
- Selected immigrants-qualified aliens
- Jay Treaty residents

I acknowledge that I am one of these statuses.

Funding for this program is limited to the professions listed below:

- Addiction Medicine Physician
- AODI (Alcohol and Other Drug Counselor)
- Associate Clinical Social Worker
- Associate Marriage and Family Therapist
- Associate Professional Clinical Counselor
- Certified Peer Support Specialist
- Certified Wellness Coach
- Community Health Worker (Promotor/Recreationalist)
- Licensed Clinical Psychologist
- Licensed Marriage and Family Therapist
- Licensed Clinical Social Worker
- Licensed Psychiatric Technician
- Licensed Professional Clinical Counselor
- Mental Health Rehabilitation Specialist
- Licensed Vocational Nurse
- Groupwork Therapist
- Nurse Practitioner
- Physician Assistant
- Psychology Associate
- Psychiatric Nurse (Including Addiction and Child and Adolescent Psychiatric)
- Registered Nurse

I acknowledge that I work in one of these professions.

Previous Save and Next

This is the attestations page. Please read all the options carefully to confirm you meet the requirements of the program.

Checking all the boxes is necessary to move forward with your application.

Please click “**Save and Next**” after you have checked all the acknowledgements.

# MBH-SLRP Confirmation Page

CA HCAI California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

Funding Portal Sign Out Scott Fitzgerald

Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. [Give feedback.](#)

## Confirmation

Thank you for reaching this stage in the pre-eligibility process. Your progress so far is greatly appreciated. Before you begin filling out your full application, please note that you must be logged in to continue.

When you click "Submit," if you are not already logged in, you will be redirected to [Login](#) or [Sign Up](#) (if you don't have an account already). If you are logged in, you will be taken directly to the application fulfillment process.

*Logging in ensures that your application data is securely saved and allows us to track your progress*

Next Steps:

- **Log In or Register:**  
Please sign in to your account. If you don't have an account yet, you'll need to register before proceeding. This step guarantees that all your application details remain secure and accessible.
- **Begin Your Full Application:**  
Once logged in, you can continue the application process. This will enable you to provide additional details and finalize your application.

By proceeding, you acknowledge that you have read and understood these instructions. Thank you for your continued interest in our program. We look forward to guiding you through the next steps.

[Previous](#) [Submit](#)

This is a final confirmation to ensure that you are logged in and have a profile set-up.

Please click “**Submit**” once you are ready to proceed.

# Starting the MBH-SLRP Application

# MBH-SLRP Profession Page

The screenshot shows the 'MBH-SLRP Cycle 2 Application' page. On the left is a blue sidebar with 'Application Contents' including: Profession (selected), Licenses, Associate Registrations, Credentials, Certifications, and Certificates, Education, Service Obligation, Conflict of Interest, Employment, Loan Information, Additional Questions, Additional Contacts, Profile Confirmation, and Application Certification. The main content area has a header 'Funding Portal' and navigation links for 'English', 'Sign Out', and a user profile 'zzzlesszzzMac'. The 'Profession' section has a dropdown menu with the instruction 'Please select your profession from the dropdown list.\*'. Below it is a text input field for the 'National Provider Identifier (NPI) number' with the instruction 'What is your individual National Provider Identifier (NPI) number?\*' and a checkbox for 'I do not have an individual National Provider Identifier (NPI) number.'. A 'Save and Next' button is at the bottom. A 'Need Help?' section on the right provides resources like the '2026 MBH-SLRP Grant Guide' and contact information for 'MBHSLRP@HCAI.ca.gov'.

**Profession:** Select a profession from the dropdown list. If your profession is not listed, it is not eligible for this program.

**National Provider Identifier (NPI) number:** If you have an NPI, please provide it.

If you do not have an NPI, check “**I do not have an individual National Provider Identifier (NPI) number**”.

Please click “**Save and Next**” when complete.

# MBH-SLRP Licenses and Certifications

Funding Portal

English - Slot

Application Contents

- Profession
- Licenses, Associate Registrations, Credentials, Certifications, and Certificates**
- Education
- Service Obligation
- Conflict of Interest
- Employment
- Loan Information
- Additional Questions
- Additional Contacts
- Profile Confirmation
- Application Certification

MBH-SLRP Cycle 2 Application  
App-MBH-SLRP-9341

## Licenses, Associate Registrations, Credentials, Certifications, and Certificates

You must have a current and valid license, registration, or certification with documentation for your Profession. For your document upload, you must provide an official document with the following information:

- Applicant name
- License, registration, or certification type
- License, registration, or certification number
- Expiration date showing license, registration, or certification is current

Add New

License/Credential/Certification/Etc. ID	Issue Date	License/Credential/Certification/Etc. Name ↑	Expiration Date
There are no records to display.			

Previous Save and Next

You will be asked to upload a copy of your license, registration, or certification that is required for your profession.

Click **“Add New”** and a pop-up will appear.

See pop-up example on next slide.

Please click **“Save and Next”** when complete.

# MBH-SLRP Licenses and Certifications (Continued)

The screenshot shows a 'Create' form with the following fields and sections:

- License/Associate Registration/Credential/Certification/Certificate Name \***: A text input field with a search icon.
- License/Associate Registration/Credential/Certification/Certificate ID \***: A text input field.
- Issue Date \***: A date picker with the format M/D/YYYY.
- Expiration Date \***: A date picker with the format M/D/YYYY.
- My certification does not expire.**
- Upload a copy of your License/Associate Registration/Credential/Certification/Certificate.**: A section with instructions: "You can upload a maximum of 1 file, up to 90MB. Supported files include pdf, image." and an "Upload" button.
- Submit**: A blue button at the bottom of the form.

After you select “**Add New**” from the Licenses and certifications page, you will see a pop-up that looks like this.

**License/Associate Registration/Certification:** HCAI provides a dropdown list of professions for you to choose from. Choose the one which is required for your submitted profession.

**License/Associate Registration/Certification ID:** Provide your license or certificate number.

Please upload a copy of the license or certification which includes your name, license number, and expiration date showing it is current.

We will accept a screenshot of your license/registration/certification from the California State Department of Consumer Affairs website.  
<https://search.dca.ca.gov/>

Please click “**Submit**”.

# MBH-SLRP Education

GA HCAi California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

English Sign Out zzzless zzzMac

Funding Portal

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MBH-SLRP Cycle 2 Application  
App-MBH-SLRP-9341

**Education**

Please upload an unofficial transcript from an accredited college or university showing any completed Certificates of Achievement, completed undergraduate degrees, or completed graduate degrees that led to your current profession.

[Add New](#) [Add from Profile](#)

**⚠ You must list at least one education record to continue with this application.**

Institution	Degree/Certificate
There are no records to display.	

[Previous](#) [Save and Next](#)

**Need Help?**  
The resources below can help you understand and complete your application.  
[2026 MBH-SLRP Grant Guide](#)  
Still need help? Contact us via email:  
[MBHSLRP@HCAI.ca.gov](mailto:MBHSLRP@HCAI.ca.gov)

Here you are presented with two options. If you already provided your education information in the profile page, you could save time by importing that information. To do so click, **“Add from profile”**. If you did not add this information in your profile, click **“Add New”** and a pop-up will appear.

See pop-up example on next slide.

**NOTE:** You must upload a transcript (not a diploma) showing your degree or program, that was required for your profession, was completed.

After uploading, click **“Save and Next”** to continue with the application.

# MBH-SLRP – Education (Continued)

The screenshot shows the 'Education' section of the MBH-SLRP application. A 'Create' modal is open, displaying the following fields and instructions:

- Instructions:** Please upload an unofficial college or university transcript for completed Certificates of Achievement or completed undergraduate and graduate degrees from an accredited college that led to your current profession.
- Institution \*:** A search box with a magnifying glass icon.
- Degree/Certificate Type \*:** A dropdown menu with 'Select' as the current option.
- Upload Unofficial Transcript\*:** A section with the text 'You can upload a maximum of 1 file, up to 90MB.' and an 'Upload' button with an upward arrow icon.
- Submit:** A blue button at the bottom of the modal.

The background application shows a sidebar with navigation options: Profession, Licenses, Associate Registrations, Credentials, Certifications, and Certificates; Education (selected); Service Obligation; Conflict of Interest; Employment; Loan Information; Additional Questions; Additional Contacts; Profile Confirmation; and Confirmation. The main content area has a heading 'Education' and a sub-heading 'Please upload all Certificates of Achievement or underg...'. Below this is a table with the heading 'Institution' and a message 'There are no records to display.' at the bottom.

**Institution:** The search feature provides a list of schools to choose from. There are hundreds of schools on this list. Note: If you do not see your school on the drop-down list, please select “**Other**” and type in the name of your school.

**Degree/Certificate Type:** Associate, Bachelor’s, Certificate of Achievement, JD, Master’s, MD/DO, PhD/PsyD/Doctorate

**Upload Unofficial Transcript:** A copy of your unofficial transcript is required. Diplomas will not be accepted in place of transcripts.

**NOTE:** You will not be able to move forward in the application if you upload transcripts for degrees at a higher level than is required for your profession.

Please click “**Submit**”.

# MBH-SLRP Service Obligation

CA HCAI California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

Funding Portal Sign Out Scott Fitzgerald

Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. Give feedback X

MBH-SLRP Application

- ✓ Profession
- ✓ Licenses, Associate Registrations, Credentials, Certifications, and Certificates
- ✓ Education
- Service Obligation
- Conflict of Interest
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- Confirmation

## Service Obligation

**Do you currently have a service obligation from another program? \***

A service obligation is a commitment to work in a specific setting type for a specific amount of time as result of receiving funding from a program or organization.

Yes

No

**What is the end date of your obligation? \***

M/D/YYYY

Previous Save and Next

**Do you have a service obligation from another program?** In other words, did you receive a monetary award from HCAI, or another organization, with the condition that you must work during the proposed grant term for this application?

If you answer **“Yes”**, additional questions will appear.

If you have a current service obligation, it must end prior to the start of this program's service obligation. You cannot have overlapping service obligations.

If you answer **“No”**, then you are free to move onto the next page.

Please click **“Save and Next”**.

# MBH-SLRP Conflict of Interest

Funding Portal

English Sign Out zzzless zzzMac

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## MBH-SLRP Cycle 2 Application

App-MBH-SLRP-9341

### Conflict of Interest

Do you work for, or have you ever worked for the State of California (including CCC, CSU, UC)? \*

Yes

No

Please select from the following list in what capacity you worked for the State of California and upload a conflict of interest statement.

(Check all that apply): \*

Contractor x Permanent Employee x Permanent Intermittent Employee x +2  
Select

Provide a letter confirming that you do not have a conflict of interest for this program. See this downloadable template for reference.

Upload your conflict of interest letter \*

Change File Test Screenshot 2026-01-20 132329.png Delete

Previous Save and Next

### Need Help?

The resources below can help you understand and complete your application.

2026 MBH-SLRP Grant Guide

Still need help? Contact us via email:

MBHSLRP@HCAI.ca.gov

Here you are asked if you have a conflict of interest (COI).

Employment within the CalHR system is not eligible for fulfillment of the service obligation. If you currently work for the State of California, you will not be eligible to apply for this grant opportunity. However, if you worked for the State of California in the past, you may still be eligible. Please report that work experience. This needs to be reported and a COI letter is required. The California State Controller's Office may stop a payment if they detect a possible conflict of interest.

The CalHR system does not include employees of California State University, University of California, or the California Community College system. If you currently or in the past worked for CSU, UC, or CCC, you may still be eligible. This needs to be reported and a COI letter is required. If you answer "Yes", additional questions will appear.

If you answer "Yes", please upload a Conflict of Interest (COI) letter where you provide the name and dates of your previous State of California employment.

If you answer "No", then you are free to move onto the next page.

Please click "Save and Next".

# MBH-SLRP Employment

Funding Portal English Sig

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MBH-SLRP Cycle 2 Application  
App-MBH-SLRP-9341

## Employment

List at least one current or future employer that would qualify you for this award. If you are not currently employed, you must start by October 1, 2026, and you must upload a signed offer letter to qualify for this award. Please note that the point of contacts for each employment added to the list below will be contacted to verify your employment. Do not list previous employments.

[Add New](#) [Add from Profile](#)

**⚠ You must list at least one employment to continue with this application.**

Employer Legal Name ↑	Start Date	Job Title	Weekly Hours Worked	Point of Contact Email Address
-----------------------	------------	-----------	---------------------	--------------------------------

There are no records to display.

[Previous](#) [Save and Next](#)

You will be asked to provide at least one current or future employer that qualifies you for this award in order to meet the required future service obligation.

Here you are presented with two options.

If you already provided your employment information in the profile page, you could save time by importing that information. To do so click **“Add from Profile”**.

If you did not add this information in your profile, click **“Add New”** and a pop-up will appear.

See pop-up example on next slide.

**NOTE:** Do NOT list former employment. Former employment cannot be used to fulfill the service obligation.

Please click **“Save and Next”**.

# MBH-SLRP – Employment (Continued)

Create

### Employment Details

Organization Legal Name \*

Start Date \*  
M/D/YYYY

Job Title \*

Weekly Hours Worked for this Employer \*

Check this box if your employer is a school or a school-linked organization

### Employer Point of Contact

Provide the contact information of the supervisor or administrator who will verify your employment and provide your employer's site type, organization NPI, and site payor mix. Failure to provide accurate contact information may result in ineligibility for the program.

First Name \*

The purpose of this page is to collect your current employment information which should be an eligible profession with the grant opportunity that you are applying for. Do not add any former employment.

**NOTE:** If your start date is in the future, you must start by October 1, 2026 and you will need to upload a signed offer letter.

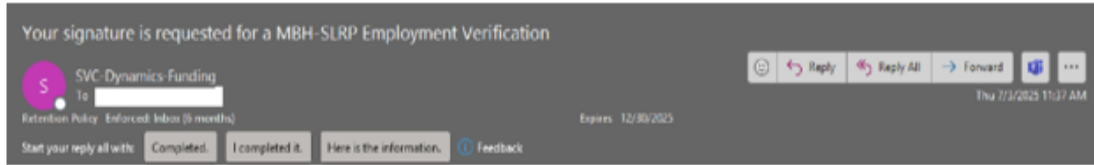
You will need to provide a name and email address for a contact person at your organization who will verify your weekly hours and provide information to determine site eligibility. **Be sure that you enter a valid email address for your point of contact.**

When you have added your employment information, please click **“Submit”**.

**IMPORTANT:** If you finish and submit this application, the person you put in this part will be contacted via email. Contacting your employer is a required step in the grant process.

# MBH-SLRP – Employment (Follow-Up)

**IMPORTANT:** You will not see this, nor be sent a copy.



← Your employer's contact person will receive an email that looks like this.

Hi **{Employment Contact Person's Name}**,

Your employee, **{Your Name}**, has applied to HCAI's Medi-Cal Behavioral Health Student Loan Repayment Program. As part of the application we must verify **{Your Name}** employment.

Please fill out and submit an Employment Verification Form for the listed employee within 5 business days of this email using [this link](#).

Thanks, HCAI Team

**NOTE:** If you need to change the point of contact or have the email re-sent to your point of contact, you can do so by logging into the HCAI Funding Portal at:

<https://fundingportal.hcai.ca.gov>

← See next slide for what the employer contact will see when they click this link.

# MBH-SLRP – Employment (Follow-Up)

**IMPORTANT:** You will not see this, nor be sent a copy. There is nothing for you to complete. Your employer contact must complete and submit this information to HCAI.

The screenshot shows the HCAI Funding Portal interface. At the top, there is a navigation bar with the HCAI logo and the text 'California Department of Health Care Access and Information'. Below the navigation bar, there is a 'Funding Portal' header. A button labeled '< Back to Grant Page' is visible. The main content area is titled 'Medi-Cal Behavioral Health Employment Verification Form' and includes a 'Release of Information' section. The release of information text states: 'This employee has authorized the Release of Information to the California Department of Health Care Access and Information (HCAI) concerning their employment and to provide any information necessary to establish eligibility for the Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP) and the associated service obligation.' Below this, there are sections for 'Employee's First and Last Name' and 'MBH-SLRP Information'. The MBH-SLRP information text states: 'Your employee has applied for or been awarded from the Medi-Cal Behavioral Health Student Loan Repayment Program. This program provides loan repayment for behavioral health professionals with educational debt in exchange for a service obligation. Please provide the requested information about your employee and their practice site to the best of your knowledge for eligibility determination.' At the bottom of the form, there is a 'Save & Next' button.

After clicking the link that was provided to your employer contact via email, it will open a portion of the application specifically assigned to them, and this is what they would see.

Your employer point of contact will need to provide information about your practice site, include the site address, site NPI (National Provider Identifier) number, practice setting type, and answer if specialty behavioral health services are provided on site.

Depending on the setting type, your employer will also be asked to provide site payer mix, and select the types of behavioral health services offered on site.

If your employer has questions about completing the form, they can contact us at [MBHSLRP@hcai.ca.gov](mailto:MBHSLRP@hcai.ca.gov).

# MBH-SLRP Loan Information

Funding Portal

English Sign Out zzzless zzzMac

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## MBH-SLRP Cycle 2 Application

App-MBH-SLRP-9341

### Loan Information

I understand the service obligation requirements for my profession and loan repayment amount as detailed in the grant guide. \*

- Yes  
 No

#### Need Help?

The resources below can help you understand and complete your application.

2026 MBH-SLRP Grant Guide

Still need help? Contact us via email:

MBHSLRP@HCAI.ca.gov

On this page, you will need to provide loan information, and confirm you understand the required service obligation.

You must click **"Yes"** to confirm you understand the required service obligation to proceed.

### Loan Account

Please ensure the information below is accurate. If you have multiple loans on one loan statement which are serviced by the same lender, share an account number, and are reported together: We require that you combine these loans into one submission with one upload.

Add new

You must list at least one loan to continue with this application.

Borrower ↑	Loan Servicer	Lender Account Number	Current Balance	Origination Date
------------	---------------	-----------------------	-----------------	------------------

There are no records to display.

#### Course of Study Debt \*

How much of your student debt is directly attributed to the course of study that led to the highest degree or certificate that was required for your profession? (Note: this field is locked and calculated as the sum of "Current Balance" values entered on the Loan Account grid above)

0

Click **"Add New"** and a pop-up will appear to provide your Loan information.

See pop-up example on next slide.

Please click **"Save and Next"** after you have finished uploading your loans.


Previous Save and Next

# MBH-SLRP – Loan Information (Continued)


Add Loan Information

**Lender Account Number \***

**Origination Date**

**Loan Servicer \***

**Other Loan Servicer**

**Current Balance \***

**Attach Loan Statement \***

Please ensure loan statement includes name, account number, current balance, and description of type of loan.

You can upload a maximum of 1 file, up to 90MB. Supported files include pdf, image.

The purpose of this page is to collect your current loan servicer information and debt amount.

If you have multiple loans on one loan statement which are serviced by the same lender, share an account number, and are reported together: We require that you combine these loans into one submission with one upload. Enter the earliest origination date in this case.

NOTE: If you do not see your Loan Servicer on the drop-down list, please select “**Other**” and type in the name and contact information.

You will need to upload a recent statement or Printable Account Information document from your loan servicer to verify your loans as eligible for repayment. HCAI is requesting the document to be dated within the last 60 days.

**IMPORTANT:** Please ensure the uploaded document includes name, account number, current balance for each loan, and description of type of loans.

Please click “**Submit**”.

# MBH-SLRP – Additional Questions

Funding Portal

English Sign

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MBH-SLRP Cycle 2 Application

App-MBH-SLRP-9341

## Additional Questions

Have you received/participated in any of the following: \*

- The Health Resources and Services Administration's (HRSA) Scholarship for Disadvantaged Students.
- Federal Supplemental Educational Opportunity Grant (FSEOG).
- Pell Grants.
- Perkins Loan.
- Work Study Program.
- California College Promise Grant from a California Community College.
- Food Stamp Program (e.g., CalFresh, SNAP, EBT).

Yes

No

Have you completed at least two (2) years of work or training in a Medi-Cal safety net setting? \*

Medi-Cal Safety Net Settings:

1. Federally Qualified Health Centers (FQHC)
2. Community Mental Health Centers (CMHC)
3. Rural Health Clinics (RHC)
4. Settings with the following payer mix:
  1. Hospitals with 40 percent or higher Medicaid and/or uninsured population
  2. Rural hospitals with 30 percent or higher Medicaid and/or uninsured population, or
  3. Other behavioral health settings with 40 percent or higher Medicaid and/or uninsured population.

Yes

No

Select all the Medi-Cal safety net settings that make up your Medi-Cal safety net setting experience. (Select all that apply): \*

Select

Have you ever received/participated in any of the following?

Have you completed at least two (2) years of work or training in a Medi-Cal safety net setting?

- **If yes**, you will be asked to list the Medi-Cal safety net organizations that you have worked for and the years you worked there.

Select all the Medi-Cal safety net settings that make up your Medi-Cal safety net setting experience. (Select all that apply)

Please scroll further down the page.

# MBH-SLRP – Additional Questions (continued)

Do you speak any of the listed languages fluently/well enough to be able to provide direct care services to clients without additional translation services? Check all that apply.

- Any Indigenous and/or Tribal languages
- Any Sign Languages
- Arabic
- Armenian
- Cambodian
- Chinese
- Farsi
- Hindi
- Hmong
- Japanese
- Korean
- Laotian
- Mien
- Punjabi
- Russian
- Spanish
- Tagalog
- Thai
- Ukrainian
- Vietnamese

Do you speak any of the listed languages fluently/well enough to be able to provide direct care services to clients without additional translation services? Check all that apply.

Please click **“Save and Next”**.

Previous

Save and Next

# MBH-SLRP Additional Contacts

CA HCAI California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

Funding Portal Sign Out Sign From My Profile

Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. Give feedback X

MBH-SLRP Application

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- Additional Contacts
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- Confirmation

## Additional Contacts

Please provide at least two additional contacts.

Add New Add from Profile

Full Name ↑	Email	Phone Number	Additional Contact Relationship
There are no records to display.			

Previous Save and Next

You will be asked to provide a least two additional contacts that HCAI can contact if we are unable to reach you.

You are presented with two options. If you already provided your additional contact information in the profile page, you could save time by importing that information. To do so click **“Add from profile”**. If you did not add this information in your profile, click **“Add New”** and a pop-up will appear.

See pop-up example on next slide.

Please click **“Save and Next”**.

# MBH-SLRP Additional Contacts (Continued)

The screenshot shows the 'Additional Contacts' page in the MBH-SLRP application. The page title is 'Additional Contacts' and it includes the instruction 'Please provide at least two additional contacts.' Below this, there is a table with a header 'Full Name ↑' and a message 'There are no records to display.' At the bottom of the page are 'Previous' and 'Save and Next' buttons. A 'Create' modal is open in the foreground, containing the following fields: 'First Name \*', 'Last Name \*', 'Email \*', 'Phone Number \*' (with the placeholder 'Provide a telephone number'), and 'Additional Contact Relationship \*' (a dropdown menu with 'Select' chosen). A 'Submit' button is at the bottom of the modal. Blue arrows point from the text on the right to the 'First Name' field and the 'Submit' button.

The purpose of this page is to collect **two** additional people to contact in case HCAI cannot reach you. You must add **two** people as additional contacts for the MBH-SLRP Program.

NOTE: These should be personal contacts, not professional contacts.

Each contact must have a different email address and a different phone number.

Please click **“Submit”**.

# MBH-SLRP – Profile Confirmation

The screenshot shows the 'Profile Confirmation' page for the MBH-SLRP Cycle 2 Application. The page includes a navigation sidebar on the left with 'Profile Confirmation' selected. The main content area contains several sections: a 'Need Help?' box, a confirmation statement, input fields for 'First Name', 'Last Name', 'Phone Number', and 'Email', a 'Personal Address' field with a checkmark, another confirmation statement, a checked 'I Agree' box, and an unchecked 'Legal Name Change?' box. At the bottom are 'Previous' and 'Save and Next' buttons. Blue arrows point from external text blocks to the 'Phone Number' field, the 'I Agree' box, the 'Legal Name Change?' box, and the 'Save and Next' button.

Funding Portal

English Sign Out zzzjess zzzMac

MBH-SLRP Cycle 2 Application

Profile Confirmation

Please review your profile information and confirm that it is accurate and up to date.

**First Name \***  
zzzjess

**Last Name \***  
zzzMac

**Phone Number \***  
(916) 326-3899

**Email \***  
MBHSLRP@hcai.ca.gov

**Personal Address**  
2020 West El Camino Avenue, Sacramento, CA 95833 ✓

My profile information as it appears on this page is accurate and up to date.

**I Agree \***

Check this box if you have changed your name. If so, upload proof of legal name change.

**Legal Name Change?**

Previous Save and Next

**Need Help?**  
The resources below can help you understand and complete your application.  
2026 MBH-SLRP Grant Guide  
Still need help? Contact us via email:  
MBHSLRP@HCAI.ca.gov

Your contact information should be populated when you see this screen.

The intent is to confirm that your information is accurate. If there is an error, please make the necessary corrections as it may result in a delay of an award or payment.

If you are satisfied with your profile information, please check the “**I Agree**” box.

If you have had a legal name change, and the name on any of your documents does not match your current legal name, please check the name change box which will allow you to upload proof of legal name change such as a court order or marriage certificate.

Please click “**Save and Next**”.

# MBH-SLRP – Application Certification

Funding Portal

English Sign

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MBH-SLRP Cycle 2 Application  
App-MBH-SLRP-9341

## Application Certification

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Department of Health Care Access and Information (HCAI) to verify any information submitted as part of this application. I understand that the falsification of information contained in my application will disqualify my application. I understand that if falsification is discovered after I have been awarded or if I breach my contract, I will be required to repay funds awarded, plus interest and administrative fees. I understand that once submitted, my application and supporting documents become the property of HCAI.

I understand that, if awarded the Loan Repayment, I am agreeing to the below terms:

- Return all correspondence in a timely manner
- Sign a grant agreement. I would be entering into a signed, grant agreement with the Department of Health Care Access and Information (HCAI)
- When requested by HCAI, have my employer submit an Employer Verification Form (EVF) to HCAI
- Maintain employment at a qualified facility throughout the service obligation
- Notify HCAI immediately of any changes to my address, email, phone number, employment, and any leave of absence from work
- Not accept any other awards with other entities, including other HCAI programs that require me to fulfill a contract that overlaps with this service obligation
- Subject to repaying funds received, with interest, and any penalties associated if I do not comply with the terms of the grant agreement.

I agree. I understand my employer will receive the EVF upon submission of my application. \*

Previous

Submit

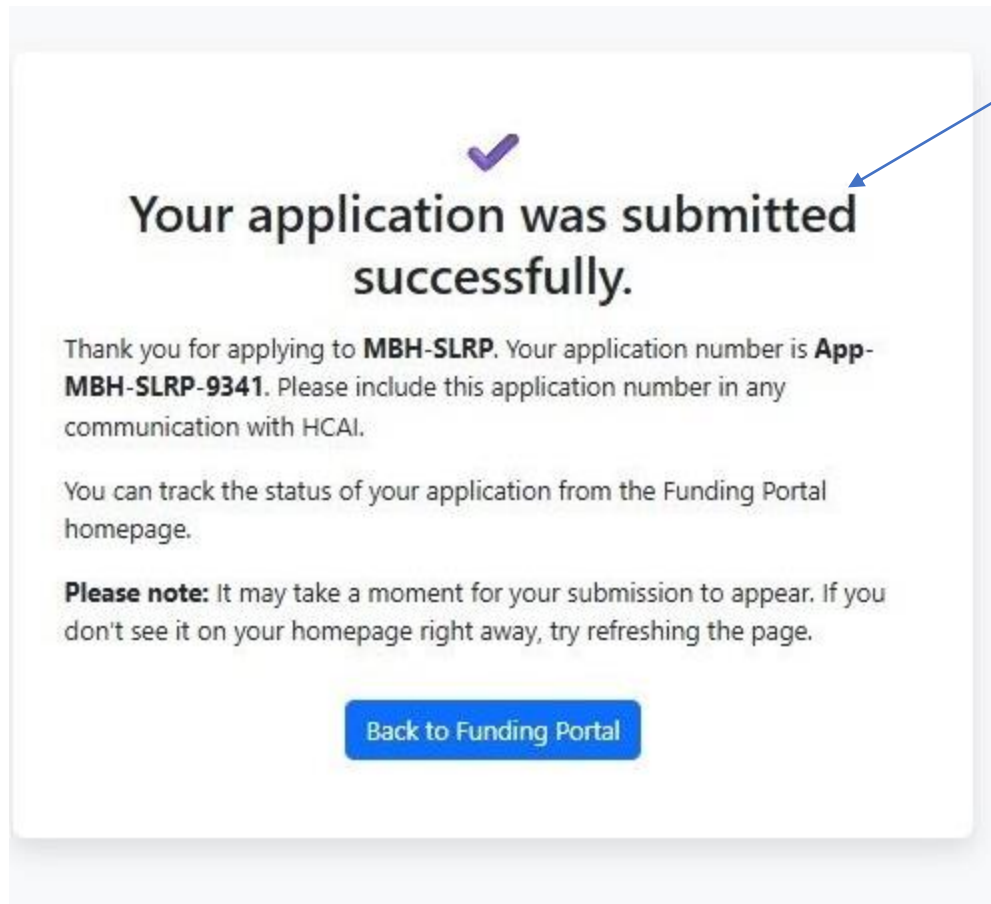
This is the final page of the MBH-SLRP application. Please read all the information.

If you agree to the terms, please check the “I agree” box.

Please click “Submit” when complete.

**IMPORTANT: This will be your last chance to make an edit to your application. Once you click “Submit” you will no longer be able to make changes to your application. Please contact us at [MBHSLRP@hcai.ca.gov](mailto:MBHSLRP@hcai.ca.gov) prior to the deadline if you need to edit after submitting.**

# MBH-SLRP – Submission Successful



This is the final message you will see after you have successfully submitted your application.

Take note of your application number and provide this number if you need to contact us.

Thank you for applying.

# Questions?

**Email:** [MBHSLRP@hcai.ca.gov](mailto:MBHSLRP@hcai.ca.gov)

**Phone:** 916-326-3899

**Hours of Operation:** Monday through Friday 8:00 a.m. to 5:00 p.m.