HCAi
Department of Health Care Access and Information

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

Department of Health Care Access and Information

July 2025

Background and Mission

- HCAI is offering this 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

Informational Webinar: July 9, 2025 and July 10, 2025

Application released: July 1, 2025

Application deadline: August 15, 2025

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

Before You Apply

- Applicants must agree to the terms and conditions 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.

Information to Gather

- Employer contact information so they can be sent an **Employment Verification Form (EVF)**.
- If you worked or volunteered for the State of California in the past, you will need to submit a **Conflict-of-Interest (COI)** letter (a template is available at the end of the application).
- A copy of your unofficial transcript.
- A professional license or certificate number (if the category requires it).
- Loan servicer information which should include the following: Lender account number, origination date, loan servicer, current balance, repayment amount requested, and most current eligible loan statement(s).
- Two additional points of contacts which will include their full name, phone number and email.
- National Provider Identification number.

Available Funding

- Total MBH-SLRP Funding Available is **$90,100,000**

- Up to **$120,000** per certified practitioner, including AOD (Alcohol and Other Drugs) 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.

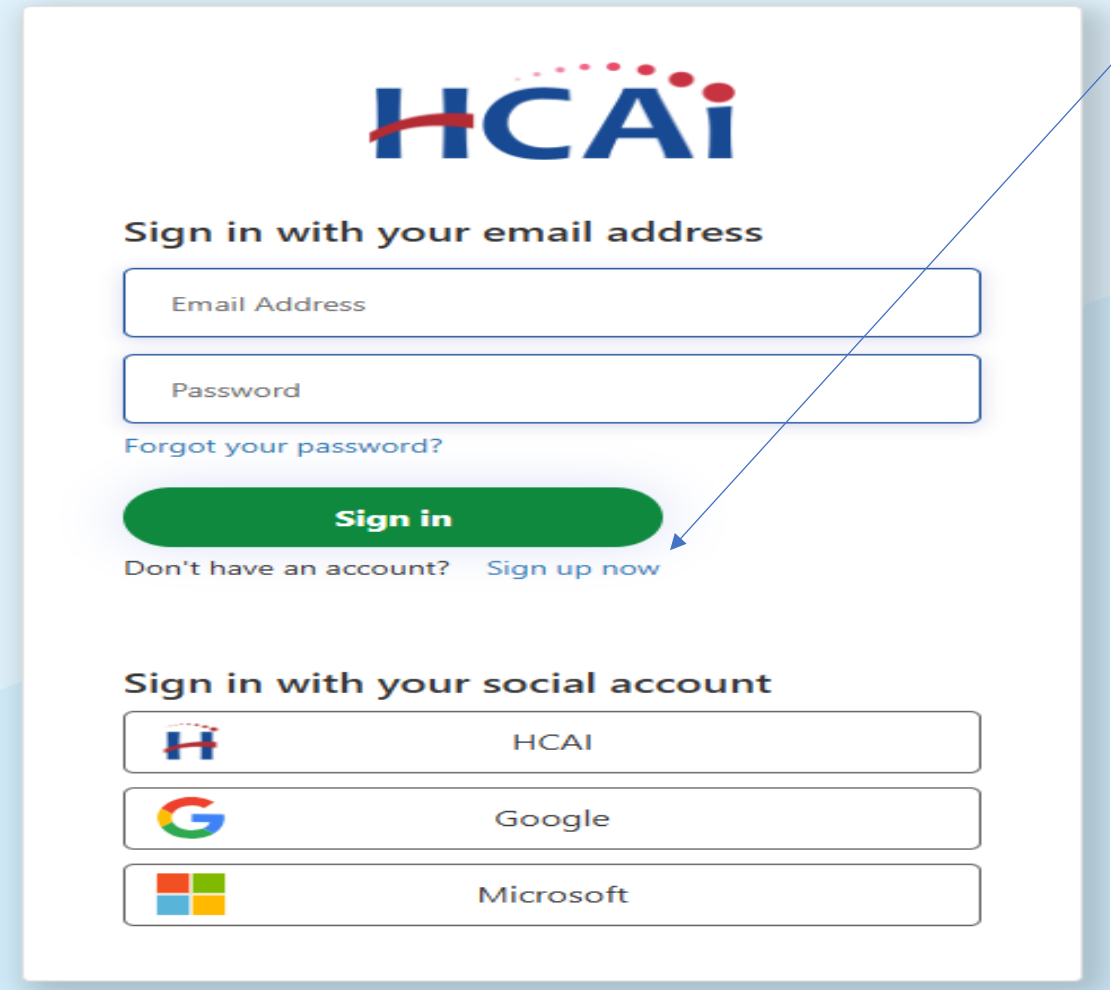
Helpful Resources

- 2025 MBH-SLRP Homepage
- 2025 MBH-SLRP Grant Guide
- 2025 MBH-SLRP Application

Creating an Account – Part 1

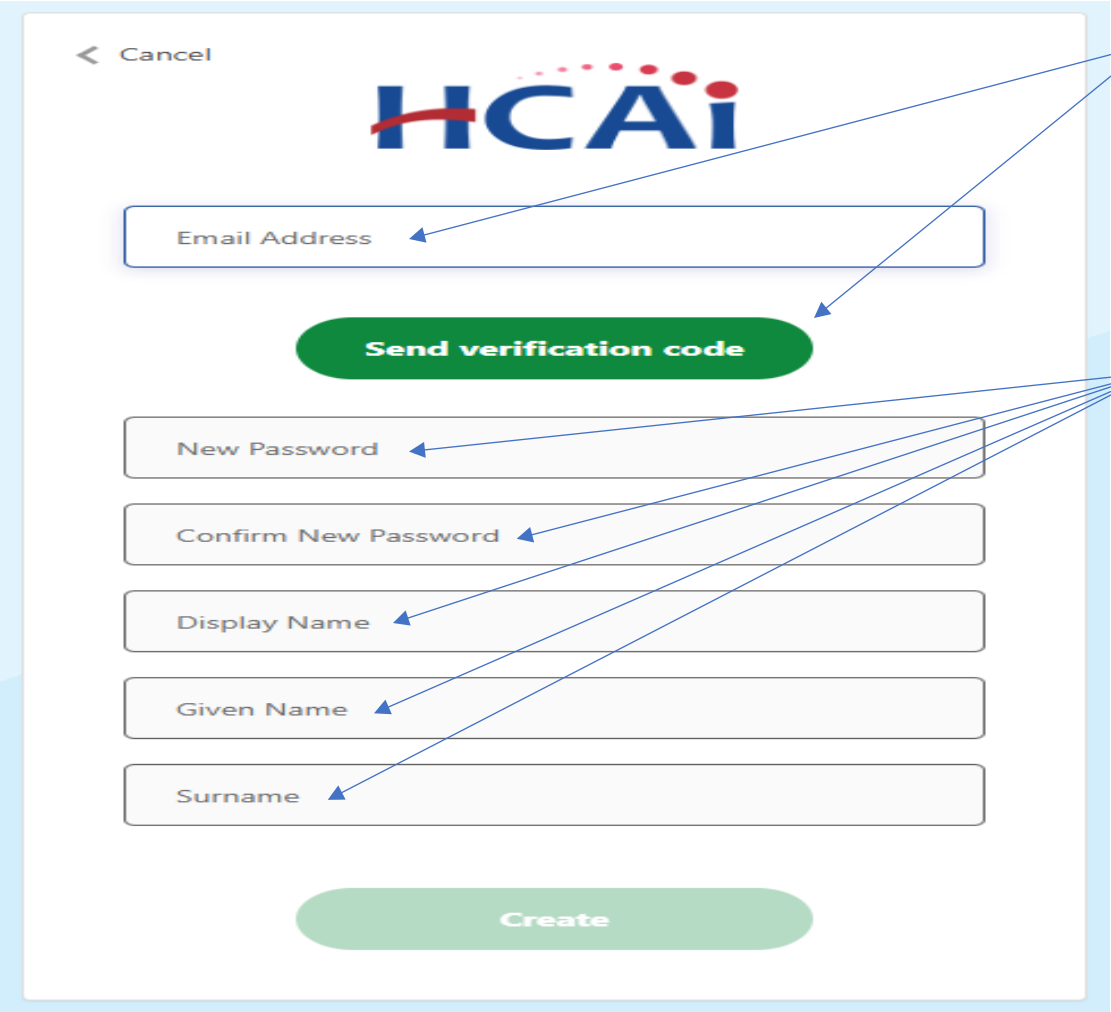
If you are a **new** applicant, click "**Log In**".

Creating an Account – Part 2



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

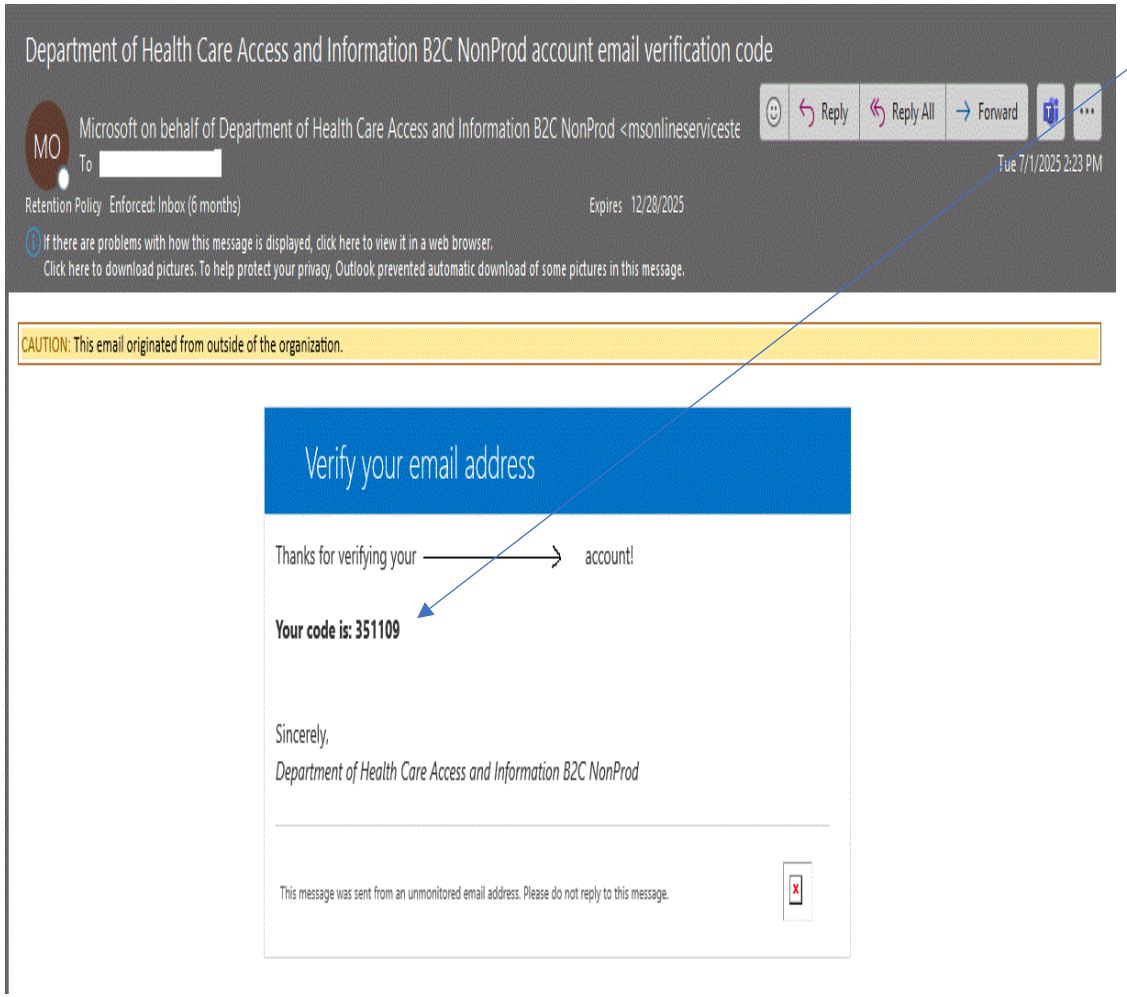
Creating an Account – Part 3



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.

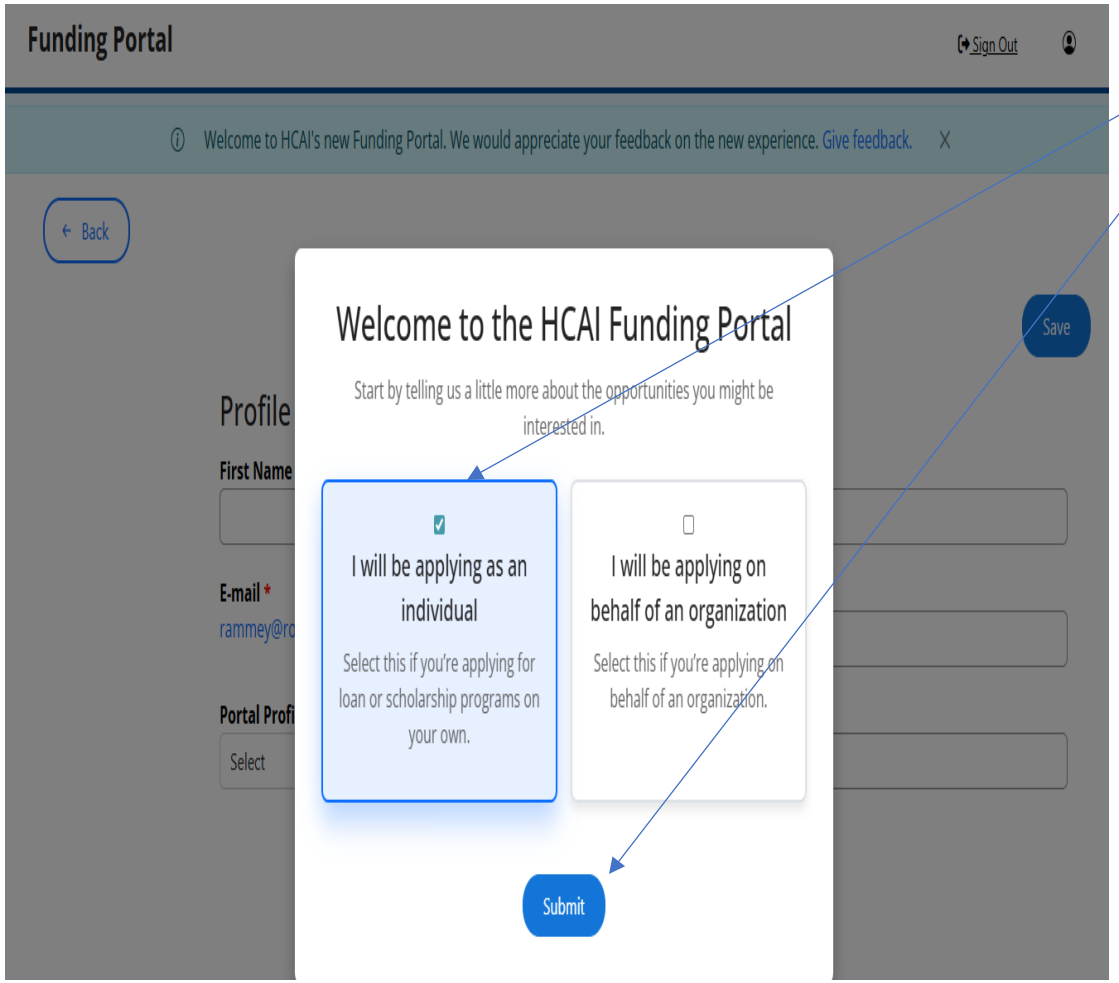
Creating an Account – Part 4



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

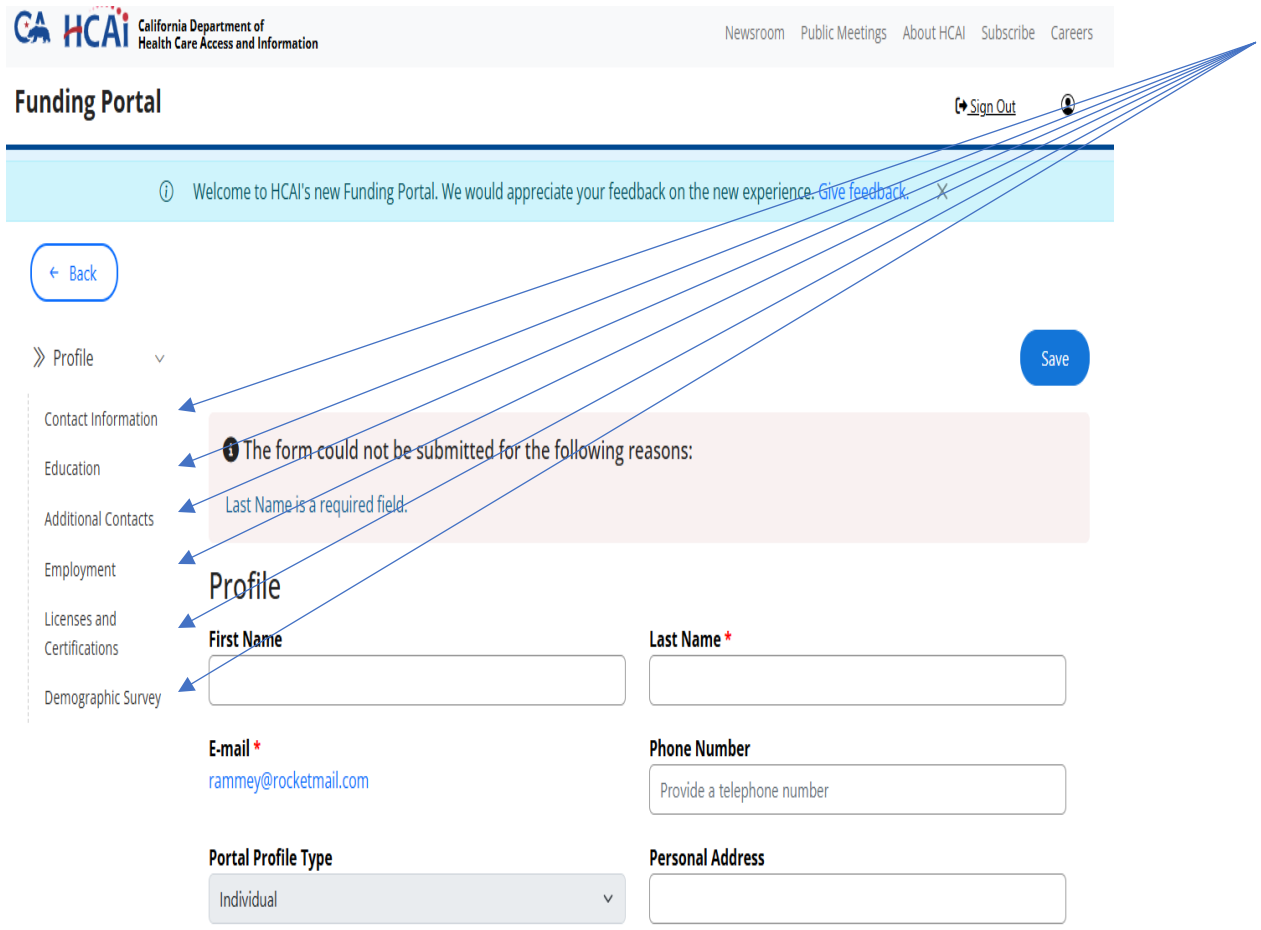
Profile – Choose “Individual”



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**”.

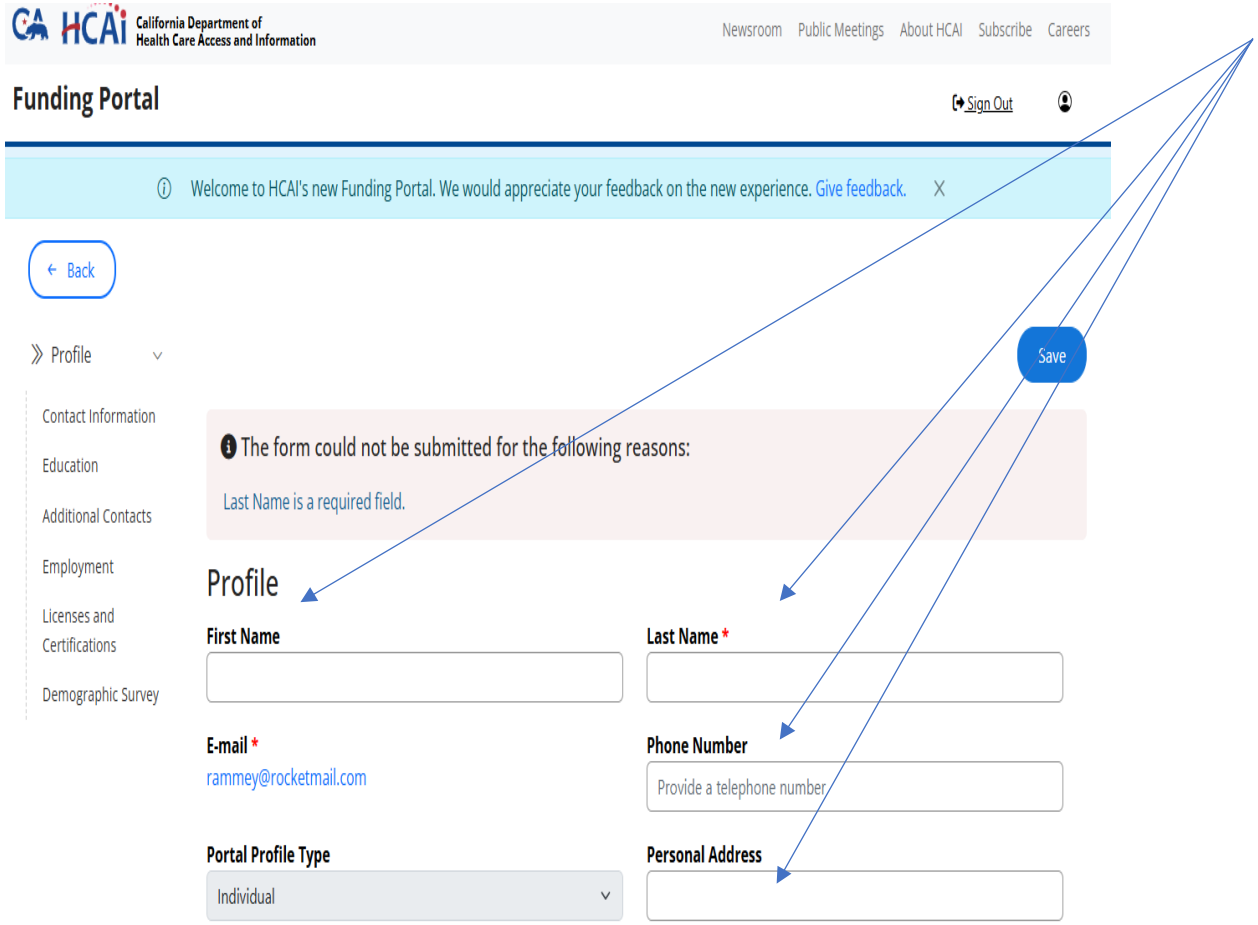
The option to choose “organization” leads to other HCAI grant opportunities and will take you away from the MBH-SLRP application. Please do not select that option.

Profile - Navigation



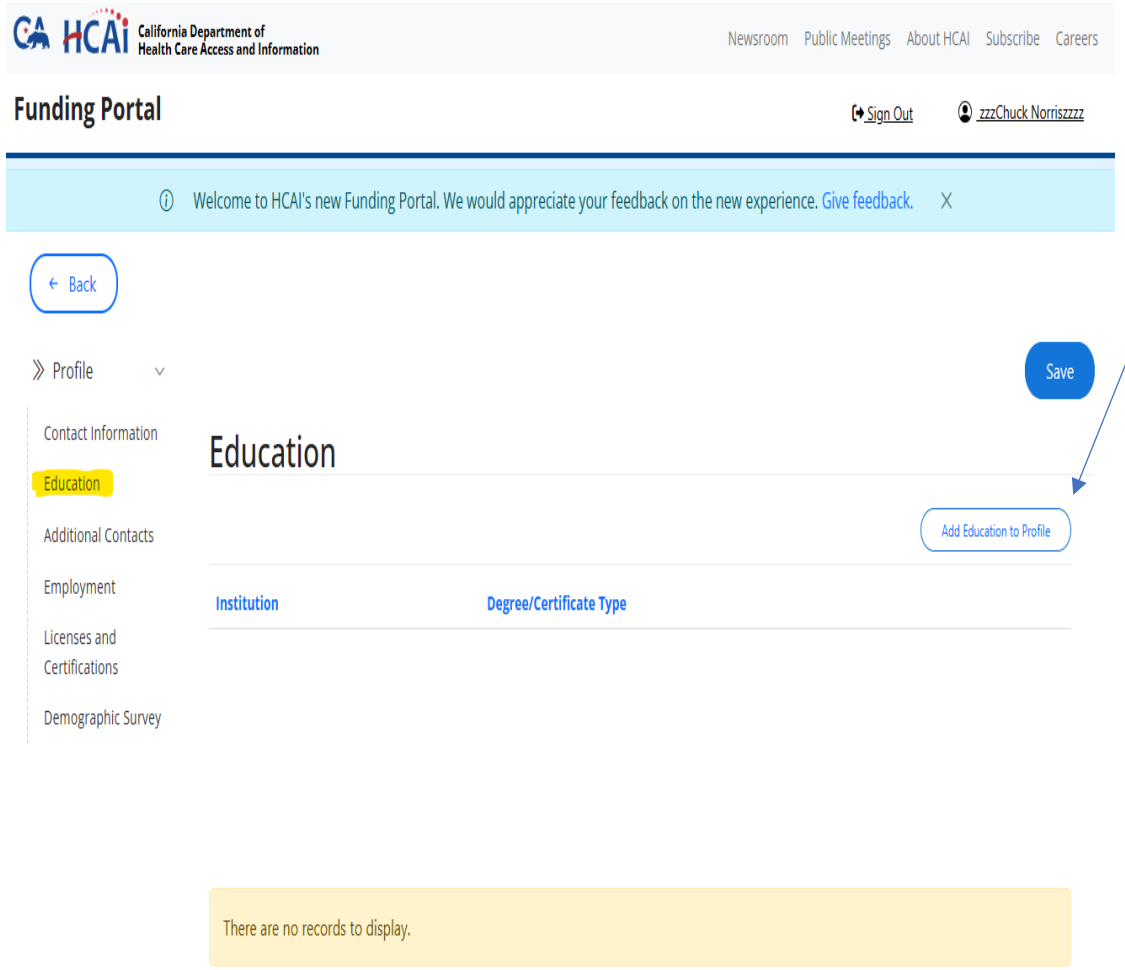
Please complete the other profile sections on the left margin. This information can be used in future application questions and other HCAI funding opportunities.

Profile – Contact Information



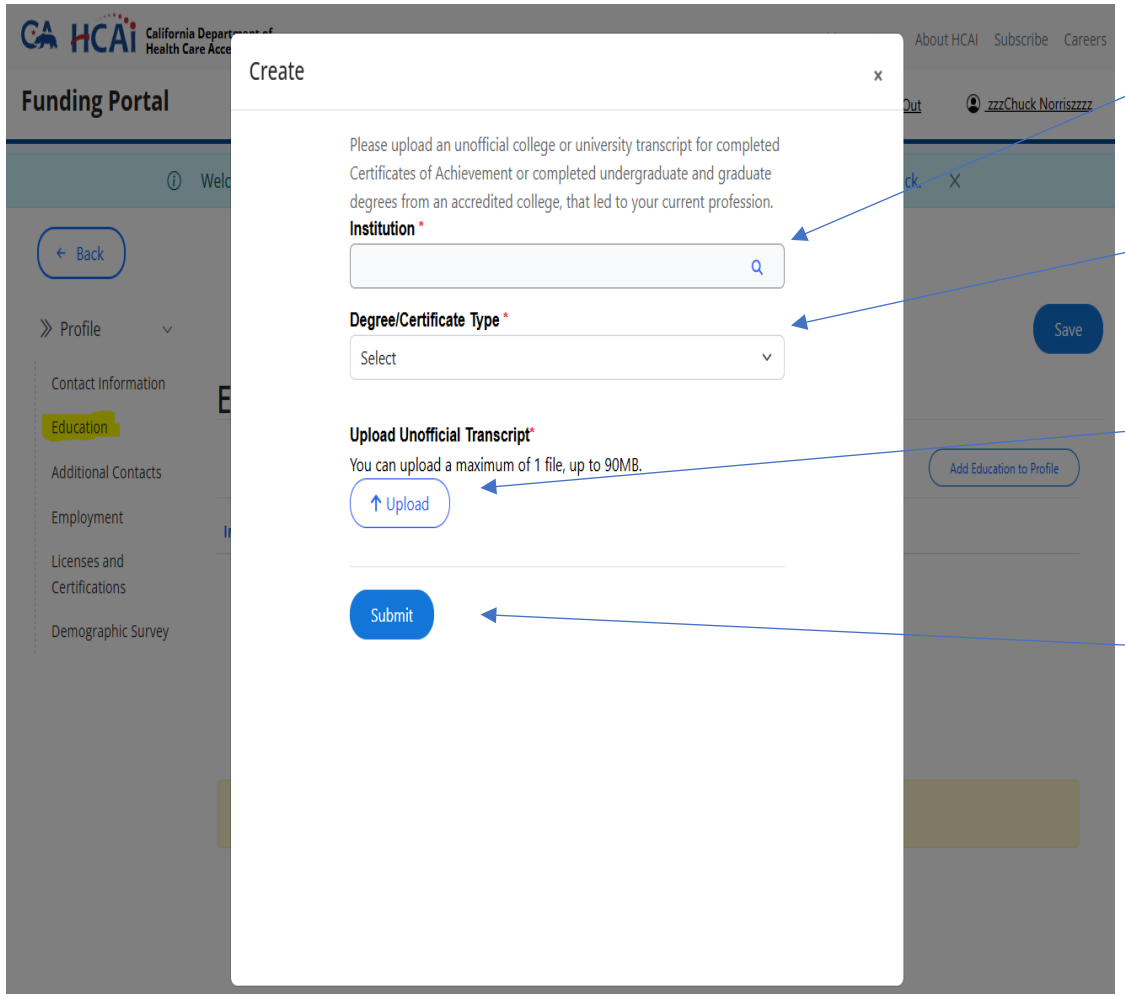
Please complete these fields below. If you made a mistake entering any information on the verification page, the information entered here will override the previously submitted information.

Profile – Education



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)



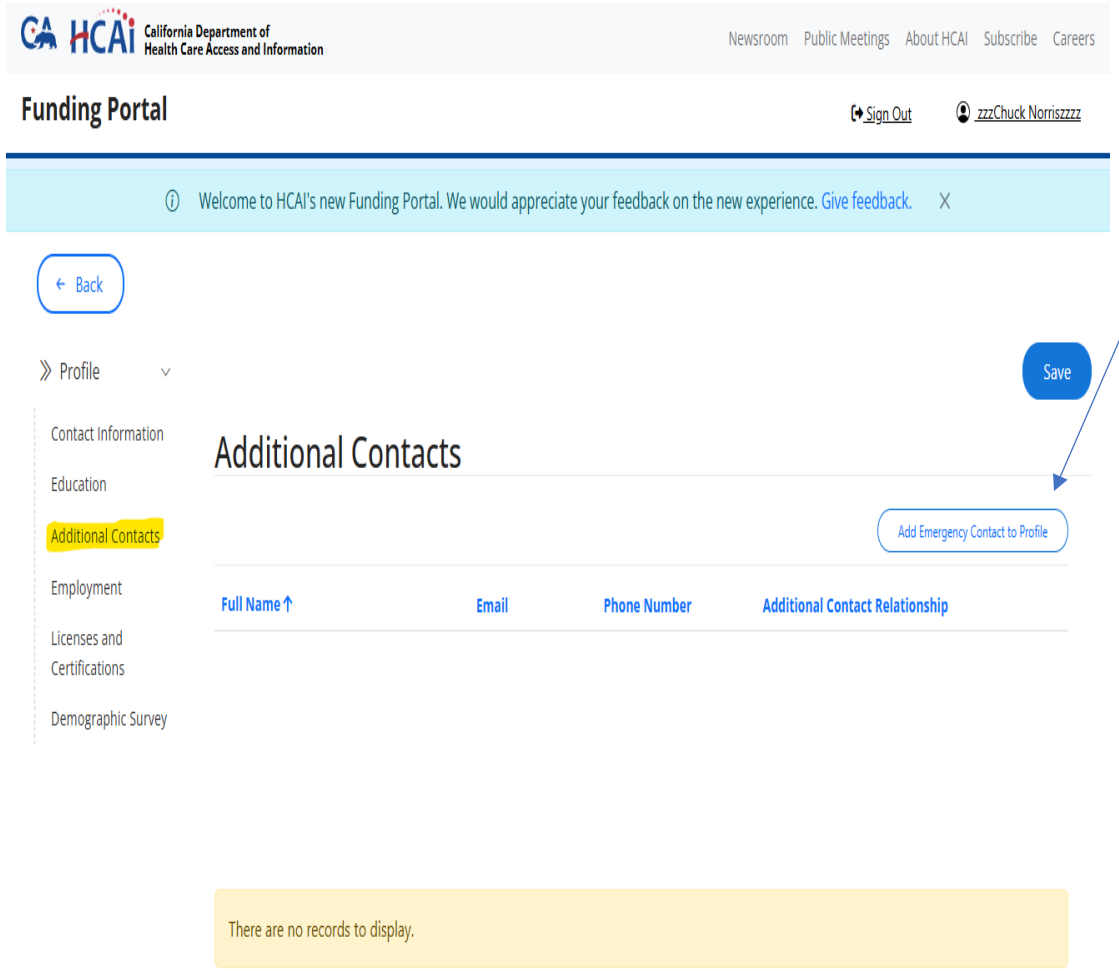
Institution: The search feature provides a list of schools to choose from. There are hundreds of schools to choose from on this list. Note: If you do not see your school on the drop-down list, please select "**Other**" and type in the name of your school.

Degree/Certificate Type: Associate, Bachelor's, Certificate of Achievement, JD, Master's, MD, PhD/PsyD

Upload Unofficial Transcript: A copy of your unofficial transcript is needed by HCAI for consideration in issuing a possible award.

Please click "**Submit**".

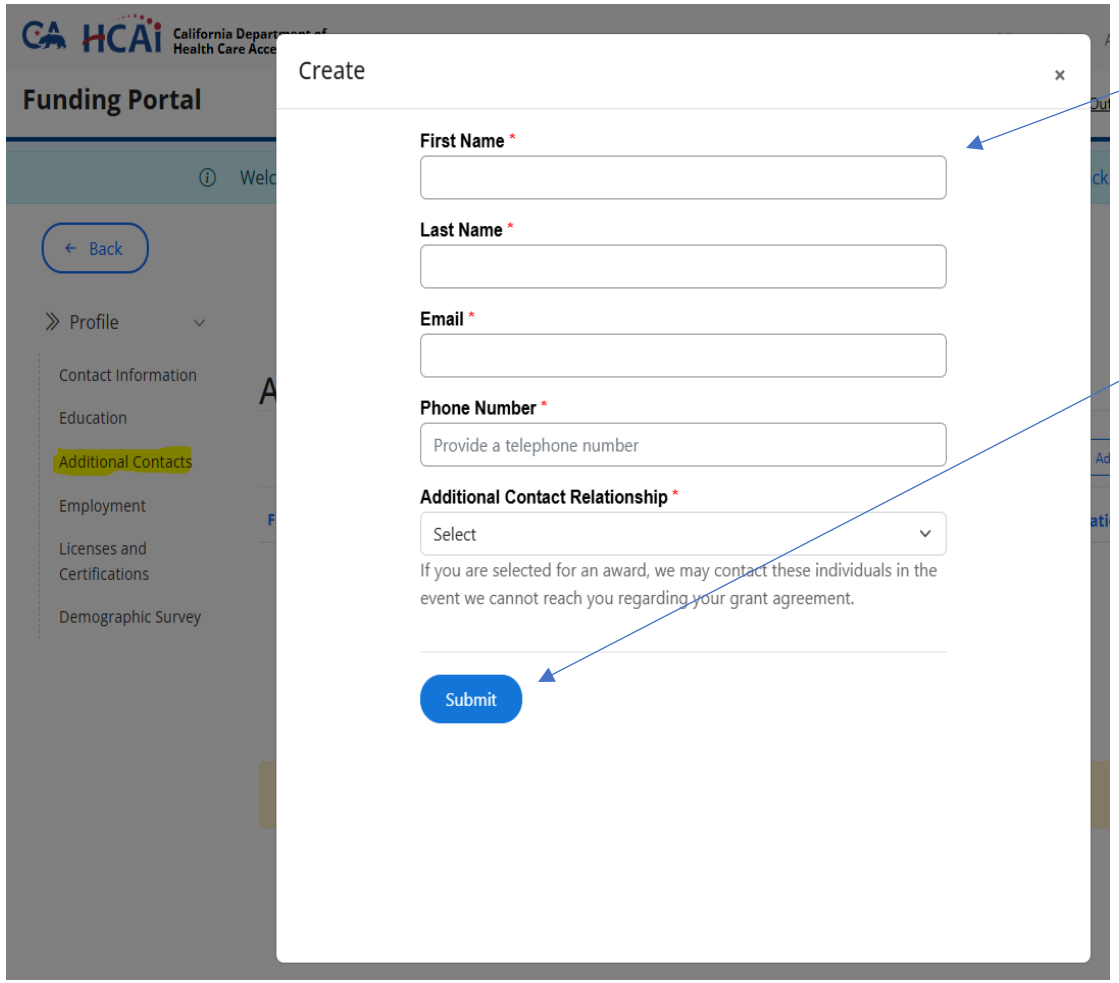
Profile – Additional Contacts



Please click "**Add Emergency 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.

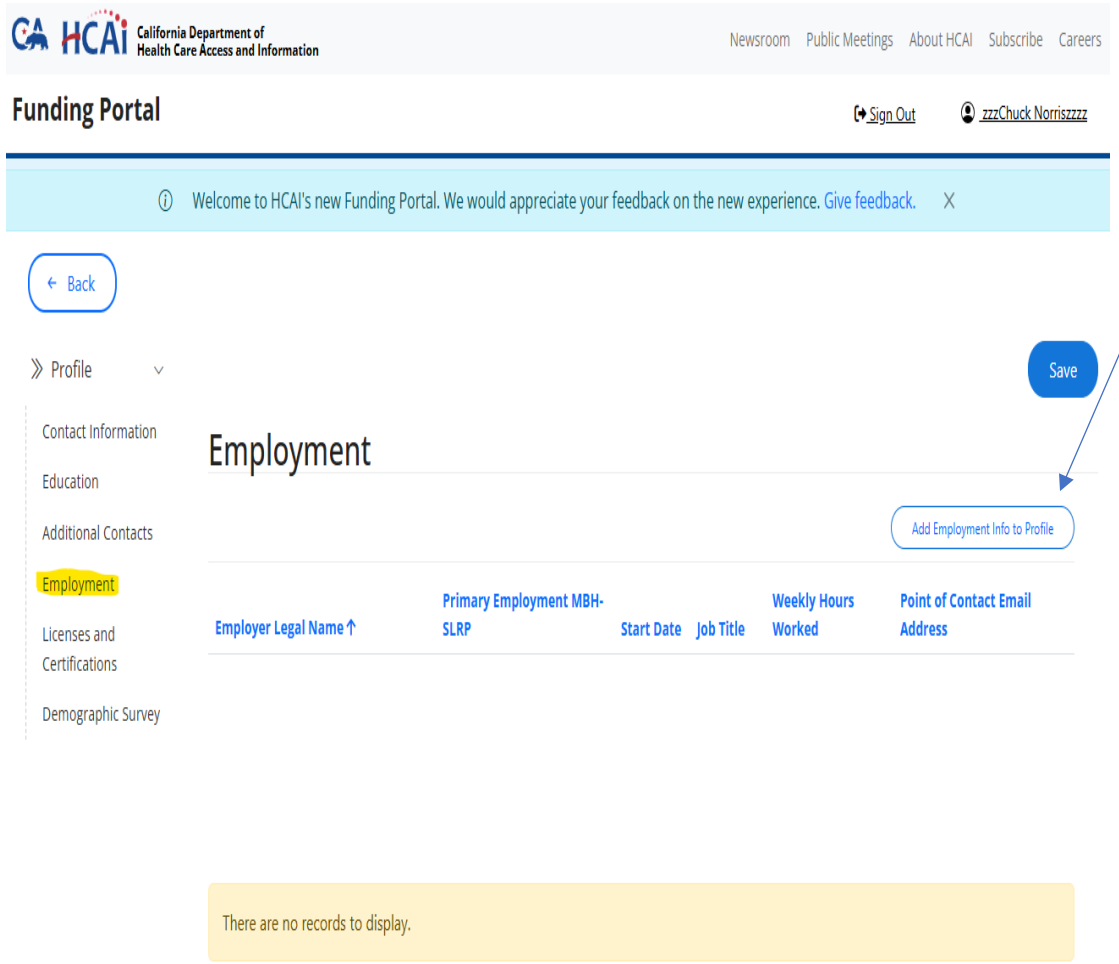
Profile – Additional Contacts (Continued)



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

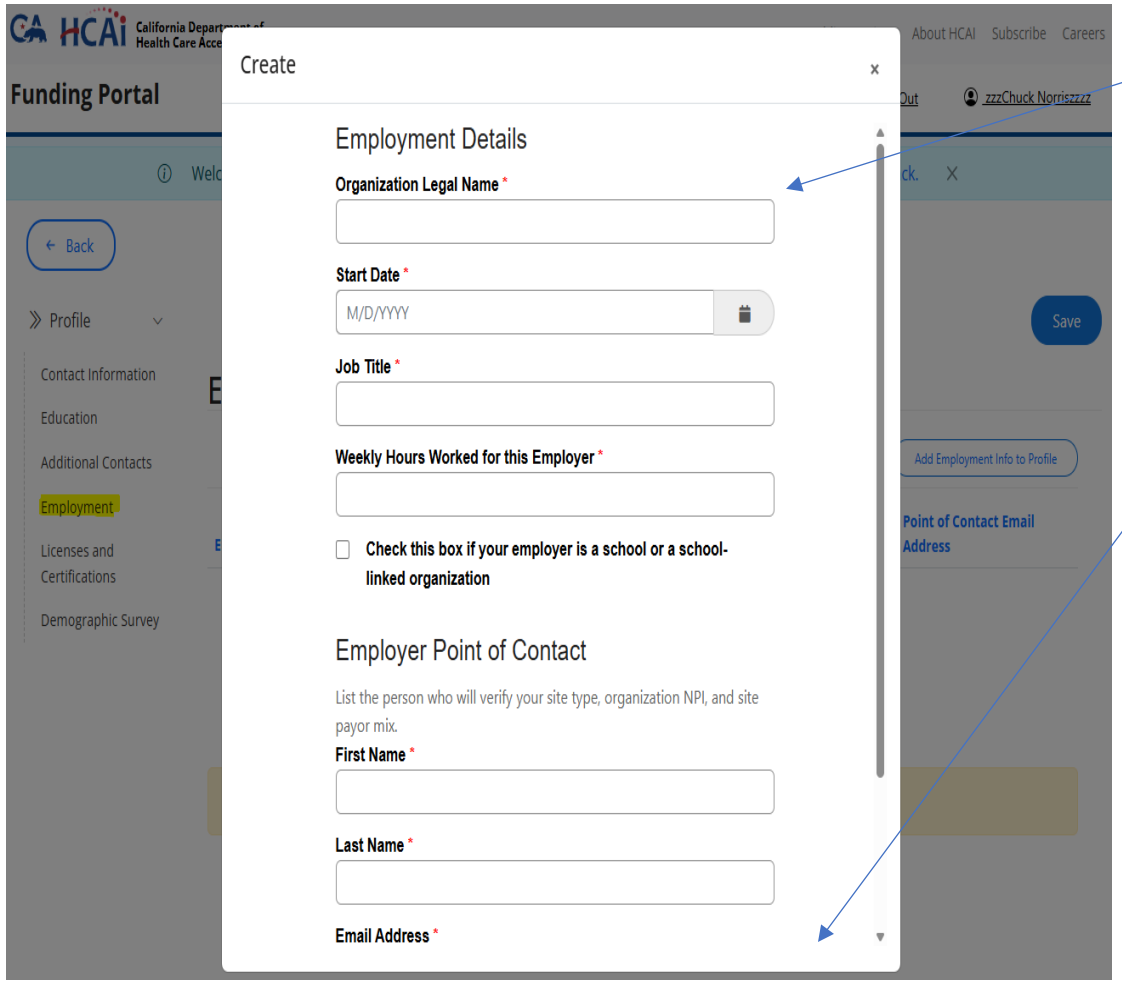
When you have added the additional contact information, please click "**Submit**".

Profile – Employment



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

Profile – Employment (Continued)



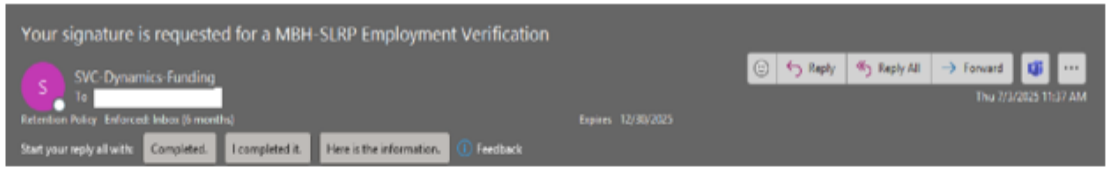
The purpose of this page is to collect your current employment information which should be an eligible profession for the grant opportunity that you are applying for.

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.

Profile – Employment (Follow-Up)

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



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.

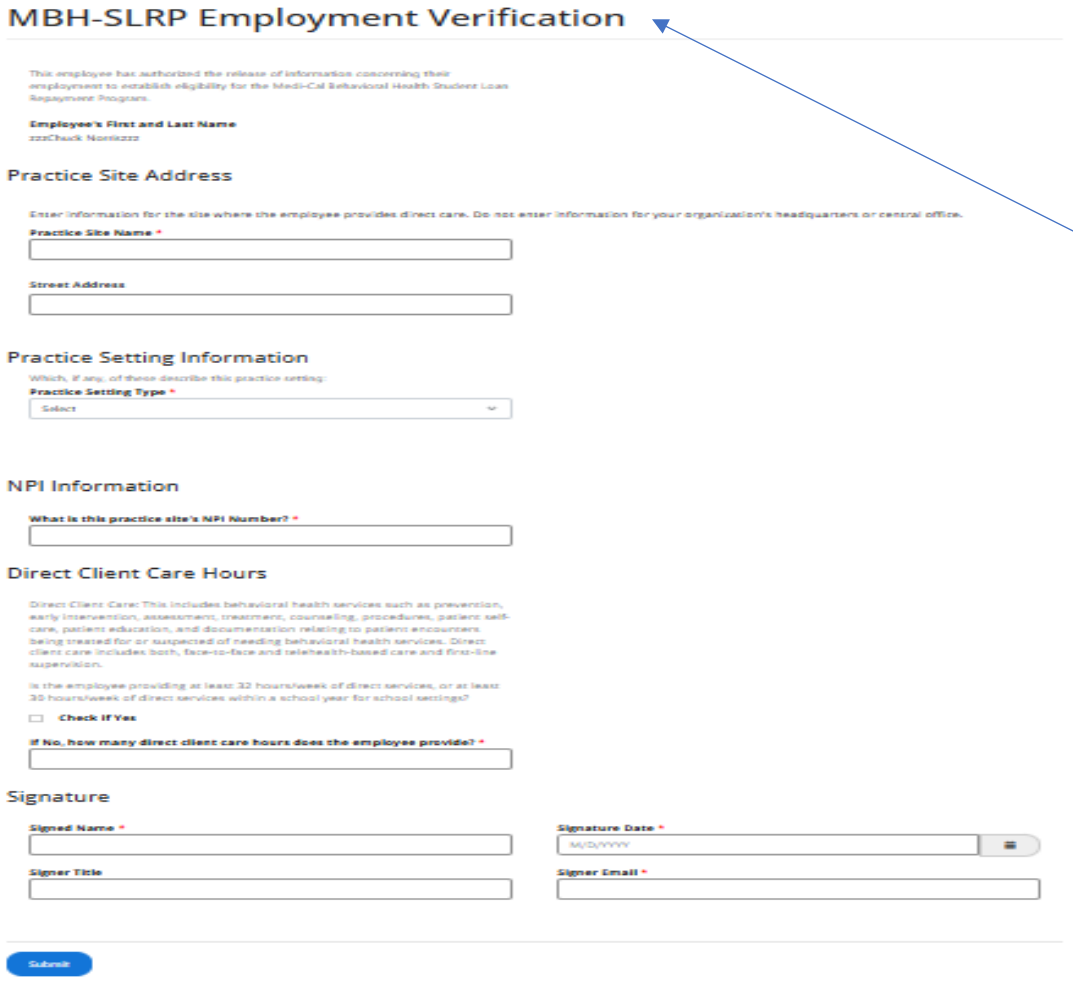
Please fill out and submit an Employment Verification Form for the listed employee within 5 business days of this email using this link.

Thanks, HCAI Team

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

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

Profile – Employment (Follow-Up)


MBH-SLRP Employment Verification

This employee has authorized the release of information concerning their employment to establish eligibility for the Medi-Cal Behavioral Health Student Loan Repayment Program.

Employee's First and Last Name
zzzChuck Norriszzz

Practice Site Address

Enter information for the site where the employee provides direct care. Do not enter information for your organization's headquarters or central office.

Practice Site Name *

Street Address

Practice Setting Information

Which, if any, of these describe this practice setting:

Practice Setting Type *

Select

NPI Information

What is this practice site's NPI Number? *

Direct Client Care Hours

Direct Client Care: This includes behavioral health services such as prevention, early intervention, assessment, treatment, counseling, procedures, patient self-care, patient education, and documentation relating to patient encounters being treated for or suspected of needing behavioral health services. Direct client care includes both, face-to-face and telehealth-based care and first-line supervision.

Is the employee providing at least 32 hours/week of direct services, or at least 30 hours/week of direct services within a school year for school settings?

Check if Yes

If No, how many direct client care hours does the employee provide? *

Signature

Signed Name *

Signature Date *

M/D/YYYY

Signer Title

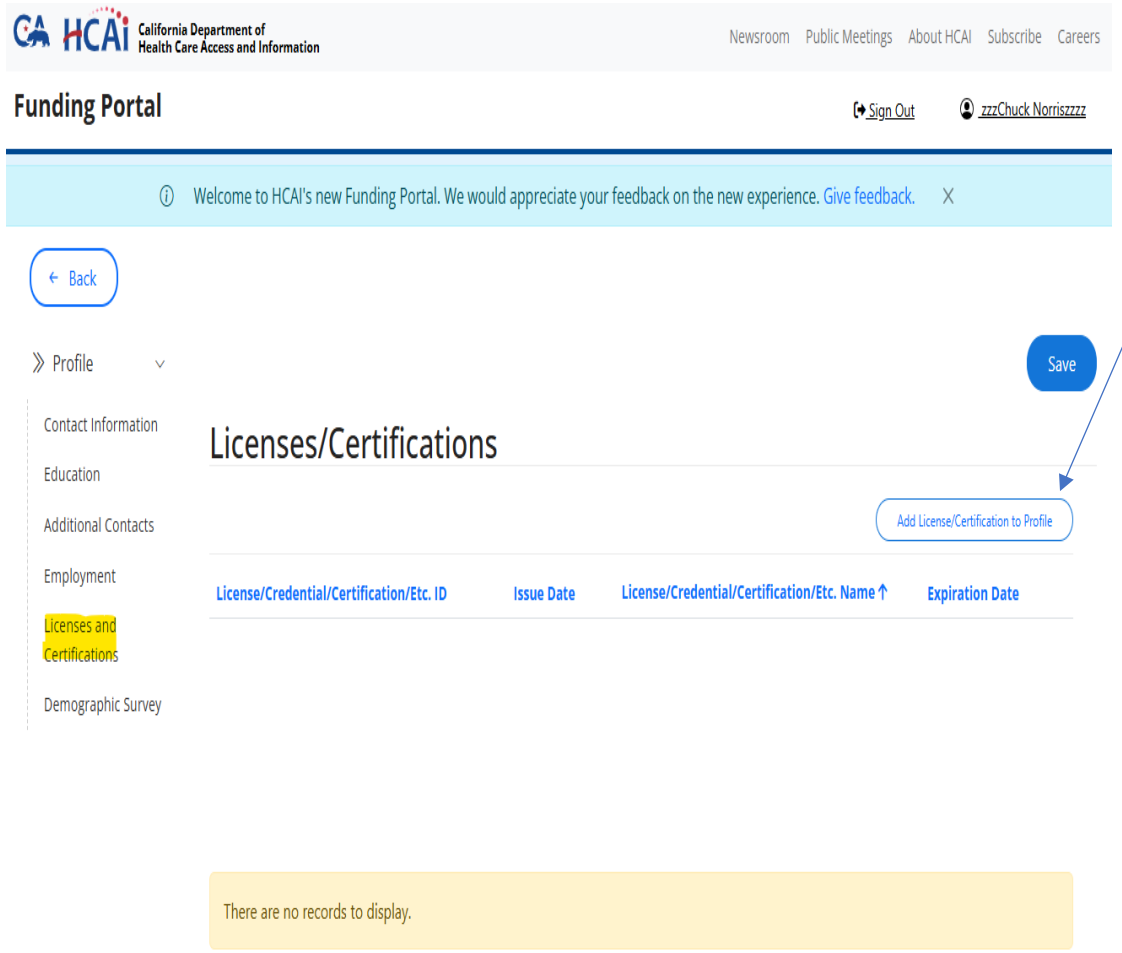
Signer Email *

Submit

IMPORTANT: You will not see this, nor be sent a copy. There is nothing for you to do with this portion of the application. Your employer contact must complete and submit this to HCAI.

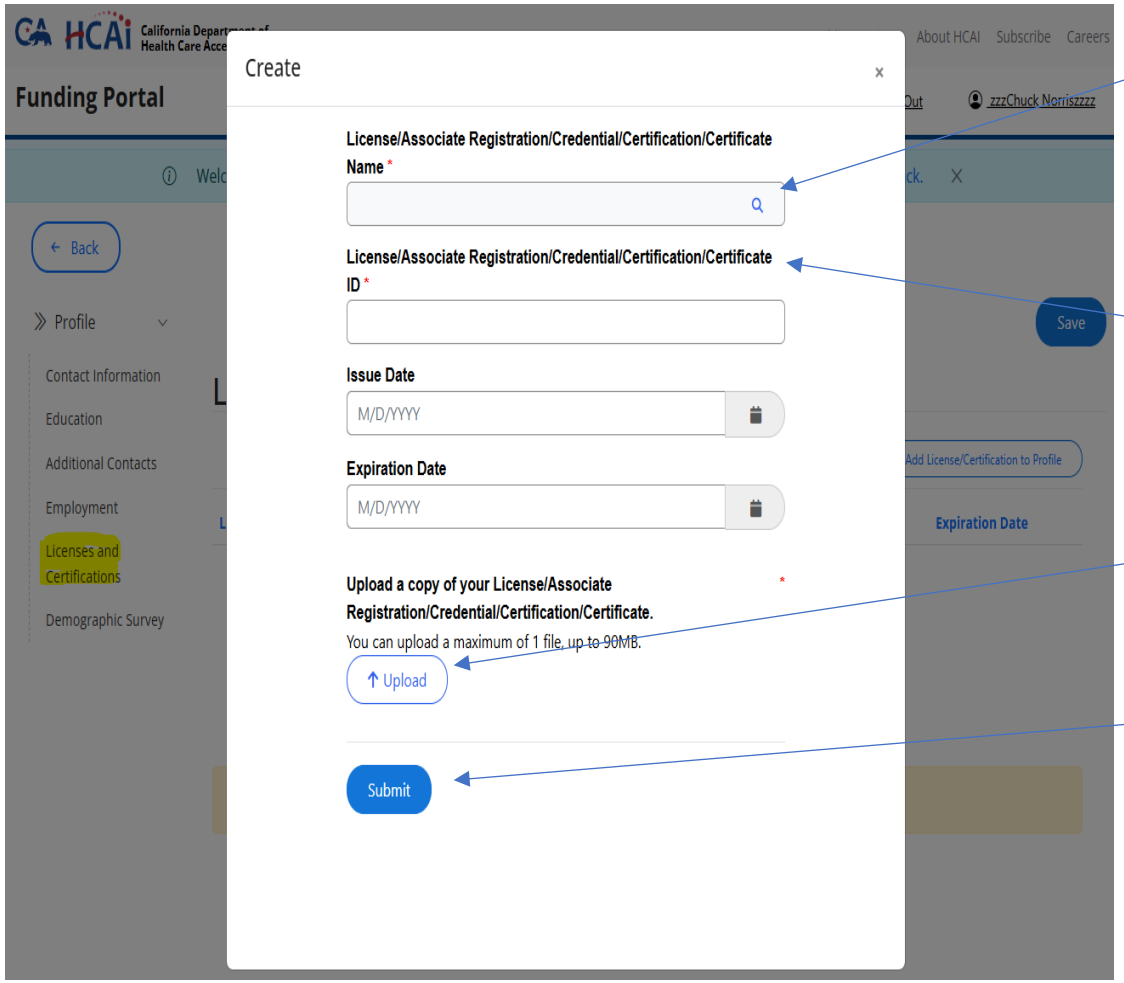
After clinking the link that was provided to your employer contact via email, it will open a portion of the application specifically assigned to them, and this is what they would see.

Profile – Licenses/Certifications



Please click "**Add your License/Certification to Profile**" to your profile. Clicking this will result in a pop-up box. See pop-up example on next slide.

Profile – Licenses/Certifications (Continued)



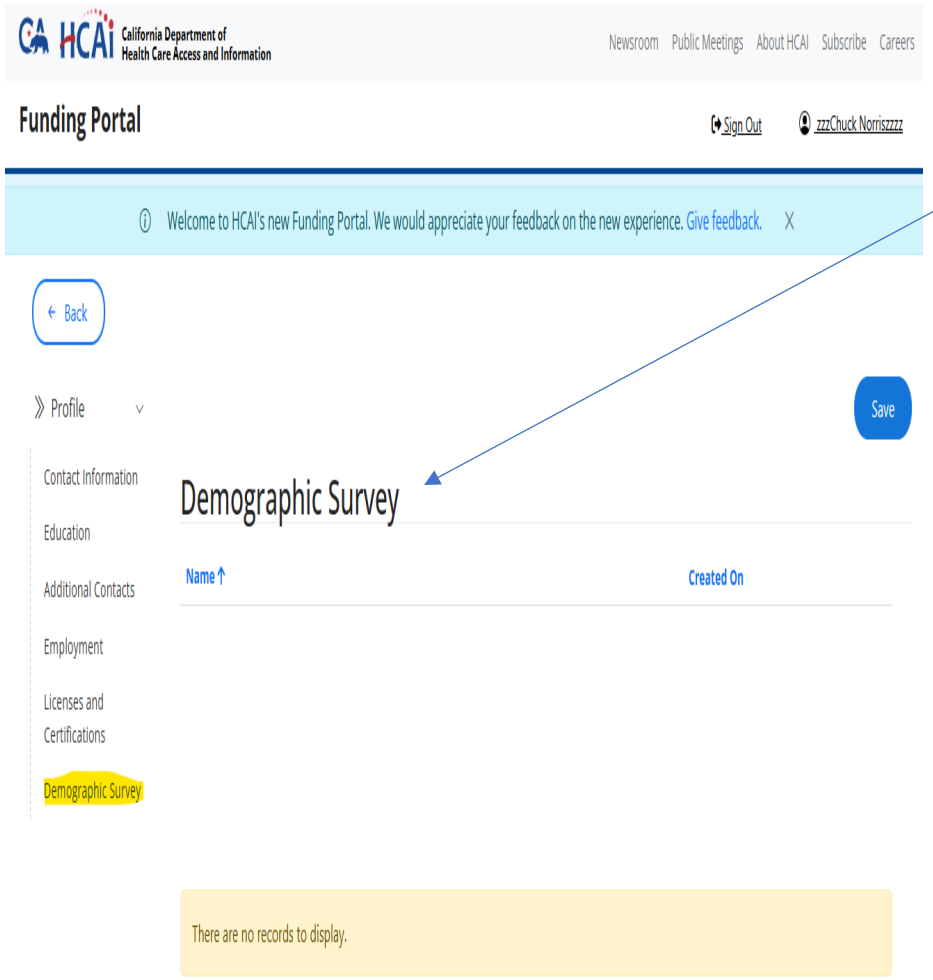
License/Associate Registration/Credential/Certification/Certificate: HCAI provides a dropdown list of professions for you to choose from. Choose the one that best fits this program's requirements.

License/Associate Registration/Credential/Certification/Certificate ID: Provide your license or certificate number most appropriate for this program.

Please upload the copy of the license or certificate, in case HCAI is unable to verify the number you provided in the prior question.

Please click "**Submit**".

Profile – Demographic Survey

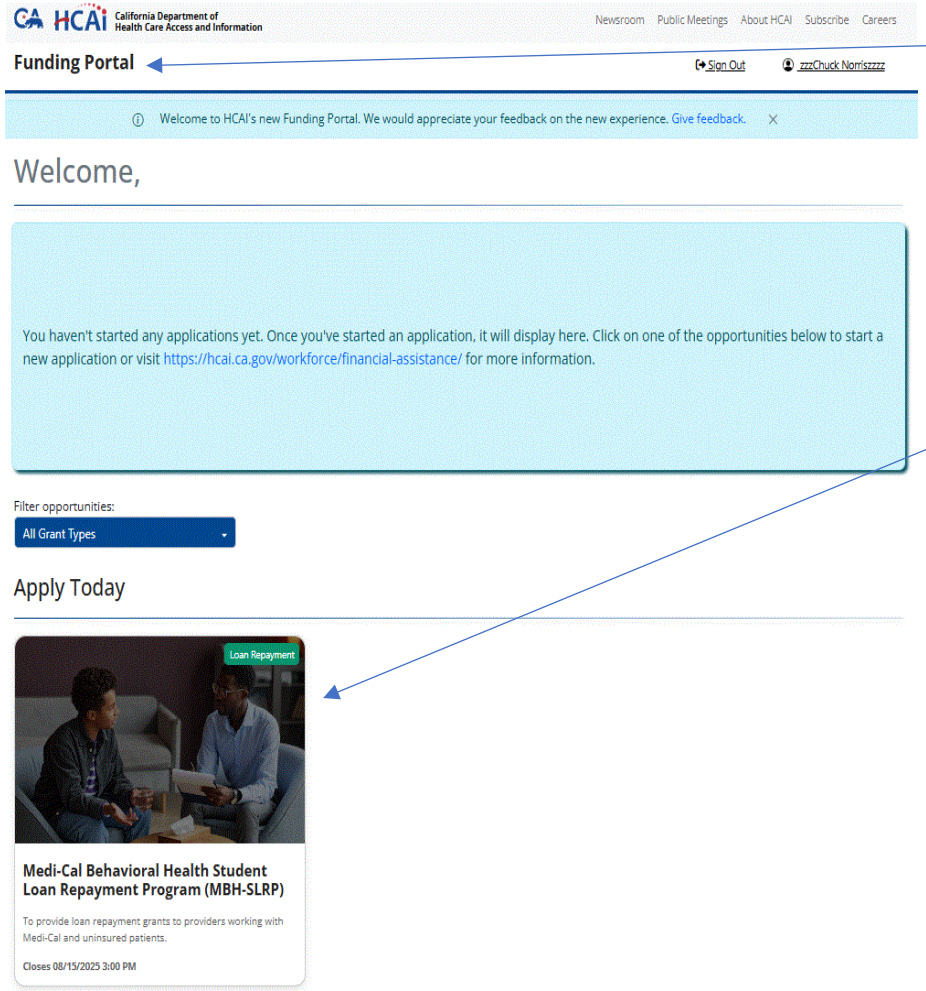


This feature is not currently available in the profile. You are not able to add your demographic information here, but you will be able to do so in the application itself.

When you see the "**Save**" button, please click it and you will be able to begin your MBH-SLRP application.

Starting the MBH-SLRP Application

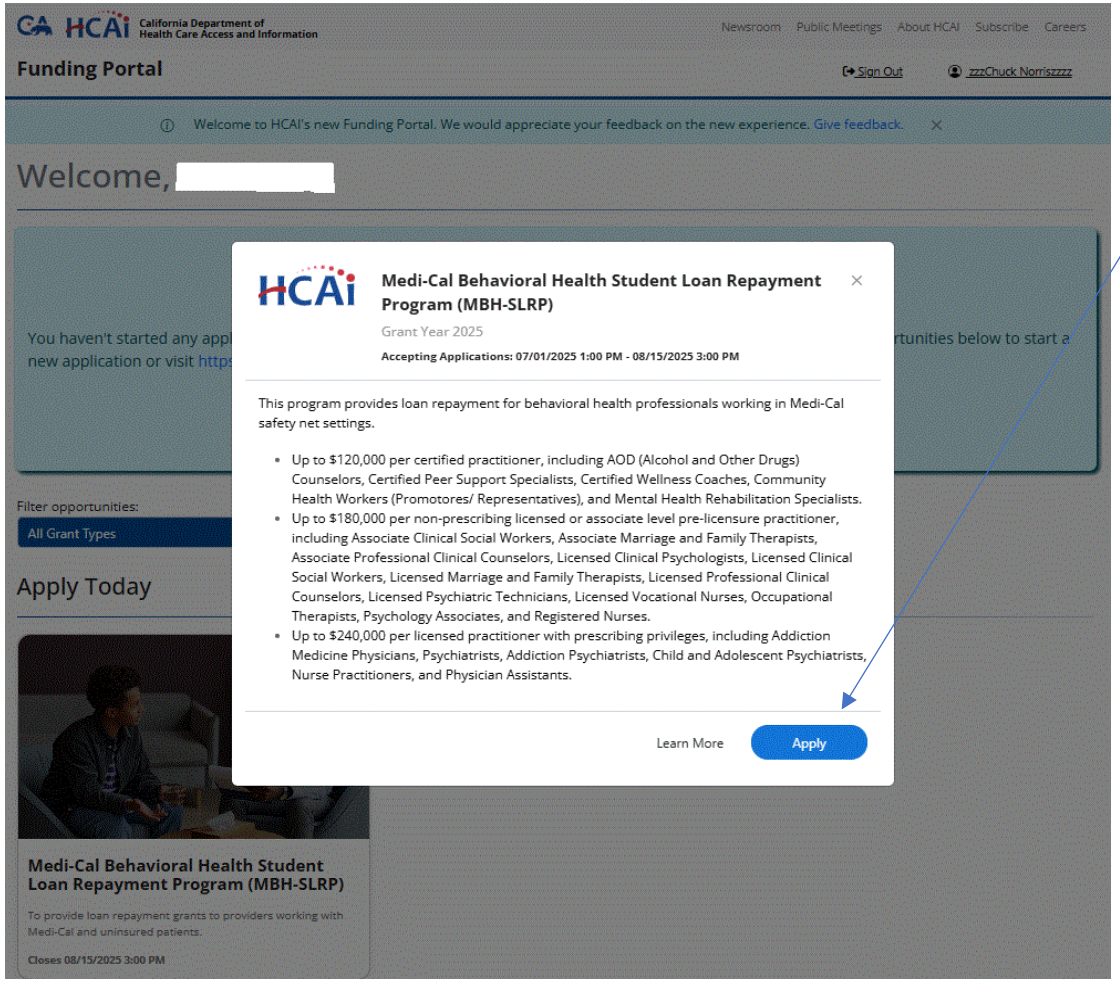
MBH-SLRP Application



Once you have completed your profile information, you will need to navigate back to the application page. You can get there by clicking the phrase “**Funding Portal**”. If successful, your screen will look like this.

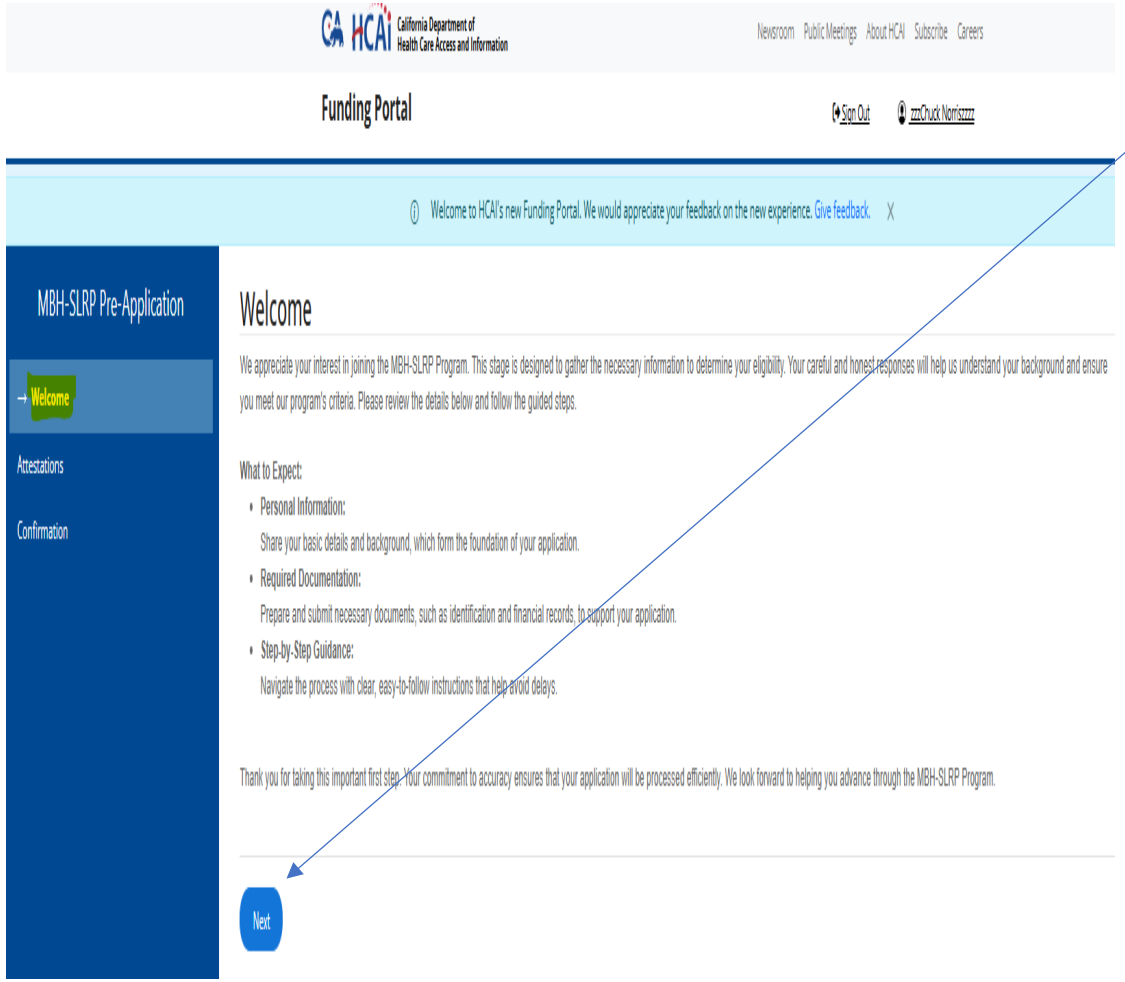
To enter the Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP) application, please click on the picture here.

MBH-SLRP Application



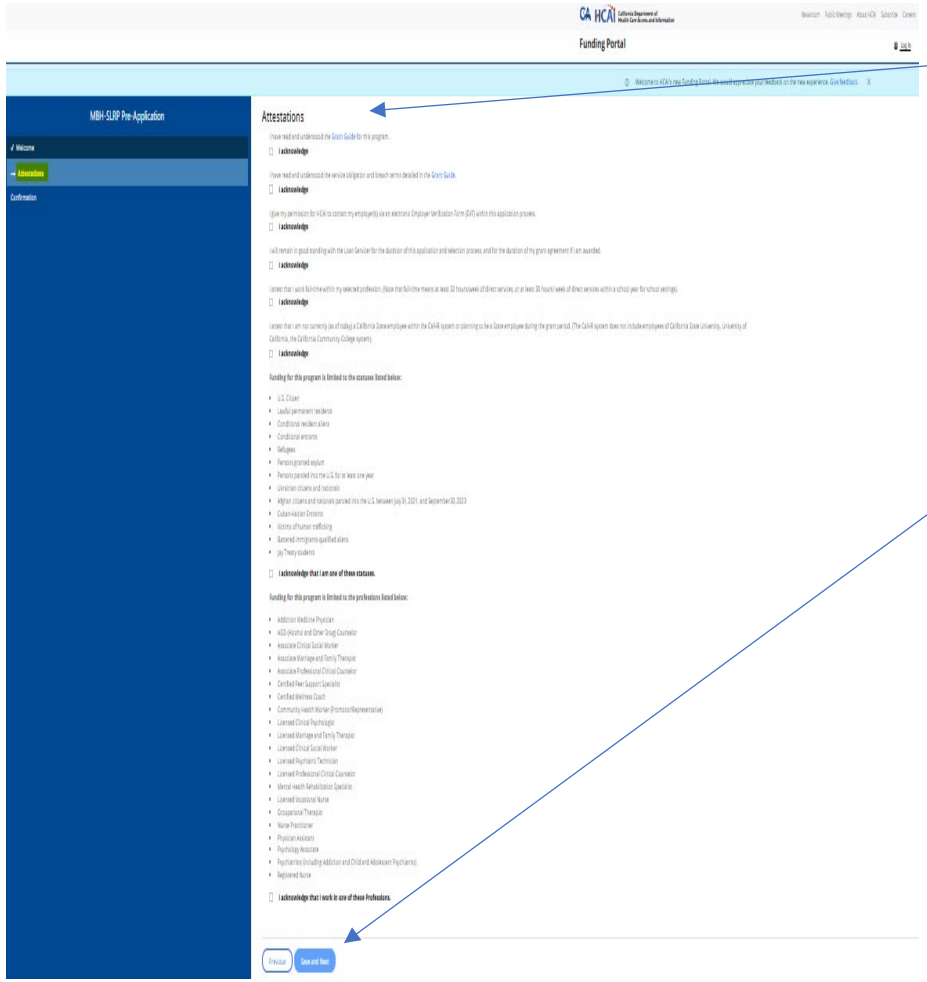
After clicking on the Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP) application pop-up, please read the information regarding eligible professions and award amounts and click "**Apply**" to start the application process.

MBH-SLRP Welcome Page



This page outlines what to expect in the application process. Please click "**Next**" once you have read and are ready to proceed.

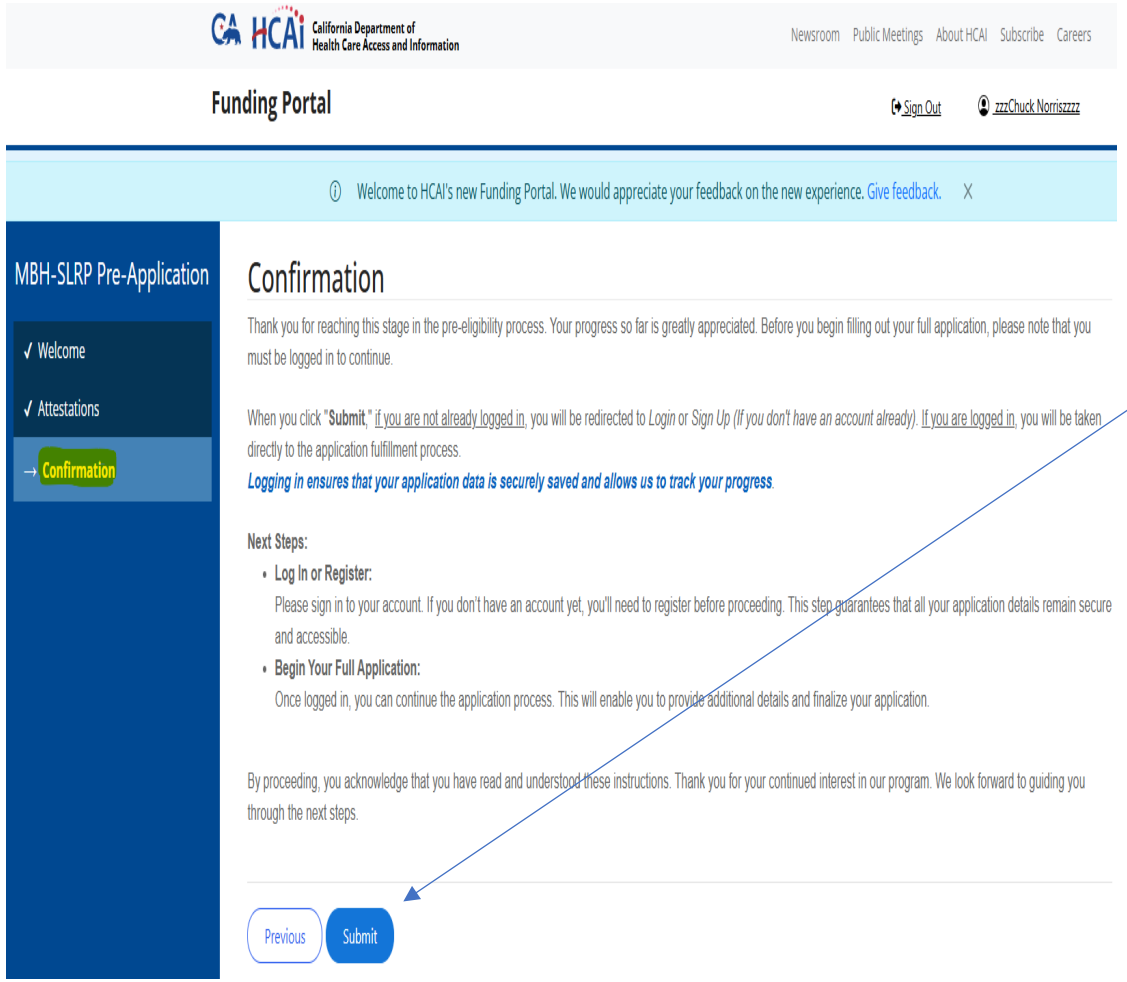
MBH-SLRP Attestations Page



This is the attestations page. Please read all the options carefully. 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



This is a final confirmation to ensure that you are logged in and have a profile set-up. Being logged into your profile is necessary to make the application process easier and keeping your information current.

Please click "**Submit**" once you have read and are ready to proceed.

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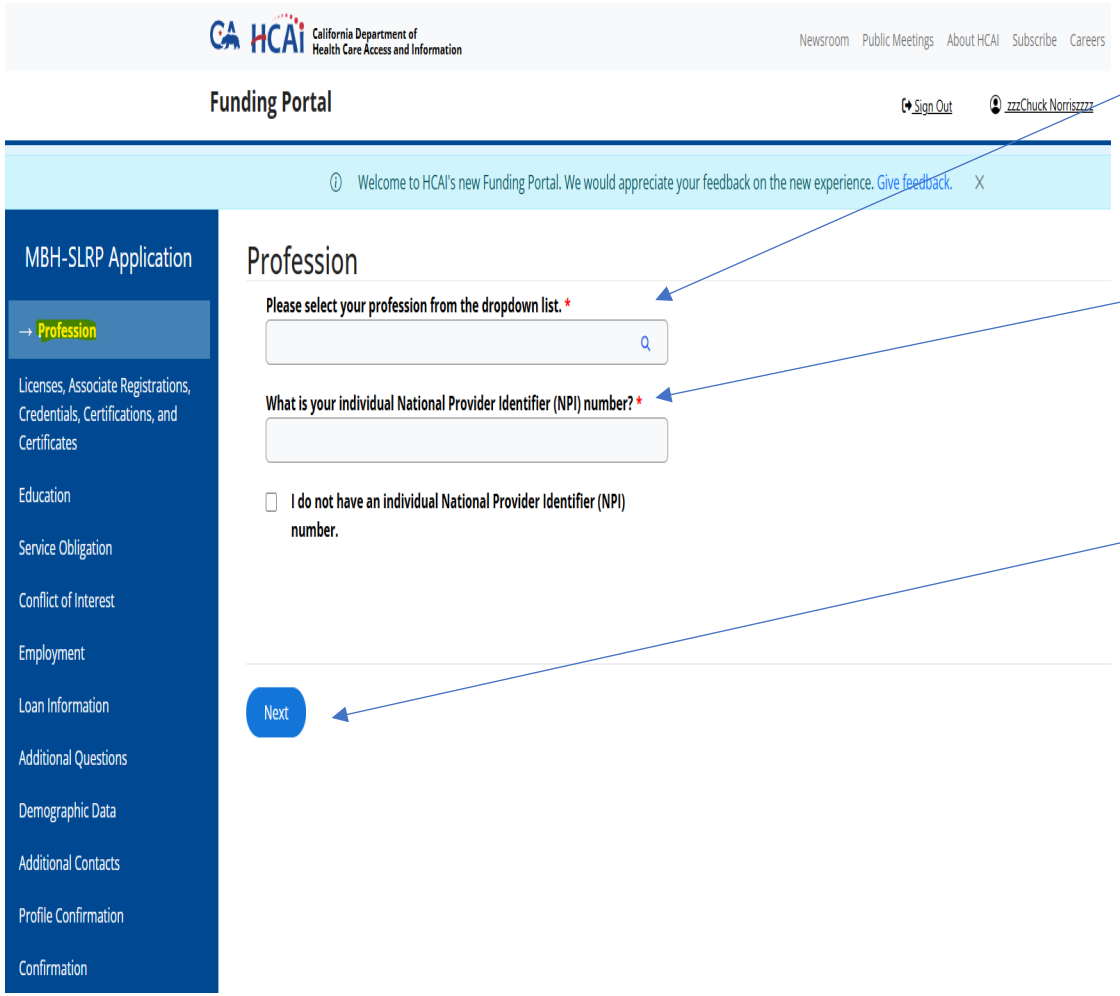
MBH-SLRP Profession Page

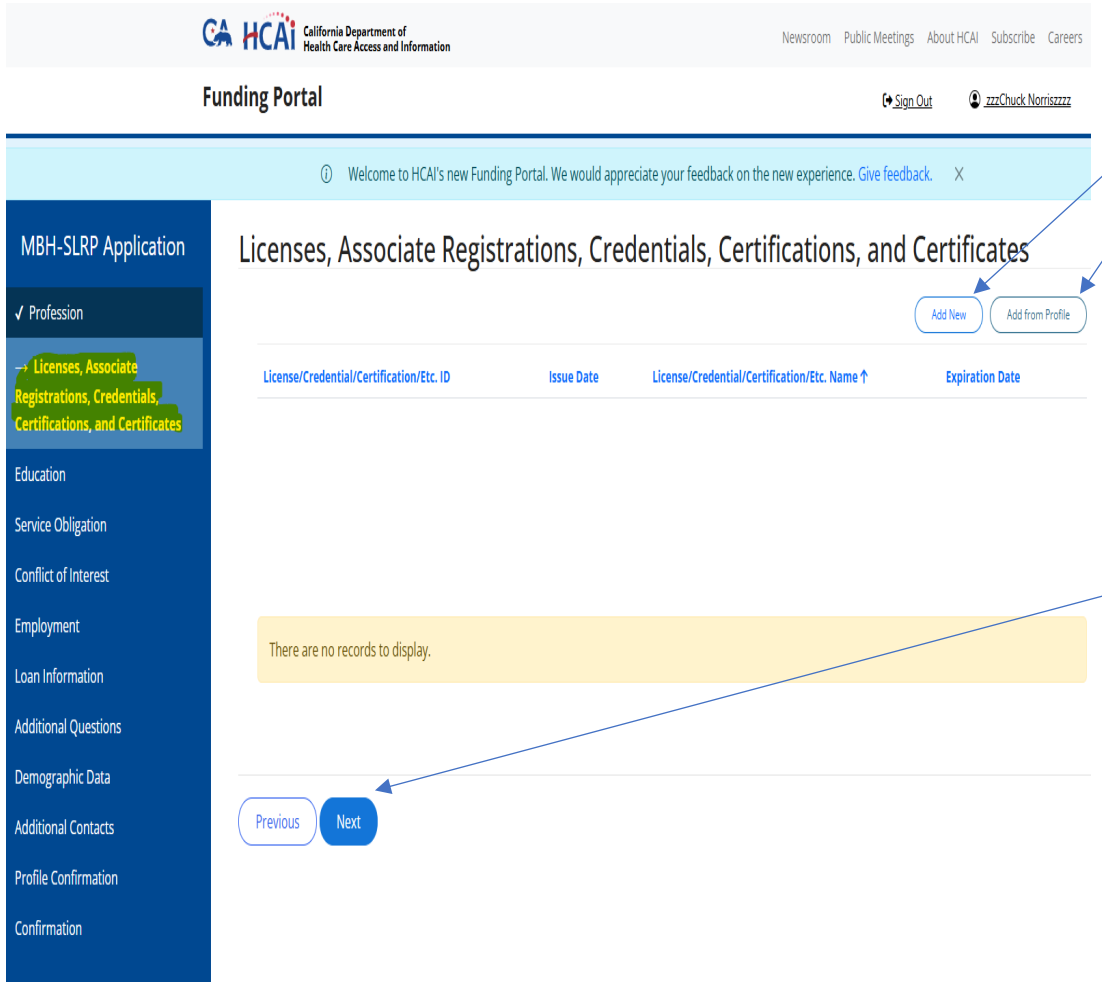


Profession: Select a profession from the dropdown list.

National Provider Identifier (NPI): If you have an NPI, please provide it, or click the “I do not have an individual National Provider Identifier (NPI) number”.

Please click “**Next**”.

MBH-SLRP Licenses and Certifications

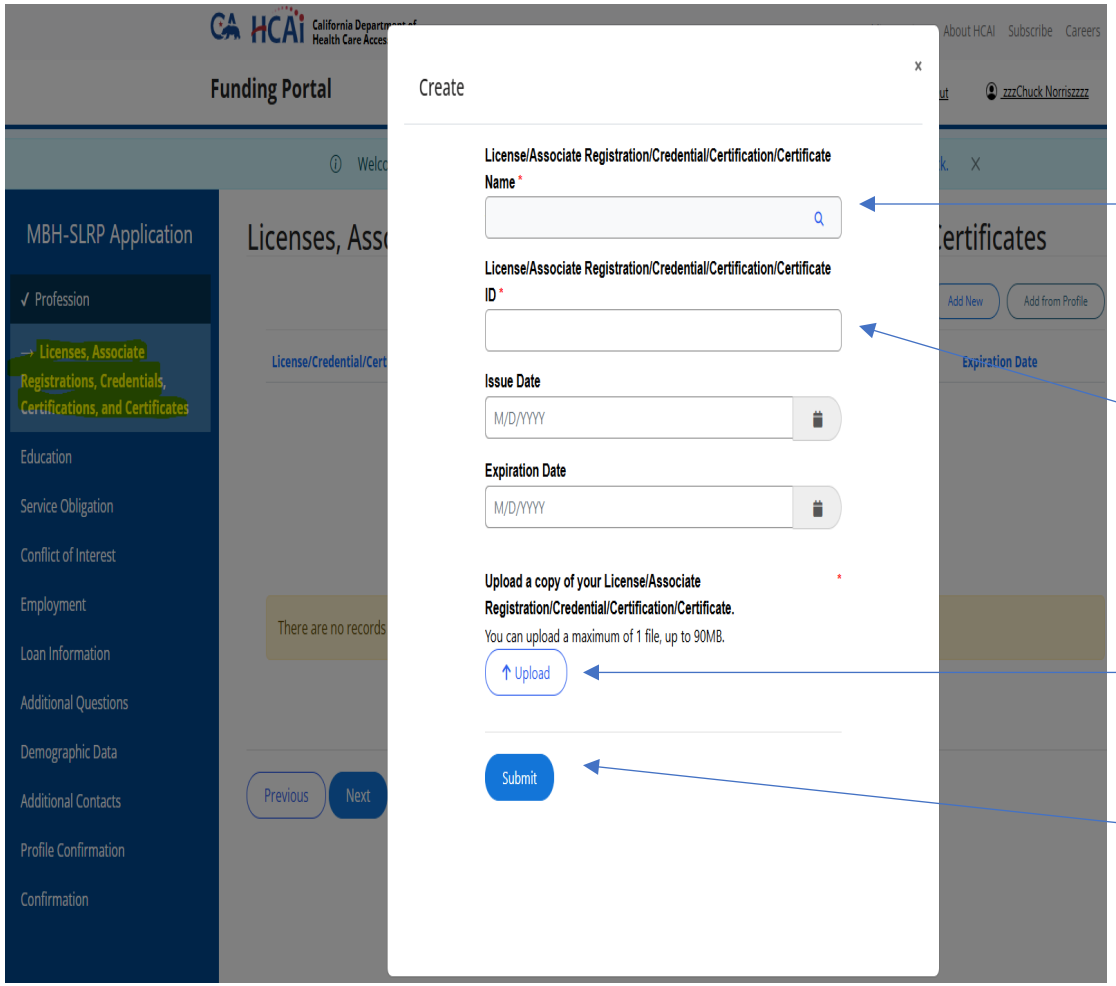


Here, you are presented two options. If you already provided your license or certification in the profile page, you could save time by importing that information. To do so click, "**Add from Profile**". If you did not add this information to your profile, click "**Add New**" and a pop-up will appear.

See pop-up example on next slide.

Please click "**Next**".

MBH-SLRP Licenses and Certifications (Continued)



If you selected "**Add New**" from the Licenses and certifications page, it would have resulted in a pop-up that looks like this.

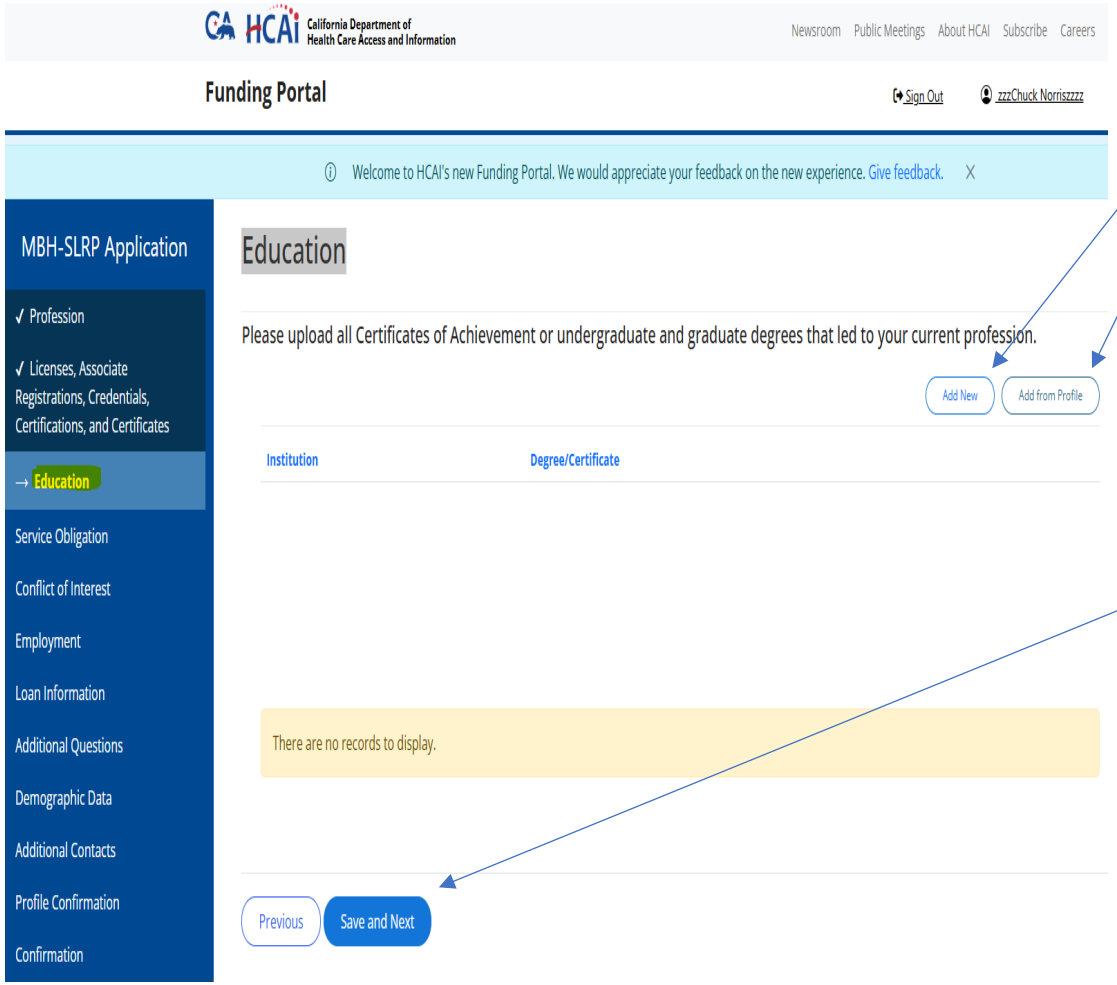
License/Associate Registration/Credential/Certification/Certificate: HCAI provides a dropdown list of professions for you to choose from. Choose the one that best fits this program's requirements.

License/Associate Registration/Credential/Certification/Certificate ID: Provide your license or certificate number most appropriate for this program.

Please upload the copy of the license or certificate, in case HCAI is unable to verify the number you provided in the prior question.

Please click "**Submit**".

MBH-SLRP Education

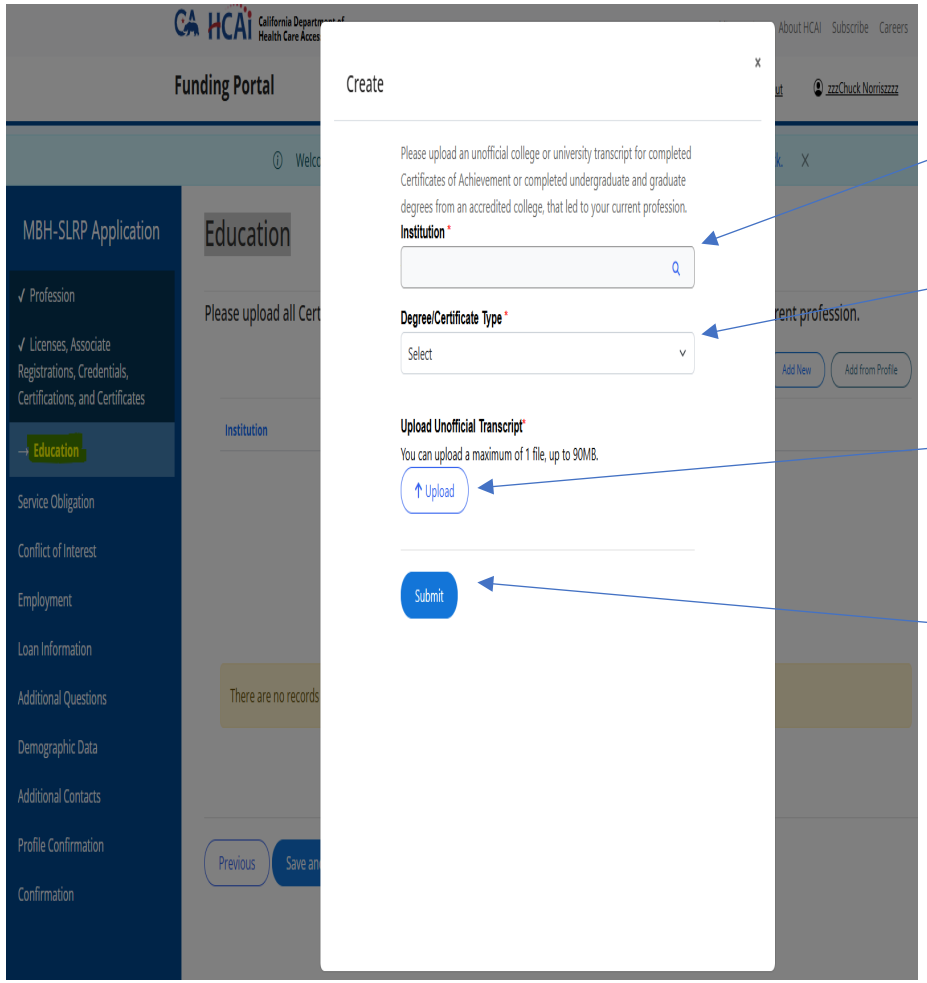


Once again, you are presented two options. If you already provided your education information in the profile page, you could save time by importing that information. To do so click, "**Add from profile**". If you did not add this information in your profile, click "**Add New**" and a pop-up will appear.

See pop-up example on next slide.

Please click "**Save and Next**".

MBH-SLRP – Education (Continued)



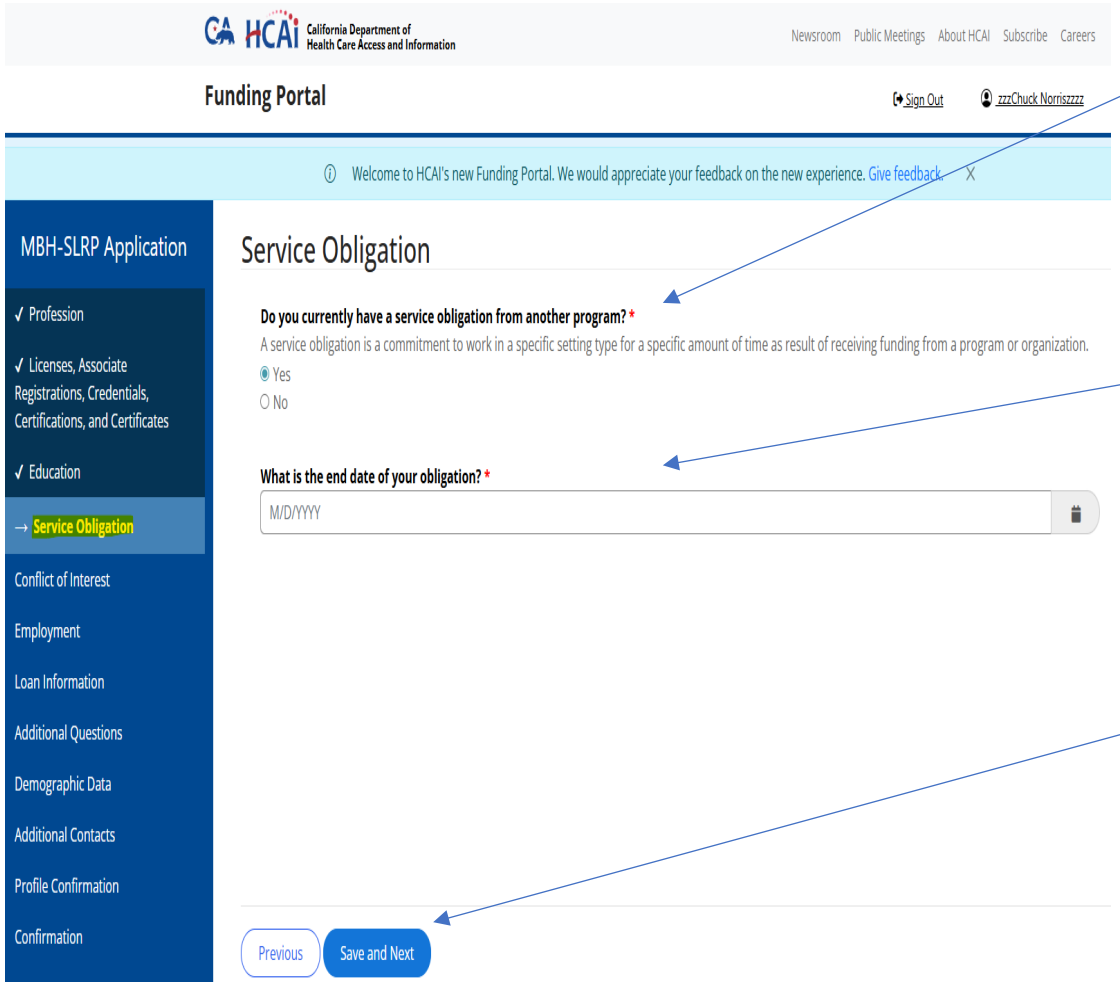
Institution: The search feature provides a list of schools to choose from. There are hundreds of schools on this list. Note: If you do not see your school on the drop-down list, please select "**Other**" and type in the name of your school.

Degree/Certificate Type: Associate, Bachelor's, Certificate of Achievement, JD, Master's, MD, PhD/PsyD

Upload Unofficial Transcript: A copy of your unofficial transcript is required.

Please click "**Submit**".

MBH-SLRP Service Obligation



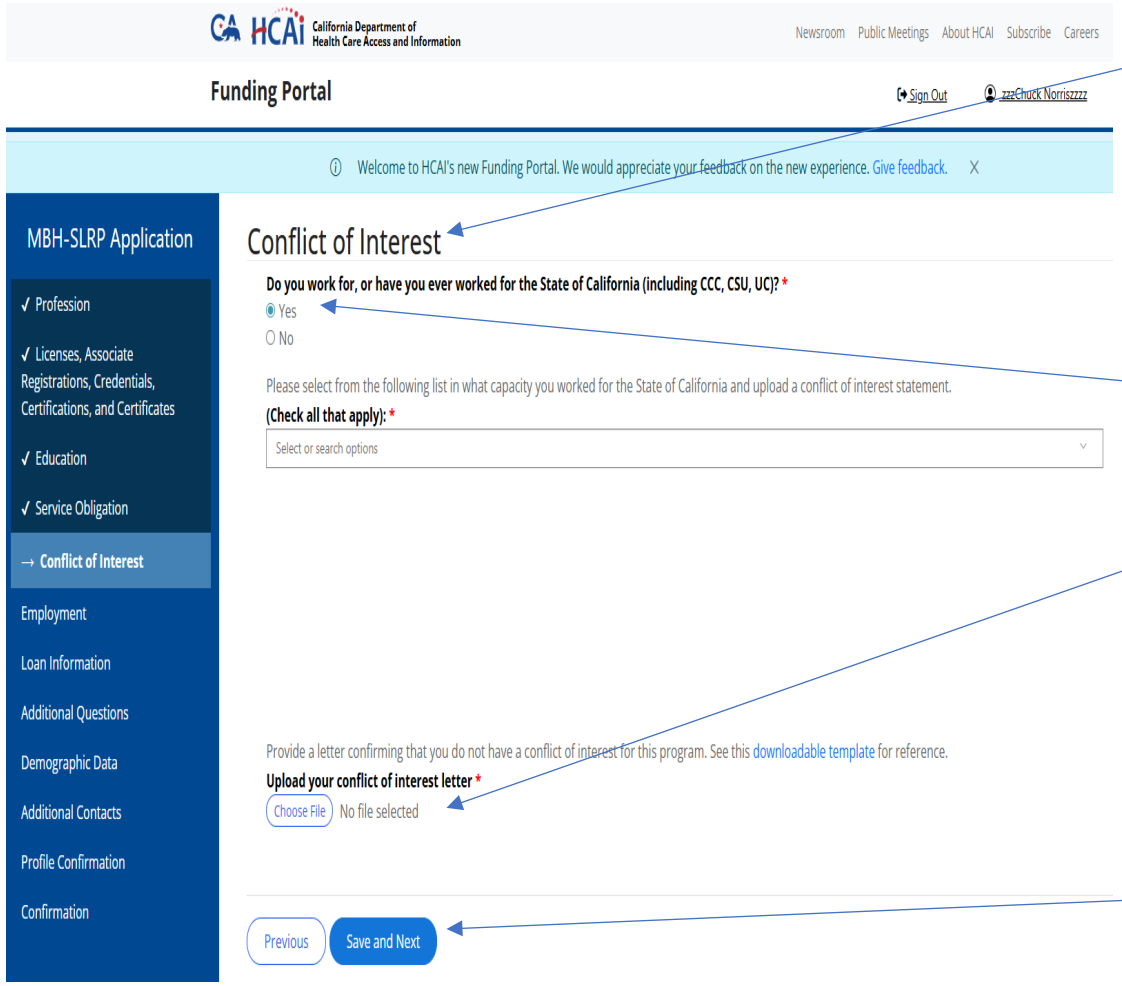
Do you have a service obligation from another program? In other words, did you receive a monetary award from HCAI, or another organization, with the condition that you must work during the proposed grant term for this application?

If you answer "**Yes**", additional questions will appear.

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

Please click "**Save and Next**".

MBH-SLRP Conflict of Interest



Here you are asked if you have a conflict of interest. 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. The California State Controller's Office may stop a payment if they detect a possible conflict of interest.

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**".

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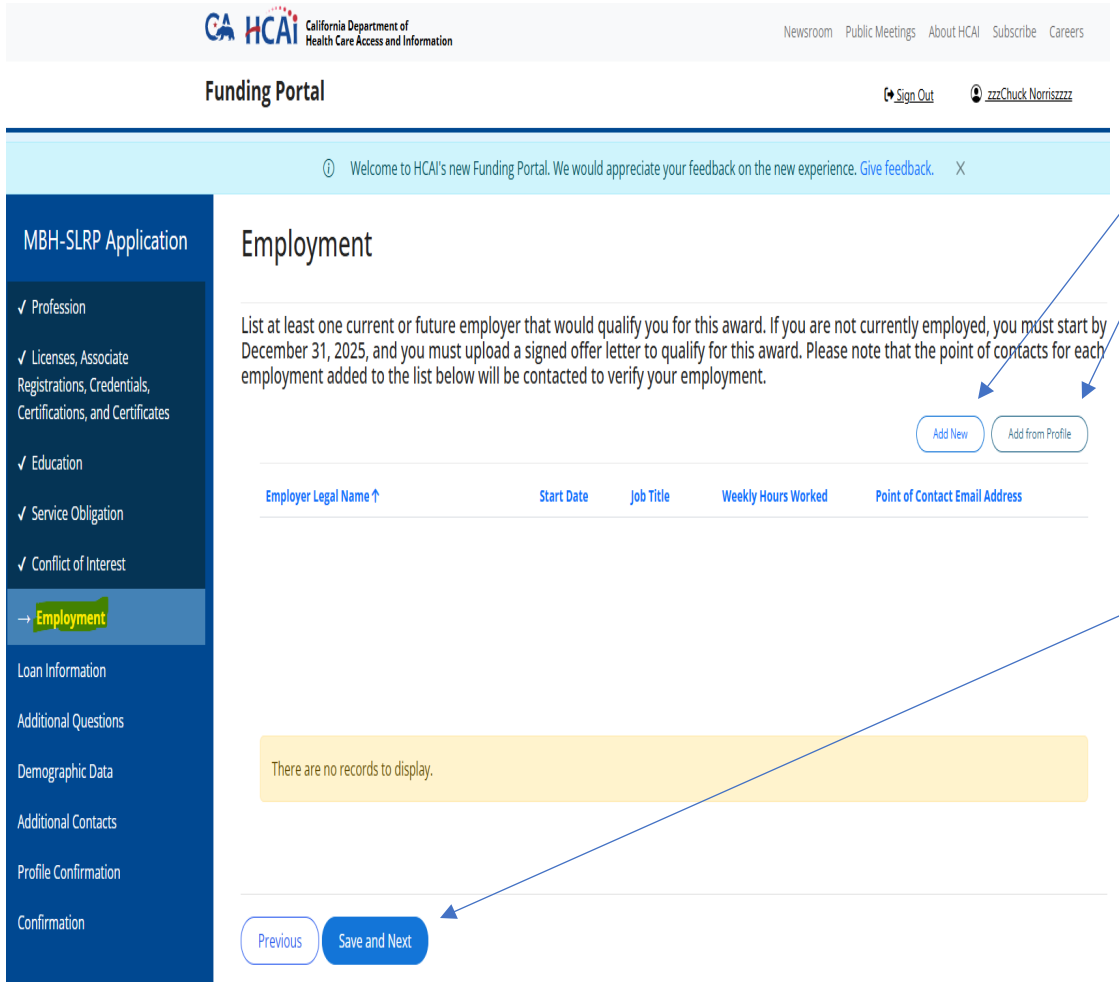
MBH-SLRP Employment

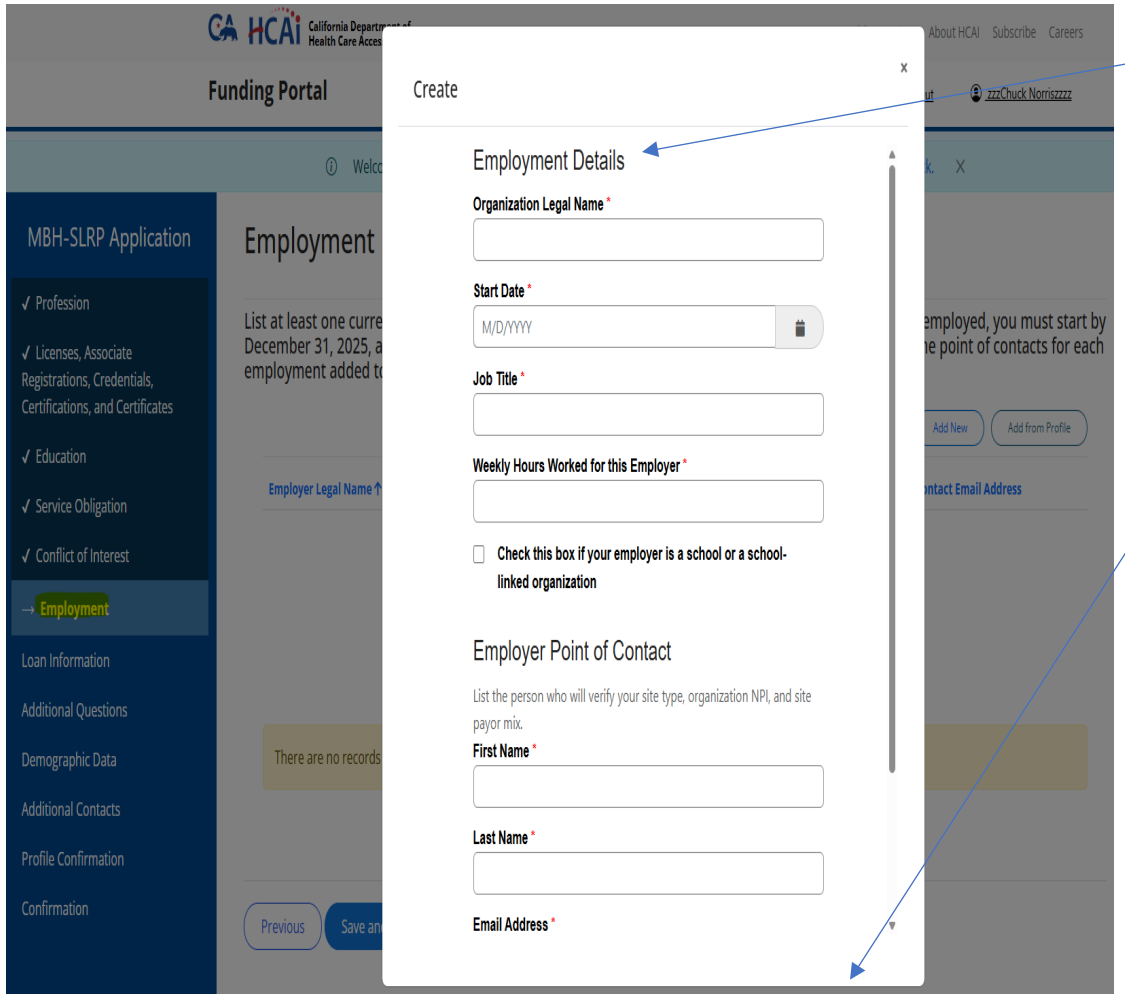


Once again, you are presented two options. If you already provided your employment information in the profile page, you could save time by importing that information. To do so click, "**Add from Profile**". If you did not add this information in your profile, click "**Add New**" and a pop-up will appear.

See pop-up example on next slide.

Please click "**Save and Next**".

MBH-SLRP – Employment (Continued)

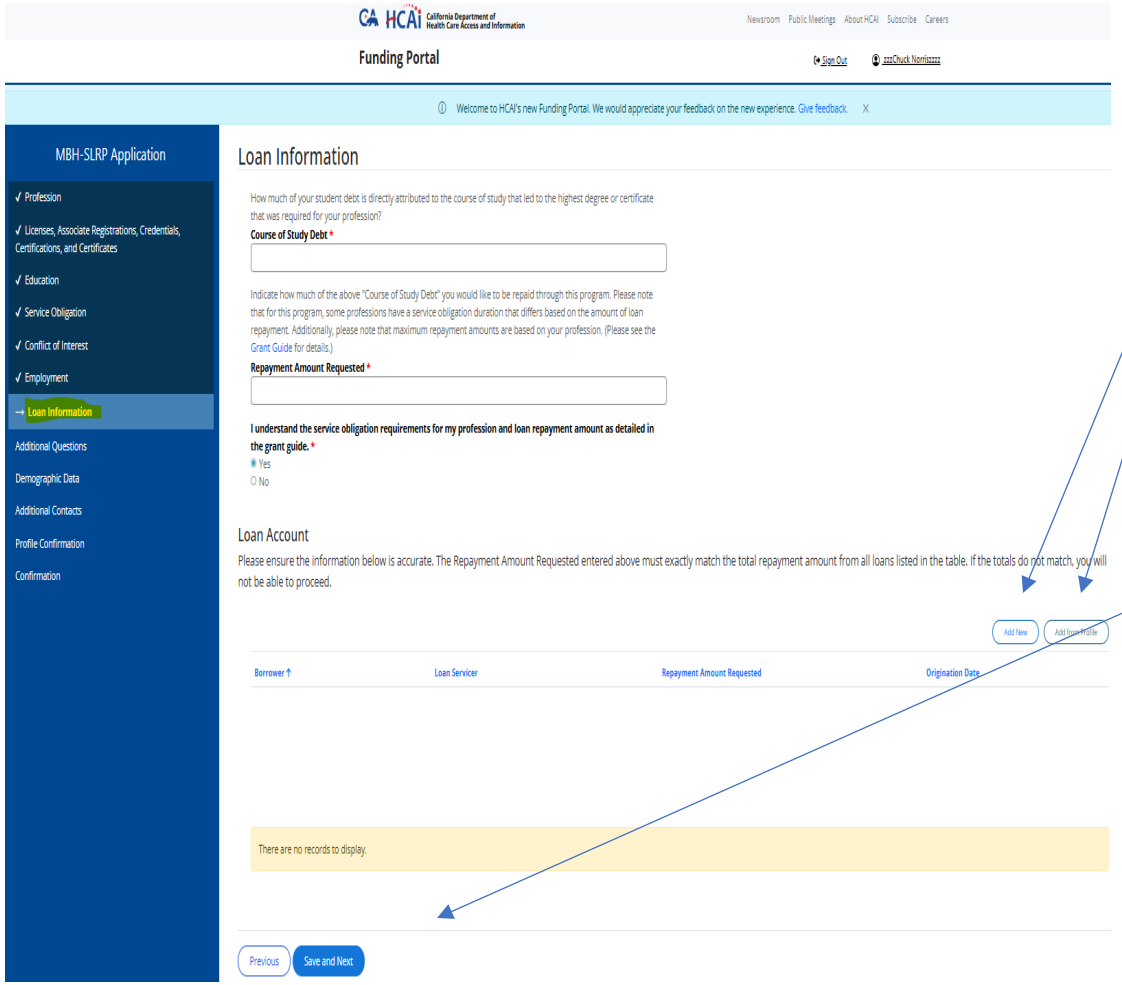


The purpose of this page is to collect your current employment information which should be an eligible profession with the grant opportunity that you are applying for.

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 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 Loan Information

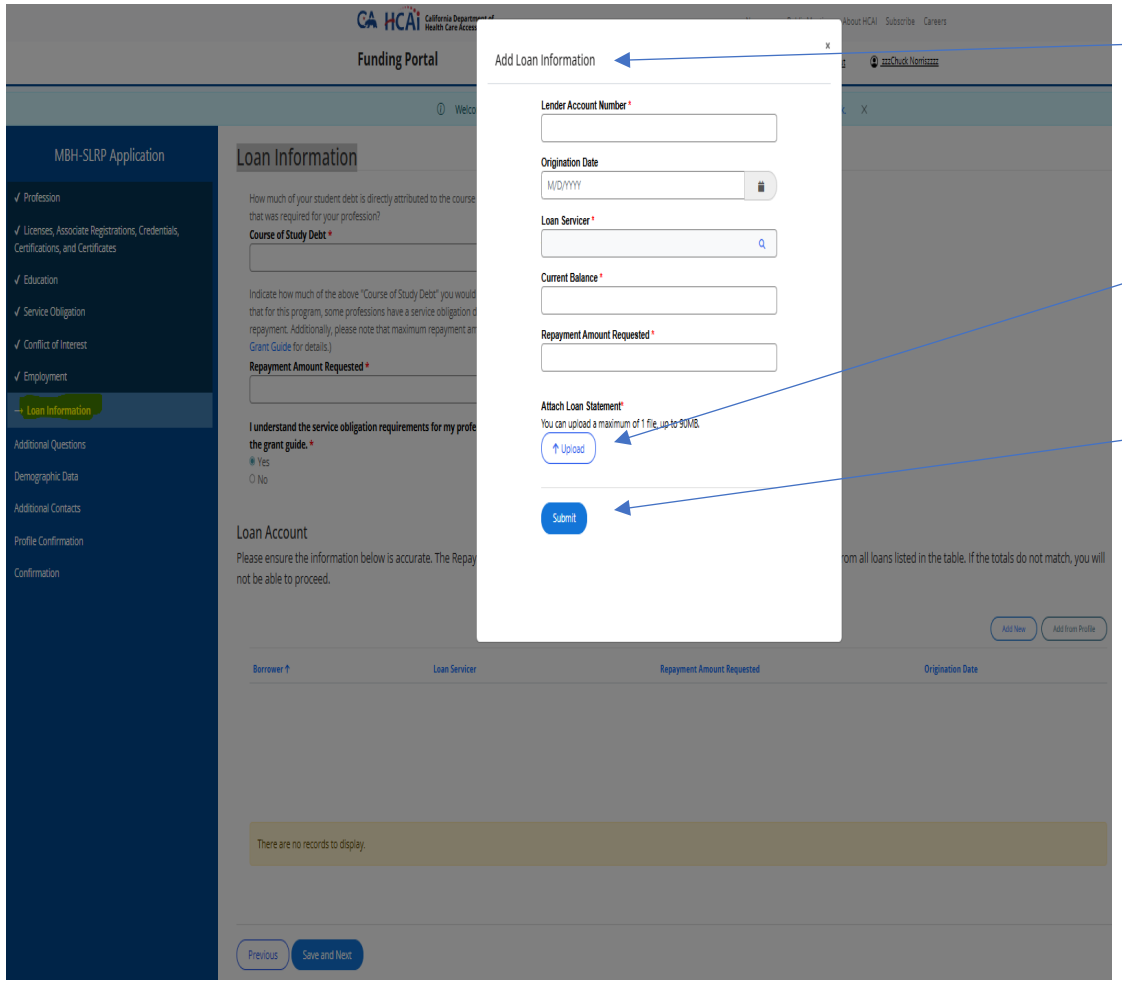


Again, you are presented two options. If you already provided your Loan information in the profile page, you could save time by importing that information. To do so click, "**Add from Profile**". If you did not add this information in your profile prior to this point, click "**Add New**" and a pop-up will appear.

See pop-up example on next slide.

Please click "**Save and Next**".

MBH-SLRP – Loan Information (Continued)

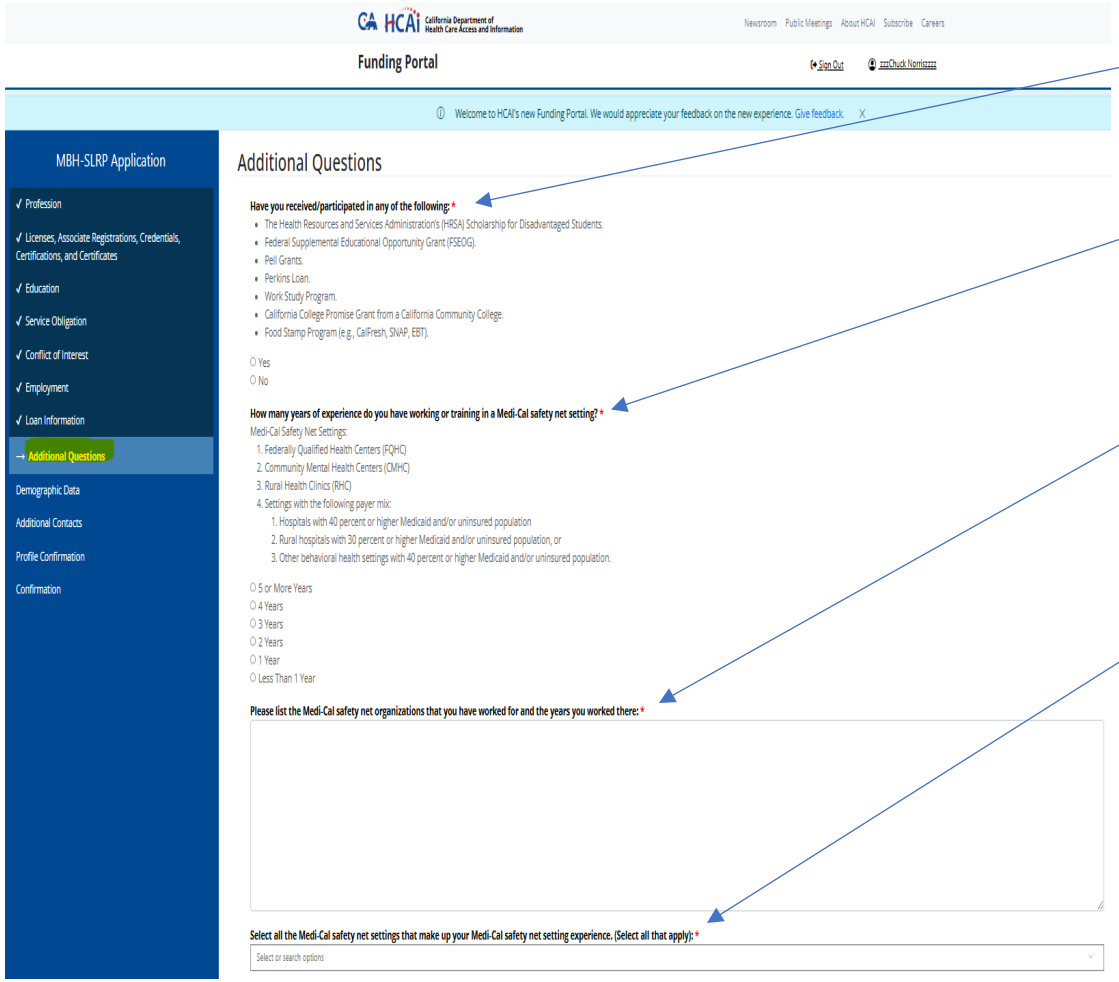


The purpose of this page is to collect your current loan servicer information and debt amount.

You will also need to upload a recent loan statement to help HCAI communicate with the loan servicer. HCAI would prefer the loan servicer statement to be within the last 60 days.

Please click “**Submit**”.

MBH-SLRP – Additional Questions



Have you received/participated in any of the following?

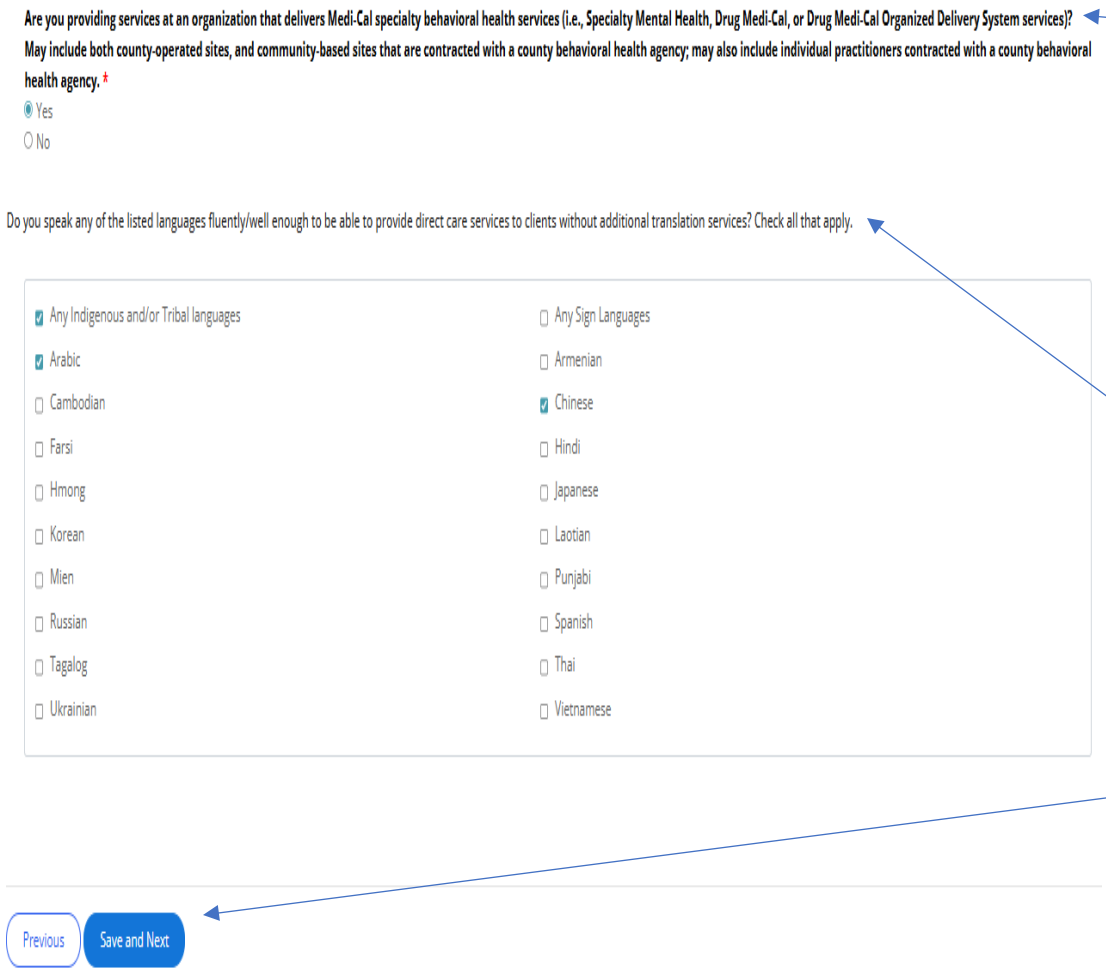
How many years of experience do you have working or training in a Medi-Cal safety net setting?

Please 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)

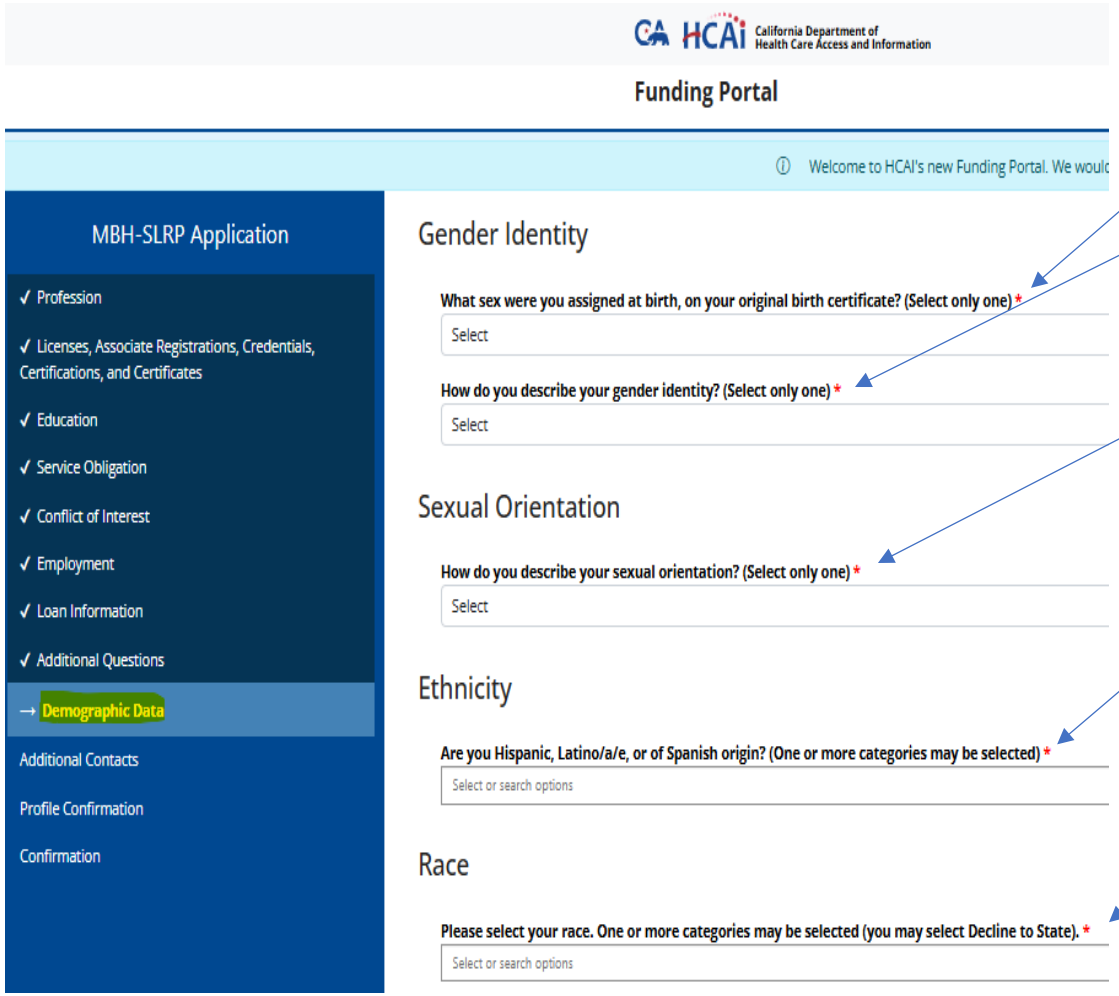


Are you providing services at an organization that delivers Medi-Cal specialty behavioral health services (i.e., Specialty Mental Health, Drug Medi-Cal, or Drug Medi-Cal Organized Delivery System services)? May include both county-operated sites, and community-based sites that are contracted with a county behavioral health agency; may also include individual practitioners contracted with a county behavioral health agency

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**”.

MBH-SLRP – Demographic Data



Gender Identity

What sex were you assigned at birth, on your original birth certificate? (Select only one)

How do you describe your gender identity? (Select only one)

Sexual Orientation

How do you describe your sexual orientation? (Select only one)

Ethnicity

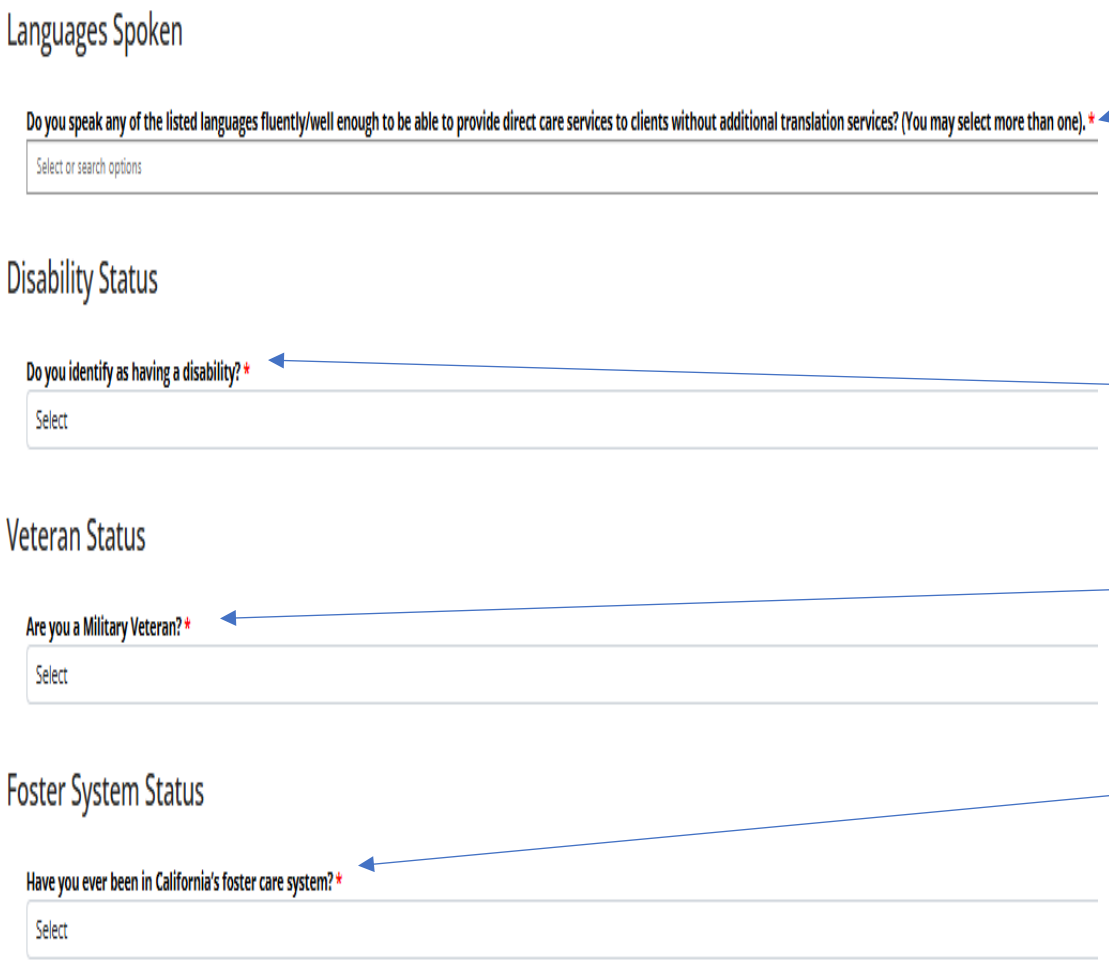
Are you Hispanic, Latino/a/e, or of Spanish origin? (One or more categories may be selected)

Race

Please select your race. One or more categories may be selected (you may select Decline to State).

Please scroll further down the page.

MBH-SLRP – Demographic Data (continued)



Languages Spoken

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? (You may select more than one).

Disability Status

Do you identify as having a disability?

Veteran Status

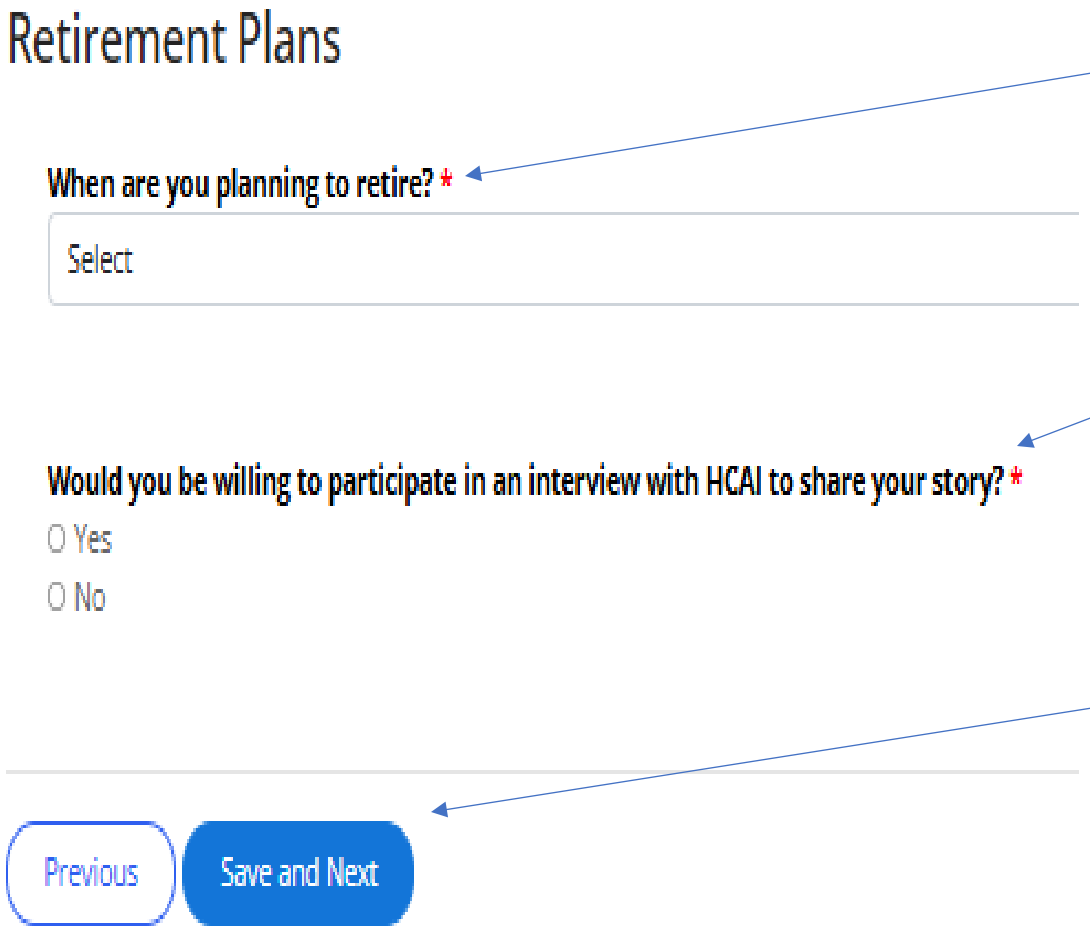
Are you a Military Veteran?

Foster System Status

Have you ever been in California's foster care system?

Please scroll further down the page.

MBH-SLRP – Demographic Data (continued)



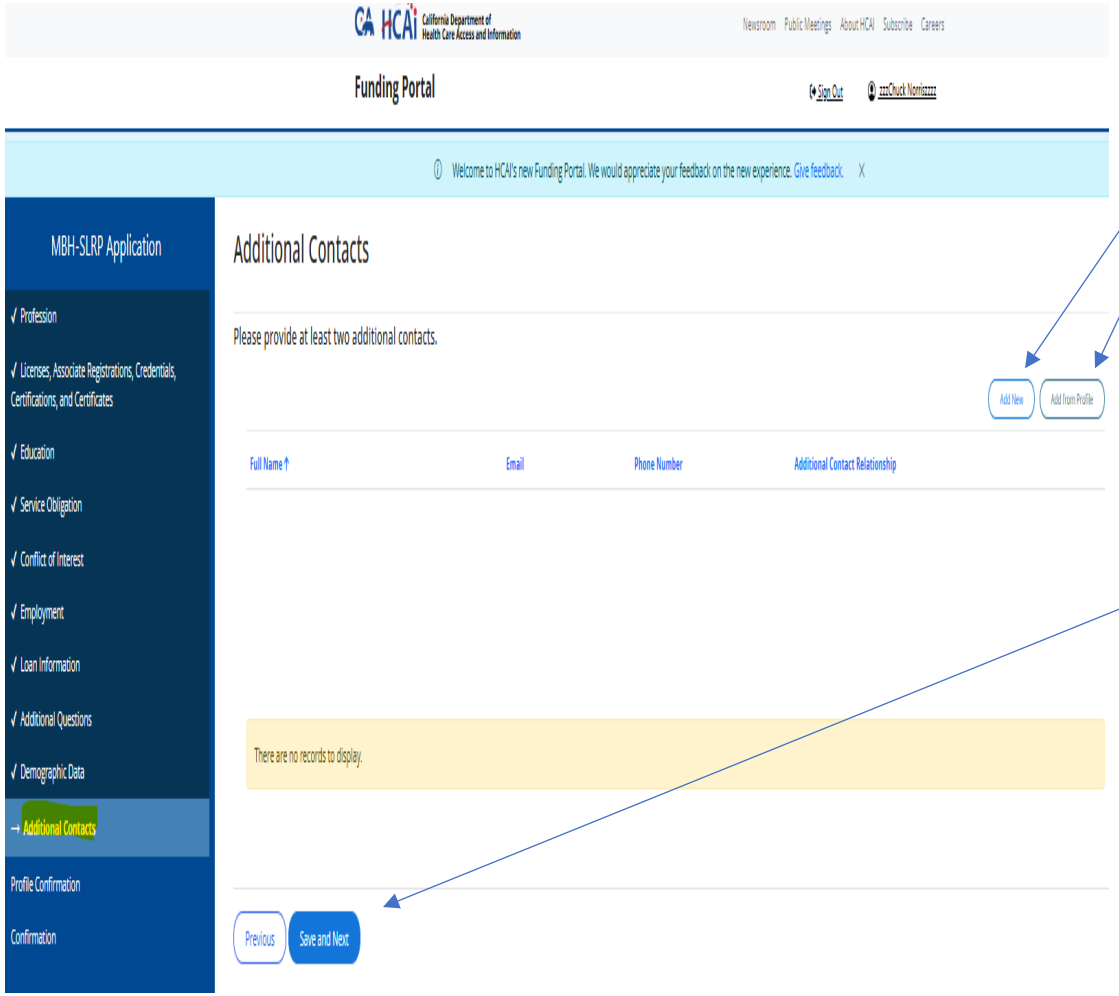
Retirement Plans

When are you planning to retire?

Would you be willing to participate in an interview with HCAI to share your story?

Please click "**Save and Next**".

MBH-SLRP Additional Contacts

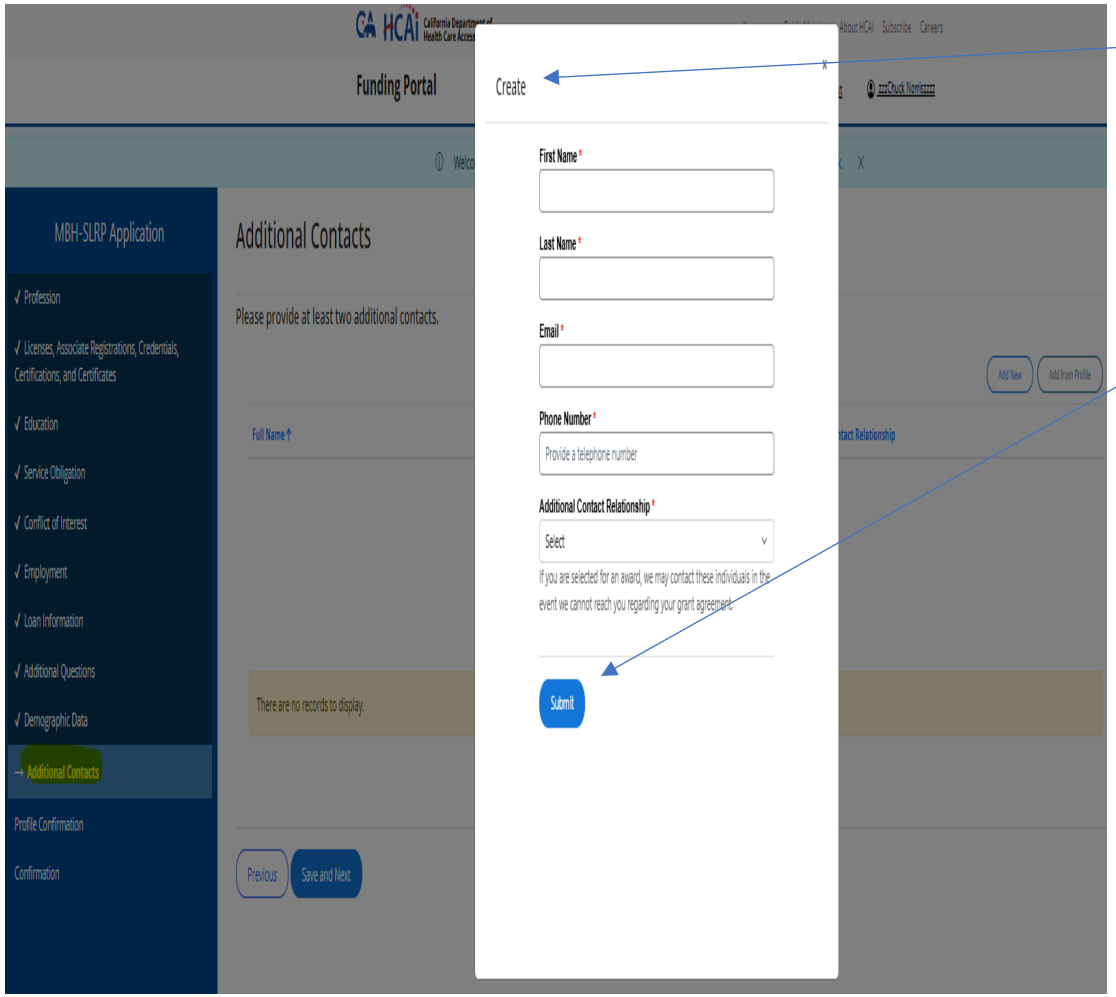


Once again, you are presented two options. If you already provided your additional contact information in the profile page, you could save time by importing that information. To do so click, "**Add from profile**". If you did not add this information in your profile, click "**Add New**" and a pop-up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

See pop-up example on next slide.

Please click "**Save and Next**".

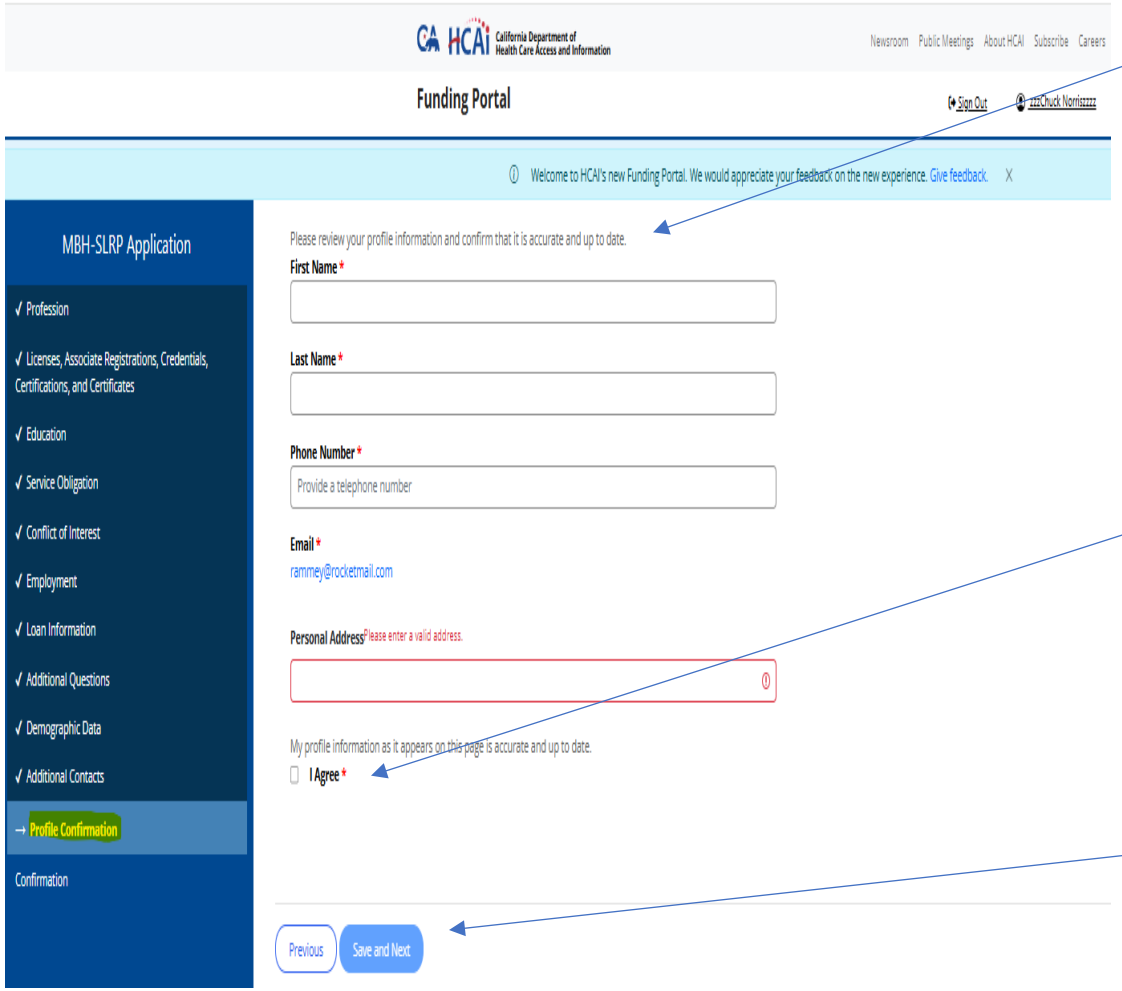
MBH-SLRP Additional Contacts (Continued)



The 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.

Please click “**Submit**”.

MBH-SLRP – Profile Confirmation



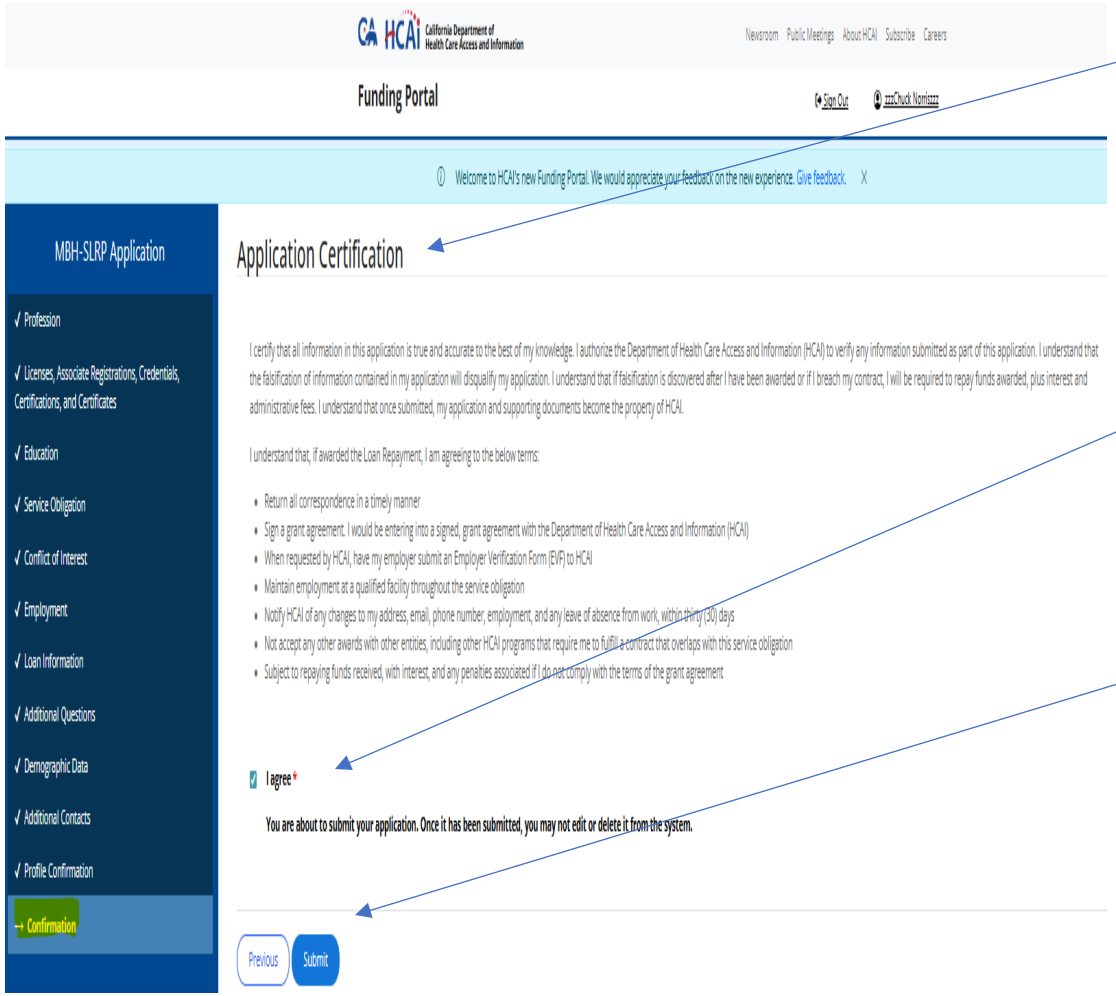
Your contact information should be populated when you see this screen. The intent is to confirm that your information is accurate. If there is an error, please make the correction as it may result in a delay of an award or payment.

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

Please click "**Save and Next**".

HCAI
Department of Health Care Access and Information

MBH-SLRP – Application Certification



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

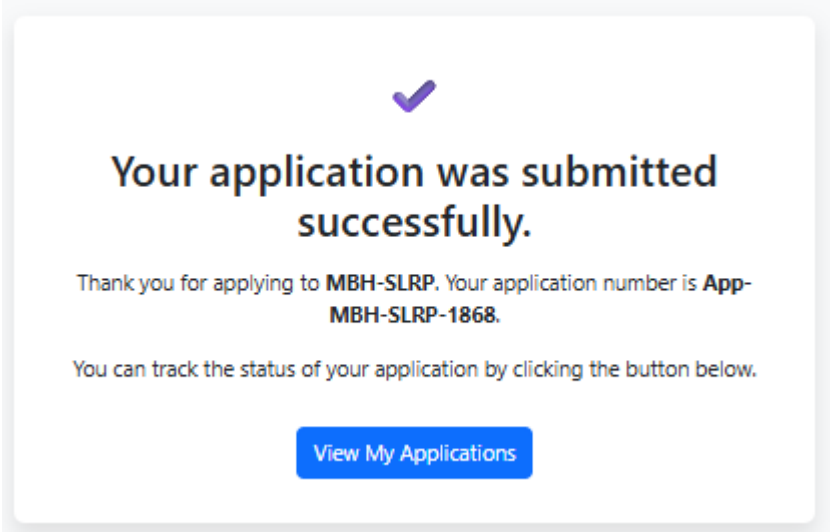
If you are satisfied with your profile information, please check the "**I agree**" box.

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.

HCAI
Department of Health Care Access and Information

MBH-SLRP – Submission Successful



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

Thank you for applying.

Questions?

MBHSLRP@HCAI.ca.gov