

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



Newsroom Public Meetings About HCAI Subscribe Careers

CA HCAi California Department of Health Care Access and Information

Funding Portal



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.

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



	HCAi
Sign in with	n your email address
Password	
Don't have an ac	sign in count? Sign up now
Sign in with	h your social account
G	Google
	Microsoft

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





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.





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 <u>do not</u> select that option.



Profile – Recommend Completing Profile

CA HCAi California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

Funding Portal

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

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.

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**.

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



Profile - Navigation



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.



Save

Profile – Contact Information



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".



Profile – Education

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Additional Contacts				Add Education to Profi	le
Employment					_
Licenses and Certifications	Institution	Degree/Certificate Type			

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.

There are no records to display.



Profile – Education (Continued)

CALIFORNIa Department of Health Care Acce Funding Portal Welc (* Back	About HCAI Su X 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 *	Institution: The search feature provides a list of school to choose from. There are hundreds of schools to choose from on this list. Note: If you do not see your school or drop-down list, please select " Other " and type in the n of your school.	ols ose 1 the Iame
Profile Contact Information Education Additional Contacts Employment Licenses and Certifications	Degree/Certificate Type * ▲ Select ✓ Upload Unofficial Transcript* You can upload a maximum of 1 file, up to 90MB.	 Degree/Certificate Type: Associate, Bachelor's, Certificate of Achievement, JD, Master's, MD, PhD/Psy Upload Unofficial Transcript: A copy of your unofficial transcript is needed by HCAI for consideration in issuir possible award. Please click "Submit". 	yD al ng a



Profile – Additional Contacts

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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.

There are no records to display.



Profile – Additional Contacts (Continued)

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Additional Contacts	Provide a telephone number	Add Emergency Contact to Profile
Employment	Additional Contact Relationship *	
Licenses and F	Select	ationship
Certifications	If you are selected for an award, we may contact these individuals in the event we cannot reach you regarding your grant agreement.	
	Submit	
l		

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

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Contact Information Education	Employment					
Additional Contacts				(Add Employment Info to Profile)
Employment Licenses and Certifications	Employer Legal Name ↑	Primary Employment MBH- SLRP SI	We art Date Job Title Wo	ekly Hours rked	Point of Contact Email Address	

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

There are no records to display.



Profile – Employment (Continued)

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Education	Weekly Hours Worked for this Employer *	Add Employment Info to Profile
Licenses and Certifications	 Check this box if your employer is a school or a school- linked organization 	Point of Contact Email Address
	Employer Point of Contact	
	List the person who will verify your site type, organization NPI, and site payor mix. First Name *	
	Last Name *	
	Fmail Address *	₩ .

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)



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

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

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 Rehavioral Health Student Loan
Repayment Program.

Employee's First and Last Name 222Check Nonic222

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 *

Practice Setting Information

Whic	h, if any, of these describe this practice setting:	
Prac	tice Setting Type *	
Sel	lect .	÷

NPI Information

What is this practice site's NPI Number? *

Direct Client Care Hours

Direct Client Carle This includes behavioral health services such as prevention, servly intervention, assessment, treatment, courseling, procedures, patient and 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 suspentition.

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

Submit

Signed Name *	Signature Date *	
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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.

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

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Additional Contacts				Add License/Certi	fication to Profile		
Licenses and Certifications	License/Credential/Certification/Etc. ID Issue Date License/Creden	ntial/Certificat	on/Etc. Name 🕈	Expiratio	on Date		

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.

There are no records to display.



Profile – Licenses/Certifications (Continued)

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Contact Information	Issue Date	
Education	M/D/YYYY 📫	
Employment	Expiration Date M/D/YYYY	Add License/Certification to Profile
Licenses and L Certifications		Expiration Date
	Upload a copy of your License/Associate * Registration/Credential/Certification/Certificate. * You can upload a maximum of 1 file, up to 90MB. * Upload *	
ſ	Submit	

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".



Applying – Part 1



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**".



Applying – Part 2

CA HCAi California Department of Health Care Access and Information

Funding Portal

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E+ Sign Out

① 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.

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

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



Applying – Part 3



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



MBH-SLRP Welcome Page

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MBH-SLRP Pre-Application	Welcome		
→ Welcome	We appreciale your interest in joining the NBH-SLAP Program. This stage is designed to gather the necessary informatic Please review the details below and follow the guided steps.	ın to delermine your eligibility. Your careful and honest responses v	vil help us understand your background and ensure you meet our program's criteria.
Attestations Confirmation	What to Expect: • Personal Information: Share your basic details and background, which form the foundation of your application. • Required Documentation: Prepare and submit necessary documents, such as identification and financial records, to support your application. • Step-by-Step Guidance: Navigate the process with clear, easy-to-follow instructions that help avoid delays. Thank you for laking this important first step. Your commitment to accuracy ensures that your application will be processes	el efficiently. We look formard to helping you advance through the l	NBH-SLAP Program.
	Sane and Mett		

This page outlines what to expect in the application process. Please click "**Save and 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.

Please click "Submit" once you are ready to proceed.



Starting the MBH-SLRP Application



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 "Save and Next" when complete.



MBH-SLRP Licenses and Certifications

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MBH-SLRP Application	Licenses, Associate Registrations	s, Credentials, Certifical	tions, and Certificates		
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Conflict of Interest					
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Loan Information	There are no records to display.				
Additional Questions					
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Here you are presented with 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 "Save and Next" when complete.



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

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MBH-SLRP Application	Education		
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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.



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.



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.



MBH-SLRP Employment

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/ Licenses, Associate Registrations, Credentials, iertifications, and Certificates	cust at least one current or focure employer that wou qualify for this award. Please note that the point of c	ontacts for each employment a	idded to the list below	will be contacted to verify your ei	nployment.	
/ Education						Add New Add from Profile
Service Obligation	Employer Legal Name 🕈	Start Date	Job Title	Weekly Hours Worked	Point of Contact Email Address	
Conflict of Interest						
+ Employment						
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	Previous Save and Next					

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.



MBH-SLRP – Employment (Continued)

	CA HCAI California Department	
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	() Welco	Employment Details
MBH-SLRP Application	Employment	Organization Legal Name *
✓ Profession	List at least one current or future employer that would	Start Date *
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✓ Education		
✓ Service Obligation	Employer Legal Name 🕈	Weekly Hours Worked for this Employer * Point of Contact Ema
✓ Conflict of Interest		
ightarrow Employment		Check this box if your employer is a school or a school- linked organization
Loan Information		Employer Point of Contact
Additional Questions		List the person who will verify your site type, organization NPI, and site
Additional Contacts	There are no records to display.	payor mix.
Profile Confirmation		
Confirmation		Last Name *
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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

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MBH-SLRP Application	Loan Information				click "Add fre
✓ Profession	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?				
 Licenses, Associate Registrations, Credentials, Certifications, and Certificates 	Course of Study Debt * 0.00				In your profile
✓ Education	Indicate how much of the above "Course of Study Debt" you would like to be repaid through this program. Please note				pop-up will a
 Service Obligation 	that for this program, some professions have a service obligation duration that differs based on the amount of loan repayment. Additionally, please note that maximum repayment amounts are based on your profession. (Please see the				
✓ Conflict of Interest	Grant Guide for details.) Repayment Amount Requested *				
✓ Employment	0.00		/		
ightarrow Loan Information	I understand the service obligation requirements for my profession and loan repayment amount as detailed in		/		
Additional Questions	the grant guide. *				
Additional Contacts	O Na				See pop-up e
Profile Confirmation	Loan Account				
Confirmation	Please ensure the information below is accurate. The Repayment Amount Requested entered above must exit	actly match the total repayment amount from all loar	is listed in the table. If the totals do not match, you will		
	not be able to proceed.		▶ ₩		
			Add New Add from Profile		
	Borrower 🕈 Loan Servicer Repu	ayment Amount Requested	Origination Date		
	There are no records to display.				Please click '
	Previous Salve and Next				

Here you are presented with 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.



MBH-SLRP – Loan Information (Continued)

	CA HCAI California Depart Health Care Acce	gan at the second se	About HCAI Subscribe Careers	The purpose of this page is to collect your current loan
	Funding Portal	Add Loan Information	🕐 <u>mf. Scott Fitsperaldana</u>	servicer information and debt amount
	① Welc	Lender Account Number *	с X	
MBH-SLRP Application Profession Liceroes, Associate Registrations, Gredentials, Gredification, and Certificates Liceroes, Associate Registrations, Gredentials, Gredification Education Service Onligation Cortifict of Interest Employment. Lean Information Additional Questions Additional Questions Additional Contacts Profile Confirmation Confirmation	Vec Order Stand Provided Standard Stand	Lender Account Number * Origination Date WDYYYY Land Servicer * Current Balance * Current Balance * Current Balance * Attach Loen Statement* Notaru piolod a maximum of 1 file up to 9008. Other Deate Stort	t X Tom all loans listed in the table. If the totals do not match, you will total loans listed in the table. If the totals do not match, you will total loans loans do not match.	You will also need to upload a recent loan statement to help HCAI communicate with the loan servicer. HCAI is requesting the loan servicer statement to be dated within the last 60 days. Please click " Submit ".
	There are no records to display. Previous Save and Next			



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-

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.

O Yes

O No

Any Indigenous and/or Tribal languages Any Sign Languages Arabic Armeniar Cambodian Chinese 🗆 Farsi 🗆 Hindi Hmong Japanese Korean 🗆 Laotian n Mien 🗆 Punjabi Russian Spanish Tagalog 🗆 Thai Ukrainian Vietnamese Save and Next

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.



MBH-SLRP Additional Contacts

	CA HCAI seen Funding Portal	ia Department of Lare Access and Information		lewsroom Public Meetings ((• Sign Out	Nout HCAI Subscribe Careers		Here prov page
	0	Welcome to HCAI's new Funding Portal	. We would appreciate your feedback on the ne	w experience. Give feedback	. Х		To d
MBH-SLRP Application	Additional Contacts					/	will a
√ Profession	Please provide at least two additional contacts.						
✓ Licenses, Associate Registrations, Credentials, Certifications, and Certificates						Add New Add Irom Profile	
√ Education	Full Name 🕇	Email	Phone Number	Additional Con	tact Relationship		See
✓ Service Obligation							
✓ Conflict of Interest							
√ Employment							
√ Loan Information							
✓ Additional Questions							
→ Additional Contacts	There are no records to display.						Plea
Profile Confirmation							
Confirmation	Preious Save and Herc						

Here 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.



MBH-SLRP Additional Contacts (Continued)

	CA HCAI Gaifornia Departm Health Care Access	yaad a a a a a a a a a a a a a a a a a a	About HCAI Subscribe Careers	The purpose of this pa
	Funding Portal	Create	X 222F. Scott Fitzgerald222	people to contact in ca
	0 Wetco	First Name *	c X	SLRP Program.
MBH-SLRP Application	Additional Contacts	Last Name *		
√ Profession	Please provide at least two additional contacts.			
✓ Licenses, Associate Registrations, Credentials, Certifications, and Certificates				
✓ Education	Full Name 🕇	Phone Number *	ıtact Relationship	
✓ Service Obligation		Provide a telephone number		
✓ Conflict of Interest		Additional Contact Relationship *		
/ Conclusion		Select v		
		If you are selected for an award, we may contact these individuals in the event we cannot reach you regarding your grant agreement.		
✓ Loan Information				
✓ Additional Questions				Please click "Submit".
ightarrow Additional Contacts	There are no records to display.	Submit		
Profile Confirmation				
Confirmation				
	Previous Save and Next			

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



MBH-SLRP – Profile Confirmation

	CA HCAI California Department of Health Care Access and Information Funding Portal	Newsroom Public Mestings About HCAI Subscribe Careers (• Sign Cur. ① <u>1115</u> , Scott Rizgerald <u>112</u>	Your contact information see this screen. The int information is accurate.
	Welcome to HCAI's new Funding Partal: We would appreciate your	feedback on the new experience. Give feedback X	the correction as it may
MBH-SLRP Application	Please review your profile information and confirm that it is accurate and up to date. First Name *		payment.
√ Profession	222F. Scott		
✓ Licenses, Associate Registrations, Credentials, Certifications, and Certificates	Last Name * Fitzgeraldzzz		
✓ Education	Dhona Nimhar *		
✓ Service Obligation	[916] 666-6666		
✓ Conflict of Interest	Email *		
✓ Employment	{Email Address}		
✓ Loan Information	Personal Address		
✓ Additional Questions	{Street Address}		If you are satisfied with
✓ Additional Contacts	My profile information as it appears on this page is accurate and up to date.		check the "I Agree" box
→ Profile Confirmation	I lagree +		
Confirmation			
	Previous Save and Next		Please click "Save and

n should be populated when you tent is to confirm that your If there is an error, please make result in a delay of an award or

your profile information, please ۲.

Next".



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.



MBH-SLRP – Submission Successful



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

Thank you for applying.





MBHSLRP@HCAI.ca.gov

