

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

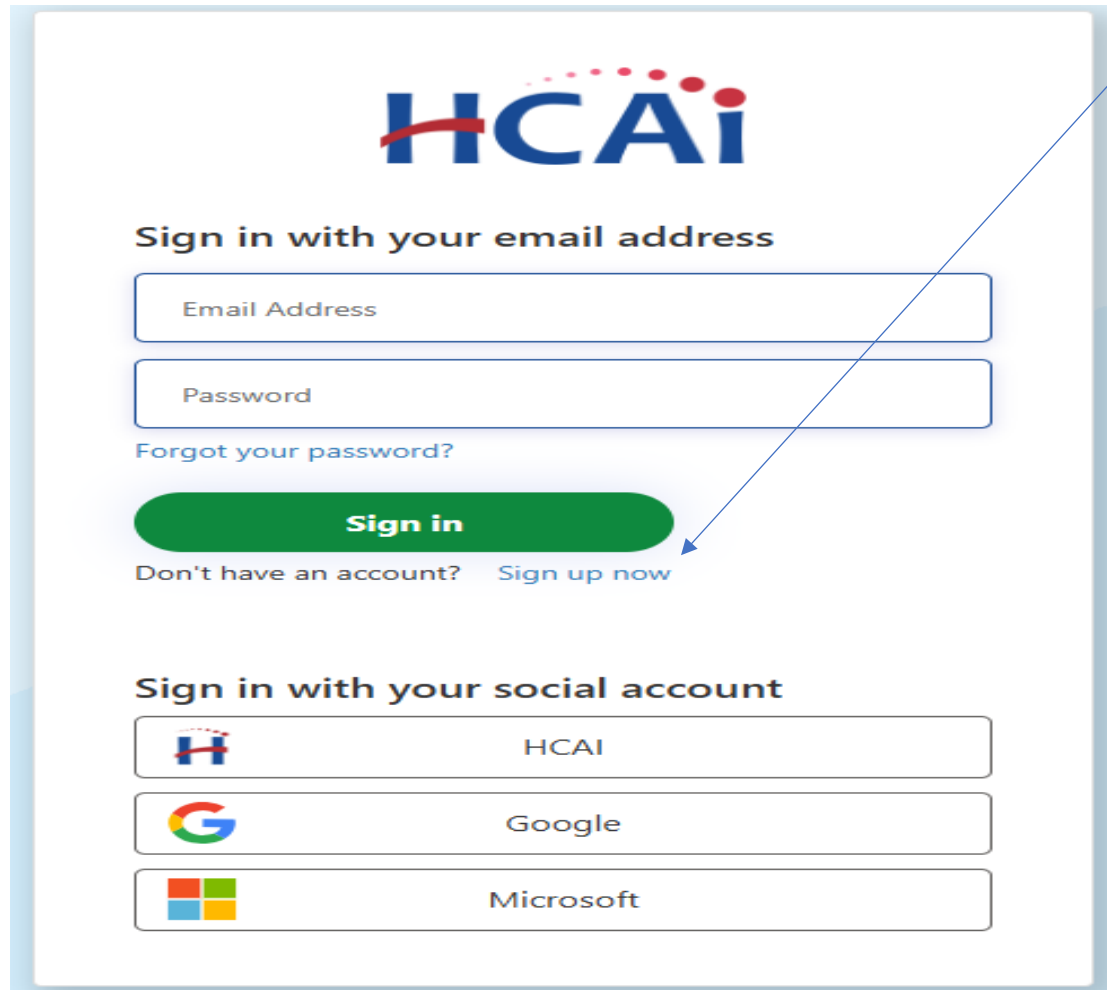
- [2025 MBH-SLRP Homepage](#)
- [2025 MBH-SLRP Grant Guide](#)
- [2025 MBH-SLRP Application](#)

Creating an Account – Part 1



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

Creating an Account – Part 2



The image shows a web interface for HCAi. At the top is the HCAi logo. Below it is a section titled "Sign in with your email address". This section contains two input fields: "Email Address" and "Password". Below these fields is a link "Forgot your password?". A green button labeled "Sign in" is positioned below the "Forgot your password?" link. Below the "Sign in" button are two links: "Don't have an account?" and "Sign up now". Below this section is another section titled "Sign in with your social account". This section contains three buttons: "HCAi" (with the HCAi logo), "Google" (with the Google logo), and "Microsoft" (with the Microsoft logo).

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

Creating an Account – Part 3

< Cancel

HCAi

Email Address

Send verification code

New Password

Confirm New Password

Display Name

Given Name

Surname

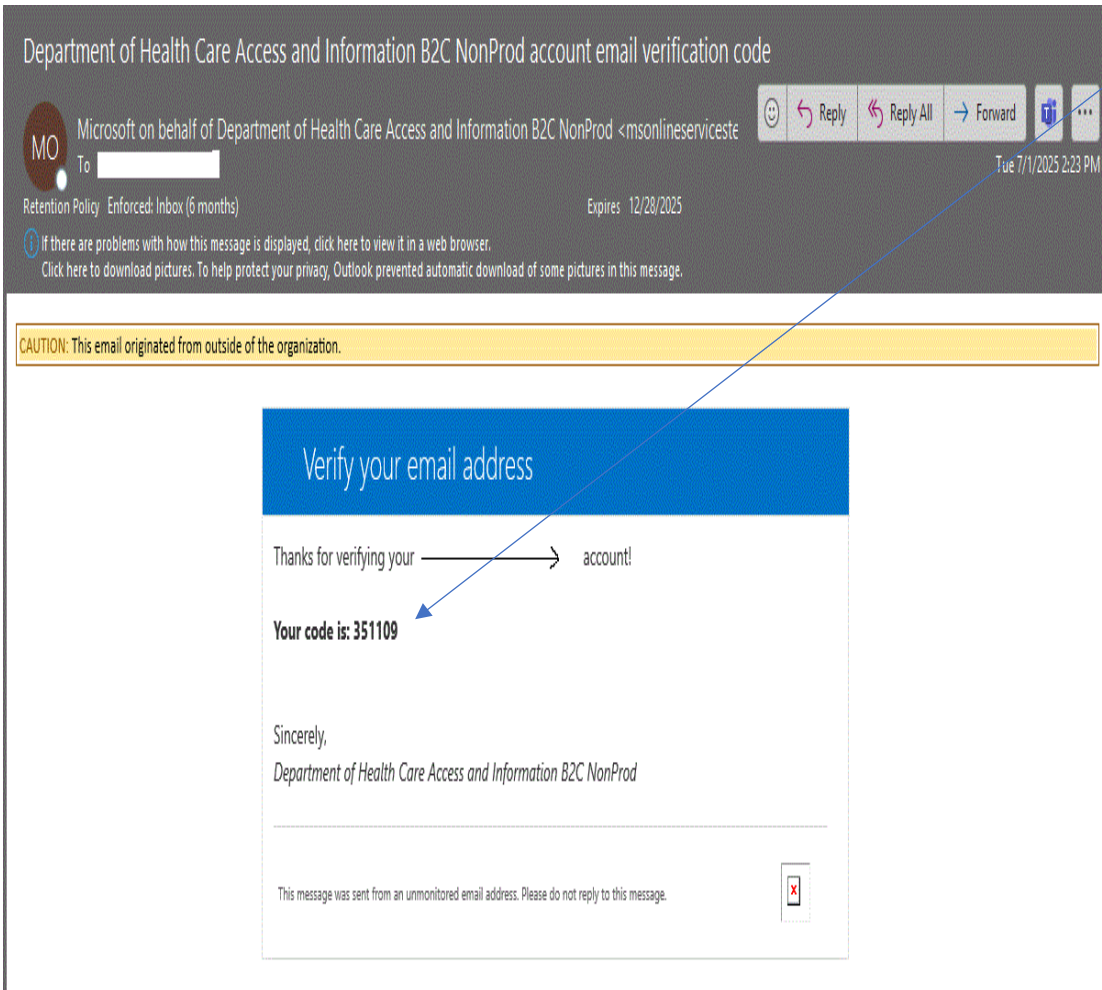
Create

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”

Funding Portal [Sign Out](#)

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

[← Back](#)

Welcome to the HCAI Funding Portal

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

☒ **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.

[Save](#)

[Submit](#)

Profile

First Name


E-mail *

Portal Profile

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

 **HCAI**
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Health Care Access and Information

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Funding Portal

Sign Out

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

Back

Profile

Save

Contact Information

Education

Additional Contacts

Employment

Licenses and Certifications

Demographic Survey

The form could not be submitted for the following reasons:

Last Name is a required field.

Profile

First Name

Last Name *

E-mail *

Phone Number

Portal Profile Type

Personal Address

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

① Welcome to HCAi's new Funding Portal. We would appreciate your feedback on the new experience. [Give feedback.](#) X

[← Back](#)

» Profile ▾

Contact Information

Education

Additional Contacts

Employment

Licenses and
Certifications

Demographic Survey

① The form could not be submitted for the following reasons:

Last Name is a required field.

Profile

First Name

Last Name *

E-mail *

rammey@rocketmail.com

Phone Number

Portal Profile Type

Individual ▾

Personal Address

Save

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

Funding Portal

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

» Profile ▾

- Contact Information
- Education**
- Additional Contacts
- Employment
- Licenses and Certifications
- Demographic Survey

Education

Add Education to Profile

Institution	Degree/Certificate Type
There are no records to display.	

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)

Create

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 *

Degree/Certificate Type *

Upload Unofficial Transcript*
You can upload a maximum of 1 file, up to 90MB.

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, 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

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Funding Portal Sign Out zzzChuck Norriszzz

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Back

» Profile

Contact Information

Education

Additional Contacts

Employment

Licenses and Certifications

Demographic Survey

Additional Contacts

Save

Add Emergency Contact to Profile

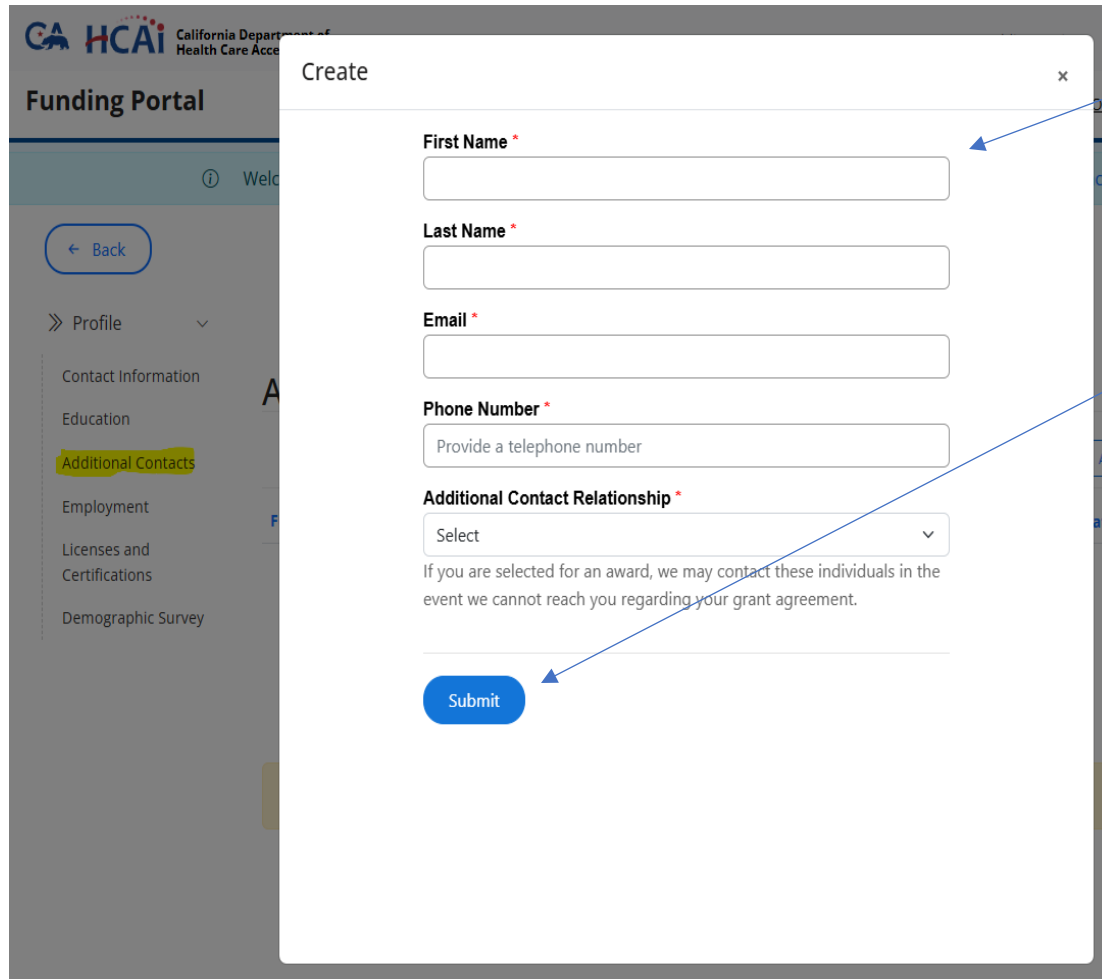
Full Name ↑	Email	Phone Number	Additional Contact Relationship
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There are no records to display.

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 screenshot shows a web application interface for the HCAi Funding Portal. On the left is a sidebar with a navigation menu containing: 'Contact Information', 'Education', 'Additional Contacts' (highlighted in yellow), 'Employment', 'Licenses and Certifications', and 'Demographic Survey'. The main content area displays a 'Create' modal form. The form includes the following fields: 'First Name *' (text input), 'Last Name *' (text input), 'Email *' (text input), 'Phone Number *' (text input with placeholder 'Provide a telephone number'), and 'Additional Contact Relationship *' (dropdown menu with 'Select' as the current option). Below the dropdown is a disclaimer: 'If you are selected for an award, we may contact these individuals in the event we cannot reach you regarding your grant agreement.' At the bottom of the form is a blue 'Submit' button. Two blue arrows point from the explanatory text on the right to the 'First Name' field and the 'Submit' button.

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Funding Portal

Create

First Name *

Last Name *

Email *

Phone Number *


Additional Contact Relationship *

Submit

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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Funding Portal

[Sign Out](#)[zzzChuck Norriszzz](#)

① Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. [Give feedback.](#) X

← Back

» Profile ▾

Contact Information

Education

Additional Contacts

Employment

Licenses and Certifications

Demographic Survey

Employment


Save

Add Employment Info to Profile

Employer Legal Name ↑	Primary Employment MBH-SLRP	Start Date	Job Title	Weekly Hours Worked	Point of Contact Email Address
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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.

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Access and Information

Profile – Employment (Continued)

The screenshot shows a web application titled 'Funding Portal' with a sidebar menu containing 'Profile', 'Contact Information', 'Education', 'Additional Contacts', 'Employment' (highlighted), 'Licenses and Certifications', and 'Demographic Survey'. A 'Create' modal window is open, titled 'Employment Details'. It contains the following fields: 'Organization Legal Name *' (text input), 'Start Date *' (calendar picker showing 'M/D/YYYY'), 'Job Title *' (text input), 'Weekly Hours Worked for this Employer *' (text input), a checkbox for 'Check this box if your employer is a school or a school-linked organization', and an 'Employer Point of Contact' section with a description 'List the person who will verify your site type, organization NPI, and site payor mix.' and three text input fields for 'First Name *', 'Last Name *', and 'Email Address *'. A 'Save' button is visible in the background. Blue arrows point from the explanatory text on the right to the 'Organization Legal Name' and 'Email Address' fields.

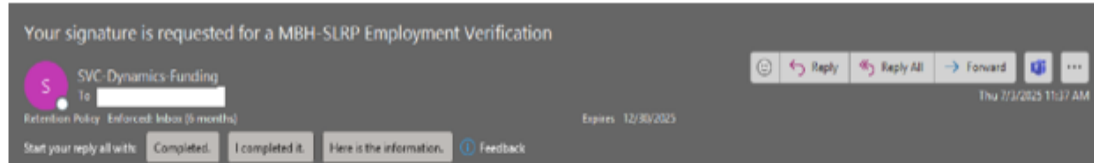
The purpose of this page is to collect your current employment information which should be an eligible profession for the grant opportunity that you are applying for.

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.



← 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](#).

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

Thanks, HCAI Team

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 Nortzzzz

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. 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 *

Signer Title

Signature Date *

MM/DD/YYYY 


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 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.

Profile – Licenses/Certifications



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Back

Profile

Contact Information

Education

Additional Contacts

Employment

Licenses and Certifications

Demographic Survey

Licenses/Certifications

Save

Add License/Certification to Profile

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

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)

The screenshot shows a web application interface for HCAi. On the left is a sidebar menu with options: 'Funding Portal', 'Profile', 'Contact Information', 'Education', 'Additional Contacts', 'Employment', 'Licenses and Certifications' (highlighted in yellow), and 'Demographic Survey'. The main content area is a 'Create' modal window. It contains the following fields and controls:

- License/Associate Registration/Credential/Certification/Certificate Name ***: A text input field with a search icon on the right.
- License/Associate Registration/Credential/Certification/Certificate ID ***: A text input field.
- Issue Date**: A date picker showing 'M/D/YYYY'.
- Expiration Date**: A date picker showing 'M/D/YYYY'.
- Upload a copy of your License/Associate Registration/Credential/Certification/Certificate.**: 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.

Blue arrows point from the explanatory text on the right to the corresponding fields in the form: from the first text block to the Name field, from the second text block to the ID field, from the third text block to the Upload button, and from the fourth text block to the Submit button.

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

The screenshot shows the HCAI Funding Portal interface. At the top, the HCAI logo and navigation links (Newsroom, Public Meetings, About HCAI, Subscribe, Careers) are visible. Below the header, the 'Funding Portal' title and user information (Sign Out, zzzChuck Norriszzz) are displayed. A light blue banner contains a welcome message and a 'Give feedback' link. The main content area features a 'Back' button and a 'Profile' dropdown menu. The 'Demographic Survey' section is highlighted in the left sidebar. The survey form includes fields for 'Name' and 'Created On'. A blue 'Save' button is located to the right of the form. A yellow message box at the bottom states 'There are no records to display.'

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Funding Portal Sign Out zzzChuck Norriszzz

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

Back

» Profile

Contact Information

Education

Additional Contacts

Employment

Licenses and Certifications

Demographic Survey

Demographic Survey

Name ↑ Created On

Save

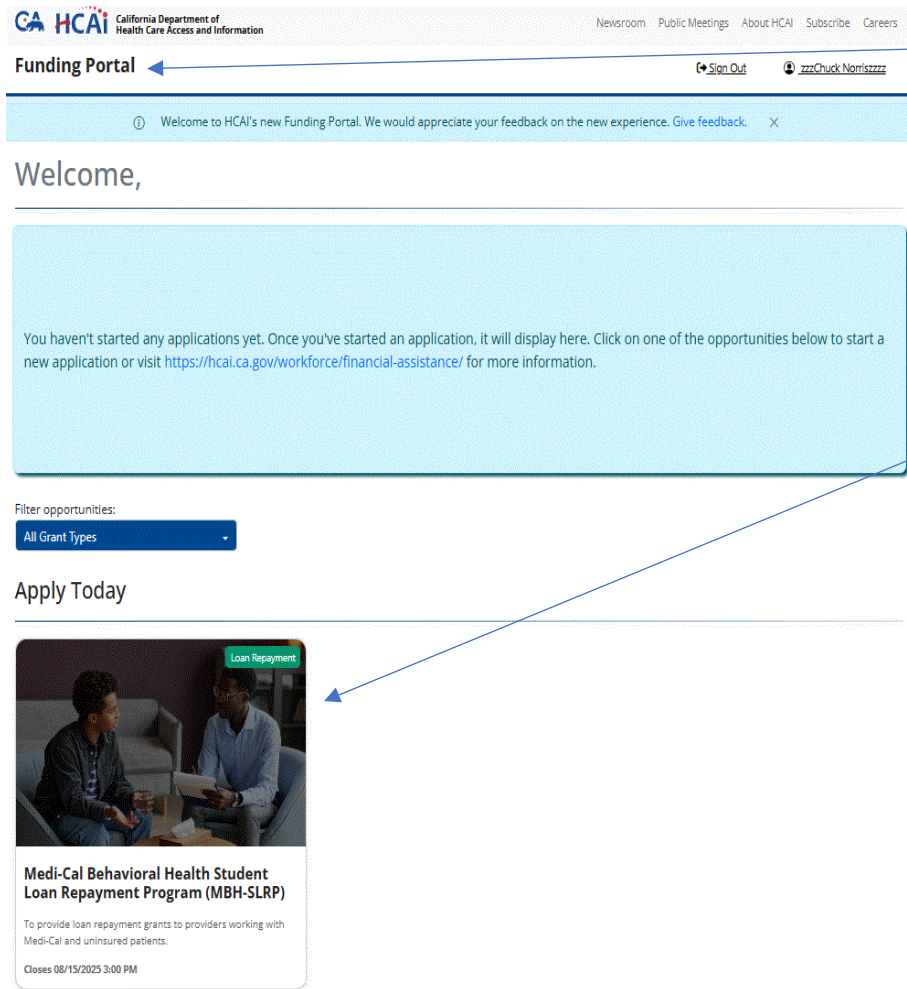
There are no records to display.

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

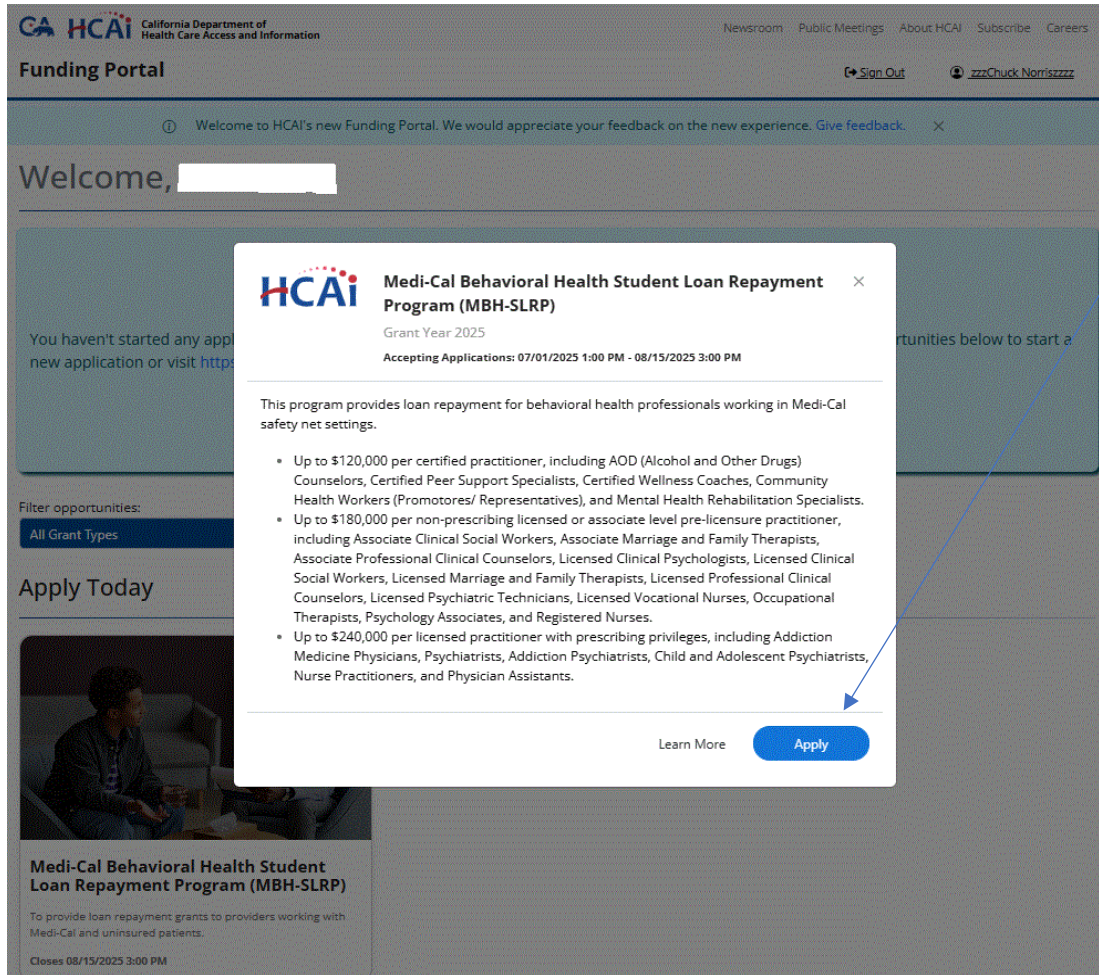
MBH-SLRP Application



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



The screenshot shows the HCAI Funding Portal interface. At the top, the HCAI logo and navigation links (Newsroom, Public Meetings, About HCAI, Subscribe, Careers) are visible. The main header reads "Funding Portal" with a "Sign Out" button and a user profile "zzzChuck Norriszzz". A welcome message is displayed below the header. A pop-up window titled "Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP)" is centered on the screen. The pop-up includes the HCAI logo, the program name, the grant year (2025), and the application period (07/01/2025 1:00 PM - 08/15/2025 3:00 PM). It describes the program's purpose and lists eligible professions. At the bottom of the pop-up, there are "Learn More" and "Apply" buttons. A blue arrow points from the "Apply" button in the pop-up to the explanatory text on the right. In the background, the portal shows a "Welcome" message, a "You haven't started any applications" notification, and a section titled "Apply Today" with a photo of a person sitting on a couch.

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

Grant Year 2025

Accepting Applications: 07/01/2025 1:00 PM - 08/15/2025 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 (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.

Learn More **Apply**

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

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.



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Sign Out

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MBH-SLRP Pre-Application

→ Welcome

Attestations

Confirmation

Welcome

We appreciate your interest in joining the MBH-SLRP Program. 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.

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 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 Program.

Next

MBH-SLRP Attestations Page

MBH-SLRP Pre-Application

Attestations

Please read and understand the terms and conditions of this program.

☐ I acknowledge

Please read and understand the service obligation and direct terms described in the Grant Guide.

☐ I acknowledge

I give my permission for HCAI to contact my employer(s) and/or other organizations to verify my employment information.

☐ I acknowledge

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

☐ I acknowledge

I agree that I will fulfill with my selected profession. I agree that I will have at least 20 hours/week of direct service, or at least 20 hours/week of direct service with a cross year for school settings.

☐ I acknowledge

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

☐ I acknowledge

Ranking for this program is limited to the following listed below:

- U.S. Coast
- Local permanent residents
- Conditional permanent residents
- Conditional residents
- Refugees
- Temporary green card holder
- Persons granted entry to the U.S. for at least one year
- Unborn citizens and citizens
- Afghan citizens and citizens granted entry to the U.S. between July 1, 2021, and September 30, 2022
- Cuban citizens
- Citizens of Puerto Rico
- Naturalized citizens
- U.S. citizens

☐ I acknowledge that I am one of these citizens.

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

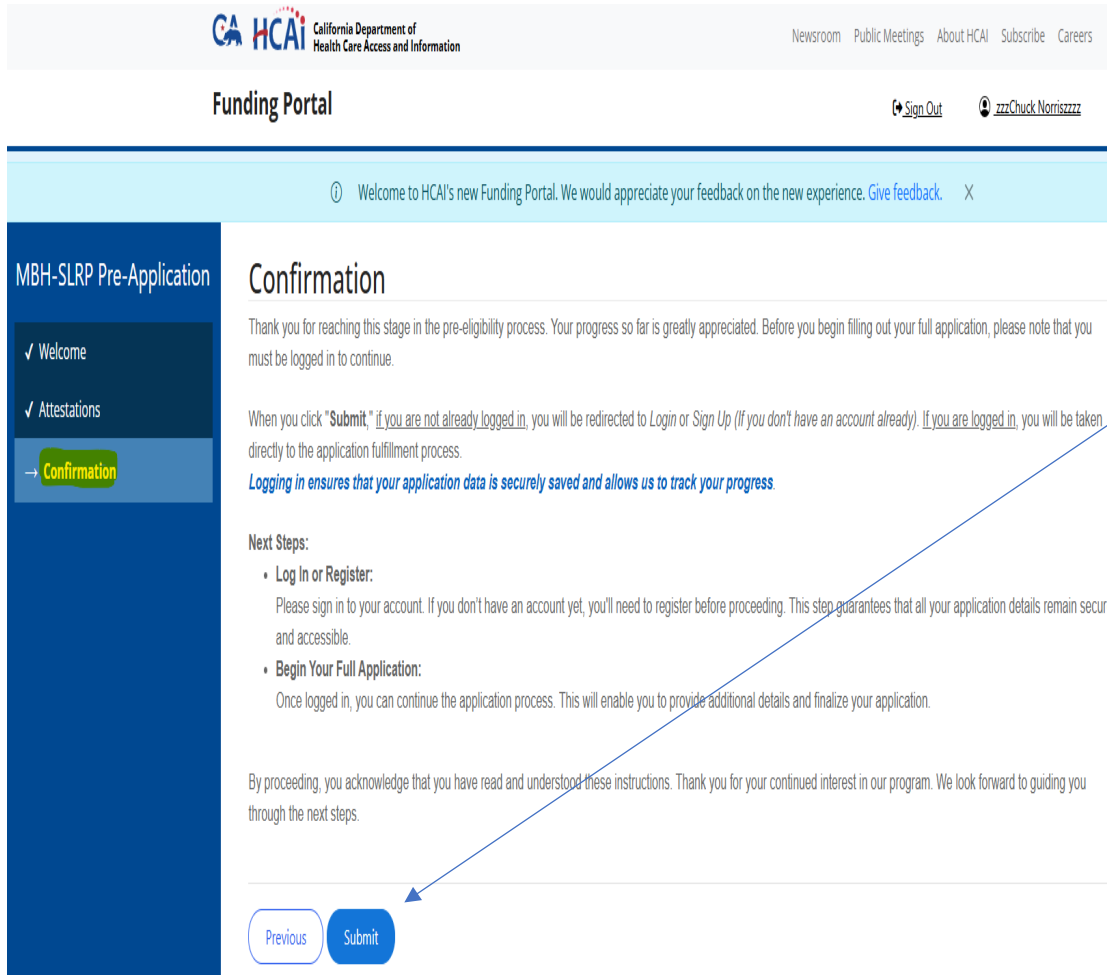
- Addiction Medicine Physician
- ACS Medical and Drug Counselor
- Addiction Clinical Social Worker
- Addiction Marriage and Family Therapist
- Addiction Professional Clinical Counselor
- Certified Peer Support Specialist
- Certified Alcohol Coach
- Community Health Worker (Promotor/Representative)
- 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
- Occupational Therapist
- Nurse Practitioner
- Physician Assistant
- Psychology Associate
- Psychiatric Inpatient and Outpatient and Child and Adolescent Psychiatry
- Registered Nurse

☐ I acknowledge that I work in one of these professions.

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



The screenshot shows the MBH-SLRP Confirmation Page. At the top, the HCAI logo and navigation links are visible. The page title is "Confirmation". A sidebar on the left lists the steps: Welcome, Attestations, and Confirmation (highlighted). The main content area contains a welcome message, instructions on what happens when clicking "Submit", and a list of next steps: "Log In or Register" and "Begin Your Full Application". At the bottom, there are "Previous" and "Submit" buttons. A blue arrow points from the "Submit" button to the text "Please click 'Submit' once you have read and are ready to proceed."

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Funding Portal Sign Out zzzChuck.Norriszzzz

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

MBH-SLRP Pre-Application

- ✓ Welcome
- ✓ Attestations
- Confirmation

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. 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.

MBH-SLRP Profession Page

The screenshot shows the 'MBH-SLRP Application' page. On the left is a dark blue sidebar with a list of application steps: 'Profession' (highlighted with a yellow arrow), 'Licenses, Associate Registrations, Credentials, Certifications, and Certificates', 'Education', 'Service Obligation', 'Conflict of Interest', 'Employment', 'Loan Information', 'Additional Questions', 'Demographic Data', 'Additional Contacts', 'Profile Confirmation', and 'Confirmation'. The main content area is titled 'Profession' and contains two required text input fields. The first field is labeled 'Please select your profession from the dropdown list. *' and has a blue arrow pointing to it from the text 'Profession: Select a profession from the dropdown list.' The second field is labeled 'What is your individual National Provider Identifier (NPI) number? *' and has a blue arrow pointing to it from the text '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”.' Below the second field is a checkbox labeled 'I do not have an individual National Provider Identifier (NPI) number.' and a blue arrow pointing to it from the text 'Please click “Next”.' At the bottom of the form is a blue 'Next' button, also pointed to by a blue arrow from the same text. The top of the page features the HCAi logo and navigation links: 'Newsroom', 'Public Meetings', 'About HCAi', 'Subscribe', and 'Careers'. A 'Funding Portal' link is also visible. A user profile 'zzzChuck Norriszzz' is shown in the top right. A light blue 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'.

CA HCAi California Department of Health Care Access and Information

Newsroom Public Meetings About HCAi Subscribe Careers

Funding Portal

Sign Out zzzChuck Norriszzz

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

Employment

Loan Information

Additional Questions

Demographic Data

Additional Contacts

Profile Confirmation

Confirmation

Profession

Please select your profession from the dropdown list. *

What is your individual National Provider Identifier (NPI) number? *

☐ I do not have an individual National Provider Identifier (NPI) number.

Next

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

The screenshot shows the HCAI MBH-SLRP Application interface. The header includes the HCAI logo, the text 'California Department of Health Care Access and Information', and links for 'Newsroom', 'Public Meetings', 'About HCAI', 'Subscribe', and 'Careers'. The user is logged in as 'zzzChuck Norriszzz'. The main navigation sidebar lists various sections, with 'Licenses, Associate Registrations, Credentials, Certifications, and Certificates' highlighted. The main content area is titled 'Licenses, Associate Registrations, Credentials, Certifications, and Certificates' and contains a table with columns: 'License/Credential/Certification/Etc. ID', 'Issue Date', 'License/Credential/Certification/Etc. Name ↑', and 'Expiration Date'. Below the table, a yellow box states 'There are no records to display.' At the bottom, there are 'Previous' and 'Next' buttons. Two blue arrows point from the text on the right to the 'Add from Profile' button and the 'Next' button.

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)

The screenshot shows the 'Create' form in the HCAI system. The form is titled 'Create' and has a close button (X) in the top right corner. It contains 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 input field with a calendar icon.
- Expiration Date**: A date input field with a calendar icon.
- Upload a copy of your License/Associate Registration/Credential/Certification/Certificate.**: A section with a red asterisk, stating 'You can upload a maximum of 1 file, up to 90MB.' and an 'Upload' button.
- Submit**: A blue button at the bottom of the form.

On the left side of the form, there is a sidebar with the following navigation items: MBH-SLRP Application, ✓ Profession, → Licenses, Associate Registrations, Credentials, Certifications, and Certificates (highlighted), Education, Service Obligation, Conflict of Interest, Employment, Loan Information, Additional Questions, Demographic Data, Additional Contacts, Profile Confirmation, and Confirmation. At the bottom of the sidebar are 'Previous' and 'Next' buttons.

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

The screenshot shows the HCAI MBH-SLRP Education page. At the top, the HCAI logo and navigation links (Newsroom, Public Meetings, About HCAI, Subscribe, Careers) are visible. Below the header, the 'Funding Portal' section includes a 'Sign Out' link and a user profile 'zzzChuck Norriszzz'. A light blue banner message reads: 'Welcome to HCAI's new Funding Portal. We would appreciate your feedback on the new experience. Give feedback. X'. The left sidebar contains a menu with 'MBH-SLRP Application' at the top, followed by 'Profession', 'Licenses, Associate Registrations, Credentials, Certifications, and Certificates', 'Education' (highlighted with a yellow background and a right-pointing arrow), 'Service Obligation', 'Conflict of Interest', 'Employment', 'Loan Information', 'Additional Questions', 'Demographic Data', 'Additional Contacts', 'Profile Confirmation', and 'Confirmation'. The main content area is titled 'Education' and contains the instruction: 'Please upload all Certificates of Achievement or undergraduate and graduate degrees that led to your current profession.' Below this instruction are two buttons: 'Add New' and 'Add from Profile'. Arrows from the text on the right point to these buttons. Below the buttons is a table with two columns: 'Institution' and 'Degree/Certificate'. The table is currently empty, and a yellow message box states: 'There are no records to display.' At the bottom of the page are two buttons: 'Previous' and 'Save and Next'. An arrow from the text on the right points to the 'Save and Next' button.

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)

The screenshot shows the 'Education' section of the MBH-SLRP application. A 'Create' modal window 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 text input field with a search 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.

Annotations with blue arrows point from the text blocks on the right to these specific elements: the 'Institution' field, the 'Degree/Certificate Type' dropdown, the 'Upload' button, and the 'Submit' button.

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

The screenshot shows the HCAI California Department of Health Care Access and Information Funding Portal. The left sidebar lists application sections: Profession, Licenses, Associate Registrations, Credentials, Certifications, and Certificates, Education, Service Obligation (highlighted), Conflict of Interest, Employment, Loan Information, Additional Questions, Demographic Data, Additional Contacts, Profile Confirmation, and Confirmation. The main content area is titled 'Service Obligation' and contains the following questions:

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

At the bottom are 'Previous' and 'Save and Next' buttons.

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

The screenshot shows the 'Conflict of Interest' section of the MBH-SLRP application. A sidebar on the left lists application steps: Profession, Licenses, Associate Registrations, Credentials, Certifications, and Certificates, Education, Service Obligation, Conflict of Interest (highlighted), Employment, Loan Information, Additional Questions, Demographic Data, Additional Contacts, Profile Confirmation, and Confirmation. The main content area has a header 'Conflict of Interest' and a question: 'Do you work for, or have you ever worked for the State of California (including CCC, CSU, UC)?'. Below this are radio buttons for 'Yes' and 'No'. A text prompt asks to select from a list of capacities and upload a conflict of interest statement. A dropdown menu is labeled '(Check all that apply): *'. Below that is a text box for a letter confirming no conflict of interest. A file upload section is labeled 'Upload your conflict of interest letter *' with a 'Choose File' button and 'No file selected' text. At the bottom are 'Previous' and 'Save and Next' buttons. Blue arrows point from external text blocks to the 'Yes' radio button, the 'Upload your conflict of interest letter' section, and the 'Save and Next' button.

CA HCAI California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

Funding Portal Sign Out zzzChuck Norriszzz

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

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): *

Select or search options

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 *

Choose File No file selected

Previous Save and Next

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"**.

MBH-SLRP Employment

The screenshot shows the 'Employment' section of the MBH-SLRP application. On the left is a dark blue sidebar with a list of application steps: Profession, Licenses, Associate Registrations, Credentials, Certifications, and Certificates, Education, Service Obligation, Conflict of Interest, **Employment** (highlighted with a yellow background and a green arrow), Loan Information, Additional Questions, Demographic Data, Additional Contacts, Profile Confirmation, and Confirmation. The main content area is titled 'Employment' and includes a light blue banner with a welcome message and a 'Give feedback' link. Below this is a text instruction: '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 December 31, 2025, 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.' Two buttons, 'Add New' and 'Add from Profile', are positioned below the text. Below these buttons is a table header with columns: 'Employer Legal Name ↑', 'Start Date', 'Job Title', 'Weekly Hours Worked', and 'Point of Contact Email Address'. The table body is empty, with a yellow message box stating 'There are no records to display.' At the bottom of the form are two buttons: 'Previous' and 'Save and Next'. Blue arrows from external text blocks point to the 'Add from Profile' button, the 'Save and Next' button, and the 'Employment' sidebar item.

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Newsroom Public Meetings About HCAi Subscribe Careers

Funding Portal Sign Out zzzChuck Norriszzz

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
- **Employment**
- Loan Information
- Additional Questions
- Demographic Data
- Additional Contacts
- Profile Confirmation
- Confirmation

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 December 31, 2025, 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.

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

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](#)

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 screenshot shows the 'Employment' section of the MBH-SLRP Application. The left sidebar contains a navigation menu with 'Employment' highlighted. The main content area shows a table with one row for 'Employment' and a 'Create' button. A modal window titled 'Create' is open, displaying a form for adding a new employment record. The form includes fields for Organization Legal Name, Start Date, Job Title, Weekly Hours Worked, and Employer Point of Contact (First Name, Last Name, Email Address). A blue arrow points from the 'Create' button in the table to the 'Create' modal.

MBH-SLRP Application

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

Employment

List at least one current employment as of December 31, 2025, and any previous employment added to your profile.

Employer Legal Name	Start Date	Job Title	Weekly Hours Worked for this Employer	Employer Point of Contact

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

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

List the person who will verify your site type, organization NPI, and site payor mix.

First Name *

Last Name *

Email Address *

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

The screenshot shows the 'Loan Information' section of the MBH-SLRP application. The left sidebar contains a navigation menu with 'Loan Information' highlighted. The main content area includes a 'Course of Study Debt' field, a 'Repayment Amount Requested' field, and a 'Loan Account' table. Annotations with arrows point to the 'Add New' and 'Add from Profile' buttons above the table, and the 'Save and Next' button at the bottom.

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Funding Portal Sign Out Check Notifications

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

MBH-SLRP Application

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

Loan Information

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?

Course of Study Debt *

Indicate how much of the above "Course of Study Debt" you would like to be repaid through this program. Please note 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 [Grant Guide](#) for details.)

Repayment Amount Requested *

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

☒ Yes ☐ No

Loan Account

Please ensure the information below is accurate. The Repayment Amount Requested entered above must exactly match the total repayment amount from all loans 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	Repayment Amount Requested	Origination Date
There are no records to display.			

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

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 screenshot shows the 'MBH-SLRP Application' interface. On the left is a navigation menu with options like 'Profession', 'Licenses', 'Education', 'Service Obligation', 'Conflict of Interest', 'Employment', 'Loan Information' (highlighted), 'Additional Questions', 'Demographic Data', 'Additional Contacts', 'Profile Confirmation', and 'Confirmation'. The main content area is titled 'Loan Information' and contains several sections: 'How much of your student debt is directly attributed to the course that was required for your profession?', 'Course of Study Debt', 'Indicate how much of the above "Course of Study Debt" you would that for this program, some professions have a service obligation's repayment. Additionally, please note that maximum repayment are (Grant Guide for details.)', 'Repayment Amount Requested', and a statement 'I understand the service obligation requirements for my profession the grant guide.' with 'Yes' and 'No' radio buttons. Below this is the 'Loan Account' section with a warning: 'Please ensure the information below is accurate. The Repayment Amount Requested will be used to calculate your loan balance. If the totals do not match, you will not be able to proceed.' At the bottom are 'Previous' and 'Save and Next' buttons. An 'Add Loan Information' modal is open in the center, containing fields for 'Lender Account Number', 'Origination Date' (with a calendar icon), 'Loan Servicer' (with a search icon), 'Current Balance', 'Repayment Amount Requested', and an 'Attach Loan Statement' section with an 'Upload' button and a note 'You can upload a maximum of 1 file, up to 90MB'. A 'Submit' button is at the bottom of the modal. Blue arrows point from the explanatory text on the right to these specific elements.

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

The screenshot shows the 'Additional Questions' section of the MBH-SLRP application. A left sidebar contains navigation links: Profession, Licenses, Associate Registrations, Credentials, Certifications, and Certificates, Education, Service Obligation, Conflict of Interest, Employment, Loan Information, **Additional Questions** (highlighted), Demographic Data, Additional Contacts, Profile Confirmation, and Confirmation. The main content area is titled 'Additional Questions' and includes a welcome message. Below this, there are three main sections: 1. 'Have you received/participated in any of the following:' with a list of programs (The Health Resources and Services Administrators (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)) and radio buttons for 'Yes' and 'No'. 2. 'How many years of experience do you have working or training in a Medi-Cal safety net setting:' with a list of settings (Federally Qualified Health Centers (FQHC), Community Mental Health Centers (CMHC), Rural Health Clinics (RHC), Settings with the following payer mix: Hospitals with 40 percent or higher Medicaid and/or uninsured population, Rural hospitals with 30 percent or higher Medicaid and/or uninsured population, Other behavioral health settings with 40 percent or higher Medicaid and/or uninsured population) and radio buttons for '5 or More Years', '4 Years', '3 Years', '2 Years', '1 Year', and 'Less Than 1 Year'. 3. 'Please list the Medi-Cal safety net organizations that you have worked for and the years you worked there:' with a large text input area. At the bottom, there is a section 'Select all the Medi-Cal safety net settings that make up your Medi-Cal safety net setting experience. (Select all that apply):' with a dropdown menu labeled 'Select or search options'.

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Newsroom Public Meetings About HCAi Subscribe Careers

Funding Portal Sign Out Join/Check Your Status

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

Additional Questions

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

- The Health Resources and Services Administrators (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

How many years of experience do you have working 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.

☐ 5 or More Years
☐ 4 Years
☐ 3 Years
☐ 2 Years
☐ 1 Year
☐ Less Than 1 Year

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): *

Select or search options

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.*

☒ Yes

☐ No

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.

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”**.

<input checked="" type="checkbox"/> Any Indigenous and/or Tribal languages	<input type="checkbox"/> Any Sign Languages
<input checked="" type="checkbox"/> Arabic	<input type="checkbox"/> Armenian
<input type="checkbox"/> Cambodian	<input checked="" type="checkbox"/> Chinese
<input type="checkbox"/> Farsi	<input type="checkbox"/> Hindi
<input type="checkbox"/> Hmong	<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian
<input type="checkbox"/> Mien	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Tagalog	<input type="checkbox"/> Thai
<input type="checkbox"/> Ukrainian	<input type="checkbox"/> Vietnamese

Previous

Save and Next

MBH-SLRP – Demographic Data

The screenshot shows the 'Funding Portal' for the California Department of Health Care Access and Information (HCAI). The left sidebar lists application sections: Profession, Licenses, Associate Registrations, Credentials, Certifications, and Certificates, Education, Service Obligation, Conflict of Interest, Employment, Loan Information, Additional Questions, Demographic Data (highlighted), Additional Contacts, Profile Confirmation, and Confirmation. The main content area is titled 'Gender Identity' and contains the following questions:

- 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). *

Blue arrows point from the text on the right to the corresponding questions in the form.

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). *

Select or search options

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? *

Select

Disability Status

Do you identify as having a disability?

Veteran Status

Are you a Military Veteran? *

Select

Veteran Status

Are you a Military Veteran?

Foster System Status

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

Select

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

Retirement Plans

When are you planning to retire?

When are you planning to retire? *

Select

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

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

☐ Yes

☐ No

Please click “**Save and Next**”.

Previous

Save and Next

MBH-SLRP Additional Contacts

The screenshot shows the 'Additional Contacts' page in the MBH-SLRP application. The left sidebar contains a list of application sections: Profession, Licenses, Associate Registrations, Credentials, Certifications, and Certificates, Education, Service Obligation, Conflict of Interest, Employment, Loan Information, Additional Questions, Demographic Data, **Additional Contacts** (highlighted), Profile Confirmation, and Confirmation. The main content area has a header 'Additional Contacts' and a message 'Please provide at least two additional contacts.' Below this is a table with columns: Full Name ↑, Email, Phone Number, and Additional Contact Relationship. The table is currently empty, with a yellow message box stating 'There are no records to display.' At the bottom of the page are two buttons: 'Previous' and 'Save and Next'. Annotations include: 1. Two arrows pointing to 'Add New' and 'Add from Profile' buttons above the table. 2. One arrow pointing to the 'Save and Next' button at the bottom.

CA HCAi California Department of Health Care Access and Information

Newsroom Public Meetings About HCAi Subscribe Careers

Funding Portal Sign Out 2025 Chuck Norris

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
- ✓ Employment
- ✓ Loan Information
- ✓ Additional Questions
- ✓ Demographic Data
- **Additional Contacts**
- Profile Confirmation
- 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](#)

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 screenshot shows the 'Additional Contacts' page in the MBH-SLRP application. A 'Create' modal is open, allowing the user to add a new contact. The modal contains the following fields:

- First Name ***: Text input field.
- Last Name ***: Text input field.
- Email ***: Text input field.
- Phone Number ***: Text input field with placeholder 'Provide a telephone number'.
- Additional Contact Relationship ***: Dropdown menu with 'Select' as the current option.

Below the dropdown, 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.' At the bottom of the modal is a blue 'Submit' button. The background page shows a list of additional contacts with a 'There are no records to display.' message and 'Previous' and 'Save and Next' buttons at the bottom.

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

The screenshot shows the 'MBH-SLRP Application' page. On the left is a sidebar with a list of application sections: Profession, Licenses, Associate Registrations, Credentials, Certifications, and Certificates, Education, Service Obligation, Conflict of Interest, Employment, Loan Information, Additional Questions, Demographic Data, and Additional Contacts. The 'Profile Confirmation' section is highlighted with a yellow background. The main content area has a header with the HCAI logo and navigation links (Newsroom, Public Meetings, About HCAI, Subscribe, Careers). Below the header is a 'Funding Portal' section with a 'Sign Out' button and a user profile icon. A light blue 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'. The main content area contains a form with the following fields: 'First Name *', 'Last Name *', 'Phone Number *' (with a placeholder 'Provide a telephone number'), 'Email *' (with the value 'rammey@rocketmail.com'), and 'Personal Address *' (with a placeholder 'Please enter a valid address.' and a red border). Below the form is a checkbox labeled 'I Agree *'. At the bottom of the page are two buttons: 'Previous' and 'Save and Next'. Blue arrows point from the explanatory text on the right to the 'I Agree' checkbox and the 'Save and Next' button.

CA HCAI California Department of Health Care Access and Information

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Funding Portal Sign Out User Profile Icon

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

First Name *

Last Name *

Phone Number *
Provide a telephone number

Email *
rammey@rocketmail.com

Personal Address *Please enter a valid address.

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

Previous Save and Next

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**”.

MBH-SLRP – Application Certification

CA HCAi California Department of Health Care Access and Information

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Funding Portal Sign Out Check My Progress

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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 (EVP) to HCAi
- Maintain employment at a qualified facility throughout the service obligation
- Notify HCAi of any changes to my address, email, phone number, employment, and any leave of absence from work, within thirty (30) days
- 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 *

You are about to submit your application. Once it has been submitted, you may not edit or delete it from the system.

Previous Submit

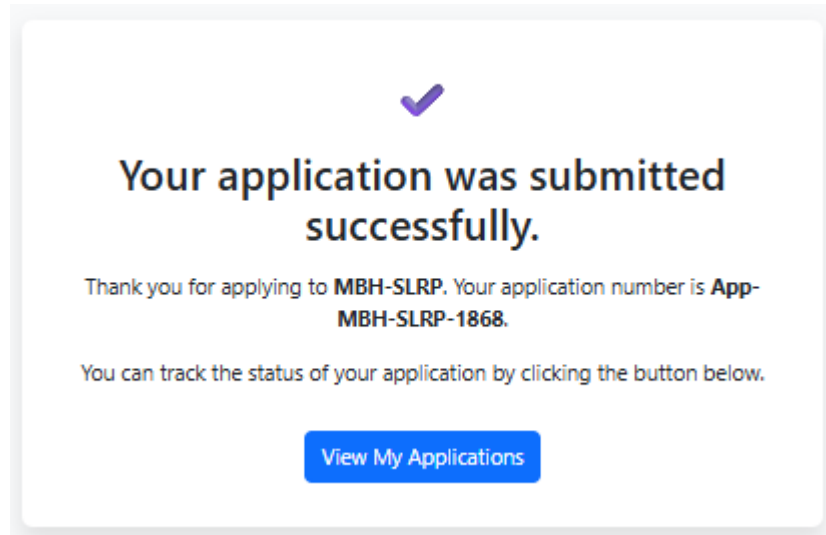
This is the final page of the MBH-SLRP application. Please read all the information.

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.

Questions?

MBHSLRP@HCAI.ca.gov