

Behavioral Health Loan Repayment Program

Program Guidance & Application Instructions 2024 (Fiscal Year 2025)

PROGRAM OVERVIEW

The Behavioral Health Loan Repayment Program (BHLRP) is a medical education debt repayment program focused on incentivizing behavioral healthcare providers to practice in underserved areas across the State. The BHLRP assists schools and employers in the recruitment and retention of mental health providers who continue to demonstrate their commitment to building long-term behavioral health infrastructure. The BHLRP will assist those selected by providing up to \$300,000 in tax-free funds to repay their educational debt over a period of up to ten years of participation. New applicants and current participants compete for consecutive 2-year BHLRP agreements, requiring them to remain employed at a full-time basis at an eligible, nonprofit practice site(s) providing mental healthcare services to ambulatory populations. Providers must remain with the employers who sponsor them during their two-year agreements, and employers must continue to employ the providers they sponsor during their two-year service obligations. Employers must not use BHLRP payments to offset participants' salaries or other components of their compensation packages. BHLRP payments must be in addition to participants' salaries, which must be based on prevailing rates in their practice areas.

The application period starts on **04/29/2024** and ends on **05/24/2024**.

For questions, please email Reanna Kathawa at MDHHS-Behavioral-Health-LRP@michigan.gov.

Please see below for further information regarding provider eligibility and selection criteria.

This program is administered by the Michigan Department of Health and Human Services.

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ELIGIBILITY

Eligible Provider Types:

Applicants must have one of the following professional titles** in the State of Michigan to be eligible for loan repayment through the BHLRP:

Eligible Community-Based Provider Types:	Eligible School-Based Provider Types:
<ul style="list-style-type: none"> • Psychiatrists (MDs or DOs) • Psychologists • Psychiatric Nurse Specialist • Licensed Masters Social Workers (LMSW) • Limited Licensed Masters Social Workers (LLMSW) • Licensed Professional Counselor (LPC) • Limited Licensed Professional Counselor (LLPC) • Licensed Marriage Or Family Therapist • Limited Licensed Marriage Or Family Therapist • Board Certified Behavioral Analysts (BCBA) • Board Certified Assistant Behavioral Analysts (BCABA) • Wrap-Around Specialists* • Supports Coordinators* • Case Managers* 	<ul style="list-style-type: none"> • Psychiatrists (MDs or DOs) • Psychologists • Licensed Masters Social Workers (LMSW) • Limited Licensed Masters Social Workers (LLMSW) • Licensed Professional Counselor (LPC) • Limited Licensed Professional Counselor (LLPC) • Licensed Marriage Or Family Therapist • Limited Licensed Marriage Or Family Therapist • Board Certified Behavioral Analysts (BCBA) • Board Certified Assistant Behavioral Analysts (BCABA) • Supports Coordinators* • Case Managers*

Provider Types <u>NOT</u> Eligible for the Behavioral Health Program:		
<ul style="list-style-type: none"> • Inpatient Providers • Occupational Therapists • Speech Therapists 	<ul style="list-style-type: none"> • Art or Music Therapists • Program Managers • Directors 	<ul style="list-style-type: none"> • Office Managers • Supervisors • Data Analysts

A Bachelor’s degree or higher that has allowed the provider to obtain employment in the above professions is acceptable, as long as the professional stays within their scope of practice.

For all eligible provider types listed except those marked with an asterisk () above, a license number **and** an NPI number are REQUIRED in order to be eligible for the program.

Providers must be working on a full-time basis at their approved, eligible practice site. Of these full-time hours, providers must spend a minimum of 32 hours per week directly providing outpatient behavioral health services through their approved practice site(s).

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****When submitting application materials, it is required that providers who do NOT hold one of the above job titles submit an official copy of their job description from their agency, along with other required application materials, in order for their application to be considered.****

ELIGIBILITY, Continued:

Eligible Practice Site Types:

Applicants must provide behavioral health services directly through one or more of the following practice site types to be eligible for loan repayment through the BHLRP:

- A Community Mental Health Authority (CMH)
- A Public School or Public School-Based Site
- A Non-Profit, Outpatient Behavioral Health Clinic
- A Non-Profit, Outpatient Community Health Organization

Practice Site Types NOT Eligible for the Behavioral Health Loan Repayment Program (BHLRP):

- Hospitals or Inpatient Clinics
- Residential Settings
- For-Profit Organizations
- Private School-Based Settings

Further information regarding [Practice Site Eligibility](#) is included below under [Prioritization](#). Please review these guidelines carefully, as site requirements vary between organization types.

In order to be eligible for the program, providers must be employed on a full-time basis through a single employer. While providers are eligible to provide behavioral health services out of multiple physical practice sites, all sites must be affiliated with **one primary employer**. Employers are welcome to provide part-time services through another employer outside of their full-time hours with their primary employer, but these part-time services are not eligible for consideration under the Behavioral Health program.

Please note that providers **must remain employed with their approved practice site for the FULL two-year contractual agreement period**. As such, providers who hold a limited-term contract (with their current employer) that is set to end during the two-year contractual period are NOT eligible for the Behavioral Health Program. [For example](#), if a provider is contracted to work with an organization from 01/01/2024 – 01/01/2026, but their contractual agreement for Behavioral Health is set to run from 10/01/2024 – 09/30/2026, they would NOT be eligible for the program at this time.

We are aware that many behavioral health providers may be employed through one agency, but are subcontracted out to another. In order to be eligible for the program, **the practice site from which the applicant directly provides their behavioral health services MUST be eligible based on program guidelines**. [For example](#), if an applicant is employed by a for-profit organization (not eligible), but is sub-contracted out to an eligible, non-profit agency, and provides at least 32 hours of direct behavioral health services per week out of this practice site, they are eligible for the Behavioral Health Program.

Prioritization:

The below prioritization system will be utilized to rank applicants:

PRIORITY GROUP #1: Child Providers in a Community Mental Health Authority (CMH) Setting

Providers within this Priority Group:

- Provide behavioral health services to children (0-18 years), or to children AND adults
- Practice out of a Public Community Mental Health Authority (CMH) or Tribal Health Center
- Practice Sites do not need to be located within a HPSA
- No employer match or contribution

PRIORITY GROUP #2: Child Providers in a Public School-Based Setting

Providers within this Priority Group:

- Provide behavioral health services to children (0-18 years of age)
- Practice out of a Public School(s) or Public School-Based Site(s)
- Practice Site(s), including any School-Based Site(s), do not need to be located within a HPSA
- No employer match or contribution

PRIORITY GROUP #3: Child Providers in Any Non-Profit, Eligible Setting

Providers within this Priority Group:

- Provide behavioral health services to children (0-18 years of age)
- Practice out of a Public, Non-Profit Site (such as community agency, outpatient clinic, etc.)
- Practice Site(s) MUST be located within a HPSA (see below for further information)
- Employer Match / Contribution (see below for further information)

PRIORITY GROUP #4: Adult Providers in a Community Mental Health Authority (CMH) Setting

Providers within this Priority Group:

- Provide behavioral health services to adults (18+ years of age)
- Practice out of a Public Community Mental Health Authority (CMH) or Tribal Health Center
- Practice Sites do not need to be located within a HPSA
- No employer match or contribution

PRIORITY GROUP #5: Adult Providers in Any Non-Profit, Eligible Setting

Providers within this Priority Group:

- Provide behavioral health services to adults (18+ years of age)
- Practice out of a Public, Non-Profit Site (such as community agency, outpatient clinic, etc.)
- Practice Site(s) MUST be located within a HPSA (see below for further information)
- Employer Match / Contribution (see below for further information)

Prioritization *(continued)*

HPSA Designation:

Providers under [Priority Group #3](#) and [Priority Group #5](#) must provide behavioral health services out of a practice site(s) located within a [mental Health Professional Shortage Areas \(HPSAs\)](#) or at sites with a [HPSA-Facility Designation](#). The federal government designates areas and facilities with provider shortages as 'Health Professional Shortage Areas' for mental health services. Providers and employers can determine if a practice site is located within a HPSA by entering its address in the federal Health Resource and Services Administration (HRSA) website located at: [Find Shortage Areas \(hrsa.gov\)](#). You can search for practice sites with HPSA facility designations by clicking on 'HPSA by State & County' on the same page where you can search by practice site address.

Employer Contribution:

Providers under [Priority Group #3](#) and [Priority Group #5](#) will have an [employer match requirement](#). In order to be eligible for the program, employers must be willing to make an employer contribution toward the loan repayment agreements of the providers they sponsor.

The contribution requirement for:

- **NON-PROFIT employers is 20% of their providers agreement amounts.**
- **FOR-PROFIT employers* is 50% of their providers agreement amounts.**
 - **For-Profit sponsoring agencies (employers) are eligible ONLY by placing providers in non-profit practice sites, such as community health clinics or schools.*

****FOR EXAMPLE*** – if a provider at a non-profit agency is granted a ***\$20,000**** contract amount for their 2-year contractual agreement, the sponsoring agency (employer) agrees to provide a contribution or match of ***\$4,000**** total over the 2-year agreement period.

(*Please note that the above values are for example purposes ONLY, and that the employer contribution amount will be calculated based on each individual provider's total 2-year contract amount.)

The Employer Contribution Amount will be split into 4 equal payments and will be paid semiannually, due along with the provider's [Work Verification Forms](#) every 6 months. (See [Page 7](#) for further information)

Employers must **NOT** use BHLRP award funds to offset the provider's salary, the employer contribution amounts, or other components of their compensation packages. BHLRP award funds are given in addition to the provider's salary, which must be based on prevailing rates in their practice areas.

Service Obligation Period

Providers who are selected to participate in the program will complete a 2-year service obligation period, from 10/01/2024 to 09/30/2026. **Providers must remain employed with their approved practice site for the FULL 2-year contractual agreement period.**

Every provider who is selected for the program will sign a contract with MDHHS that details the requirements of provider enrollment, as well as any default penalties.

While applicants are welcome to apply to multiple loan repayment programs concurrently, providers may not be dually enrolled in this loan repayment program and any other loan repayment program with a service obligation (such as the *Michigan State Loan Repayment program*, the *National Health Service Corps*, or the *Michigan Opioid Treatment Access Loan Repayment Program*). Applicants are eligible to be dually enrolled in the Behavioral Health Loan Repayment Program and the *Federal Public Service Loan Forgiveness Program (PSLF)*.

For providers who are currently enrolled in a state loan repayment program, your contractual agreement period with that program must be over by the start of the current BHLRP agreement period. This means that for providers who are currently enrolled in a state loan repayment agreement that ends after 10/01/2024, you are ineligible for this application cycle.

Default Penalties and Breach of Contract

Once a provider is selected for the upcoming program cycle and their enrollment has been finalized, their two-year service obligation goes into effect (as of 10/01/2024) and must be completed. During this period, providers are expected to remain employed with their agency, at full-time status, within an eligible role, for the entire 2-year obligation period.

Upon breach of the service obligation for any reason, the provider agreement will be voided, and the provider will forfeit the right to any award payments from the program, including the award for the six-month obligation period with which the breach occurs, as well as any remaining period(s) during the service obligation period.

Additionally, the provider will be required to pay back all award funds received from the program, equal to the sum of any award funds received before their agreement was breached. Further information regarding default penalties will be available in the personal service contract that all eligible providers will receive if selected for the upcoming program cycle.

PAYMENT PROCESS

Each participant will be paid one quarter of their approved contract amount after each six months of completed service obligation. Six-month payments are made directly to healthcare providers, not to their lenders, and providers are required to pay down their qualifying educational loans by an amount equal to the payments they receive from the program. Employers or Sponsoring Agencies do NOT receive payments from BHLRP.

Award Amount

Providers may participate in the BHLRP for up to 10 years and receive up to \$300,000 in income-tax free funds to repay their eligible educational debt. In order to be eligible for the program, applicants must have at least \$20,000 in eligible student loan debt. Providers may not receive BHLRP payments in excess of their total eligible debt.

BHLRP loan repayment agreements require two-year service obligations. Two-year loan repayment agreements will be determined by the calculation described below. Participants compete for each subsequent two-year loan repayment agreement during every other application period. After at least one two-year agreement, a participant's final agreement may be for one year if there is insufficient debt remaining to support a minimum \$20,000 two-year contract – but the two-year contract may not be for less than \$10,000. All initial agreements must be for two years.

Initial two-year agreement amounts are determined by dividing the amount of providers' eligible debt by their ten years of eligible program participation (up to the \$300,000 maximum) and multiplying by two:

$$\text{(Total Debt Amount)} \div (10) = \text{(a)}$$

$$\text{(a)} \times (2) = \text{Total 2-Year Contract Amount ("b")}$$

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Example: For a new participant with \$140,000 eligible debt:

$$\text{\$140,000} \div (10) = \text{\$14,000}$$

$$\text{\$14,000} \times (2) = \text{Total 2-Year Contract Amount of \text{\$28,000}}$$

Odd dollar amounts derived in this manner will be rounded up or down to the nearest \$1,000 amount for administrative simplicity. If an applicant has at least \$20,000 of eligible debt and the two-year agreement amount calculated as describe above is less than \$20,000, the provider will receive, if awarded, a \$20,000 two-year agreement.

If a provider is selected for the program, they will receive their fully executed BHLRP agreement via email. This agreement will contain contract information and award details for the provider, including their total and yearly award amounts. Award amounts will be present on Page 13 of the provider's Personal Service Agreement.

Service Verifications

Providers will complete a 2-year service obligation period, from 10/01/2024 to 09/30/2026. During the duration of the two-year agreement, providers will receive a total of 4 award payments, roughly every 6 months. During their 2-year service obligation period, providers will initiate their 6-month payment cycles every March 1st and September 1st by completing a work verification process, which is completed by the executive administrator at their agency. If selected as a participant for the upcoming program cycle, providers will receive additional information about this process via email after their program enrollment has been finalized.

Leave, Vacation and Workdays Away From Site

During the 2-year service obligation period, providers are eligible to take personal leave without affecting their enrollment in the program. Providers will be allotted 35 workdays away from their worksite per obligation year, which includes personal leave, medical leave, vacation, and employer-mandated holidays or closures. For school-based providers who participate in summer vacation, providers will be allotted 25 workdays away from their worksite per obligation year. *For all providers, maternity leave is not counted towards the allotted workdays away from site per year, as providers are eligible to take up to 12 weeks of maternity leave and still have their full allotted workdays away from site each year.*

Providers will work with their agencies to report these workdays away from site at the end of the 2-year service obligation period, in September 2026. Providers who exceed the allotted workdays away from worksite per year will have their service obligation end date extended at the end of their agreement period, to make up any missed workdays exceeding their allotted workdays away per obligation year.

Registration on Sigma Vendor Self Service (VSS)

All providers participating in this program are required to register for Electronic Funds Transfer (EFT) with the [SIGMA VSS System](#). This will allow BHLRP payments to be electronically deposited into your personal checking or savings account. If selected for the Behavioral Health LRP, providers will be required to provide their **individual SIGMA VSS Vendor Number** before their enrollment in the program is finalized. **Providers are required to provide their individual SIGMA Vendor Number, NOT the business vendor number for their employer.**

Change of Personal Information Reporting Requirements

Providers must notify the BHLRP Office of **ANY** personal information changes, including name, home address, phone numbers and email address. This information must also be updated on their SIGMA Vendor Self Service (VSS) profiles, no less than 10 calendar days before they occur. Your personal information must be the same at the BHLRP Office AND on SIGMA VSS to receive LRP payments.

APPLICATION FORMS AND PROCESS

Updates to the Application Process – Online Application System

The Behavioral Health Loan Repayment Cycle will host the next program cycle from Monday, April 29th, 2024 through Friday, May 24th, 2024.

As of our last cycle, the program will now require a THREE-STEP PROCESS to apply:

- 1. Download and complete all three (3) digital application forms on our website,**
- 2. Submit completed application forms through the State of Michigan’s File Transfer Area,**
- 3. Complete an application through our new Online Application System.**

Please follow below for further instructions.

	STEP #1:	STEP #2	STEP #3
HOW TO COMPLETE:	1. Download and complete all three (3) digital application forms.	2. Submit digital application forms through the <u>File Transfer Area</u>	3. Complete online application through our new <u>Online Application System</u>
WHERE TO ACCESS:	Forms available on BHLRP Website	Register on the State of Michigan’s MILOGIN Page to request access	Link will be available to online application on the BHLRP Website
TIMELINE TO COMPLETE:	Now through April 29th <i>(see below for more information)</i>	April 29th – May 24th <u>[4 Week Window Only]</u>	April 29th – May 24th <u>[4 Week Window Only]</u>

Application materials are currently available on our website and should be completed **BEFORE** the opening of the application cycle. Please note that the **PART B APPLICATION FORM** will need to be sent to and completed by your loan servicing agency, **which may take several months to be processed and completed**. Once this form is sent back to you by your loan servicer, it will need to be uploaded with your other application materials.

Failure to submit a PART B FORM completed and signed by your loan servicer will result in your application being screened out.

Please see below for further instructions on completing and submitting application materials.

Application Instructions 2024

Please note that the Application Forms will **NOT** be considered complete unless they contain information from ALL sections below.

1. Provider Application Part A

completed by the **APPLICANT**

Personal Information (Section #1)

- Includes name, address, contact information, and demographic information

Education & Professional Information (Section #2)

- Includes professional title, provider setting type, and license number

2. Provider Application Part B

completed by the **APPLICANT** and the **LOAN SERVICER**

Borrower Information (Page 1) – for the APPLICANT

- Includes name and participation status in any other state loan repayment program(s)
- If you were previously (or are currently) enrolled in another loan repayment program, see [below](#) for further instructions, as additional materials are REQUIRED for consideration into the program.

Loan & Loan Servicer Information (Page 2) – for the LOAN SERVICER

- Your loan servicer must list all educational loans for which you have a remaining balance, and whether or not they entail a service obligation. Include only loans that funded your undergraduate or graduate education, and training that led to the professional license necessary for the position at which you will fulfill your BHLRP service obligation.***

PLEASE NOTE: If a provider holds student loan debt with more than one loan servicer and would like loan debt from both servicers to be considered for repayment, an individual Part B Application Form is required for EACH loan servicer. For example, if a provider has both federal loans (through the U.S. Department of Education) and private loans (such as through Discover, a credit union, etc.), and would like all of their outstanding loans to be considered for the program, a Part B Form will be required from both their federal AND private loan servicers.

3. Practice Site Application and Declaration of Intent

completed by the **EMPLOYER**

Pages 1 – 7:

Includes information about Employer, Practice Site, and Type of Practice

Pages 8 – 9:

Signature for Certification of Compliance and Declaration of Intent

4. Copy of Official Job Description

submitted by the **APPLICANT*** (for **SELECT** applicants)

- For applicants holding a job title **NOT** included in the table on [Page 3](#) of this document only
- Should be requested from the Human Resources (HR) Department at your agency
- Must be a Word Document or PDF File, submitted with your other application materials

*****Note:** If you have consolidated or refinanced any eligible loan with a non-educational loan, no portion of the consolidated/refinanced loan is eligible for loan repayment and must not be listed the Provider Application Part B form.

Previous Loan Repayment Program Participants:

Providers who were previously enrolled in a separate loan repayment program are required to submit **Loan Repayment Documentation (LRD)** as a part of their application package.

This information is required to show that you have paid down loans listed on your **Part B Application Form**, by an amount at least equal to (or exceeding the sum of) all previous loan repayment program payments (awards) received since your last agreement start date.

The following information will be necessary in order to be considered for the *Behavioral Health Loan Repayment Program*, all of which can be accessed from your loan servicer's website:

- **Printouts** from each loan servicer's website, showing your payment history – beginning with payments made at the start date of your last program agreement, to your most recent payment.
 - **Information for each payment made must include:**
 - Payment Date
 - Payment Amount
 - Remaining Balance
- **Subtotals** written on the top of the first page of each lender's payment history, to show the provider has totaled the payments made to that lender.
- **Calculator tapes**, totaling all of the payments for each of the above subtotals.
- **Brief explanations** of payments.

Application Deficiencies and Disqualifications

Applicants are responsible for reviewing all program guidelines, eligibility criteria, and application instructions provided within this guide. Previous versions of this guide contain outdated program information, and should not be utilized for the current program cycle.

Applicants with the major application deficiencies listed below will be immediately disqualified and your application will not be considered for the current program cycle:

- Complete the Online Application System Questionnaire, but do not submit copies of their application materials through the State of Michigan (SOM) File Transfer Area System.
- Submit copies of their application materials through the State of Michigan (SOM) File Transfer Area System, but do not complete the Online Application System Questionnaire.
- Submit blank or incomplete copies of any of the required application forms.
- Submit a Practice Site Application form without a signature from the Executive Administrator at the applicant's agency. Applicants are NOT authorized to complete this form on behalf of their administrator. A form completed by the applicant themselves will be immediately disqualified.
- Submit a Provider Application Part B form without a signature from the Loan Servicing Agency. Applicants are NOT authorized to complete this form on behalf of their loan servicing agency. A form completed by the applicant themselves will be immediately disqualified.
- Submit application materials after the application deadline of 05/24/2024 at 11:59PM EST. Any application materials submitted after the deadline will be immediately disqualified and will not be considered during review of your application.
- Submit application materials in any format that is NOT a Microsoft Word Document or a PDF Document, as these are the only document formats that are supported by State of Michigan (SOM) equipment. It is the responsibility of the applicant to review the format of all completed application materials before application submission. Materials submitted in the following formats cannot be opened or reviewed by BH Program Staff, and will be immediately disqualified:
 - Apple PAGES (macOS or iOS)
 - Plain Text files (.TXT)
 - Rich Text Format (RTF/RTFD)
 - EPUB
- Submit application materials in the format of an image or screenshot. Images or screenshots of application materials are NOT permitted, as any printed application materials should be scanned and uploaded with your other digital materials. Materials submitted in the following formats cannot be opened or reviewed by BH Program Staff, and will be immediately disqualified:
 - Image (JPEG, PNG or H.264)
 - HEIF (High Efficiency Image File Format)
 - Tagged Image File Format (TIFF)
 - HEVC or H.265 (High Efficiency Video Coding)
- Submit copies of your application materials via email. Application materials that are not submitted through the State of Michigan (SOM) File Transfer Area will not be accepted.

File Transfer Area (Application Materials Submission)

BHLRP will utilize the **File Transfer Application** for application submission. This system was created by State of Michigan and is designed to keep applications secure. Providers, **NOT** their employers, must upload their applications via the File Transfer Application. To create an account on the State of Michigan website, please click to access the [MI Login Homepage](#). **Please note that the Behavioral Health Loan Repayment Program cannot accept application forms submitted by email, phone, or fax.**

Full instructions on how to access the File Transfer Application System, as well as how to submit application materials through this system, are available on the [Behavioral Health Loan Repayment Program website](#). Please locate the instructional guide on the main homepage of our website, titled:

BHLRP File Transfer Application Instructions

It is recommended that all applicants create an account on the [State of Michigan](#) website and request access to the File Transfer Area as soon as possible.

While access to submit materials into the File Transfer Area will not be approved until the official opening of the application period, user access will be granted in the order with which requests were received.

We ask that providers request access as soon as possible, to avoid overwhelming and crashing the system on the opening day of the application cycle.

Access to the File Transfer Area will NOT be granted after 12:00PM on Friday, May 24th, 2024.

Applicants experiencing issues accessing the File Transfer Application should contact the [File Transfer Support Team](#) at DCH-File-Transfer-Support@michigan.gov, as they are best equipped to assist with technical issues regarding this system. BHLRP Program Staff cannot assist with technical or support issues related to this system.