



## Department of Health

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HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

May 25, 2018

DAL: DAL 18-12  
Subject: Enriched Housing Operating  
Assistance Program for SFY 2018-19

Dear Enriched Housing Operator:

The Department of Health is pleased to announce that funding is now available under the Enriched Housing Operating Assistance Program for the State Fiscal Year (SFY) 2018-19. Operators of Not-For-Profit (NFP) Enriched Housing Programs who provide services to individuals receiving Supplemental Security Income (SSI) benefits are eligible to participate in this program.

The purpose of this program is to enhance the quality of care provided to SSI recipients by providing additional funding to certified NFP Enriched Housing operators to improve service delivery to eligible residents and to assist in meeting residents' needs.

Payments made to Enriched Housing operators under this program must be used **only** for expenditures incurred in providing services to program residents who are recipients of SSI benefits.

The payment amount received by each eligible Program operator will be based on the facility's number of residents who receive SSI benefits, provided the operator is in compliance with the applicable statutes and regulations. The calendar year's data will be used to calculate the state fiscal year's semi-annual payments. Each facility's resident rosters from three months earlier will be used. In prior years, the rosters used were from the prior six-month period. This change allows both semi-annual payments to be made within the state fiscal year.

The total amount of subsidy funded by the appropriation for the Enriched Housing Operating Assistance Program for the SFY 2018-19 will be \$380,000.

**The application for the Enriched Housing Operating Assistance Program for SFY 2018-19 application is an electronic application that will be posted on the Health Commerce System (HCS) effective May 25, 2018.**

**Participants must submit the monthly reporting forms (Rosters) for the months of April 2018 to March 2019 via the HCS using the Secure File Transfer (Attachments 3 and 3-1). Rosters are to be emailed to lxr14 (Attachment 2).**

**Please Note: This year, participants are not required to submit Monthly Resident Reports via the HCS using the Data Entry.**

The application can be accessed by logging onto HCS at the following link: <https://commerce.health.state.ny.us>. On the HCS Home Page, click “My Applications” → “HCBC” → “Data Entry” and at the “Select an Activity” drop down menu → select “2018-19 EHP Subsidy Application.”

A contract is not required for the Enriched Housing Operating Assistance Program. However, to participate in the program, the operator must agree to abide by the enclosed “Conditions for Participation” (Attachment 1) and must provide proof that Enriched Housing Program employees have Workers Compensation (acceptable forms are: C105.2, WC/DB-100, WC/DB-101 or SI-12) and Disability Insurance Coverage (acceptable forms are: DB-120.1, WC/DB-100, WC/DB-101 or DB-155).

**Applications must be electronically submitted by 5:00 pm on Friday, June 29, 2018. After this date and time, the application will no longer be available. A scanned copy of the Workers Compensation and Disability Insurance Forms must be submitted to the email address [lxr14](mailto:lxr14) via the HCS using Secure File Transfer. The Workers Compensation and Disability Insurance Forms must be submitted by June 29, 2018.**

**Hard copies will not be accepted.**

Note: Eligible Enriched Housing Program operators who do not wish to be considered for funding should complete Section A: Facility Information and Section B: the “Declination to Participate” and submit their declination of participation through the HCS.

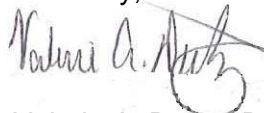
Facility operators who do not have an established Statewide Financial System (SFS) account will need to register by completing the “New York State Office of the State Comptroller Substitute Form W-9: Request for Taxpayer Identification Number and Certification.” Completed forms should be emailed to [sfsvidr@health.ny.gov](mailto:sfsvidr@health.ny.gov). Please expedite your application to allow for additional processing. Once you submit your completed Substitute Form W-9, the Office of the State Comptroller’s Vendor Management Unit will contact you directly to complete the process of establishing a vendor identification number, which is required to set up your SFS account. Additional information can be obtained at the following sites:

OSC: <http://www.osc.state.ny.us/vendors/index.htm>

SFS: <http://www.sfs.ny.gov/>

Questions regarding this program should be directed to Lakshmi Ravichandran at 518-408-1624 or by email at [acfFinRpt@health.ny.gov](mailto:acfFinRpt@health.ny.gov).

Sincerely,



Valerie A. Deetz, Director  
Division of ACF and Assisted Living  
Surveillance