



Department of Health

KATHY HOCHUL
Governor

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

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

November 8, 2021

DAL: DAL# 21-19
Subject: Enriched Housing Operating
Assistance Program for SFY 2021-22

Dear Enriched Housing Program Operator:

The Department of Health (“Department”) is pleased to announce that funding is available under the Enriched Housing Operating Assistance Program (“Program”) for State Fiscal Year (SFY) 2021-22. The purpose of the Program is to enhance the quality of care provided to individuals receiving Supplemental Security Income (SSI) benefits by providing additional funding to certified Not-For-Profit (NFP) Enriched Housing Program (EHP) operators to improve service delivery to eligible residents and to assist in meeting residents’ needs. Accordingly, eligible participants of the Program are operators of NFP Enriched Housing Programs who provide services to individuals receiving SSI benefits, and have not indicated intent to close during the calendar year and are in compliance with applicable statute and regulations.

A total amount of \$380,000 is appropriated for the Program for SFY 2021-22. The payment amount paid to each eligible EHP operator will be calculated semiannually based on the number of that EHP’s residents in receipt of SSI benefits, as self-reported to the Department via submission of monthly resident rosters. Payments made to eligible EHP operators under this Program must be used only for expenditures incurred by providing services to residents in receipt of SSI benefits.

Application Availability and Deadline for Submission

The electronic application for the SFY 2021-22 Program will be posted on the Health Commerce System (HCS) effective November 8, 2021. 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 “2021-22 EHP Subsidy Application.”

Complete applications must be electronically submitted by 5:00pm on December 8, 2021. Hard copies will not be accepted. No extensions will be granted. The application will be unavailable after the submission deadline.

Application Requirements

Eligible EHP 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 application.

Eligible Program participants must submit monthly rosters for the period April 2021 through March 2022 (Enclosure #3) via the Secure File Transfer application on the HCS. Instructions for submission are included with the Program application at Enclosure #2.

A contract is not required for Program participation. However, the operator must agree to abide by the "Conditions for Participation" (Enclosure #1) and provide proof that EHP 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). A scanned copy of the Workers Compensation and Disability Insurance Forms must be submitted via the Secure File Transfer application as described at Enclosure #2. **The Workers Compensation and Disability Insurance Forms must be submitted by December 8, 2021 or the application will be deemed incomplete, and the EHP therefore ineligible for funding.**

All eligible EHP operators who want to participate in the Program must have an established [Statewide Financial System \(SFS\) account](#). Those who do not have an established SFS account must register for one by completing the "[New York State Office of the State Comptroller \(OSC\) Substitute Form W-9: Request for Taxpayer Identification Number and Certification](#)." Such operators should expedite their applications to allow processing. Completed Substitute Form W-9 should be submitted to sfsvidr@health.ny.gov, after which the [OSC's Vendor Management Unit](#) will work directly with the EHP Operator, or appropriate designee, to complete the vendor identification number establishment process as required to establish the requisite SFS account.

Questions regarding this program should be directed to Ms. Lakshmi Ravichandran, of my staff, at (518) 408-1624 or by email at acfFinRpt@health.ny.gov.

Sincerely,



Heidi L. Hayes, Acting Director
Division of Adult Care Facility
and Assisted Living Surveillance

Enclosures

cc: J. Treacy
M. Hennessey
V. Deetz
J. Donovan
L. Ravichandran