

## **Conditions for Participation: Enriched Housing Operating Assistance Program State Fiscal Year 2025-26**

The Not-For-Profit Enriched Housing Program Operator (“Operator”) agrees to the following conditions for participation in the Enriched Housing (EH) Operating Assistance Program:

1. The Operator cannot participate in the EH Operating Assistance Program (“Program”) unless a properly completed application and proof of insurance are received by the Department of Health (“Department”) per the instructions stated in DAL 25-11.
2. The Operator will be bound by the requirements, terms and conditions of the Program as stated in statute and compliance with applicable Department regulations, and other procedural requirements related to the program. This includes, but is not limited to, the timely completion of reports on the Health Commerce System (HCS), such as census reports, financial reports, and all survey plans of correction applicable to Adult Care Facilities.
3. Program payments shall be made for the purpose of providing quality care and services to eligible residents to better meet resident needs and improve the physical environment of a facility.
4. In consideration of the services to be performed by the Operator, the Department agrees to periodically provide subsidy monies for expenditures incurred in providing services to the Operator's residents who are recipients of Supplemental Security Income (SSI). Such amounts shall be determined by a formula which takes into consideration the number of SSI recipients served by the Program Operator for fifteen (15) days or more in any month, the availability of funds, and such other factors as the Department shall deem appropriate. All such payment amounts shall be subject to approval by the Department's Bureau of Budget Management and payable thirty (30) days from such approval date. Payment is conditioned upon the continued availability of State funds appropriated for this purpose.
5. Payment amounts will be determined after the Department's review of information submitted by the Operator in monthly reports via the template at Enclosure 2 certifying the number of SSI recipients served in the months for which payment is to be made and such other information as the Department may require. No payments will be made until properly completed monthly reports have been submitted to the Department. To be eligible for any given month, the report must be submitted within **ten (10) business days** of the last calendar day of that month.
6. The spreadsheet titled Roster of Eligible Residents for the Enriched Housing Operating Assistance Subsidy (i.e., “DAL 25-11 Enclosure 2-Roster”) must be submitted monthly via the Secure File Transfer tool on the Health Commerce System. The roster details the eligible residents' names and their Medicaid (MA) identification (ID) numbers. The spreadsheet has embedded instructions for completion and electronic submission to the Department. **Please Note: Completed information required via Enclosure 2 must be typed, printed, reviewed, signed, and submitted to users jl05 and ml04 via Secure File Transfer within 10 calendar days of the last calendar day of each month.**

Instructions for using Secure File Transfer are located on the Health Commerce System.

**Conditions for Participation: Enriched Housing Operating Assistance Program  
State Fiscal Year 2025-26**

7. The Department agrees to pay the Operator a subsidy for providing Program services to SSI recipients, based on submission of monthly reports and such other documentation as the Department may require.
8. The Department reserves the right to withhold some or all of any payment otherwise due to the Operator as security for the faithful completion of corrective actions or other direction the Department may give to the Operator as necessary to maintain its Operating Certificate.
9. Payment of Program funds may be terminated by the Department in whole or in part, at any time, and for any reason.
10. Written notice of any termination of Program payments shall be sent by the Department to the Operator by certified mail, return receipt requested. The termination shall be effective in accordance with the terms of such written notice.
11. As a condition of receiving Program funds, the Operator shall warrant that it is not in arrears to the State of New York ("the State"), upon debt or contract, and is not a defaulter as surety, contractor or as to any other obligation to the State.
12. Records related to expenditures paid for by the Operator using Program funds will be maintained and made available to the Department for audit purposes. Such records must be kept on file for a period of at least seven years.
13. The Operator will accept responsibility for compensating the State for any exceptions which are revealed on an audit and sustained after completion of the normal audit procedure.
14. The Department shall have no obligation to make any payments or to continue to make any payments and shall have no liability to the Operator or other parties for the Department's failure to make or to continue to make payments of Program Funds to the Operator. The Department is not liable for any expenses incurred before a payment is issued by the Department or for any expenses incurred due to the Department's termination of payments of Program funds.
15. The Operator agrees that the Operator is an independent entity and not an employee or agent of the Department. The Operator agrees to indemnify the Department and the State of New York against any loss the Department or the State may suffer when such losses result from claims of any person or organization (exceptions: the Department and State of New York) injured by the negligent acts or omission of the Operator, its agents, and/or employees or contractors.
16. A contract is not required for participation. However, the operator must agree to abide by the "Conditions for Participation" and provide proof that EHP employees have current Workers Compensation and Disability Insurance. Accordingly, scanned copies of the Workers Compensation (acceptable forms include C105.2, WC/DB-100, WC/DB-101 or SI-12) and Disability (acceptable forms include DB-120.1, WC/DB-100, WC/DB-101 or DB-155) Insurance Forms must be submitted via the Secure File Transfer application as described herein. Workers Compensation and Disability Insurance Forms must be

## **Conditions for Participation: Enriched Housing Operating Assistance Program State Fiscal Year 2025-26**

**submitted by 5:00 pm October 2, 2025**, or the application will be deemed incomplete and the EHP therefore ineligible for funding.

17. 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](mailto: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. Failure to establish an account will render the EHP ineligible for funding.