February 10, 2021

DAL: DAL 20-24
Subject: Enriched Housing Operating
     Assistance Program for SFY 2020-21

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) 2020-21. 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 **<u>only</u>** 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.

   The total amount of subsidy funded by the appropriation for the Enriched Housing Operating Assistance Program for the SFY 2020-21 will be $304,000.

   The application for the Enriched Housing Operating Assistance Program for SFY 2020-21 application is an electronic application that will be posted on the Health Commerce System (HCS) effective February 10, 2021.

   Participants must submit the monthly reporting forms (Rosters) for the months of April 2020 to March 2021 (Attachment 3). Rosters are to be emailed to <u>lxr14</u> via the HCS using Secure File Transfer (Attachment 2).

   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 "**2020-21 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 <u>5:00 pm on Friday, February 26, 2021</u>. 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 <u>lxr14</u> via the HCS using Secure File Transfer. The Workers Compensation and Disability Insurance Forms must be submitted by February 26, 2021.

<u>Hard copies will not be accepted</u>.

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. 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/

If you have any questions, please contact 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

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

New York State Department of Health
Conditions for Participation
Enriched Housing Operating Assistance Program
SFY 2020-21

Conditions for Participation in the 2020-2021 Enriched Housing Operating Assistance Program

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 unless a properly completed application and proof of insurance are received by the Department per the instructions stated in the cover letter. The Operator will be bound by the requirements, terms and conditions of the program as stated in statute and compliance with applicable Department of Health 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 surveys applicable to Adult Care Facilities.

2. Enriched Housing Operating Assistance 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.

3. In consideration of the services to be performed by the Enriched Housing 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 days from such approval date. Payment is conditioned upon the continued availability of State funds appropriated for this purpose.

4. Payment amounts will be determined after the Department's review of information submitted by the Operator in monthly reports (Attachment 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 day of that month.

5. The Department agrees to pay the Enriched Housing Operator a subsidy for providing Enriched Housing Program services to SSI recipients, based on submission of monthly reports and such other documentation as the Department may require.

6. The Department reserves the right to withhold some or all of any payment otherwise due to the Enriched Housing 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 Enriched Housing Operating Certificate.

7. Payment of Operating Assistance Program funds ("Program Funds") may be terminated by the Department in whole or in part, at any time, and for any reason.

8. Written notice of any termination of Program Fund 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.

9. 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.

10. 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.

11. 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.

12. 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.

13. The Operator agrees that the Operator is an independent entity and not an employee or agent of the Department of Health. 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.

Enriched Housing Operating Subsidy – Facility Resident Roster Upload

**How to Access and Use the Health Commerce System (HCS)
Secure File Transfer (SFT) Utility**

The excel spreadsheet, Roster of Eligible Residents for the Enriched Housing Operating Assistance Subsidy (Attachment 3) must be submitted every month. The roster details the eligible residents' names and their Medicaid (MA) identification (ID) numbers. Instructions for completion and electronic submission of the roster to the Department are embedded in the spreadsheet.

Please refer to the guidance from the NYS Office of Information Technology Services (ITS) for instructions for using Secure File Transfer (Attachment 4)

Please Note: The excel spreadsheet must be typed, printed, reviewed, signed and emailed to <u>lxr14</u> by Secure File Transfer (SFT) via the Health Commerce System within 10 days of the end of the month.

Roster of Eligible Residents for the Enriched Housing Operating Assistance Subsidy

Report Year (YYYY)	**2020**	**State Fiscal Year 2020-21**	**DIRECTIONS:** Complete this roster listing all eligible residents for which you are claiming payment. The resident's Medicaid (MA) number must also be listed. Do NOT include Social Security Numbers. Include only those in the program at the end of the report month (must have been in the program for a minimum of 15 days of the month). To be eligible for payment for the month for which you are reporting, this report must be submitted via the Health Commerce System's (HCS's) Secure File Transfer (SFT) within 10 business days of the last day of the report month.
Report Month			
OC #			
Facility Name			
Facility Address			
City			
State			
Zip Code			
Facility Telephone Number			

	No. of Residents	Resident's First Name	Resident's Last Name	Admission Date (MM/DD/YYYY)	Resident's MA #
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
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Approved Certified Capacity*

Number of SSI residents in program at the end of the report month*
(must have been in the program for a minimum of 15 days of the month)

I declare that the information contained in this report is true and accurate and agree that receipt of funds under the Enriched Housing Operating Assistance Program is conditioned upon adherence to the Conditions for Participation for such program as stated in the "ACF EH Operating Assistance Subsidy Application SFY 2020-21"

_____
Print Name
(Administrator)

_____
Signature

_____
Date

NEW YORK STATE OF OPPORTUNITY | **Office of Information Technology Services**

Secure File Transfer 2.0
Quick Reference Guide

Secure File Transfer 2.0 (SFT) is a utility that provides solutions for the handling of sensitive information, including financial files, medical records, legal documents, personal data, etc. SFT securely collects, stores, manages, and distributes information between the NYS Health Commerce System (HCS) users. The utility will securely and easily transfer files and folders of up to 2GB in size between two or more users. It uses email addresses from the HCS Communications Directory to send and receive packages. Files remain on the HCS for **14 days**. This utility is similar to your email system. It has an Inbox, Drafts, Sent, Templates and Trash mailboxes.

How do I access Secure File Transfer 2.0?
1. Log on **HCS** (https://commerce.health.state.ny.us)
2. Click **Secure File Transfer 2.0** in My Applications. To add it:
   - Click **My Content** located in the upper right of the menu bar
   - Click **All Applications**
   - Click **S** in the alphabet
   - In the **Secure File Transfer Application** last column, click the green circle with the white plus sign image (⊕) to add shortcut to My Applications

How do I send someone else a file/package?
1. Click **Packages**
2. Click **Send Packages**
3. Enter the person's last name, User ID or email address in the To (cc or bcc) text field
4. Click **Check Recipients**. This will return all HCS user fitting the criteria entered
5. Check the checkbox next to the desired name and click **OK** (you may have to scroll down if it is a large list)
6. Enter the **Subject**
7. Enter the body of the **Note**
8. Click **Launch the Upload Wizard** (if you are attaching a file)
9. Click **Add File**
10. Select the file(s) you want to send
11. Click **Upload**
12. Click **Close**
13. Check the checkbox if you want to get a delivery receipt and/or prevent 'reply all' (not required)
14. Click **Send**

> **NOTE:** You can also use the **To** icon to search the **Address Book**. Be sure to click the magnifying glass image OR enter an asterisk (*) in the beginning and end of the search criteria (i.e., *smith*) for accurate results. **Please see page 2 for searching details.**
>
> 📧 **To**

How do I retrieve a file/package someone has sent me?
You will receive an email from the Secure File Transfer utility. Click the link in your email to open your SFT Inbox to get to the package OR:
1. Click **Packages**
2. Click **View All Mailboxes**
3. Click **Inbox**
4. Click the Subject link

How do I upload a file?
1. Click **Folders**
2. Click on 'Go to Folder' drop down and select /home/[userid]
3. Under Upload Files section, click **Launch the Upload Wizard**
4. Click **Add File**
5. Select the file(s) you want to upload
6. Enter notes (if applicable)
7. Click **Upload**
8. Click **Close**

How do I send an uploaded file?
1. Click **Folders**
2. Click Go To Folder dropdown and select your folder (/Home/*your name or userid/*)
3. Check the checkbox next to the file you want to send
4. Click **Send**
5. Enter the person's last name, User ID or email address in the To (cc or bcc) text field
6. Click **Check Recipients** (this will return all HCS user fitting the criteria enter
7. Check the checkbox next to the desired name and click **OK** (you may have to scroll down if it is a large list)
8. Enter the **Subject**
9. Enter the body of the **Note**
10. Click **Send**

How do I create an email template for repeated use?
- Follow 'How do I send someone else a file/package?' steps 1-13
- Click **Save As Template**
- In the blue bar, you will have a message that says 'Saved package as template with ID # OK. Click 'Click here to return to packages'.

NOTE: If you routinely send to the same person/people, using a template saves time and is ready when you are. Also, templates are not deleted after 14-days.

Support...
- User support—Click the **Quick Reference Guide** for quick 'how to' steps
- Technical support—send an email to hinweb@health.ny.gov

Additional information...

How do I search using the Check Recipient?

Search for a user

1. Enter the recipients last name, email address or userID in the To field. If you are sending to more than one recipient, separate the information with a comma (,) between each user. Also, you can carbon copy (cc) and blind carbon copy (bcc) recipients by clicking on **Show Cc/Bcc** link below the To field.
2. Click **Check Recipient**
3. From the results, check the box next to the user you want to receive the package, click **OK** (you may have to scroll down)

   NOTE: If you entered more than one recipient, each result will happen one at a time, just repeat Step 3 above for each user. For example, if you are sending a package to three people and you enter Smith, Patel, Jones. The system will look for the people in the order they were entered. It will search for Smith first then you select from the results; then system will search for Patel next then you select from the results; and then for Jones last then you select from the results. It will populate the To field will each of their information (name and organization).

How do I search using the To icon [To] or Address Book?

1. Click the **To** icon or **Address Book**
2. Enter the recipients last name, email address or userID in the search field, and click the magnifying glass image. If you did not get the expected results, enter an asterisk (*) in the beginning and end of the search criteria (i.e., *smith*) for accurate results.
3. Check the box next to the recipients name, and click **Send to...**

How do I recall a package?

Recall information

1. Click **Packages**
2. Click **Sent** mailbox
3. Click the subject link
4. Click **Recall**

   NOTE: This recalls a package that was sent even if it was already opened.

How do I add more mailboxes (under Packages)?

1. Click **Packages**
2. Click **Add Box...**

   Mailbox information
3. Enter the mailbox name
4. Enter the description of the mailbox
5. Click **Add Box**
6. To return, click the top blue line that says 'Click here to return to the mailbox list'

NOTE: Keep in mind that the newly added mailbox is limited to 14-days.

How do I add additional folders to organize your uploads?

1. Click **Folders**
2. Click on 'Go to Folder' drop down and select /home/[userid]

   Folder information
3. Click **Add Folder**
4. Enter the folder name
5. Click **Add Folder**
6. Click **Return to folder list**

How do I delete a folder I added?

1. Click **Folders**
2. Click 'Go to Folder' and select /home/[userid]
3. Click the X on the far right of the same Folder row that you want to delete

How do I verify my package was opened by recipients?

1. Click **Packages**
2. Click **Sent** mailbox

   Package information
3. Click the subject link
4. Click **More** next to Read Status if multiple recipients
   - Green ball—means the recipient opened the package
   - White ball—means the recipient did not open the package

How do I look up my transactions?

1. Click **Logs**

   Logs information
2. Enter criteria
3. Click **Apply Filters**

How do I customize my view of the results?

1. After you have your results
2. Click **Customize View**
3. Select criteria
4. Click **Update View**

PLEASE REMEMBER!!!
- Files remain on the HCS for **14 days**
- File size is limited to **2 gigabytes**