



Agency Name: _____

Agency Code: _____

Providers participating in the third round of enrollment of the approved 'Rehabilitation Housing Tenancy' SPA will receive a Supportive Housing stipend increase of \$600 per bed (Upstate) or \$1,200 per bed (NYC, LI, Putnam, Rockland, and Westchester), effective January 1, 2025. Please note - OMH contracted ESSHI programs are not eligible for this stipend increase.

To participate:

- Providers must be enrolled in the Medicaid program. Detailed enrollment instructions for NYS Medicaid enrollment are available on the DOH website: <https://www.emedny.org/info/ProviderEnrollment/index.aspx>
- Providers are obligated to continue to maintain service records through progress notes, service plans, and current roster data in CAIRS, as currently required by program guidelines. Providers will need to keep records available for OMH review and make sure service plans are available for any external audits. (OMH will be fully responsible for any post-payment audit risk of disallowance).
- Providers must attest that they meet eligibility requirements, by emailing a signed copy of this attestation to OMH.SH@omh.ny.gov, with the subject line "**SH SPA Attestation on Participation**".

Attestations are required to be submitted by December 31, 2024, to receive a stipend increase, effective January 1, 2025. Please note - Attestations submitted after December 31, 2024, will be accepted. However, stipend increases for your agency's participating Supportive Housing programs will take effect later than January 1, 2025.

The Office of Mental Health will conduct training sessions on this topic and will be available to answer questions and provide technical assistance. Please email questions to OMH.SH@omh.ny.gov.

I, _____,

of _____ attest that our agency meets all eligibility criteria

and would like to participate.
