

TO: Executive Director

Article 29-I One-Time Lump Sum Payment Attestation

I certify that I have received a one-time lump sum payment to Article 29-I foster care agencies for the period July 1, 2025, to June 30, 2026, to support the cost of providing Core and Other Limited Health Related Services to Medicaid-enrolled children and adolescents.

The amounts indicated below were used to support direct costs as pertains to recruitment, retention, or training of staff providing the following Article 29-I Health Related Services:

- Medication Management _____
- Nursing Services _____
- Skill Building Services _____
- Therapy Services _____
- Other Limited-Health Related Services _____

The amounts indicated below were used to support indirect costs as pertains to the direct staff costs identified above:

- Medication Management _____
- Nursing Services _____
- Skill Building Services _____
- Therapy Services _____
- Other Limited-Health Related Services _____

I understand that if I utilize this one-time payment in a way that is inconsistent with the intended use, OCFS and DOH may employ any and all appropriate and legal mechanisms to recoup such funds paid to the provider.

I attest that the information submitted within represents in all material respects our use, or anticipated use, of the one-time lump sum payment, to the best of my knowledge.

Name _____

Signature _____

Title _____

Agency/Provider _____

Telephone _____

Email _____

Date _____

Please submit Attestation by September 30, 2026, to OCFS.sm.BCMM@ocfs.ny.gov