



## Department of Health

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Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

March 8, 2021

DAL: DAL 20-17  
Subject: Enhancing the Quality of Adult  
Living (EQUAL) Program for  
SFY 2020-2021

Dear Operator:

The Department of Health is pleased to announce the availability of funding under the Enhancing the Quality of Adult Living (EQUAL) Program. Operators of Adult Homes and Enriched Housing Programs who provide services to individuals receiving Supplemental Security Income (SSI), State Supplemental Program (SSP) benefits, Safety Net (SN) assistance, and/or Medicaid (with respect to residents of assisted living programs) are eligible for EQUAL Program payments.

The purpose of this program is to enhance the quality of care and life experience for residents receiving SSI, SSP, SN, and/or Medicaid by providing additional funding to licensed and certified Adult Care Facility (ACF) operators. Funding is utilized to improve or expand services and/or enhance the facility's physical environment.

All facility operators that successfully apply will receive a per person amount based on the number of SSI, SSP, SN, and/or Medicaid (with respect to ALPs) beneficiaries currently residing in the facility. An additional funding allotment will be provided to facilities with a capacity of 100 beds and under. EQUAL payments shall be made for the purpose of providing quality care and services to eligible residents to better meet their needs and improve the physical environment of a facility.

The Operator will be bound by the requirements, terms and conditions of the program as stated in Social Services Law section 461-s, 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 ACFs.

Prior to applying for EQUAL program funds, a facility must receive approval of its proposed expenditure plan from the residents' council for the facility. To facilitate the decision-making process, the residents' council should adopt a process that can identify the priorities of facility residents for the use of the program funds. The top preferences of the residents should be documented in a manner consistent with a vote or survey. The proposed spending plan should detail how the program funds will be used to improve the quality of life and services rendered to the residents or the physical environment of the facility. Funds will not be awarded to subsidize daily operational expenses such as staffing or utilities.

Submissions must include a signed attestation from the president or chairperson of the resident council or, in the absence of a resident council, at least three residents of the facility, stating that the application reflects the priorities of the residents of the facility. This attestation will include documentation of the top three priorities of facility residents and the date the prioritized projects were approved by the Resident Council or, in the absence of the Council, three resident representatives.

Expenditures must be made for the purpose of enhancing both residents' quality of care and life experience in the ACF. DOH reserves the right to randomly audit funded facilities to ensure expenditure compliance. The extent of that audit is also at the discretion of the Department. Negative audit findings can result in required repayment of funds to the Department and/or completion or correction of cited deficiencies within the time period specified by the Department.

It is anticipated that a total of \$6,532,000 will be available in 2020-2021 EQUAL funding as outlined below:

**Capital Improvement Projects: \$3,266,000.00**

Capital Improvement Project funds will be available to support the enhancement of the physical environment of the facility and promote a higher quality of life for residents.

**Local Assistance Funding: \$3,266,000.00**

Local Assistance Projects will be available to support improvements to the quality of life for adult care facility residents by funding projects including clothing allowances, resident training to support independent living skills, improvements in food quality, outdoor leisure projects, and cultural, recreational and other leisure events.

The EQUAL SFY 2020-2021 application is an electronic application that will be posted on the Health Commerce System (HCS) effective March 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 "ACF EQUAL Application SFY 2020-2021."

Applicants electing to participate **must**:

- Complete Sections A-E, including all certifications in Section E, of the HCS application; and
- Complete and submit the following documents to the EQUAL Bureau Mail Log at [equal@health.ny.gov](mailto:equal@health.ny.gov):
  - Section E: Attachment 1 - Resident Council Representative Approval of Proposed EQUAL 2020-2021 Spending Plan (if applicable); and
  - Section E: Attachment 2 -: Resident Petition in Support of Proposed EQUAL 2020 – 2021 Spending Plan (if applicable); and
  - Section E: Attachment 3 - EQUAL 2020-2021 Proposed Spending Plan.

Applications must be electronically submitted by **5:00 pm on Monday, March 15, 2021**. After this date and time, the application will no longer be available. *Hard copies will not be accepted. Applications that do not include all required materials by **5:00 pm on Monday, March 15, 2021** may be deemed incomplete and ineligible for funding.*

Facility operators who do not apply will be interpreted as declining to participate in the EQUAL Program.

Upon award, the facility will be required to maintain a current Exhibit A: Payment and Expenditure Tracking Form with all relevant receipts on file and present such documentation to the Department upon request. Facilities must submit Exhibit A and Exhibit B: Equal Program Certification Page along with relevant receipts to the Department via email to [equal@health.ny.gov](mailto:equal@health.ny.gov) no later than one year from the date the funds were received. All expenditures must be consistent with the approved expenditure plan.

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](mailto: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 and receive your EQUAL Program Funds. 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/>

Questions regarding the EQUAL Program should be directed to Georgina Raus at (518) 408-1133, or by email at [equal@health.ny.gov](mailto:equal@health.ny.gov). We look forward to receiving your application.

Sincerely,

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

cc: J. Treacy  
M. Hennessey  
V. Deetz  
T. Egan  
K. Pergolino  
G. Raus