



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

September 17, 2015

DAL: DAL 15-16  
Subject: Enhancing the Quality of Adult  
Living (EQUAL) Program for  
SFY 2015-2016

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) and/or Safety Net benefits (SN) are eligible for these payments.

The purpose of this program is to enhance both residents' quality of care and life experience in adult care facilities. All facility operators that apply will receive a per person amount based on the number of SSI and Safety Net residents reported on their 2014 census. 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 resident 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, 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.

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 care and services rendered to the resident or the physical environment of the facility. Funds will not be awarded to subsidize daily operational expenses such as staffing or utilities. Please refer to Section A: (6) of the instructions for a more detailed description of the acceptable use of program funds. Submissions must include a signed attestation from the president or chair-person of the residents' council or, in the absence of a residents' council, at least three residents of the facility, stating that the application reflects the priorities of the residents of the facility.

The total payment for all facilities applying for EQUAL will be \$6,532,000.

**The EQUAL SFY 2015-2016 application is an electronic application that will be posted on the Health Commerce System (HCS) effective September 17, 2015.**

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 2015-2016." Supplementary materials only for "Schedule D: Expenditure Plan" may be emailed to the EQUAL Bureau Mail Log at [equal@health.ny.gov](mailto:equal@health.ny.gov). Applicants electing to participate must complete all certifications in Section E.

**Applications must be electronically submitted by 5:00 pm on Thursday, November 9, 2015. After this date and time, the application will no longer be available.  
*Hard copies will not be accepted.***

**Note: Facility operators who do not wish to participate in the EQUAL Program should complete Section A: Facility Information and Section D: Acceptance/Declination to Participate and submit their declination of participation through the HCS.**

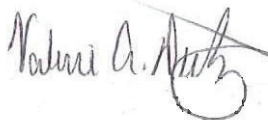
Facility operators who do not have an established Statewide Financial System (SFS) account will need to register by completing the "New York State Office of the State Comptroller Substitute Form W-9: Request for Taxpayer Identification Number and Certification." Completed forms should be emailed to [sfsvidr@health.ny.gov](mailto:sfsvidr@health.ny.gov). 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. 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 Nancy Nowakowski or Dorothy Persico at (518) 408-1133, or by e-mail at [equal@health.ny.gov](mailto:equal@health.ny.gov). We look forward to receiving your application.

Sincerely,



Valerie A. Deetz, Director  
Division of ACF and Assisted Living Surveillance

cc: D. Sheppard  
K. Servis  
J. Treacy  
M. Nazarko  
D. Persico  
N. Nowakowski  
M. Miller

Attachments