



# Department of Health

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Executive Deputy Commissioner

October 3, 2024

DAL: DAL 24-04  
Subject: Enhancing the Quality of Adult  
Living (EQUAL) Program for  
SFY 2024-2025

Dear Operator:

The Department of Health (“Department”) 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.

It is anticipated that a total of \$6,532,000 will be available in 2024-2025 funding as outlined below:

**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.

**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.

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 total award amount, per facility, shall be designated at 50% Local Assistance and 50% Capital Improvement Projects. Funds will not be awarded to subsidize daily operational expenses such as staffing, utilities, or routine maintenance and may not supplant the obligations of the facility operator to provide a safe, comfortable living environment for residents in a good state of repair and sanitation. Expenditures must be made for the purpose of enhancing both residents’ quality of care and life experience. The Department reserves the right to, at its sole discretion, randomly audit awardees to ensure expenditure compliance. Negative audit findings can result in required repayment of funds to the Department and/or completion or correction of cited deficiencies within the time specified by the Department.

The Operator shall be bound by the requirements, terms, and conditions as provided in Social Services Law section 461-s, compliance with applicable 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.

Facility operators who do not have an established Statewide Financial System account must register for one 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. An established Statewide Financial System account is a requirement to apply. 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/>

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 Assisted Living Programs) beneficiaries residing in the facility as reported to the Department by the facility via the most recently closed Quarterly Statistical Information Report. An additional funding allotment will be provided to facilities with a certified capacity of 100 beds and under.

This an electronic application that will be posted on the Health Commerce System effective 10/03/2024.

The application can be accessed by logging onto the Health Commerce System at: <https://commerce.health.state.ny.us>. On the Home Page, click “My Applications” → “HCBC” → “Data Entry” and at the “Select an Activity” drop down menu → select “ACF EQUAL Application SFY 2024-2025.” **Please carefully review the instructions.**

- Applicants electing to participate **must** complete Sections A-E, including all certifications in Section E.
- Applications must be electronically submitted by **5:00 pm on 10/24/2024**. After this date and time, the application will no longer be available, and *hard copies will not be accepted*. *Applications that do not include all required, complete materials by 5:00 pm on 10/24/2024 will be deemed incomplete and ineligible for funding.*
- Facility operators who do not apply by the prescribed deadline will be interpreted as declining to participate in the EQUAL Program.

Facilities deemed eligible for funding will receive written notification of intent to award. Upon receipt, such facilities have thirty (30) calendar days to submit a proposed spending plan. The proposed plan must include either the Resident Council Representative Approval or, for those facilities without a Resident Council, a Resident Petition in Support. Submissions must be completed using the appropriate form (Attachment 1). Failure to submit a proposed spending plan within thirty (30) calendar days will be considered forfeiture and the funding may be reallocated to other awardees pursuant to the Department’s funding methodology.

Should the proposed plan include disallowable expenses or otherwise require revisions, you will be afforded a one-time revision allowance. You will have fifteen (15) days from the date of notice by the Department to reply. Failure to submit an approvable plan within the deadline may result in a reduction to, or rescinding of, your award. All submissions must include the Resident Council Representative Approval or Resident Petition in Support. The Department

reserves the right to remove any disallowable expenses and to reduce or rescind awards accordingly.

The Department will provide written notification of all approved spending plans. An approved spending plan does not authorize facilities to move forward with projects that otherwise require Department approval. Facilities must ensure compliance with all applicable State or Department issued guidance and secure all required approvals prior to utilizing funds, or such funds may be subject to recoupment.

Upon receipt of an approved spending plan, facilities proposing to utilize funding for Capital Improvement projects that require Department approval have an additional sixty (60) days to submit a complete application, with a copy of the approved spending plan, through the New York State Electronic Certificate of Need platform. Funding cannot be used to support any part or portion of an application until formal Department approval to commence has been provided.

Operators in receipt of their funding, must immediately begin spending as outlined in their approved spending plan and in accordance with other Department approvals. Local Assistance monies awarded for the purchase of items of immediate resident benefit should be made as soon as funding becomes available. Operators must expend their full award within twelve (12) months of the date of payment.

Spending outside of an approved plan is not permitted. All expenditures must be consistent with the approved spending plan and documented accordingly. Any deficiencies in spending, including misappropriated and unspent funding, will require repayment from the facility.

Should a change to the spending plan be needed, the facility must submit an EQUAL Budget Modification Request Form using Attachment 2 of the Instructions, with documented resident consent, to [ltresidentialsupport.equal@health.ny.gov](mailto:ltresidentialsupport.equal@health.ny.gov). Changes are subject to Department review and approval.

The Department will publicly post a listing of awarded facilities, including the award value and approved spending plan. Each facility will be required to maintain on file, and make available upon request by the Department, a current Exhibit A: Payment and Expenditure Tracking Form with all relevant receipts. No later than one year from the date of payment, facilities must submit Exhibits A and B: EQUAL Program Certification Page to the Department via email to [ltresidentialsupport.equal@health.ny.gov](mailto:ltresidentialsupport.equal@health.ny.gov). All expenditures must be consistent with the approved Spending Plan. The Department reserves the right to request additional documentation, including receipts.

Questions must be submitted via email to [ltresidentialsupport.equal@health.ny.gov](mailto:ltresidentialsupport.equal@health.ny.gov). We look forward to receiving your application.

Sincerely,



Kristen M. Pergolino, Director  
Division of Residential Support

cc: V. Deetz  
C. Rodat  
H. Hayes  
K. Anderson  
K. Walker  
EQUAL File