

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

January 28, 2014

DAL: DAL 14-03

Subject: Enhancing the Quality of Adult Living
(EQUAL) Program for SFY 2013-2014

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 2012 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.

Funds will not be awarded to subsidize daily operational expenses such as staffing or utilities. The Department of Health will allow the use of EQUAL funds (full or partial) for emergency preparedness and restoration projects resulting from natural disasters. The Department strongly recommends facilities use their EQUAL funds for disaster and emergency preparedness items, e.g. generators. Please refer to Section A: (6) of the instructions for a more detailed description of the acceptable use of program funds.

The total payment for all facilities applying for EQUAL will be \$5,671,100.

Please complete the attached application which includes a proposed spending plan, operator certification statements and documentation of resident council approval and return it to the address below. **Applications are due by 5:00 pm on Wednesday, February 12, 2014.**

Note: Facility operators who do not wish to participate in the Program should complete the application heading (Section B) and the *Decline to Participate in Program* (Section D) and return the application to the address below:

**New York State Department of Health
Division of Adult Care Facility/Assisted Living Surveillance
875 Central Avenue
Albany, New York 12206**

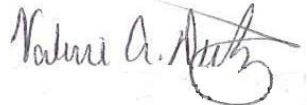
Facility operators who do not have an established Statewide Financial System (SFS) account will need to register by completing Section H of this application (New York State Office of the State Comptroller Substitute Form W-9: Request for Taxpayer Identification Number and Certification). If your facility does not already have an established SFS account, please expedite your application to allow for additional processing. Once the application is received we will forward your completed Substitute Form W- to the Office of the State Comptroller's Vendor Management Unit, who 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.state.ny.us. We look forward to receiving your application.

Sincerely,

A handwritten signature in black ink, appearing to read "Valerie A. Deetz", with a stylized flourish at the end.

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

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

Attachments