



# Department of Health

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Executive Deputy Commissioner

July 8, 2026

DAL: DAL DRS 26-03  
Subject: Enhancing the Quality of Adult  
Living (EQUAL) Program for  
State Fiscal Year 2026-27

Dear Adult Care Facility Administrators and Operators:

The Department of Health ("Department") is pleased to announce the availability of funding under the Enhancing the Quality of Adult Living (EQUAL) Program for State Fiscal Year 2026-27. Operators of Department-licensed Adult Care Facilities that provide services to individuals receiving Supplemental Security Income, State Supplemental Program benefits, Safety Net 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 these supports by providing additional funding to licensed and certified Adult Care Facility 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 2026-2027 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 as 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 Operator to provide residents with a safe, comfortable living environment 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 EQUAL program. This includes, but is not limited to, the timely completion of reports, such as census reports, financial reports, all surveys applicable to Adult Care Facilities, and approvable plans of correction.

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 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 Statewide Financial System account. An established Statewide Financial System account is a requirement to apply. **Be advised that facility Operators that do not have an established Vendor Identification Number prior to the application deadline are ineligible to apply for EQUAL funds.**

All facility Operators that successfully apply will receive a per-person amount based on the number of eligible residents in the facility as self-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.

The application can be accessed at <https://survey.alchemer.com/s3/8398240/ACF-Equal-2026-27-Application>. **Please carefully review the instructions. Failure to comply with the instructions may impact eligibility.**

- Applicants electing to participate **must** complete Sections A and B of the application, including uploading acceptable proof of Vendor Identity.
  - o To obtain proof of Statewide Financial System Vendor Identity, applicants must log into the Statewide Financial System, select the *View Locations* tile, click the appropriate hyperlinked vendor ID to open *Current Locations*, verify the account information, print or screenshot a copy, and upload the document to their application.
  - o Applicants must address any identified discrepancies in Vendor Identity, Payee Name and/or Address prior to submission.
  - o Questions can be directed to [HelpDesk@sfs.ny.gov](mailto:HelpDesk@sfs.ny.gov).

**Submissions that do not include proof of Vendor Identity will be deemed incomplete and ineligible for funding. Therefore, the Department suggests that all applying facilities access the Statewide Financial System early in the application process and address any access issues and discrepancies with the [HelpDesk@sfs.ny.gov](mailto:HelpDesk@sfs.ny.gov). Extensions will not be granted.**

- Applications must be electronically submitted by **5:00 pm on August 27, 2026**. 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, complete materials by **5:00 pm on August 27, 2026** 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. To receive funding, facilities **must** review the anticipated award outlined in the Intent to Award letter

with eligible residents to identify how to utilize the full award value. Using that information, facilities must complete the and submit the proposed plan.

- The proposed spending plan must be completed electronically, using the link provided in the Intent to Award letter, and include Resident Approval. Failure to submit a proposed spending plan within thirty (30) calendar days, with Resident Approval, will be considered forfeiture and the funding may be reallocated to other awardees pursuant to the Department's funding methodology.
- If the proposed spending plan includes disallowable expenses or otherwise requires revisions, a one-time revision allowance will be afforded. All revisions must be submitted within fifteen (15) days of the date of notice by the Department. Failure to submit an approvable plan within the deadline may result in a reduction to, or rescinding of, your award. All submissions must include Resident Approval. 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 spend 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.

If a change to the spending plan becomes necessary, the facility must submit a budget modification request within six (6) months of the original approved plan using Attachment 2 of the Instructions, with documented Resident Approval, to [ltcresidentialsupport.equal@health.ny.gov](mailto:ltcresidentialsupport.equal@health.ny.gov). Changes are subject to Department review and approval. Requests submitted beyond six (6) months of the original approved plan may be considered, at the Department's discretion, with proper justification (i.e., actual costs are less than anticipated costs resulting in savings which could be used, during the remaining funding period, to enhance the quality of care and life experience of eligible residents).

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* and all receipts.

No later than twelve (12) months from the date of payment, facilities must submit Exhibit A and Exhibit B, *EQUAL Program Certification Page* to the Department via email to [ltcresidentialsupport.equal@health.ny.gov](mailto:ltcresidentialsupport.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 at any time.

Funds that remain unspent or unused during the twelve (12) month spending period must be returned to the Department immediately following the twelve (12) month spending period. Repayment should be sent in the form of a check made out to The New York State Department of Health, with a memo noting "EQUAL 2026-27 Returned Funds" and sent via mail to the address below. Included with the check should be current copies of Exhibit A and Exhibit B.

New York State Department of Health  
Division of Residential Support  
875 Central Avenue  
Albany, New York 12206  
Attn.: EQUAL Coordinator

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

Sincerely,

Kristen Pergolino, Director  
Division of Residential Support

Enclosures

cc: Dr. Fish  
V. Deetz  
C. Rodat  
H. Hayes  
K. Anderson  
K. Walker  
C. Cazer  
G. Boldish  
J. Kirchner  
EQUAL File  
[ltcresidentialsupport.equal@health.ny.gov](mailto:ltcresidentialsupport.equal@health.ny.gov)