Enhancing the Quality of Adult Living (EQUAL) Program 2026-2027 Frequently Asked Questions (FAQ)

QUESTION 1: What email address is the contact for the 2026-2027 Enhancing the Quality of Adult Living (EQUAL) Program?

ANSWER 1: The Enhancing the Quality of Adult Living (EQUAL) Program 2026-2027 email address is ltcresidentialsupport.equal@health.ny.gov. Please send all inquiries to this address.

QUESTION 2: When will the Enhancing the Quality of Adult Living (EQUAL) Program 2026-2027 funding be distributed?"

ANSWER 2: Funding is distributed once the Department receives, reviews and approves all spending plans. Therefore, we cannot provide a standard timeframe for receipt of funding. Facilities that receive an Intent to Award letter must submit their proposed Spending Plan, with Resident Approval, by the deadline set forth in their notification. Upon approval of the Spending Plan, a notification will be sent, and funds will follow.

QUESTION 3: How will I know if my Spending Plan is submitted?

ANSWER 3: Automated notifications are issued when a spending plan has been successfully submitted. It is the responsibility of the applicant to ensure submission. If an automated response confirming successful submission for Department review, the facility must review their application to ensure submission. If the issue persists, questions can be submitted to ltcresidentialsupport.equal@health.ny.gov.

QUESTION 4: How will I know if my Spending Plan is approved?

ANSWER 3: Notifications are sent via email when Spending Plans are approved. A Department approved copy will be attached for the facility's records.

QUESTION 5: Can we request more money in Capital Improvement funding vs. Local Assistance funding or vice versa?

ANSWER 5: No. EQUAL funding is comprised of 50% Capital Improvement Funding and 50% Local Assistance Funding.

QUESTION 6: How can a change be made to an approved Spending Plan after award?

ANSWER 6: A Budget Modification (Attachment 2) must be signed, submitted, and approved by the Department to make any changes to an approved Spending Plan. Submission of a Budget Modification Request does not mean approval. All

submissions will be reviewed by the Department, and formal determination will be issued by the Department. No changes in spending can be made outside Department approval. Such requests must be submitted within six (6) months of the original approved plan. Any request received beyond six (6) months will be deemed untimely and not reviewed. However, the Department may, at its discretion, review such submissions in so far as a clear justification outlining the need and reasons that a request could not be submitted within the required six (6) month is provided.

QUESTION 7: What if I don't identify the need for a budget modification until after the six (6) month deadline?

ANSWER 7: It is important that facilities start spending down their awards, upon receipt. Any challenges to spending, as approved, should be monitored closely. If a facility is unable to utilize the funding to support an approved expenditure, a budget modification should be discussed with residents and a formal request with resident consent, via Attachment 2, must be submitted to the Department. If the facility can demonstrate a hardship, which prevented the submission within the six (6) month required deadline, such information should be disclosed to the Department upon submission for consideration.

QUESTION 8: Do I need a Statewide Financial System Vendor Identification Number?

ANSWER 8: Yes, 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. 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 concerning the New York State Vendor File can be obtained online at http://www.osc.state.ny.us/vendor_management/index.htm, or by contacting the SFS Help Desk at (855)233-8363 or by emailing at helpdesk@sfs.ny.gov.

QUESTION 9: If a facility has both a long-term care facility, and an enriched living facility, do either of these facilities meet the eligibility criteria?"

ANSWER 9: Please refer to DAL 26-03 and DAL 26-03 Instructions for additional information on eligibility.

QUESTION 10: How do I find my Statewide Financial System Vendor Identification Information.

ANSWER 10: To obtain proof of Statewide Financial System Vendor Identity, applicants must log into the Statewide Financial System, select the View Locations tile (this will display the Vendor ID), click the appropriate hyperlinked vendor ID to open Current Locations. This will display your payment method and address (if applicable.)

QUESTION 11: “What data is used to determine the total number of residents that an ACF EQUAL payment amount will be based on?

ANSWER 11: The data reported on the facility’s most recent Quarterly Statistical Information Report is used to determine the number of eligible residents.

QUESTION 12: Can I buy tickets for a play or event that is being held outside of the 12-month spending period? For example, we are planning to have residents attend a play in April, but spending must be completed by 3/15.

ANSWER 12: Yes, if the purchase is made within 12 months of payment receipt.

Question 13: If there is a change in ownership, are the EQUAL funds transferable to the new owner/operator?

Answer 13: Please reach out to our email address to discuss the unique circumstances at ltcresidentialsupport.equal@health.ny.gov.

QUESTION 14: What should a facility do if funds from the approved spending plan cannot be expended as intended?

ANSWER 14: Budget Modification (Attachment 2) can be submitted if within six (6) months of original approved spending plan and alternate use for the funds needs to be requested. Otherwise, all unspent or unused funding should be repaid to the Department immediately following the twelve (12) month spending period or immediately upon determination funds will not be spent. Checks should be made out to The New York State Department of Health, with a memo stating “2026-27 EQUAL Returned Funds” and mailed to the address below:

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

QUESTION 15: Can I use EQUAL funding to replace broken floor tiles, stained carpets, and/or other facility repairs?

ANSWER 15: EQUAL funding may not be used to supplant the obligations of the facility operator to provide a safe, comfortable living environment for residents in a good state of repair and sanitation.

QUESTION 16: Can we purchase kitchen equipment with EQUAL funding?

ANSWER 16: EQUAL funding cannot be used to purchase kitchen equipment necessary for the Operator to meet is regulatory obligations; however, EQUAL funding can be used to enhance food services (above what is required by regulation). In these instances, it is best to submit questions to ltcresidentialsupport.equal@health.ny.gov for clarification PRIOR to submitting your proposed spending plan.

QUESTION 17: What if we cannot meet with our Resident Council prior to the EQUAL Spending Plan submission deadline?

ANSWER 17: It iss the facility's responsibility to ensure it meets deadlines for submission. Failure to submit a proposed spending plan, with Resident Approval, by the deadlines established will result in forfeiture of your award.