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ENHANCING THE QUALITY OF ADULT LIVING AWARD PROGRAM

Center for Residential Surveillance
Division of Residential Support

PROGRAM INTENT & PURPOSE

- The purpose of this program is to enhance the quality of care and life experience for residents receiving Supplemental Security Income, State Supplemental Program benefits, Safety Net assistance and/or Medicaid (with respect to residents of assisted living programs).

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EQUAL FUNDING

- Total budget for 2026-27: **$6,532,000.00**
- Funding is utilized to improve or expand services and/or enhance the facility's physical environment
- Set pool of funding distributed via a multi-factor calculation process
- Split 50% Local Assistance and 50% Capital Improvement Projects

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ELIGIBILITY

- Operators of Department licensed adult care facilities 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).
- Effective January 1, 2012, to do business with New York State, a facility **must** have a Statewide Financial Systems Vendor Identification Number.
  - Additional information concerning the New York State Vendor File can be obtained online at: State Vendors | Office of the New York State Comptroller, by contacting the Statewide Financial System Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

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DISQUALIFYING FACTORS FOR EQUAL FUNDING

- Facility does not have any eligible residents
- Incomplete application submitted
- Facility is closing within the year
- Facility appears on the *Do Not Refer List*
- Facility appears on the *Office of the Medicaid Inspector General Exclusion List*
- Facility has unanswered or unacceptable electronic Plan of Correction related to EQUAL
- Outstanding payments due to the Department for unused/misused EQUAL awards

Please note, this list is not intended to be all-inclusive

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EQUAL FUNDING

The EQUAL appropriation is comprised of two types of funding to promote a higher quality of life for residents.

Local Assistance Funding

Project funds to support direct quality of life improvements for residents themselves, 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 Funding

Project funds to support the enhancement of the physical environment of the facility.

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EQUAL FUNDING (CONTINUED)

Local Assistance	Capital Improvement
Clothing, monthly gift baskets, shopping trips, bedding upgrades	Aesthetic facility upgrades
Computers, Televisions and/or iPads purchased for eligible residents	Computers, Televisions and iPads in resident common areas or purchased for shared use
Improvements in food quality (featured menus or culinary events)	Installed appliances for resident use
Outdoor leisure projects and appropriate supplies	Outdoor leisure space
Staff training, outside of those that are regulatorily required	Air conditioning in resident areas
Cultural, recreational or other leisure events and associated transportation	Enhancement or expansion of Resident Areas (this may include construction)

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INAPPROPRIATE USES OF EQUAL FUNDING

- Regulatorily required staff training
- Staff salaries
- Bedroom furniture required pursuant to regulation
- Creation or renovation of resident restricted spaces (i.e., staff offices)
- Repaving broken walkways, replacing broken windows or doors, cleaning dirty or stained carpets, routine maintenance/repairs, etc.
- Repairs needed to ensure resident safety

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EQUAL APPLICATION AND REVIEW PROCESS

- It is imperative that facilities understand the requirements of the EQUAL Application.
- Inability to meet the requirements and deadlines of the application may impact eligibility and result in non-award.

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AWARD PROCESS
APPLICATION RELEASE TO PAYMENT

Application Release and submission

- Facilities will be notified of release of EQUAL application.
- Facilities must submit ALL required components of the application in the manner and by the deadline provided.

Application Review

- Department staff review applications to determine if all eligibility requirements are met.

Funding Determined for Eligible Facilities

- Facility awards are determined through multi factor process including a per person amount based on eligible residents reported on QSIR.
- An additional allotment for facilities ≤100 beds.

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AWARD PROCESS
APPLICATION RELEASE TO PAYMENT CONTINUED

Intent to Award Letters and Non-Award Letters

- Intent to Award letters are sent to eligible facilities.
- Non-Award letters sent to facilities that did not meet eligibility requirements.

Spending Plan Submission Review

- Proposed spending plans and Resident Approval are submitted within **30 days** of the Intent to Award letter.
- A one-time revision allowance will be afforded with **15 days** to respond.

Spending Plan Finalization, Award Letters and Payments

- Spending Plans are finalized.
- Facilities notified with approval letter.
- Payment is dispersed.
- Spending Plans are publicly posted on the DOH website.
- Non-Award letters sent to facilities that did not submit complete/timely Spending Plans with Resident Approval

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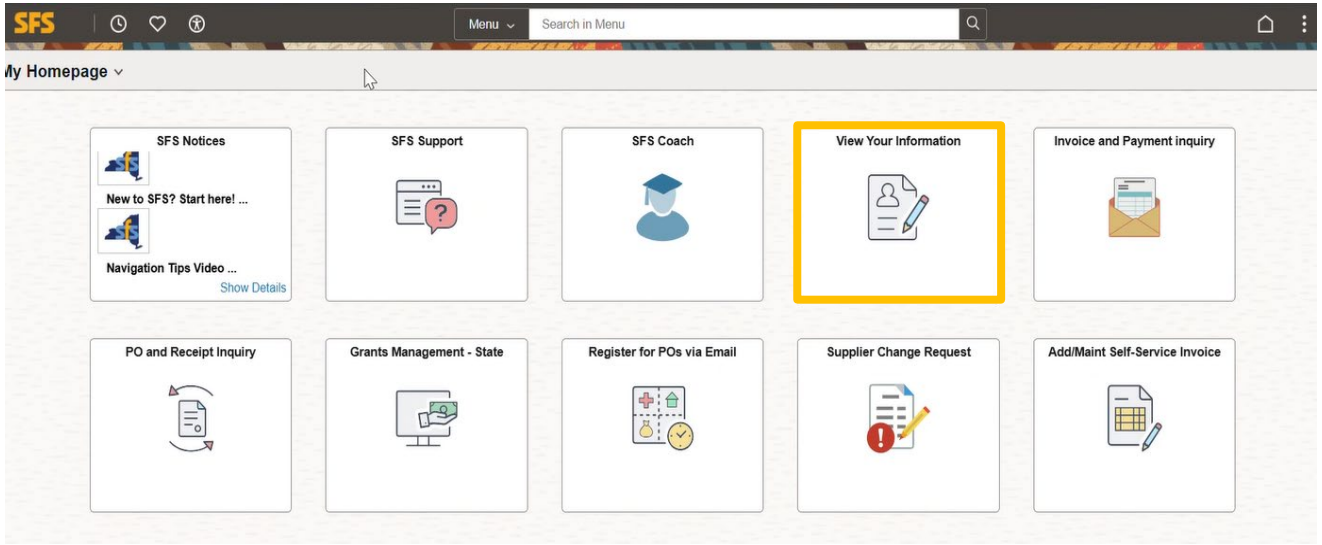
STATEWIDE FINANCIAL SYSTEM- VENDOR IDENTIFICATION VERIFICATION

1. Login to the Statewide Financial System
2. Click the *View Your Information* tile



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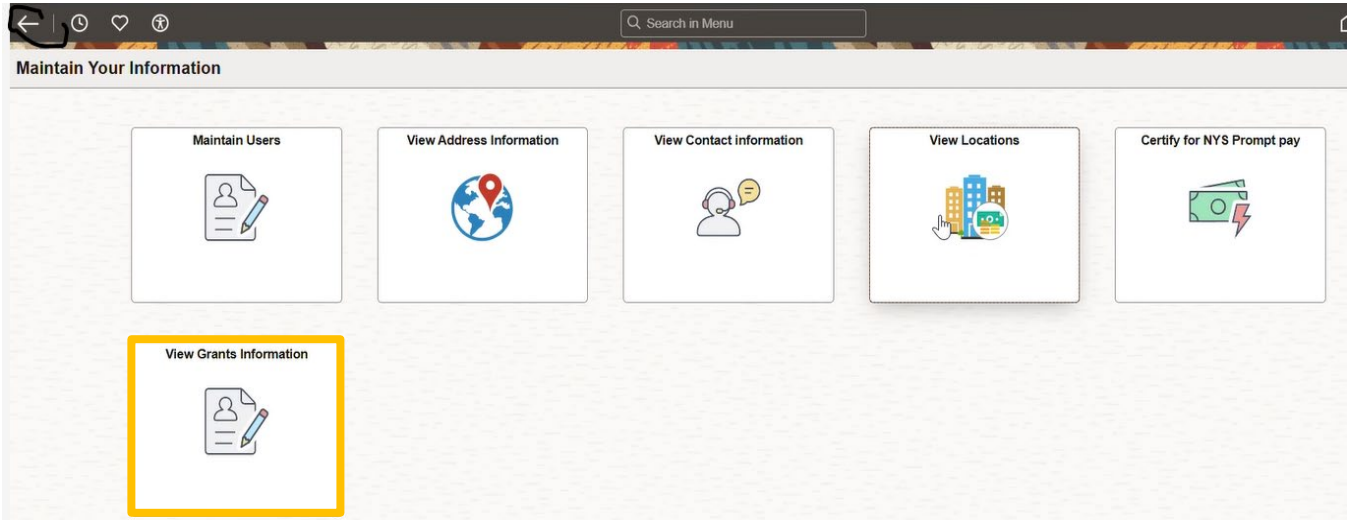
STATEWIDE FINANCIAL SYSTEM- VENDOR IDENTIFICATION VERIFICATION

3. Select the *View Grants Information* tile to view your facility Vendor ID.



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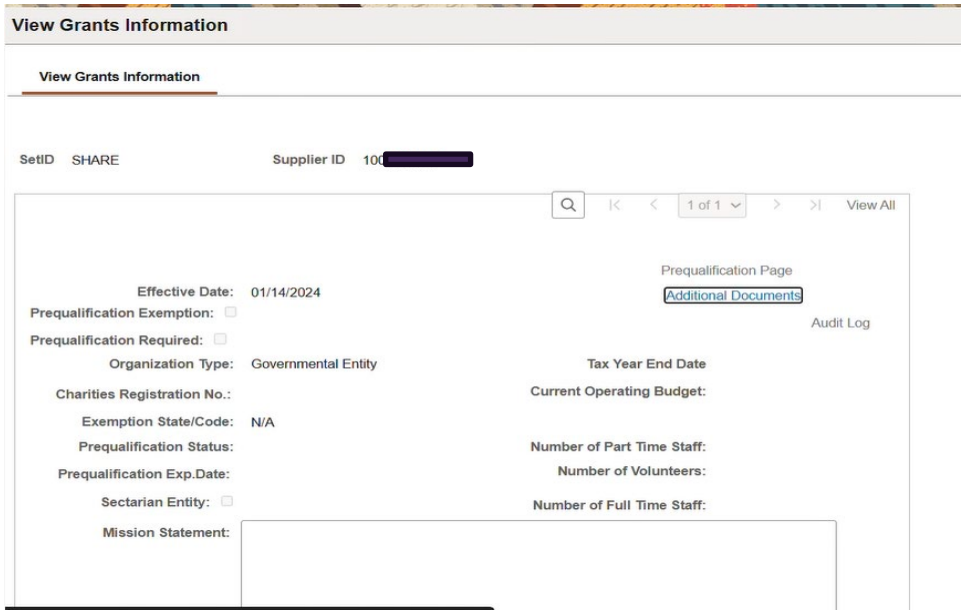
STATEWIDE FINANCIAL SYSTEM- VENDOR IDENTIFICATION VERIFICATION

4. Take a screenshot of the screen below and save it for submission.



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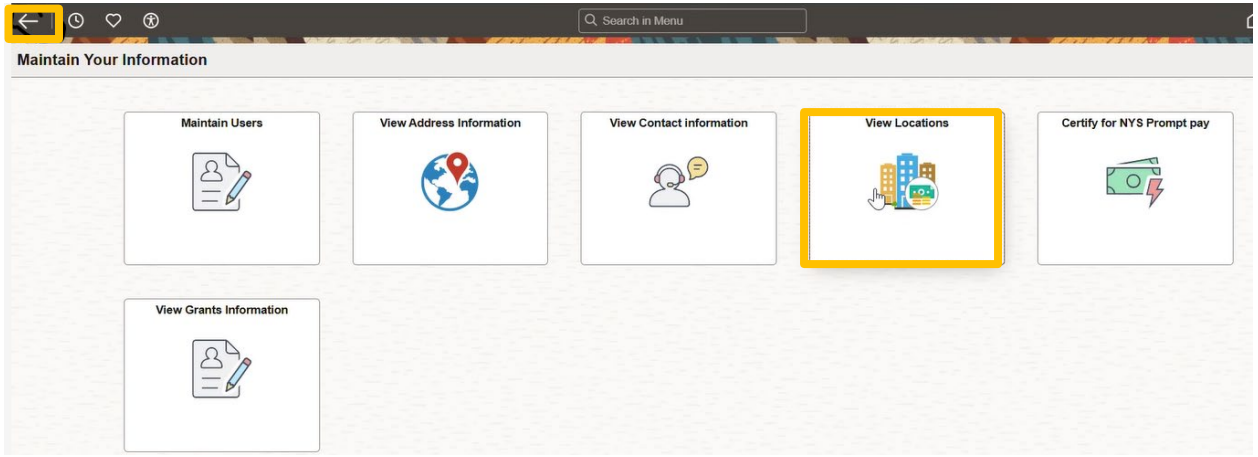
STATEWIDE FINANCIAL SYSTEM- VENDOR IDENTIFICATION VERIFICATION

5. Navigate back to the *Maintain Your Information* page using the arrow at the top left of the screen.
6. Select the *View Locations* tile.



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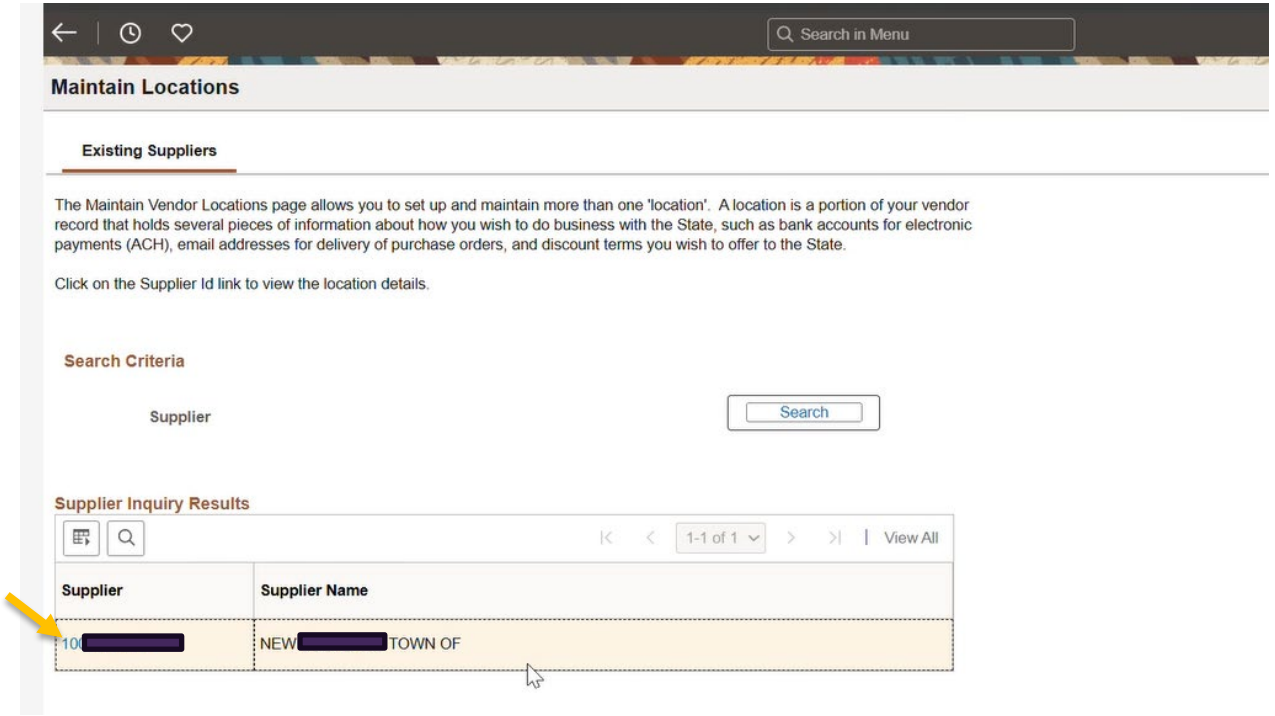
STATEWIDE FINANCIAL SYSTEM- VENDOR IDENTIFICATION VERIFICATION

7. Click on hyperlinked Vendor ID to open *current locations*.



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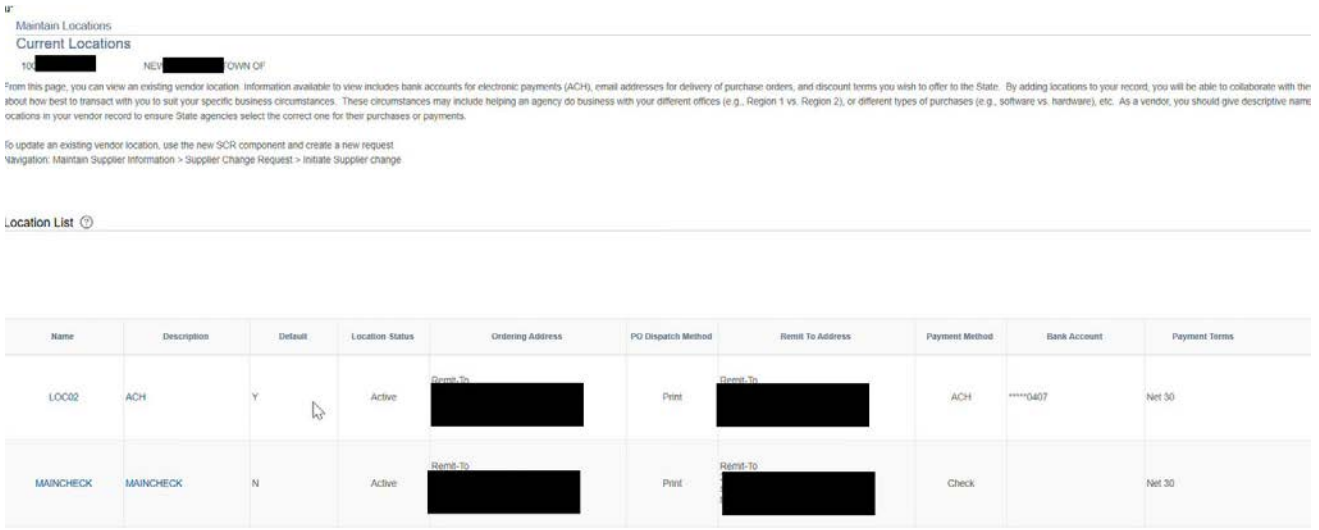
STATEWIDE FINANCIAL SYSTEM- VENDOR IDENTIFICATION VERIFICATION

8. Take a screenshot of the screen below and save it for submission.



Maintain Locations

Current Locations

10[redacted] NEW[redacted]TOWN OF

From this page, you can view an existing vendor location. Information available to view includes bank accounts for electronic payments (ACH), email addresses for delivery of purchase orders, and discount terms you wish to offer to the State. By adding locations to your record, you will be able to collaborate with the about how best to transact with you to suit your specific business circumstances. These circumstances may include helping an agency do business with your different offices (e.g., Region 1 vs. Region 2), or different types of purchases (e.g., software vs. hardware), etc. As a vendor, you should give descriptive name ocations in your vendor record to ensure State agencies select the correct one for their purchases or payments.

To update an existing vendor location, use the new SCR component and create a new request.
Navigation: Maintain Supplier Information > Supplier Change Request > Initiate Supplier change

Location List

Name	Description	Default	Location Status	Ordering Address	PO Dispatch Method	Remit To Address	Payment Method	Bank Account	Payment Terms
LOC02	ACH	Y	Active	Remit-To [redacted]	Print	Remit-To [redacted]	ACH	*****0407	Net 30
MAINCHECK	MAINCHECK	N	Active	Remit-To [redacted]	Print	Remit-To [redacted]	Check		Net 30

If any information is incorrect, contact the SFS Helpdesk at helpdesk@sfs.ny.gov.

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SPENDING PLAN WALK THROUGH

Example: Maple Tree Adult Home is awarded $50,000, including $25,000 Local Assistance funding and $25,000 Capital Improvement funding

- Complete a Spending Plan for the following:
  - Clothing allowance
  - Trip to baseball game
  - Trip to concert
  - Replace standard lamps with touch-sensitive lamps
  - Enhance food quality by adding seasonal fruit and other specialty foods that aren't commonly offered
  - Provide high speed internet access for residents
  - Subscription for movie streaming service
  - Provide high thread-count sheets and enhanced comforters to replace standard-issue bedding

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BUDGET MODIFICATION REQUEST EXAMPLE

- Maple Tree Adult Home planned to spend money to purchase a personalized bench for their courtyard from a local vendor.
- The vendor closed.
- Maple Tree Adult Home wants to reallocate funds toward adding pictures to the cafeteria.

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EQUAL SPENDING THROUGHOUT THE YEAR

- Operators in receipt of their funding must immediately begin spending as outlined in their approved spending plan and in accordance with other Department approvals
- Operators must expend their full award within **twelve (12) months** of the date of payment
- The facility must submit a budget modification request within **six (6) months** of the original approved plan using Attachment 2
    - Budget modifications must be submitted and approved by the Department before implementation by the facility
- Facilities must submit the below, no later than one year from the payment date:
    - Exhibit A: *Payment and Expenditure Tracking Form*.
    - Exhibit B: *EQUAL Program Certification Page.*

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UNSPENT, UNUSED OR MISAPPROPRIATED FUNDS

- Unspent or unused funds, along with any funds that were misappropriated, 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 **New York State Department of Health,** with a memo indicating “EQUAL 2026-27 Returned Funds” and sent via mail to the address below:

  New York State Department of Health
  Division of Residential Support
  711 Troy Schenectady Road
  Latham, New York 12110
  Attn: EQUAL Coordinator

- Current copies of Exhibit A and Exhibit B should be included when sending the check.

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QUESTIONS

ltcresidentialsupport.equal@health.ny.gov

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