



**Department
of Health**

EQUAL: Enhancing the Quality of Adult Living

Division of Adult Care Facility and Assisted Living Surveillance

Purpose: What is EQUAL?

What type of funding is EQUAL?

The EQUAL appropriation is comprised of two types of funding:

1. Local Assistance Funding – 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.
2. Capital Improvement Funding - 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.

What can EQUAL be used for?

Local Assistance	Capital Improvement
Clothing allowances, monthly gift baskets, shopping trips, bedding upgrades.	Aesthetic facility upgrades (painting, carpeting, artwork, improvements to landscaping, furniture including, but not limited to, upgrades in resident room furnishings).
Computers, Televisions and/or iPads purchased for specific (eligible) residents.	Computers, Televisions and iPads in resident common areas or purchased for shared use.
Improvements in food quality (featured menus or culinary events, small appliances [e.g., steamers, blenders])	Built-in appliances for resident use
Outdoor leisure projects (supplies for outdoor events/activities, etc.)	Outdoor leisure space (building/installing and furnishing patios, community gardens, gazebos, etc.).
Staff training, outside of those that are regulatorily required (i.e., cultural or sensitivity training)	Air conditioning (in resident areas).
Transportation for resident services/events (gas, tolls, third party payment such as chartered buses, taxis, or limousines)	Enhancement or Expansion of Resident Areas (this may include construction)
Cultural, recreational or other leisure events.	

What would be inappropriate for EQUAL funding?

Legal or Regulatory Obligations CANNOT be funded with EQUAL awards

Regulatorily required staff training

Staff salaries

Bedroom furniture required pursuant to Regulation

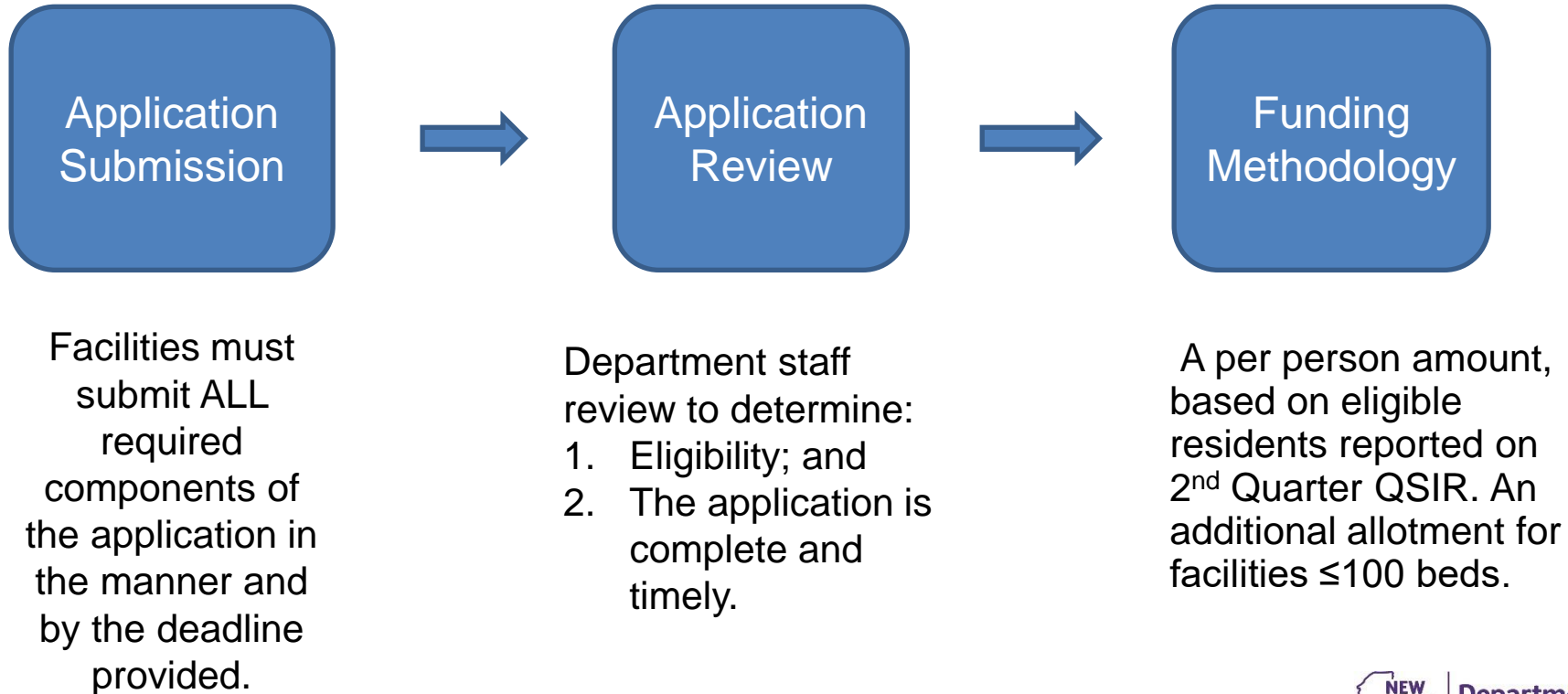
EQUAL Funding CANNOT supplant the obligations of the facility Operator to provide a safe, comfortable living environment for residents in a good state of repair and sanitation

Creation or renovation of resident restricted spaces (i.e., staff offices)

Repaving broken walkways, replacing broken windows

Routine maintenance/repairs or such repairs needed to ensure resident safety

How are EQUAL awards determined?



EQUAL Application Components

EQUAL Application Required Components

Section A: Acknowledgement of Participation

Section B: Facility Information

Section C: Payment Information

Section D: Population Served

Provide data on residents currently receiving SSI, SSP, SN support and/or Medicaid (with respect to residents of assisted living programs). Those residents receiving a combination of services must only be counted once.

Section E: Certifications and Confirmations

The Facility must provide information, confirmation and certifications regarding:

1. Previous EQUAL funding;
2. Resident involvement in the development and approval of the proposed Spending Plan, and
3. Certification of proper use of EQUAL funding.
4. Confirmation of submission of necessary attachments is also required.

Proposed Spending Plans are NOT a part of the Application but are required for funding.

EQUAL Application Eligibility Review

Criteria	TRUE Proposal Meets Criteria	FALSE Proposal Does Not Meet Criteria
The application is complete.	<input type="checkbox"/>	<input type="checkbox"/>
The facility is not on the Do Not Refer List .	<input type="checkbox"/>	<input type="checkbox"/>
The operator or facility is not on the OMIG exclusion list .	<input type="checkbox"/>	<input type="checkbox"/>
The facility has no unanswered or unacceptable plans of correction related to past EQUAL grants.	<input type="checkbox"/>	<input type="checkbox"/>
The application does not indicate the facility intends to close this calendar year.	<input type="checkbox"/>	<input type="checkbox"/>
The applicant has SSI/SSP/SN or Medicaid (ALP) residents.	<input type="checkbox"/>	<input type="checkbox"/>

What are the EQUAL Process Steps?

1. Application Completion and Submission
2. Eligibility Review
3. Review of Applications
4. Intent to Award Letters and Letters of Ineligibility Issued
5. Proposed Spending Plan Submission
6. Spending Plan Review and Negotiation
7. Spending Plan Approval Letters and Letters of Ineligibility due to Non-Response Issued.
8. Notice of Submission of NYSE CON applications, if applicable.
9. Award Letters Issued.
10. Public Posting
11. 12 months from date of DOH payment to spend.

Spending Plan Submission

Attachment 1

EQUAL Proposed Spending Plan

To be submitted to equal@health.ny.gov no later than 30 calendar days from the date of a New York State Department of Health Award Letter.

Capital Improvement Projects	Amount Awarded:
<i>These funds are used to enhance the physical environment of the facility and promote a higher quality of life for residents.</i>	

Local Assistance Projects	Amount Awarded:
<i>These funds are used 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.</i>	

Total Amount of Funding: _____

Summary Budget

This form should be used by applicants to provide a detailed budget justification. For each line item provide a full description of the item, justification of the need for the item as it relates to the resident priorities identified and explanation of how costs were determined. *Additional pages may be added but must all conform to this format and include the Resident Council Representative Approval or Resident Petition in Support.*

Budget Line Items	Capital Improvement Project Funds Requested	Local Assistance Project Funds Requested
Total Requested Per Funding Source		
Total Funding Requested		

o **RESIDENT COUNCIL REPRESENTATIVE APPROVAL:** I, _____ (name of representative), have reviewed the Proposed _____ EQUAL (Award Year) Spending Plan for _____ (name of facility), _____ (operating certificate #), and agree that the proposed use of these funds is consistent with the priorities of SSI/SSP/SN residents' priorities.

o **RESIDENT PETITION IN SUPPORT:** We, the undersigned, are SSI/SSP/SN recipients residing at _____ (name of facility), _____ (operating certificate #). We have reviewed the Proposed EQUAL (Award Year) Spending Plan and agree that the proposed use of funds is consistent with our priorities.
 Resident Name: _____ Resident Name: _____ Resident Name: _____
 Resident Signature: _____ Resident Signature: _____ Resident Signature: _____

INCOMPLETE WITHOUT RESIDENT(S) SIGNATURE(S)



Capital Improvement NYSECON Applications

18 NYCRR § 485.5(f) “No operator shall change or modify a facility, or the services originally approved and stipulated by the operating certificate, without the prior written approval of the [Department of Health]...”

18 NYCRR § 487.11(b) requires plans and specification for construction, renovation, or addition be submitted to the Department of Health (“Department”) and only upon receipt of written approval from the Department shall any portion of the plans be implemented.

DAL #21-22 Resident Safety Plan submissions to perform construction, repair, renovation or addition to an adult care facility must be uploaded through the New York State Electronic Certificate of Need (NYSECON) system in the Health Commerce System.

Construction/Renovation Beyond Routine Maintenance

What is “routine maintenance”?

- Maintenance or testing of fire alarm system
- Power washing shutters
- Replacing a smoke detector
- Replacing a part to a mechanical system
- Cosmetic maintenance (minor painting)
- Ceiling tile replacement
- Carpet cleaning
- Cleaning out a septic tank

EQUAL Expenditures & Required Documentation

EXHIBIT A

Page 1 of ____

EQUAL Payment and Expenditure Tracking Form

Capital Improvement Projects	Total Award Amount			\$
Budget item	Approved Budget Amount	Date of Expenditure	Amount Spent	Balance
Total Capital Improvement Funds Spent & Balance Available			\$	\$

Aide to Localities (ATL)	Total Award Amount			\$
Budget item	Approved Budget Amount	Date of Expenditure	Amount Spent	Balance
Total ATL Funds Spent & Balance Available			\$	\$

I certify that all expenditures reported (or payments requested) are for appropriate purposes and in accordance with the agreement set forth in the application and executed contract.

Name: _____

Title: _____

Signature: _____ Date: _____



EXHIBIT B

EQUAL PROGRAM CERTIFICATION PAGE

Statement regarding expenditure of funds:

I certify that funds granted under the EQUAL Program were used for the purpose(s) stated in Section C (a) of my EQUAL (Award Year) application and approved by the New York State Department of Health. I certify that any changes in the submitted plan of work and/or budget were submitted in writing to the New York State Department of Health and approved. I further certify compliance with Subdivision 1-4 of Section §461-S of the Social Service law.

Statement regarding records management:

I certify that records related to expenditures under EQUAL (Award Year) will be maintained by the facility for a period of at least seven years and made available for review for audit purposes upon request by the New York State Department of Health.

Statement regarding project status and financial expenditure reports:

I agree to submit financial expenditure reports as requested by the New York State Department of Health. I also agree to account for all grant funds, to maintain separate financial and programmatic records on this project, and to retain such source documentation as canceled checks, paid bills, payroll, or other accounting documentation that would facilitate an audit. I understand that failure to submit the status and financial reports will result in this facility becoming ineligible to receive future EQUAL Program funding, until such time that the delinquent reports have been successfully submitted.

NOTARIZATION:

Operator's Signature _____

STATE OF NEW YORK
COUNTY OF (_____) ss. _____

On this _____ day of _____, 20____, before me personally came

_____ to me known, who being

sworn did depose and say that he/she resides in _____
that he/she is the _____ of _____

Facility Name & Operating Certificate #

Adult Care Facility described herein, and which executed the above instrument.

NOTARY PUBLIC My Commission Expires _____
DATE



What if we need to make a change after we're approved?

A budget modification can be submitted, using Attachment 2 to the EQUAL Instructions but must include:

- A clear justification as to why the change is necessary;
- The amount of the change; and
- Resident approval of the proposed revision.

Submission of a budget modification request does not guarantee approval by the Department.

Budget Modification Requests

- Must meet all EQUAL guidelines
- Cannot move funding from one funding line to another (Capital vs. Local).
- Must have resident council/resident approval as demonstrated by signature on the EQUAL Modification Request Form.
- Must be approved before being implemented.
- Must be submitted by the beginning of the 4th Quarter of EQUAL Funding (at least three months prior to the end of your EQUAL funding period).

Thank you!

**Questions may be
referred to the EQUAL
Program at
equal@health.ny.gov**