



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

Date: February 8, 2022

DAL: DHCBS 22-02
Subject: Procedure for LHCSA Administrative
Licensure Amendments

Dear Administrator:

The Division of Home and Community Based Services revised its procedure for the processing of administrative licensure amendments requested by Licensed Home Care Services Agencies (LHCSAs). The attached procedure will be effective on February 15, 2022, and covers the following types of requests:

- Deleting or Adding a Service
- Deleting or Adding a County
- Adding an Additional Site
- Closing a Site/License Surrender
- Change of Address of Agency and/or Operator
- Change of Legal Entity (Corporate) Name, Change of Assumed Name (d/b/a) or New Assumed Name (d/b/a)
- License Reprint

Attachment A (*LHCSA Licensure Amendment Request Checklist*) contains the list of required documents by transaction type that must be submitted to receive consideration. An agency must submit a written request by email to the appropriate regional office and to LHCSA@health.ny.gov with the checklist and all required documents as attachments. Incomplete requests cannot be processed.

If you have any questions, please email our office at LHCSA@health.ny.gov or call (518) 408-1638.

Sincerely,

Carol A. Rodat, Director
Division of Home and Community Based Services

Attachment A

cc: M. Hennessey
V. Deetz
DHCBS Regional Program Managers
DHCBS Bureau of Licensure and Certification

Attachment A
LHCSA Licensure Amendment Request Checklist

EMAIL THIS CHECKLIST WITH REQUIRED DOCUMENTS TO: LHCSA@health.ny.gov

Agency Name: _____ **License #** _____

- A written request on agency letterhead signed by the administrator. **Required**

Delete/Add Service

- New service(s) added. *If yes, include all the following:*
- Policy and Procedures for new service(s)
 - Job description of new service(s)
 - Annual evaluation tool for new service(s)
- Service(s) deleted. *If yes,*
- Indicate the number of patients receiving service(s) proposed to be deleted
If a patient is receiving service(s) proposed to be deleted, select the box below:
 - Include a plan on how each patient will be transitioned to another provider that addresses maintenance and safekeeping of patient records as well as a complete list of alternate providers.

Delete/Add County

- New county added: *If yes, Name of County:* _____
- Description of request, staffing plan
- County(ies) deleted. *If yes,*
- Indicate the number of patients receiving service(s) in the county to be deleted
If a patient is receiving service(s) in a county to be deleted, select the box below:
 - Include a plan on how each patient will be transitioned to another provider that addresses maintenance and safekeeping of patient records as well as a complete list of alternate providers.
- Adding an Additional Site *If yes, include all the following:*
- List the new address, telephone and facsimile number(s)
 - Indicate the effective date of the site operation
 - List each county requested to be included in the service area
 - Executed lease, floor plan/diagram and Certificate of Occupancy
- Closing a Site/License Surrender *If yes, check one of the following:*
- Patients are being served and a Closure Plan will be submitted by the agency
 - Services have been terminated and no patients are being served. The written request must include a statement regarding the maintenance, storage and safekeeping and access to patient clinical records and ultimate disposition of records.
- Change of Address of an Agency of Operator *If yes, include all the following:*
- Indicate whether proposed change applies to the agency, operator or both
 - List the new address, provide telephone and facsimile numbers
 - Indicate the effective date of the location change
 - Executed lease, floor plan/diagram and Certificate of Occupancy

Change of Name (Note: Part 2 of the process will commence upon approval of Part 1)

- New or changed assumed name. *If yes,*
- Submit proposed Certificate of Assumed Name and/or proposed Certificate of Amendment or Certificate of Discontinuation of Assumed Name for previous assumed name, as applicable

- Legal Entity (corporate) name change. *If yes,*
 - Proposed a Certificate of Amendment of the legal entity's formation document, as appropriate.
- License Reprint Requested

Attachment B
New York State Department of Health
Regional Offices and Central Office Contact Information

Metropolitan Area Regional Office: Bronx, Kings, New York, Richmond, Queens, Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester, Nassau, and Suffolk

Home Care Program Manager (212) 417-4921
New York State Department of Health BML: marohomecare@health.ny.gov
Metropolitan Area Regional Office- NYC
90 Church Street, 15th Floor
New York, NY 10007
(212) 417-4921

Capital District Regional Office: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington

Home Care Program Manager (518) 408-5287
New York State Department of Health BML: HCCDRO@health.ny.gov
Capital District Regional Office
875 Central Avenue
Albany, NY 12206

Central New York Regional Office: Broome, Cayuga, Cortland, Chenango, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga and Tompkins

Home Care Program Manager (315) 477-8472
New York State Department of Health BML: syrhc@health.ny.gov
Central New York Regional Office
217 South Salina Street
Syracuse, NY 13202

Western Regional Office: Alleghany, Cattaraugus, Chemung, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Steuben, Seneca, Wayne, Wyoming and Yates

Home Care Program Manager (716) 847-4320
New York State Department of Health BML: HCBuff@health.ny.gov
Western Regional Office
295 Main Street
Buffalo, NY 14203

Central Office
Division of Home and Community Based Services (518) 408-1638
Bureau of Home Care Licensure and Certification
875 Central Avenue
Albany, NY 12206

For questions related to licensure send query to: homecareapplications@health.ny.gov
For applications, send to the appropriate regional office BML with a copy to LHCSA@health.ny.gov