General Instructions

This application should be used by proposed home care services organizations seeking initial approval as a licensed home care services agency (LHCSA) or organizations seeking approval for a proposed change of ownership or operator, an acquisition or a change in control of an existing licensed home care services agencies pursuant to State Public Health Law Sections 3605 and 3611-a and Part 765 of Title 10 NYCRR. In addition to these general instructions, instructions for the completion of specific portions of the application also are included within the application itself.

Reference Material

The following reference materials may be of assistance when completing this application:

- Article 36 of the Public Health Law
  http://public.leginfo.state.ny.us/navigate.cgi
- Approval and Licensure of Home Care Services Agencies – Part 765 of 10 NYCRR
  http://www.health.ny.gov/regulations/nycrr/title_10/

Submission Requirements

Submit the application containing the original signature authorizing the application through New York State Electronic Certificate of Need (NYSE-CON). Information regarding the submission of LHCSA applications through NYSE-CON are posted on the Department of Health's website. http://www.health.ny.gov/facilities/cons/. Be advised that applicants are responsible for updating the Department of Health of any material changes in the application content that occur prior to obtaining licensure.

Effective April 1, 2009, a non-refundable application fee in the amount of $2,000 is required for application submission pursuant to sections 3605 (13) and 3611-a (3) of the Public Health Law. A check made payable to the New York State Department of Health must be mailed to the address indicated below within 30 days of application submission and must reference the NYSE-CON generated submission number.

Bureau of Project Management
New York State Department of Health
Corning Tower, Room 1842
Albany, New York 12237

Application Review Process

The Department will acknowledge receipt of the application through NYSE-CON upon receipt of the application fee. As part of the review process, applicants should be aware that additional information may be requested. When all information necessary to complete the review of the application is received, a staff report which includes a recommendation concerning the application will be presented to the Public Health and Health Planning Council (PHHPC). Applicants will be notified through NYSE-CON when their application is scheduled on a PHHPC agenda and will also be notified of PHHPCs determination regarding approval, contingent approval or disapproval of the application.

- Applicants seeking approval to establish a new agency are required to submit a policy and procedure manual to the address given in the PHHPC’s approval or contingent approval letter. The manual may not be submitted until after the application has been presented to PHHPC. The manual will be forwarded to the appropriate NYS Department of Health Regional Office where the manual will be reviewed to determine compliance with the applicable law and regulations governing licensed home care services agencies. The regional office will notify the applicant of any need for revisions. When the manual has been approved and all contingencies including any legal contingencies have been satisfied, a pre-opening survey will be scheduled. The regional office will notify the Bureau of Home Care Licensure and Certification when they make the determination that a license should be issued. The applicant will be given permission to start providing services while the transaction to have the license issued is being processed.

- Applicants seeking approval for a change of ownership or operator, an acquisition or a change in control of an existing licensed home care services agencies will be directed to contact the appropriate regional office to finalize the approval of the application.

Whom to Contact for Assistance

Any questions concerning the application content should be directed to the Bureau of Home Care Licensure and Certification, New York State Department of Health by e-mail at homecareliccert@health.ny.gov. Questions regarding the NYSE-CON submission process should be directed to nysecon@health.ny.gov.
QUALITY ASSURANCE GUIDELINES

Policy
The Home Health Agency shall have a Quality Assurance Committee to establish and oversee the standards of care for the agency.

Procedure
1. The Quality Assurance Committee shall be appointed by the Board of Directors and shall include at least one nurse.

2. The Quality Assurance Committee shall meet quarterly.

3. The Quality Assurance Committee shall perform the following functions:
   A. Review policies pertaining to the delivery of the health care services provided by the agency and recommend changes in such policies to the Board of Directors for adoption.
   B. Review a random selection of patient’s charts of current patients and discharged within the past three months, and all charts of patients who expressed complaints, to assess the safety, adequacy, type and quality of services provided.
   C. Review all patient complaints and hear any patient grievance presented to the committee for resolution.
   D. Review all patient incidents.
   E. Review information on patients who were admitted to the agency but did not receive all of the scheduled services and patients who were denied admission to the agency.

A written summary of each meeting of the Quality Assurance Committee shall be presented to the Board of Directors for necessary action.

HEALTH CARE EXPERIENCE REQUIREMENT

As part of the character and competence review done during application review, at least one of the principal shareholders of a corporation, member of a LLC, partner of a partnership, board member of a not-for-profit corporation or sole proprietor must have healthcare experience.

Healthcare Experience may include, but is not limited to:

- Any professional healthcare licenses/certifications held.
  - Examples include, but are not limited to: Medical Doctor, Physician’s Assistant, Nurse Practitioner, Registered Nurse, Licensed Practical Nurse, Emergency Medical Technician, Certified Nurse Aide, Home Health Aide, Personal Care Aide, Personal Care Technician, Occupational Therapist, Physical Therapist, Respiratory Therapist, Speech-Language Pathologist, Licensed Clinical Social Worker, Licensed Master Social Worker
- Owner of a registered companion care company
- Ownership interest in a healthcare facility/agency
- Any relevant experience with director/officer/manager positions within a healthcare facility/agency
- Any relevant paid positions and experience within a healthcare facility/agency

All applicants are required to provide an Affirmative Statement of Qualifications on their Schedule 1 disclosure form that describes why the individual is qualified to operate a home care agency. Determinations regarding whether an individual has health care experience will be based on what is submitted in this statement.