

Operator in Good Standing Approval Process

The Department's Licensing and Supervisory Authority

Operators in good standing who wish to be approved to operate an additional facility with the same licenses and certifications as one or more of its existing facilities may submit this form for approval of the project, provided that the applicant's last approval was issued within the past two years. If an applicant's last approval occurred more than two years ago, it may request to be deemed eligible for this application as described below.

Note: The application must be "of the same type" previously approved by the Department (SSL § 461-b (2) (b)). In addition to meeting the Good Standing criteria, the applicant may be requested to submit updated character and competence information from the date of its prior approval. The applicant must pass both the Good Standing criteria set forth in Section II of the application and the character and competence pursuant to Social Services Law §461-b 2-3 for an application to be approved pursuant to this process.

This form must be submitted in conjunction with a complete Adult Care Facility Common Application pursuant to SSL § 461-b (2) (b) or PHL § 4653 (2). Complete each section of the form and sign and notarize the certification section. Submit an original and two copies to your assigned project manager or with the submission of your ACF Common Application.

The request form contains five sections. Section I is the project information. Section II gathers all information necessary to determine if the project is eligible for an approval under this process. Section III contains information on the applicant's current operations and most recently approved application. Section IV contains the required certifications for issuance of a good standing approval and Section V gathers information on previously approved documents, which if approved by the Department in the last two years, will not be re-reviewed absent a change in applicable law or regulation. The Department of Health will take the following steps when reviewing this form.

1. Verify that the Request for Approval of Operator in Good Standing form is complete.
2. Verify that the Operator is in good standing pursuant to the standards in Chapter 414 of the Laws of New York 2013.

3. May conduct a character and competence review pursuant to 18 NYCRR §485.6(b), provided however, the Department shall consider the certification of good standing, in Section II of this application, in its review.
4. Verify that the Operator currently operates a New York State licensed ACF, ALR/EALR or SNALR or ALP that, together, have each of the licenses or certifications requested for the good standing approval.
5. If certification of previously approved materials was made in Section V, verify that the last approval for the Operator or its affiliate entity was within the last two years, as measured from the Effective Date on the operating certificate of the facility to determine the extent of the review that will be conducted after issuance of the good standing approval. Items identical to those approved by the Department in the last two years will not be re-reviewed absent a change in applicable law or regulation.
6. Verify that the architectural certification has been submitted and is complete, or that one is not necessary.

If all of the above have been satisfied and the applicant's last application has been approved within the last two years, the Department will issue a good standing approval within 60 days of receipt of the Request for Approval of Operator in Good Standing form, which will allow the project to be operated during the pendency of its application.

If the applicant's last approval occurred more than two years ago, the applicant may request to be deemed eligible for this application by submitting the previous application, project number, the applicant's last approval date and the certification in Section V. The Department shall notify the applicant within 60 days if it qualifies for consideration under the good standing process. During its review, the Department may, in its reasonable discretion, determine that a good standing approval is not warranted, and a full review is required.

Applicants are responsible for responding to any Department requests for information on the application after the issuance of the good standing approval. Failure to promptly respond to requests for information may result in revocation of the good standing approval and referral for enforcement action.

Schedule 8 - Request for Approval of Operator in Good Standing

Section I. Project Information

Complete all fields. This information must match what is included on your ACF Common Application.

Facility Information

FACILITY NAME _____ TYPE OF FACILITY _____

STREET AND NUMBER _____

CITY _____ COUNTY _____ ZIP _____

Operator Information

OPERATOR _____

STREET AND NUMBER _____

CITY _____ COUNTY _____ ZIP _____

Section II. Certification of Good Standing

Check one box. **NOTE:** For purposes of this application, an affiliate is an operator that is owned or controlled in part by any owner or member of the applicant operator.

- By checking this box and signing the certification below, the operator certifies that neither it nor its affiliate has:
- received any official written notice from the Department of a proposed revocation, suspension, denial or limitation on its operating certificate in the past three years;
 - been assessed a civil penalty after hearing conducted pursuant to SSL § 460-d 7(b)(1) for a violation that was not timely rectified, in the past three years;
 - received any official written notice from the Department of a proposed assessment of a civil penalty for a violation described in SSL § 460-d 7(b) (2), in the past year;
 - been issued an order pursuant to SSL § 460-d 2(Department of Health order approved by court), SSL § 460-d 5 (equitable relief ordered by a court) or SSL § 460-d 8 (Commissioner's Order), in the past three years;
 - been placed on the Department of Health's "Do Not Refer List" pursuant to SSL § 460-d 15, in the past three years.

- By checking this box the operator requests that the Department exercise the discretion afforded to it by Section § 461-b 2. (b), which states that in the case of an operator that is not in good standing as provided above, the Department may permit the operator to use this application process if in its discretion, it finds that the disqualifying violations were an isolated occurrence and promptly corrected.

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Section III. Current NYS Operations

Complete all questions.

1. Most recently approved NYS ACF Application: Enter the information for your most recently approved full application, on which the documents submitted for this project is based.

NAME _____		OPERATING CERTIFICATE NUMBER _____
EFFECTIVE DATE OF OPERATING CERTIFICATE _____	APPLICATION # _____	
CITY _____	COUNTY _____	ZIP _____

2. Current New York ACF Operations: An applicant must demonstrate that it currently operates each type of license and certification requested for the project at any combination of its facilities. List up to five facilities operated by applicant or its affiliate, as defined above, that meet this requirement.

_____ FACILITY NAME	_____ OPERATING CERTIFICATE	<input type="checkbox"/> AH	<input type="checkbox"/> EHP	<input type="checkbox"/> ALP	<input type="checkbox"/> ALR	<input type="checkbox"/> EALR	<input type="checkbox"/> SNALR
_____ FACILITY NAME	_____ OPERATING CERTIFICATE	<input type="checkbox"/> AH	<input type="checkbox"/> EHP	<input type="checkbox"/> ALP	<input type="checkbox"/> ALR	<input type="checkbox"/> EALR	<input type="checkbox"/> SNALR
_____ FACILITY NAME	_____ OPERATING CERTIFICATE	<input type="checkbox"/> AH	<input type="checkbox"/> EHP	<input type="checkbox"/> ALP	<input type="checkbox"/> ALR	<input type="checkbox"/> EALR	<input type="checkbox"/> SNALR
_____ FACILITY NAME	_____ OPERATING CERTIFICATE	<input type="checkbox"/> AH	<input type="checkbox"/> EHP	<input type="checkbox"/> ALP	<input type="checkbox"/> ALR	<input type="checkbox"/> EALR	<input type="checkbox"/> SNALR
_____ FACILITY NAME	_____ OPERATING CERTIFICATE	<input type="checkbox"/> AH	<input type="checkbox"/> EHP	<input type="checkbox"/> ALP	<input type="checkbox"/> ALR	<input type="checkbox"/> EALR	<input type="checkbox"/> SNALR

3. Proposed Program Configuration: Check each license and certification category sought and list the number of proposed beds in each category.

Type AH EHP ALP ALR EALR SNALR

Proposed Number of Beds _____

Section IV. Required Certifications

Please note, a certification must be made in each of the following four areas in order to receive a good standing approval. Inaccurate certifications may bar applicants from future use of the Good Standing process.

A. Architectural Certification: If required by the Architectural Matrix, which can be found in Schedule 5D, a complete original architectural certification and a set of architectural plans on a flash drive must be submitted to the Department prior to the issuance of a good standing approval. The architectural certification for this project:

is attached is not required was submitted on _____
MM/DD/YY

B. Legal Certification: By checking this box and signing the certification below, I certify that the legal, corporate and organizational documents submitted for this project comply in substance with the Department requirements.

C. Financial Certification: By checking this box and signing the certification below, I certify that the operator will have sufficient financial resources, revenue and financing to meet facility expenses and resident needs for this project.

The Applicant has filed its Annual Financial Reports with the Department for the most recent year for all of its affiliated operations.

D. Out of State Compliance Certification: By checking this box and signing the certification below, I certify that the operator and each of the facilities and programs owned or operator by the operator's owners or members are in substantial compliance with all applicable codes, rules and regulations in any other state in which it operates a licensed health care facility or program.

Schedule 8 - Request for Approval of Operator in Good Standing

Section V. Previously Approved Materials

All applicants must check one box in each lettered section. The Department of Health will approve, without review, any items that were previously approved by the Department within the past two years, as part of the application listed in Section III, if the certifications below are provided. The Department will **consider** a request for good standing approval from an applicant whose last approval was issued more than two years ago if the certifications are provided below. Prior to making these certifications, the applicant must compare the newly submitted documents to the **final versions** of such documents previously approved by the Department.

A. Architectural Certification:

- By checking this box and signing the certification below, I certify that the legal, corporate and organizational documents submitted are substantially identical to those submitted with my most recently approved ACF or ALR application, with the exceptions described below (or enter "no exceptions"). Attach additional pages as necessary:

OR

- All legal documents submitted in the ACF Common Application for this project require Department of Health review.

B. Certification of Previously Approved Policies and Procedures:

- By checking this box and signing the certification below, I certify that the policies and procedures for the project are substantially the same as those approved for the applicant's most recently approved ACF and ALR application, with the exceptions listed below (or enter "no exceptions"). Attach additional sheets as necessary:

OR

- All policies and procedures submitted in the ACF Common Application for this project require Department of Health review.

C. Certification of Previously Approved Admission Agreement or Residency Agreement:

- By checking this box and signing the certification below, I certify that the residency agreement or admission agreement for the project is substantially the same as that approved for the applicant's most recently approved ACF application, with the exceptions listed below (or enter "no exceptions"). Attach additional sheets as necessary:

OR

- All policies and procedures submitted in the ACF Common Application for this project require Department of Health review.

Certification of Applicant

I declare that to the best of my knowledge all information provided herein is true, correct and complete. Further, if this application is approved, I agree to operate the facility in accordance with all Department regulations (and statutory requirements) and the proposal contained herein and to respond to any Department requests for information in a timely manner.

I understand that if any material information in this certification is untrue, inaccurate or incomplete, the Department may refuse to issue the Good Standing approval within 60 days. I further understand that if any material information in this certification is untrue, inaccurate or incomplete, it may result in revocation of the Good Standing approval and referral for enforcement action. I further understand that failure to promptly respond to requests for information may result in revocation of the Good Standing approval and referral for enforcement action.

SIGNATURE

DATE

TYPE OR PRINT NAME

TITLE

NOTARY (NOTARY MUST AFFIX STAMP OR SEAL)

DATE