



August 8, 2025

DAL: DHCBS 25-03

Subject: Updated Policy and Procedure for LHCSA
Administrative Approval of Licensure Amendments

Dear Licensed Home Care Services Agency (LHCSA) Administrator:

The Center for Home and Community-Based Services is updating and streamlining its procedure for the processing of Administrative Licensure Amendments requested by Licensed Home Care Service Agencies (LHCSAs). This Dear Administrator Letter supersedes DAL 22-02, provides a new submission process and email address for all Administrative Licensure Amendment requests, and Attachment B provides the planning areas for all of the regional planning areas. Please note a recent change to the Western Regional Office.

Effective immediately, all requests for Administrative Licensure Amendments to a LHCSA license will be handled by the Bureau of Home and Community Based Services Licensure Unit.

Specifically, Administrative Licensure Amendments include:

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

Please refer to Attachment A (*LHCSA Administrative Licensure Amendment Request Checklist*), which contains the list of required documents by transaction type, that must be submitted in connection with an Administrative Licensure Amendment request. Agencies must submit a written and signed request on their official letterhead, or a letter from the agency's counsel or a consultant on behalf of the agency, to LHCSA-Amend@health.ny.gov with a completed Attachment A: LHCSA Administrative Licensure Amendment Request Checklist, and all required supporting information and documentation as noted in Attachment A. All requests and accompanying documents are required for the submission to receive consideration. Incomplete requests will not be processed. All Administrative Licensure Amendments require the approval of the New York State Department of Health (the Department), and some require notice to the appropriate Regional Office at the address listed in Attachment B (New York State Department of Health Regional Offices and Central Office Contact Information).

In accordance with this new policy, the Department will only approve expansion requests to add a county when there are fewer than five LHCSAs actively serving patients in the requested

county. Actively serving patients means that the LHCSA has a plan of care in place for at least one (1) patient who is receiving services in their home. Lastly, please note that the Department reserves the right to seek additional information from the operating entity in order to render a determination on an Administrative Licensure Amendment request.

Questions regarding this correspondence should be forwarded to homecareliccert@health.ny.gov or via phone to (518) 408-8784.

Sincerely,

Sincerely,

Michael Chittenden, Director
Center for Home and Community Based Services

Lynn Baniak, Deputy Director
Center for LTC Licensure, Planning
and Finance

Attachments: Attachment A: LHCSA Administrative Licensure Amendment Request Checklist
Attachment B: New York State Department of Health Regional Offices and
Central Office Contact Information

cc: D. Fish
V. Deetz
A. Lebwohl
M. Ferriter
C. Squillacioti
DHCBS Regional Program Managers
DHCBS Bureau of Licensure and Certification

Attachment A
LHCSA Administrative Licensure Amendment
Request Checklist

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

Agency Name: _____ **License #** _____

Agency Contact Person: _____

Phone: _____ **Email:** _____

Name of Agency Operator: _____

Phone: _____ **Email:** _____

- A written request on agency letterhead signed by the administrator or a letter from the agency's counsel or a consultant on behalf of the agency. **Required**

Delete/Add Service

- New service(s) to be added. *If yes, include all the following:*
- Policy and Procedures for new service(s)
 - Job description of staffing for the new service(s)
 - Annual evaluation tool for new service(s)
- Service(s) to be deleted. *If yes,*
- Indicate the number of patients receiving service(s) proposed to be deleted or indicate none.
- 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 to be added: *If yes, Name of County:* _____
- Description of request, including staffing plan.
 - Check here if request to exclusively serve an ALP, CCRC, PACE, or NFP program.
 - Current number of patients being served in each approved county currently on their license.
- County(ies) to be deleted. *If yes,*
- Indicate the number of patients receiving service(s) in the county to be deleted or indicate none.
- 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), and email address(es), if applicable.
 - Indicate the proposed effective date of the site operation
 - List each county requested to be included in the service area and indicate if they are counties currently on license or if concurrently applying to add them to the license.
 - Indicate the proposed services to be provided at the new site if approved.
- Closing a Site/License Surrender *If yes, check one of the following:*
- Provide a copy of the notice to the Regional Office at least 10 days in advance of this submission.
 - 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 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, telephone and facsimile numbers, and new email address(es), if applicable.
 - Indicate the proposed effective date of the location change

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.
 - Provide the current and proposed names and an explanation of the nature of, and the reasons for, the requested name change.
- Legal Entity (LLC/corporate/NFP) name change. *If yes,*
 - Proposed a Certificate of Amendment of the legal entity's formation document, as appropriate.
 - Provide the current and proposed names and an explanation of the nature of, and the reasons for, the requested name change.

License Reprint Requested

Please note that the Department reserves the right to seek additional information from the operating entity in order to render a determination for the decision of an administrative licensure amendment request.

Please also note that not all changes to the LHCSA license are handled through this administrative process. Any changes in ownership and control of the LHCSA pursuant to Public Health Law §3611-A and 10 NYCRR §765-1.12 to 10 NYCRR §765-1.14 require the approval of the Public Health and Health Planning Council (PHHPC).

Please submit all requests to: LHCSA-Amend@health.ny.gov

Questions regarding this form should be forwarded to homecareliccert@health.ny.gov or via phone to (518) 408-8784.

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

Metropolitan Area Regional Office - New York City: Bronx, Kings, New York, Richmond, Queens

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

Metropolitan Area Regional Office - New Rochelle: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester

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

Metropolitan Area Regional Office - Long Island: Nassau, 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, 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, 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 - Rochester: Chemung, Livingston, Monroe, Ontario, Schuyler, Steuben, Seneca, Wayne, Yates

Home Care Program Manager
New York State Department of Health
Western Regional Office
1565 Jefferson Road
Rochester NY 14623

(585) 423-8121
BML: HCBuff@health.ny.gov

Western Regional Office - Buffalo: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

Home Care Program Manager
New York State Department of Health
Western Regional Office
295 Main Street
Buffalo, NY 14203

(716) 847-4320
BML: HCBuff@health.ny.gov

Central Office-Licensure

New York State Department of Health
Bureau of Home and Community Based Services - Licensure
875 Central Avenue
Albany, NY 12206

(518) 402-0926

Send all LHCSA Amendment requests to: LHCSA-Amend@health.ny.gov
(please note this email address is ONLY for the submission of the LHCSA Administrative Licensure Amendment requests and associated documents. Any questions or follow-up inquiries should be directed to the email listed below.)

Send all Homecare licensure questions or follow-up to: homecareliccert@health.ny.gov