

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.