

**New York State Department of Health
Center for Long-Term Care Licensure, Planning, and Finance
Bureau of Home & Community Based Services - Licensure**

**Policy and Procedure for Licensed Home Care Services Agency (LHCSA)
Administrative Approval of Licensure Amendments
*Revised: January 13, 2026***

A LHCSA may seek approval for an administrative licensure amendment in accordance with Public Health Law Article 36 and Title 10 NYCRR § 765-2.2. These administrative licensure amendments do not include 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, which require the approval of the Public Health and Health Planning Council (PHHPC).

This policy and procedure covers the following types of administrative licensure amendments and requests for license reprints:

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

Submission Instructions for All Administrative Licensure Amendment Requests:

For all of the administrative licensure amendment requests listed above, the following is required:

- 1. a written request on agency letterhead signed by the agency administrator or a letter from the agency's counsel or a consultant on behalf of the agency;**
- 2. a completed copy of the LHCSA Administrative Licensure Amendment Request Checklist (Attachment A of DAL DHCBS 26-02); and**
- 3. all applicable corresponding information and documentation listed on the LHCSA Administrative Licensure Amendment Request Checklist (Attachment A of DAL DHCBS 26-02).**

All Administrative Licensure Amendment Requests must be submitted via email to: LHCSA-Amend@health.ny.gov. Note that some requests also require notice to be provided to the appropriate Regional Office at the address listed in Attachment B of DAL DHCBS 26-02.

Failure to submit the request as detailed above will result in delays or may result in administrative withdrawal of incomplete requests where the agency does not respond to requests for additional information for 30 days.

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

Policy and Procedure for Each Type of Request:

A.(i) Deleting a Service:

If the agency is not serving any patients for the service(s) to be deleted **and** has submitted the LHCSA Administrative Licensure Amendment Request Checklist to the Department at least 30 days prior to its intention to delete the service(s), the request to delete the service(s) can be approved.

If the agency is actively providing a service to one (1) or more patient(s) and the request is to delete that service, in order to be approved, the LHCSA Administrative Licensure Amendment Request submittal must be submitted to the Department at least 30 days prior to the discontinuation of that service and include a plan consistent with Title 10 NYCRR § 765-2.3, detailing how each patient will be transitioned to another provider to ensure continuity of service and how patient records, including electronic records will be maintained and protected against harm, damage, loss and theft for the required retention period. The agency must also include a copy of the letter on agency letterhead and signed by the Administrator or Operator that will be provided to the patients and/or their families notifying them of the discontinuation of the service(s) and providing them a list of available LHCSA providers for that county that provide the service that will be discontinued. For the LHCSA's convenience, a list of available LHCSAs and the services they provide that can be broken down by county can be found at:

https://profiles.health.ny.gov/home_care/counties_served?type=LHCSA.

The deletion can only be approved if an acceptable plan has been submitted.

If an agency seeks to delete nursing services from its license, but (1) such agency will continue to have an RN or NP on staff to conduct the comprehensive assessment, develop patient plans of care, and supervise home health aides and personal care assistants where necessary; AND (2) such agency is proposing to offer only home health and/or personal care services, as permitted under Public Health Law § 3605(7), such agency may be permitted to delete nursing services from its license. Such applications should be flagged for further consideration by the Office of Aging and Long-Term Care, which will consult with Division of Legal Affairs as appropriate.

A.(ii) Adding a Service:

Requests to add a service to a LHCSA license require 90 days notice to the Department per 10 NYCRR §765-2.2(a). In order to receive administrative approval to add a service, a LHCSA shall have been licensed for more than 12 months and be actively serving patients. Actively serving patients means that the LHCSA has a plan of care in place for at least one (1) patient and is providing services to the patient(s) in their home(s). The 12-month licensure requirement may be waived as determined appropriate by the Department (e.g., no other access to the proposed additional service is available for the patient). The LHCSA **must** be registered and in compliance with all applicable rules, regulations, and directives of the Department to receive approval to add a service. Moreover, the LHCSA must not have pending Plans of Correction (POCs) where such POCs are not yet approved due to the delay of the agency or operator. The Department may deny a request based on an agency's operational history or performance.

In addition to the LHCSA Administrative Licensure Amendment Request Checklist, the agency must submit the following materials for each service requested: a policy and procedure for the additional service(s), job description(s) of the applicable staff to provide the new service(s), and the annual evaluation tool to be used to evaluate the quality delivery of such service(s). The Department may request additional information as needed to complete the review.

B.(i) Deleting a County:

If the agency is not serving any patients in the county(ies) to be deleted and the agency has submitted the LHCSA Administrative Licensure Amendment Request Checklist at least 30 days prior to its intention to delete the county, the request to delete the county can be approved.

If the agency is actively serving one (1) or more patient(s) in the county(ies) requested to be deleted, in order to be approved for such deletion, the LHCSA Administrative Licensure Amendment Request submittal must be submitted at least 30 days prior to the planned action and include a plan consistent with Title 10 NYCRR 765-2.3, detailing how each patient will be transitioned to another provider to ensure continuity of care and how patient records, including electronic records will be maintained and protected against harm, damage, loss and theft for the required retention period. The agency must also include a copy of the letter on agency letterhead and signed by the Administrator or Operator that will be provided to the patients and/or their families notifying them of the discontinuation of services in that county and provide a list of available LHCSA providers for that county. . The deletion of the county can only be approved if an acceptable plan and letter has been submitted. Please note that the agency will need to assist the patient in ensuring the continuation of their services by providing the Regional Office with a disposition roster.

B.(ii) Adding a County:

The LHCSA Administrative Licensure Amendment Request Checklist must be submitted to request the addition of a county to a LHCSA license. Only those counties where there are fewer than five (5) LHCSAs actively serving patients in the requested county can be approved. If there are five (5) or more LHCSAs actively serving the requested county, the application for amendment will be denied, unless the amendment is to exclusively serve within that additional county an Assisted Living Program (ALP), Program of All-Inclusivity Care for the Elderly (PACE), Nurse Family Partnership (NFP) or Continuing Care Retirement Community (CCRC), consistent with the provisions set forth in 10 NYCRR §765-1.16(c)(3). Administrative licensure amendments to add a county to exclusively serve an ALP, PACE, NFP, or CCRC may be reviewed following the procedures below, and, if approved, a condition will be added to the license designating that the addition of the county is for the purpose of exclusively serving the applicable program.

Additionally, in order to receive administrative approval to add a county, the LHCSA shall have been licensed for more than 12 months and be actively serving patients. Actively serving patients means that the LHCSA has a plan of care in place for at least one (1) patient and is providing services to the patient(s) in their home(s). The 12-month licensure requirement may be waived as determined appropriate by the Department (e.g., need for additional capacity in the proposed county to be added).

The LHCSA must be registered and be in compliance with applicable rules, regulations, and directives of the Department to receive approval to add a county. Moreover, the LHCSA must not have pending Plans of Correction (POCs) where such POCs are not approved due to the delay of the agency or operator. The Department may deny a request based on an agency's operational history or performance.

The Department may determine, based on the distance and/or travel time from the agency's office to the new county, that an additional site (office) is required. See Section C below.

If a request is submitted during a pending Change of Ownership (CHOW) application, the request will be denied, and a new request may be submitted 12 months following the CHOW license being issued, as indicated above.

In addition to the LHCSA Administrative Licensure Amendment Request Checklist, the agency must submit the following materials for each new county requested: the current number of patients being served in each approved county on their license, a description of the request, and a staffing plan.

Adding a County in Another Regional Office Geographic Area

The county in which an LHCSA's physical office site is located determines the Regional Office overseeing the operation of that agency. The counties served by a LHCSA are generally limited to the boundaries within the LHCSA's defined Regional Office geographic area. Please see Attachment B of DAL DHCBS 26-02 for the listing of Regional Offices and associated counties.

The Department may permit a LHCSA to expand and provide services in one additional contiguous county located outside of the Regional Office geographic area in which their physical office is located without being required to open an additional site (office).

However, an additional site will be required if the LHCSA cannot adequately serve the additional county, as determined by the Department. This determination may include but is not limited to, consideration of the distance or travel time between the LHCSA's office and the new county.

The same requirements regarding the requested county having fewer than five (5) LHCSAs actively servicing it, and the compliance requirements described above are applicable to requests to add a county outside the Regional Office geographical area.

C. Adding an Additional Site

The LHCSA Administrative Licensure Amendment Request Checklist must be submitted to request the addition of an office site to the LHCSA license.

In order to receive administrative approval for adding a site, a LHCSA shall have been licensed for more than 12 months and be actively serving patients. Actively serving patients means that the LHCSA has a plan of care in place for at least one (1) patient and is providing services to the patient(s) in their home(s). The 12-month licensure requirement may be waived as determined appropriate by the Department. The LHCSA must be registered and in compliance with applicable rules, regulations, and directives of the Department. Moreover, the LHCSA must not have pending Plans of Correction (POCs) where such POCs are not yet approved due to the delay of the agency or the operator. The Department may deny a request based on an agency's operational history or performance.

The proposed new site must be in a county in which the LHCSA is already approved to provide services. The LHCSA may request a new site simultaneously with a request to add a county through a LHCSA Administrative Licensure Amendment Request; however, approval of the site addition request would be contingent upon approval of the added county. The new site must replicate the services already offered by the LHCSA in the county where the proposed site will be located. An approved site will be issued a license with a unique license number.

In addition to the LHCSA Administrative Licensure Amendment Request Checklist, the agency must submit the following materials for each additional site: new address, telephone and facsimile number(s), new email address(es), as applicable; indicate the proposed effective date

of the site operation, each county requested to be included in the service area, proposed services to be provided, and an executed lease agreement, floor plan/diagram, and Certificate of Occupancy.

If a request is submitted during a pending Change of Ownership (CHOW) application, the request will be denied, and a new request may be submitted 12 months following the CHOW license being issued, as indicated above.

D. Change of Address of an Agency and/or Operator

A LHCSA is required to provide notification via submission of an LHCSA Administrative Licensure Amendment Request Checklist for any proposed change in address of the office site location or of the primary office location of its operator. This change request must be sent to the Department at least 10 days prior to the effectuation of the address or location change. In addition to the LHCSA Administrative Licensure Amendment Request Checklist, Attachment A of DAL DHCBS 26-02 provides the information and documentation that must be submitted. This includes whether the proposed change of address applies to the agency, operator or both; the new address, telephone number and facsimile numbers, and the proposed effective date of the location change. Additionally, a Certificate of Occupancy, executed lease agreement, and a floor plan/diagram for the new address must be submitted with this request.

E. Change of Legal Entity (Corporate) Name/Assumed Name (d/b/a) or New Assumed Name (d/b/a)

A change of Legal Entity (Corporate) Name/Assumed Name (d/b/a) or a New Assumed Name (d/b/a) will require 90 days notice to the Department per 10 NYCRR §765-2.2(b) and is two-part processing as described below. This process may be used to change the name of a corporation, a not-for-profit corporation, and a limited liability company. Please note that this type of request is for a name change only and is not applicable to changes in legal entity type.

Part 1

The LHCSA shall submit a request for approval of any proposed change in legal (corporate) or assumed name via the LHCSA Administrative Licensure Amendment Request Checklist. Such request for approval shall include the following:

- a proposed Certificate of Amendment to the legal entity's formation document, as appropriate, a proposed Certificate of Amendment of the Certificate of Assumed Name, a proposed Certificate of Discontinuance of the Certificate of Assumed Name, or a proposed Certificate of Assumed Name;
- the current and proposed names and explanation of the nature of and the reasons for the requested name change; and
- such other pertinent information and documents as deemed necessary for the Department's consideration, as requested.

Approval by the Department shall be withheld if a name indicates or implies that the operator or LHCSA is authorized to engage in activities for which it is not authorized under its license, provides a level of care it is not authorized to provide, is misleading, causes confusion with the identity of another home care agency, or violates any provision of law.

If the request is denied, a letter will be sent to the agency indicating the reason(s) for the denial. Otherwise, Part 2 will commence.

Part 2

A letter will be sent to the agency requesting that the agency file the proposed documentation with the New York State Department of State. The appropriate filing receipt(s) (i.e., Certificate of Amendment to the legal entity name, Certificate of Discontinuation of current assumed name, Certificate of Assumed Name, etc.) must then be submitted to the Department of Health.

F. License Reprint

In order to request a duplicate copy of the LHCSA's license via the LHCSA Administrative Licensure Amendment Request Checklist, the LHCSA must be registered, and the agency/operator must be in compliance with applicable rules and regulations and Department directives.

If in compliance, a PDF of the license will be emailed to the administrator listed in the Health Commerce System. If the request is submitted by the operator, the PDF of the license will be emailed to the operator.

Decision on a Request to Administratively Amend a LHCSA License

A decision on the LHCSA Administrative Licensure Amendment Request(s) will be provided to the agency within 90 days of receipt of a complete administrative licensure amendment application with all required supporting materials. Incomplete requests will not be processed. The Department may issue requests for additional information (RFAI) as needed for its review. The 90-day period will not include such time where an RFAI has not received a full response.

If the requested administrative licensure amendment is approved, the approval letter will include a copy of the amended license.