NEW YORK STATE | Department of Health

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Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

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,



Michael Chittenden, Director
Center for Home and Community Based Services

Sincerely,



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
New York State Department of Health
Metropolitan Area Regional Office- NYC
90 Church Street, 15th Floor
New York, NY 10007
(212) 417-4921

(212) 417-4921
BML: marohomecare@health.ny.gov

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

Home Care Program Manager
New York State Department of Health
Metropolitan Area Regional Office- NYC
90 Church Street, 15th Floor
New York, NY 10007
(212) 417-4921

(212) 417-4921
BML: marohomecare@health.ny.gov

Metropolitan Area Regional Office - Long Island: Nassau, Suffolk

Home Care Program Manager
New York State Department of Health
Metropolitan Area Regional Office- NYC
90 Church Street, 15th Floor
New York, NY 10007
(212) 417-4921

(212) 417-4921
BML: marohomecare@health.ny.gov

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
New York State Department of Health
Capital District Regional Office
875 Central Avenue
Albany, NY 12206

(518) 408-5287
BML: HCCDRO@health.ny.gov

Central New York Regional Office: Broome, Cayuga, Cortland, Chenango, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins

Home Care Program Manager
New York State Department of Health
Central New York Regional Office
217 South Salina Street
Syracuse, NY 13202

(315) 477-8472
BML: syrhc@health.ny.gov

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 (518) 402-0926
875 Central Avenue
Albany, NY 12206

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

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: August 6, 2025

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 a request for license reprint:

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

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 25-03); and**
3. **all applicable corresponding information and documentation listed on the LHCSA Administrative Licensure Amendment Request Checklist (Attachment A of DAL DHCBS 25-03).**

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 25-03.

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 and include a plan consistent with Title 10 NYCRR § 765-2.3, detailing how each patient will be transitioned to another provider to ensure continuation 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. A complete list of alternate providers must also be provided. 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 continuation 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. A complete list of alternate providers must also be provided. The deletion can only be approved if an acceptable plan has been submitted.

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 Operating Certificate 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 25-03 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 effective date of the site operation, each county requested to be included in the service area, and an executed lease, 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. Closing a Site/License Surrender

The LHCSA Administrative Licensure Amendment Request Checklist must be submitted to request the closing of a site or the surrender of a license. In both instances, submission of a closure plan is required. The closure plan must ensure that every patient being served is successfully transitioned to a new provider of their choosing and consistent with their needs, patient records, including electronic records, are appropriately retained, and patients, patient representatives and/or family members, physicians, and contractors/vendors are aware of the change. A closure plan is always required under Title 10 NYCRR § 765-2.3, but may be abbreviated (i.e., for Department documentation purposes, only) when the agency is not actively serving patients.

In addition to submitting the written request via the LHCSA Administrative Licensure Amendment Request Checklist required under this policy to close a site or surrender a license, an agency must also contact the appropriate Regional Office at least 10 days in advance of submitting the written request so that Regional Office staff can provide the agency with information on the requirements to transition patients to appropriate providers, including record-keeping, and the proper notification of the closure to external parties.

An agency is not considered closed until it has submitted a written closure plan to the Department with 30 days' notice, in accordance with Title 10 NYCRR § 765-2.3(a), and the Department has approved such plan.

Agency Terminates Services/License Surrender

A home care services agency license shall be promptly surrendered to the Department when the agency terminates services as required by Title 10 NYCRR § 765-2.3(g).

If the agency does not have a hard copy of its license, the agency administrator will be required to sign a statement on agency letterhead that they do not have a copy of the operating certificate to surrender pursuant to Title 10 NYCRR.§ 765-2.3(g) and confirming that they understand the agency is closed.

Please note that upon termination of services and license surrender, the agency should obtain permission from the Public Health and Health Planning Council to remove any and all language permitting it to operate as a home care agency under Article 36 of the Public Health Law from its corporate documents.

E. 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 25-03 provides the information and documentation that must be submitted which 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.

F. 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 liabliity 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, an 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.

G. 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, and the 90-day period will not include such periods 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 operating certificate.