

Attachment A
LHCSA Licensure Amendment Request Checklist

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

Agency Name: _____ **License #** _____

- A written request on agency letterhead signed by the administrator. **Required**

Delete/Add Service

- New service(s) added. *If yes, include all the following:*
- Policy and Procedures for new service(s)
 - Job description of new service(s)
 - Annual evaluation tool for new service(s)
- Service(s) deleted. *If yes,*
- Indicate the number of patients receiving service(s) proposed to be deleted
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 added: *If yes, Name of County:* _____
- Description of request, staffing plan
- County(ies) deleted. *If yes,*
- Indicate the number of patients receiving service(s) in the county to be deleted
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)
 - Indicate the effective date of the site operation
 - List each county requested to be included in the service area
 - Executed lease, floor plan/diagram and Certificate of Occupancy
- Closing a Site/License Surrender *If yes, check one of the following:*
- 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 clinical 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, provide telephone and facsimile numbers
 - Indicate the effective date of the location change
 - Executed lease, floor plan/diagram and Certificate of Occupancy

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

- Legal Entity (corporate) name change. *If yes,*
 - Proposed a Certificate of Amendment of the legal entity's formation document, as appropriate.
- License Reprint Requested