**NEW YORK STATE DEPARTMENT OF HEALTH**

 **Division of Home and Community Based Services**

**CLOSURE PLAN GUIDELINES for PROVIDERS**

*Revised December 2017*

**GENERAL INFORMATION:**

This information has been prepared for providers who are seeking approval to close an agency, or change ownership of an agency, or discontinue services or programs that provide services to individuals in a community based setting. A separate closure plan must be submitted for each license or operating certificate if the closure involves multiple sites or programs.

Operators of home care agencies and hospices contemplating closure must notify the Department of Health’s Regional Office (Department) in writing and submit a closure plan to the Department. The closure plan must comply with regulations and established Department guidelines ensuring safe transition of care. The closure plan must be approved by the Department prior to implementing or initiating closure activities or agency closure.

PROCESS:

**Information on a potential closure may NOT be disclosed to the public, patients, or staff prior to notifying the Department and obtaining written Department approval of the closure plan.**

Verbal notification must be provided to the Department’s Regional Office Home Care Program Manager as soon as an agency contemplates closure or discontinuing operations/services. Written notification of the possibility of closure must be provided to the Regional Office no later than 48 hours following the verbal notification.

Pursuant to 10 NYCRR Section 761 (CHHAs/LTHHCPs), Section 765- 2.3 (LHCSAs), Section 794.1 (Hospices) the following requirements regarding closures must be met:

* 90 days prior written notice of the intent to close must be provided to the Department by certified home health agencies, long term home health care programs and hospices;
* 30 days prior written notice of the intent to close must be provided to the Department by licensed home care services agencies;
* written approval of the agency’s closure plan must be obtained from the Department **prior to** any public announcements or notification of patients, staff, physicians, and contractors;
* for a licensed home care services agency (LHCSA), the patient, patient’s family and physician must be provided written notice at least **30 days** prior to the closure date;
* for a certified home health agency (CHHA), long term home health care program (LTHHCP) or hospice, each patient, the patient’s family, and the patient’s physician must be provided written notice at least **30 days** prior to the closure date;
* the closing agency must provide written notification to any entities that it contracts with such as managed care plans, vendors, provider of services, local social services district, or the New York City Human Resources Administration, at least **30 days** prior to the closure date;
* the operator’s closure plan must include, among other things, provision for the maintenance, storage and safekeeping and access to patient clinical records and ultimate disposition of records;
* the operator’s closure plan must include appropriate notifications to the Home Care Worker Registry and the Criminal History Record Check Registry;
* the provider’s operating certificate/license must be promptly surrendered to the Department upon discontinuance of operation.

The plan must clearly and succinctly address all items in the order in which they are listed on the “Closure Plan Guidelines for Providers”.

The closure plan must be submitted **at least 90 days prior** to the agency’s proposed or anticipated closure date. If revisions to the closure plan are requested by the Department, revisions must be submitted **within 10 calendar days** of such request.

Please note that a full range of services for all patients must be provided throughout the entire closure process.

Please contact the Regional Office Home Care Program Manager for questions or assistance (page 4-5 contact info).

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**The following information must be included (in order) in the agency’s closure plan submitted to the NYS Department of Health for approval:**

1. Evidence of verbal and written notification to the Regional Office Program Director at the time closure was contemplated.
2. Target closure date, and current census with date. Breakdown of census to include patient types/payer sources for example private pay cases, contract cases, waiver cases. For example if the agency contracts with Managed Care Plan(s) and/or provides waiver services, indicate the number of contract cases, the number of TBI waiver cases, etc.

1. Name, title, telephone number, address, and email address of the individual designated as the provider’s contact person throughout the closure process. Please note: this individual may be contacted by the Department immediately upon receipt of the plan.
2. Name, title, telephone number, and email address of the individual responsible for coordinating closure, if different from the individual identified in #3. If more than one individual has been assigned to different closure activities (for example, discharge coordination, directing clinical care, media contacts, medical record disposition etc.) all names and contact information along with designated closure activities must be included.
3. If applicable, a description of the plan to manage media contacts initially and throughout the process. Media releases should be coordinated with the Department prior to release.
4. The plan to discontinue admissions including the date to stop admissions.
5. A narrative description of the proposed plan to notify patients, family, staff, physicians, contractors/vendors, Regional Resource Development Center (if applicable), local department of social services/Human Resources Administration (if applicable) of the agency’s closure. The proposed plan must include timely written notice and must allow for patient choice if the proposed plan includes transitioning to a different provider. Please attach written documentation of these notifications including sample form letters.
6. The process and plan to identify appropriate placement and address and ensure a smooth transition of care for all patients. The process should include notifying contractors, Regional Resource Development Center, and others as applicable, making determinations regarding alternate placement at other area providers, and providing sufficient information to allow for patient choice (including a complete list of alternative providers available in the approved service area). Please refer to the Department’s Health Profile site for a listing of approved providers at: <https://profiles.health.ny.gov/home_care/index>
7. The plan to ensure that clinical records including current assessments, care plans, medication and treatment records, histories, discharge summaries, identifying information etc. are transferred in a secure manner for patients who are being transitioned to another provider.

For CHHAs and LTHHCPs, this must ensure the coordination of the closing agency’s discharge assessment including OASIS items with the accepting agency’s admission assessment.

For Hospices, the plan must address the orderly transfer of bereavement plans that have not been completed. This may not necessarily mean transfer of bereavement plans to another hospice but to those resources that may still be needed by the family. The disposition of current bereavement plans that have not been completed prior to closure must be submitted to the Regional Office upon closure.

1. The plan to ensure adequate staffing throughout the closure process.
2. The plan must address access and arrangements to maintain, store, and assure safekeeping of patient clinical records. The plan must include the location and address where such records will be stored and made available after closure.

1. The plan to ensure that staff have information regarding other employment opportunities and that appropriate documentation is available to staff related to payroll information, health insurance, personal care aide/home health aide certification, etc.
2. The plan must include very specific reference to how the agency will establish and maintain ongoing communication with the Department throughout the closure process. This must at a minimum include weekly communication with the Regional Office with census updates once the closure plan has been implemented.
3. The plan for appropriate notifications for the Criminal History Record Check Registry and the Home Care Worker Registry.
4. Provider must indicate on the closure plan if they sponsor or operate a Home Health Aide Training Program (HHATP). If the agency operates or sponsors a HHATP, the closure plan must indicate the anticipated completion date of the last training class, and the plan to ensure all training will be completed and all certificates are issued prior to the agency’s effective closure date.
5. At the conclusion of the closure process, the license/operating certificate and a final roster of patients with their discharge locations must be submitted to the Regional Office. In addition, for hospices, the disposition of current bereavement plans that have not been completed must be submitted to the Regional Office.

New York State Department of Health

Regional Office Home Care Program Managers

Bronx, Kings, New York, Richmond and Queens Counties:

Home Care Program Manager

New York State Department of Health

Metropolitan Area Regional Office- NYC

Home Health Aide Training Program

90 Church Street, 13th Floor

New York, NY 10007

(212) 417-4921

Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties:

Home Care Program Manager

New York State Department of Health

Metropolitan Area Regional Office- New Rochelle

Home Health Aide Training Program

145 Huguenot St. , 6th Floor

New Rochelle, NY 10801

(914)- 654- 7000

Nassau and Suffolk Counties:

Home Care Program Manager

New York State Department of Health

Metropolitan Area Regional Office- Central Islip

Home Health Aide Training Program

320 Carlton Avenue, Suite 5000

Central Islip, NY 11722

(631)- 851-3087

Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington Counties:

Home Care Program Manager

New York State Department of Health

Capital District Regional Office

Home Health Aide Training Program

875 Central Avenue

Albany, NY 12206

(518) 408- 5287

Broome, Cayuga, Cortland, Chenango, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga and Tompkins Counties:

Home Care Program Manager

New York State Department of Health

Central New York Regional Office

Home Health Aide Training Program

217 South Salina Street

Syracuse, NY 13202

(315) 477-8472

Alleghany, Cattaraugus, Chemung, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Steuben, Seneca, Wayne, Wyoming and Yates Counties:

Home Care Program Manager

New York State Department of Health

Western Regional Office

Home Health Aide Training Program

584 Delaware Avenue

Buffalo, NY 14202

(716) 847-4320