

Nirav R. Shah, M.D., M.P.H.  
Commissioner

**NEW YORK**  
*state department of*  
**HEALTH**

Sue Kelly  
Executive Deputy Commissioner

September 14, 2012

**Subject: Revisions to the Architectural  
Certification (AC) Process**

Dear Interested Party:

The purpose of this letter is to provide information about the revised process for Architectural Certification. Attached are the revised Adult Care Facility Architectural Certification Form (Attachment 1), a Matrix (Attachment 2), and a Questions and Answers document (Attachment 3).

The revised Adult Care Facility Architectural Certification (ACF-AC) provides a more precise description of the responsibilities of those completing the form. The attached Matrix will provide a clearer understanding for when the ACF-AC form is to be used based on the type of application submitted. And the Questions and Answers document provides answers to frequently asked questions.

If you have additional questions regarding this information, please contact the Bureau of Certification and Finance at (518) 408-1624 or via e-mail at [alp@heath.state.ny.us](mailto:alp@heath.state.ny.us).

Sincerely,



Mark Kissinger  
Director, Division of Long Term Care  
Office of Health Insurance Programs

Attachments

New York State Department of Health  
**Adult Care Facility Architectural Certification**

**PROJECT INFORMATION**

Project Name: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Project Number: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
\_\_\_\_\_

**ARCHITECTURAL REVIEWER INFORMATION**

☐ Registered Architect ☐ Professional Engineer

Primary Reviewer: \_\_\_\_\_

Firm Name: \_\_\_\_\_

☐ Registered Architect ☐ Professional Engineer

Third Party Reviewer: \_\_\_\_\_

Firm Name: \_\_\_\_\_

**CERTIFICATE OF NEED APPLICATION**

☐ Licensed (Operating Certificate # \_\_\_\_\_) ☐ Unlicensed

**FACILITY LICENSURE STATUS**

A. Licensure/Certification Request:

TYPE	<input type="checkbox"/> AH	<input type="checkbox"/> EHP	<input type="checkbox"/> ALP	<input type="checkbox"/> ALR	<input type="checkbox"/> EALR	<input type="checkbox"/> SNALR
CURRENT # OF BEDS						
PROPOSED # OF BEDS						

B. Renovations:

☐ Resident Rooms ☐ Leisure Space ☐ Dining Area ☐ Other \_\_\_\_\_

**FORM REQUESTED BY DEPARTMENT OF HEALTH**

☐ The Department of Health requested the submission of this form based on concerns regarding compliance with applicable provisions of Title 18 NYCRR Parts 485, 487, 488, 494 and/or Title 10 NYCRR Section 1001.13 as well as applicable State and local laws, regulations and ordinances.

**ARCHITECTURAL WAIVER**

☐ Existing Waiver – Type/Approval Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Waiver Request – Type/Date submitted to Regional Office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New York State Department of Health**  
**Adult Care Facility Architectural Certification**

This certification does not relieve persons who prepare and submit plans of the responsibilities and obligations which they would otherwise have with regard to the preparation of plans, nor shall it relieve the municipality of its obligations to review all plans in the manner prescribed by law.

This certification is being submitted to facilitate the Adult Care Facility Certification of Need review and subsequent formal plan approval. It is understood that an electronic copy of final Construction Documents on CD must be submitted for all projects.

**Primary Architect/Engineer**

I have ascertained that, to the best of my knowledge, information and belief, the completed plans are in accordance with the functional program for the referenced project and in accordance with known concerns regarding compliance with applicable provisions of Title 18 NYCRR Parts 485, 487, 488, 494 and/or Title 10 NYCRR Section 1001.13 as well as applicable State and local laws, regulations and ordinances.

Architect/Engineer Stamp

\_\_\_\_\_  
Signature of Applicant's Registered Architect or Professional Engineer & Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Professional New York State License Number

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
E-mail Address

**Third Party Architect/Engineer**

I have ascertained that, to the best of my knowledge, information and belief, the completed plans are in accordance with the functional program for the referenced project and in accordance with known concerns regarding compliance with applicable provisions of Title 18 NYCRR Parts 485, 487, 488, 494 and/or Title 10 NYCRR Section 1001.13 as well as applicable State and local laws, regulations and ordinances.

Architect/Engineer Stamp

\_\_\_\_\_  
Signature of Applicant's Registered Architect or Professional Engineer & Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Professional New York State License Number

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
E-mail Address

**New York State Department of Health**  
**Adult Care Facility Architectural Certification**

The undersigned applicant understands and agrees that, notwithstanding this architectural certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to verify any changes made by the Registered Architect or Professional Engineer as required by the Division comply with the above- mentioned applicable State and local laws, regulations and ordinances.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**NOTARY PUBLIC (SIGNING REQUIRED FOR THE APPLICANT)**

STATE OF NEW YORK

)

) SS:

County of \_\_\_\_\_)

On the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known, who being by me duly sworn, did depose and say that he/she resides at \_\_\_\_\_, that he/she is the \_\_\_\_\_ of the \_\_\_\_\_, the corporation described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the board of directors of said corporation.

\_\_\_\_\_  
(Notary)

# New York State Department of Health

## Adult Care Facility Architectural Matrix

This chart provides information regarding the required participants in determining from an architectural perspective if a Certificate of Need (CON) meets all applicable State and local laws, regulations and ordinances.

TYPE OF APPLICATION	Primary				
	Architect or Engineer	Third Party Reviewer	Regional Office	Central Office	Not Required
<b>UNLICENSED FACILITY</b>					
A) Construction*	X	X	X	X	
B) No Construction	X	X	X	X	
<b>LICENSED FACILITY</b>					
A) Change in Capacity					
Construction	X	X	X	X	
No Construction	X		X	X	
B) Renovations					
Residents Impacted	X	X	X	X	
Residents Not Impacted	X		X	X	
C) Change of Operator/Owner**					X
D) Property Transfer					X
E) ALP Beds					
Licensed ACF	X	X	X	X	
Licensed ACF/ALP			X	X	
Unlicensed Facility	X	X	X	X	
F) ALR ONLY					X
G) ALR/E					
Construction	X	X	X	X	
No Construction	X		X	X	
H) ALR/SN					
Construction	X	X	X	X	
No Construction	X		X	X	
I) ALR/E/SN					
Construction	X	X	X	X	
No Construction	X		X	X	

NOTES: \* Construction includes the redesignation of any non-residential space into resident space.

\*\* The Department of Health requested the submission of this form based on known concerns regarding compliance with applicable provisions of Title 18 NYCRR Parts 485, 487, 488, 494 and/or Title 10 NYCRR Section 1001.13 as well as applicable State and local laws, regulations and ordinances.

\*\*\* The Department of Health reserves the right to require additional information in order to make a final determination or recommendation.



## **Questions and Answers**

### **Revisions to the Architectural Certification (AC) Process**

**1) Question:** When does the new Adult Care Facility Architectural Certification form replace the T-PAC form?

**Answer:** The ACF-AC form is in effect as of the date of this DAL. It should be accompanied by a cover letter explaining the reason the form is being submitted. Any application that is currently being developed, and has already used the prior T-PAC form may submit that form instead. This will be allowed until November 1, 2012.

**2) Question:** The form asks for the Project number. Since the Department assigns a Project number when the application is submitted, what should be put into that space?

**Answer:** In this situation the department will fill in the Project number when it is assigned. If the application has already been assigned a number, please use that number for identification purposes.

**3) Question:** Please explain the term Primary Architect/Engineer and Primary Submission.

**Answer:** The Primary Architect/Engineer is the person who has either developed the architectural plan for a facility that needs to be constructed or for an existing building, provides an on-site review and also reviews the existing architectural plan. When a second review is required, then the Third Party Architect/Engineer becomes involved. The Matrix provides clear delineation when 1 or 2 reviews are required.

**4) Question:** Can the Primary Architect/Engineer be the professional who originally designed the building?

**Answer:** Yes. However, if the original architect/engineer is not available, another architect/engineer can function in that role.

**5) Question:** When should the ACF-AC be submitted?

**Answer:** The ACF-AC form must be submitted along with the required electronic version of the architectural plans at the time of the submission of the Application.

**6) Question:** If there is a facility seeking licensure as an Adult Home or Enriched Housing Program with recognized architectural deficiencies should the ACF-AC be included with the initial submission of the application?

**Answer:** For existing facilities seeking to be established as an Adult Home or Enriched Housing Program, the applicant must correct the recognized architectural deficiencies prior to submission of the ACF-AC. This does not include those areas for which the applicant is requesting waivers.

**7) Question:** On the ACF-AC there is an area to be checked which describes the submission of the form based on a request from the Department. Under what circumstances will this occur?

**Answer:** The Department reverses the right to request the submission of the ACF-AC and accompanying review by an architect/engineer whenever the Department is concerned about a facility's compliance with all existing State and local laws, regulations and ordinances.

**8) Question:** On the certification form itself, the reference to "ordinances" is vague and can be difficult to address.

**Answer:** The Department has reviewed this issue. The language included in the Architectural Certification Form is consistent with existing regulations, and will remain without change.

**9) Question:** On the Matrix, is it the intent that under Licensed Facility (E) ALP Beds, that an ACF/ALP would not need Primary or Third Party Arch/Eng. review only when ALP beds are added without a change in capacity? And if there's a change in capacity, would the requirements under Licensed Facility (A) apply?

**Answer:** When an ACF is licensed as an ALP, all of the rooms in the facility are surveyed to see if they meet the architectural requirements. This is done because designated ALP beds can be moved within the facility, and are not restricted to a particular floor or section of the building. If there is no additional construction and the overall capacity of the facility remains the same, there is no need for an Architect/ Engineer to review the proposal. However, if the Regional Office determines that there is an existing concern with the building, it can require a Primary Architect/Engineer to review the plan and sign the Architectural Certification Form.

**10) Question:** Under the above scenario, if under Licensed Facility (A) Change in Capacity w/No Construction (such as doubling up in rooms) does apply, are two (2) architectural and/or engineering stamps and signatures still required?

**Answer:** The Matrix indicates that in the situation where there is an overall increase in capacity in the whole facility, only a Primary Architect/Engineer is needed to review and sign the Architectural Certification Form.