

**NEW YORK STATE DEPARTMENT OF HEALTH
OFFICES OF PRIMARY CARE AND HEALTH SYSTEMS MANAGEMENT**

FACILITY CLOSURE PLAN GUIDELINES

GENERAL INFORMATION:

This information has been prepared for all providers who are seeking approval to close a facility or discontinue services or programs that provide medical care and/or services to individuals in a community-based, residential or acute care (hospice, adult care facilities, nursing homes or hospitals) setting.

Verbal notification must be provided to the Department of Health's (DOH) Regional Program Manager or Program Director as soon as any provider contemplates closure/service discontinuance (closure). [Written notification of the possibility of closure must be provided to the regional office no later than 48 hours following the verbal notification.] Information on a potential closure may not be disclosed to the public, patients/residents or staff prior to notifying the DOH, submission of a closure plan to the DOH, and approval of such plan by the DOH.

The New York State Commissioner of Health must approve all closure plans in writing prior to issuing any public announcements related to a closure. Your closure plan should not be considered approved until you receive a written notification from the Commissioner or the Director of the Center for Health Care Quality and Surveillance. Any verbal comment from the Regional Office should not be considered as an approval.

Pursuant to Department regulations, the following requirements regarding closures must be met:

- 120 days prior notice of the intent to close must be provided to the DOH;
- prior written approval of the closure and the operator's plan must be obtained from the Director of the Center for Health Care Quality and Surveillance.
- no announcements or actions related to the proposed closure should be taken prior to receiving approval.
- each patient, resident, next of kin, physician and sponsor must be notified immediately upon receipt of the Department of Health's approval in accordance with the Plan approved by the Director of the Center for Health Care Quality and Surveillance;
- the operator's closure plan must include, among other things, provision for the maintenance, storage and safekeeping of patient/resident records;
- the provider's operating certificate must be promptly surrendered to DOH upon discontinuance of operation with a list of residents and the location to which facility.

Providers may utilize their own format for the written closure plan, but the information submitted to the DOH must clearly and succinctly include all the attached information, in the order listed. Please note that a full range of appropriate services for all patients/residents must be provided throughout the entire closure process.

YOU MUST HAVE WRITTEN APPROVAL FROM THE DEPARTMENT OF HEALTH PRIOR TO IMPLEMENTATION OF A CLOSURE PLAN.

In the event the resident wishes to move, or the family wishes to move the resident prior to the closure plan being approved, you must contact the Regional Office and discuss the transfer with them before moving the resident.

Questions about this procedure may be addressed to your regional Program Director.

**NEW YORK STATE DEPARTMENT OF HEALTH
OFFICES OF PRIMARY CARE AND HEALTH SYSTEMS MANAGEMENT**

FACILITY/OPERATOR CLOSURE PLAN GUIDELINES

The following information must be included (in order) in the facility closure plan submitted for approval by the NYS Department of Health (DOH):

*Please include the date, name, address and telephone number of the facility/operator on all pages of the closure plan.

1. An admission/discharge roster showing the last 6 months at the time of submission of the plan.
2. Evidence of verbal and written notification to the Regional Program Director or Manager at the time closure was contemplated.
3. Target closure date, facility capacity, current census
4. Name, title, telephone # and email address of the individual designated as the operator's contact person throughout the closure process.
5. Name, title, telephone # 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 separate closure duties (e.g., resident assessment, discharge coordination, directing care, media contacts, equipment disposal, record disposition etc.) all names and contact information must be included.
6. A narrative description of the proposed plan to notify residents, patients, next of kin, sponsors, staff and physicians of the closure plan. This should include written notification and meetings. Include dates and times of meetings, if available at the time of submission of the proposed plan, so that DOH staff may attend if desired. A copy of the sample letter to the resident, resident's representative, family and staff should be provided with the closure plan. Letter should include a contact name and phone number in the event questions should arise. It should be indicated who will be signing the letter.
7. A roster of all residents with a general profile of the resident population.
8. All Required reports e.g., Financial Reports and Census Reports have been submitted to the Department. All required HCS information should be up to date.
9. A description of the plan to manage media contacts initially and throughout the process. Media releases should be coordinated with the DOH **prior to** release.
10. A description of a plan to involve the facility's Ombudsman and other agency staff and providers serving the residents, if applicable.
11. The plan to discontinue admissions, including the date new admissions will stop. Include a plan to notify all referring institutions.
12. A summary of the facility's current financial condition and description of the assets available to the operator to maintain appropriate services during the closure period.

**NEW YORK STATE DEPARTMENT OF HEALTH
OFFICES OF PRIMARY CARE AND HEALTH SYSTEMS MANAGEMENT**

FACILITY/OPERATOR CLOSURE PLAN GUIDELINES

13. The process to identify appropriate placement for current patients/residents. The process should include assessing the needs of the patients/residents, making determinations regarding bed availability at other area facilities, providing information about other facilities to patients/residents/families, insuring that the wishes of current patients/residents/families are respected when placement decisions are made; and insuring that concerns such as geographic location, public transportation, type of facility/provider, medical care etc. are addressed in identifying future placement options for residents/patients.
14. A referral package should be prepared for each resident which includes current assessments and medical evaluations, care plans, medication and treatment records, histories, discharge summaries, identifying information etc. For residents receiving OMH services, OMH must assure that the appropriate information is included in the package. The plan must insure that records are transferred to the new facility in a secure manner with the residents/patients who are being relocated. Resident records shall be retained for three years and facility records shall be retained for seven years. Include in the closure plans how and where these records will be maintained.
15. The plan to ensure that resident/patient belongings will be secured and transferred.
16. The plan to determine the appropriate method of transport to be utilized for patients/residents.
17. Include the process that insures the residents' prorated rent and the plan for allocation and security of resident funds. The facility must complete a full accounting of resident funds, if any, on a resident-specific basis prior to closure. The plan must include a signed attestation by the operator that the accounting is accurate. The plan should describe how resident funds are being protected. The plan must also include a signed attestation that all resident funds are secure. The accounting should be sent to the DOH regional office upon request. Resident funds should be sent to the receiving facilities when residents are transferred.
18. A plan to dispose of drugs and biologicals, chemicals, radioactive materials.
19. The plan for appropriate record retention. Resident records should be retained for three years post discharge and facility records for seven years post closure. Plan should include security measures, the name, address and phone number of the location where the records will be stored.
20. A roster of resident final placement is required. Submission of the ACF Annual Statistical Form for the current year will also be required at this time. Submit with Operating Certificate. The original copy of the facility's Operating Certificate must be returned to the DOH Regional Office within 48 hours following the last resident's discharge. This can be accomplished by registered mail or hand delivery.
21. The plan should include very specific reference to how the facility will establish and maintain ongoing communication with DOH throughout each milestone of the closure process.
22. The plan to ensure adequate staffing throughout the closure process, and to ensure that staff have information regarding other employment opportunities.

23. When the last resident has been discharged from the facility, the individual(s) from the facility responsible for carrying out the closure plan should contact the appropriate DOH regional office to verify that all aspects of the closure plan have been successfully completed.
24. The operator of the facility closing shall indicate what the building will be used for once all the residents are transferred and the building is empty.

NOTE: THE CLOSURE PLAN SUBMITTED TO THE DOH REGIONAL OFFICE SHOULD INCLUDE SUFFICIENT DETAIL TO CLEARLY IDENTIFY THE STEPS THE FACILITY WILL TAKE, AND THE INDIVIDUAL RESPONSIBLE FOR ENSURING THE STEPS ARE SUCCESSFULLY CARRIED OUT. SIMPLY STATING THAT THE ACTIVITY WILL BE CARRIED OUT CONSISTENT WITH STATUTE AND REGULATION WILL NOT BE SUFFICIENT. PLEASE CLEARLY EXPLAIN THE DETAILS OF THE ACTIVITY.