



Department
of Health

Adult Care Facility Operating Certificate Renewal Process

Electronic Submission

Operating Certificate Renewal

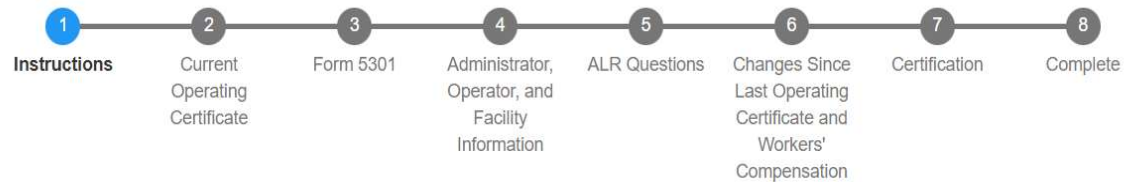
Notice of Operating Certificate Expiration

- Approximately 3 months prior to the expiration date of the current Operating Certificate, an email notification is sent to the facility Administrator and Back-up Administrator roles in the Health Commerce System (HCS).
 - The email will have the name of the facility and the Operating Certificate number in the subject line.
 - The email includes instructions to completing the [DOH-5301](#) and a link to the electronic submission platform.

Submitting for renewal

- Complete the Application for Renewal of Operating Certificate (DOH-5301); and
- Click the link in the Operating Certificate Renewal email. This will bring you to the Adult Care Facility Renewals Home page.

Instructions



NEW YORK STATE DEPARTMENT OF HEALTH

Adult Care Facility/Assisted Living

Application for Renewal of Operating Certificate and Assisted Living Residence Biennial Fee

Directions for Applicant

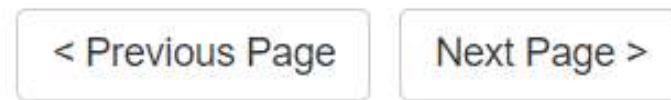
This certification is to be completed by a responsible agent of the facility such as an officer of the Board of Trustees or the operator of the facility. Attach additional files, if necessary. Please note if you have not been licensed as an Assisted Living Residence please select no for Question #5.

You will need to complete each page in its entirety before being able to select next page. Once the application has been completed you will be able to review your responses and submit them for Department review.

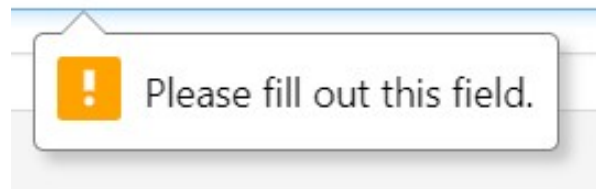
Next Page >

Instructions (continued)

- At the bottom of each page, you will find a “Previous Page” button and a “Next Page” button.



- Please note, you will not be able to go to the next page until all fields indicated with a red asterisk (*) are completed.



Current Operating Certificate

- This will bring you to the “Current Operating Certificate” page.
- The first step is to attach an electronic version of your current Operating Certificate.
 - This is available via the Health Facility Information System (HFIS) portal on the HCS.

Current Operating Certificate

Please Attach Copy of Current Operating Certificate*

No file chosen

[Upload requirements](#)

Current Operating Certificate

- Enter your Operating Certificate Number.

Operating Certificate #
Operating Certificate #*
<input type="text" value="123-A-456"/>

- Enter the expiration date of the current Operating Certificate.

Expiration Date
Expiration Date*
<input type="text"/>

Form DOH-5301

- You will be prompted to complete the Application for Renewal Operating Certificate (DOH-5301) form, if you have not done so already.
- A link to the form can be found by clicking the “Form 5301” hyperlink.
- Check the box next to “Please Complete Form 5301” and upload the completed form by selecting “Choose Files” and following the prompts to locate your document.

Form 5301

☐ Please Complete [Form 5301](#).*

Please open the link above. Then open the next link in a separate tab and complete. Once you have completed the form, please save and upload below.

Please Upload Completed Form 5301*

Choose Files

No file chosen

[Upload requirements](#)

Form DOH-5301

To ensure you complete the form correctly, it is best to have your facility's current Operating Certificate nearby as a reference.

- Field #1 is the Operator as listed on the Operating Certificate.
- Field #2 is the facility's name, address and ZIP code as listed on the Operating Certificate.
- Field #3 is the facility's approved capacity as listed on the Operating Certificate.
- Field #4 is the facility's 10-digit SFS Vendor ID. Facilities that need an SFS Vendor ID must call the SFS Helpdesk at **(855) 233-8363**.
- Field #5 is to be completed by those facilities renewing licensure as an Assisted Living Residence (ALR) **only**.
- Fields #6 and #7 apply only if there have been changes since the last Operating Certificate renewal.
- Field #8 is required.

Administrator, Operator and Facility Information

- Enter the name, email, and phone number of the facility's Administrator or EHP Coordinator.

Name of Administrator/EHP Coordinator:*

Name*

Email*

Phone*

Administrator, Operator and Facility Information

- Enter the effective date for the facility's Administrator or EHP Coordinator.

Effective Date for the Administrator/EHP Coordinator
Effective Date for the Administrator/EHP Coordinator* <input type="text"/>

Administrator, Operator and Facility Information

- Complete the Operator's contact information.

Name and Address of Operator(s)✖	
Name	
<input type="text"/>	
Operator	
<input type="text"/>	
Email	
<input type="text"/>	
Phone	<input type="text"/>
Address	
<input type="text"/>	
Address 2	
<input type="text"/>	
City/Town	
<input type="text"/>	
State/Province	
<input type="text" value="- None -"/>	
ZIP/Postal Code	
<input type="text"/>	

Administrator, Operator and Facility Information

- Enter the name and address of the facility as found on the current Operating Certificate.

Name, Address, & Zip Code of Facility*

Name

Address

City/Town

State/Province

ZIP/Postal Code

Administrator, Operator and Facility Information

The approved Resident Capacity along with the Classification of the facility must be completed in this section. This information is on the facility's current Operating Certificate.

3. Approved Resident Capacity

Approved Resident Capacity*

Classification*

- ☐ Proprietary
- ☐ Public
- ☐ Non Shareholder Corporation
- ☐ Not for Profit Corporation

Administrator, Operator and Facility Information

- The Facility's 10-Digit SFS Vendor ID will be entered here.

4. Facility 10-digit SFS Vendor ID

Facility 10-digit SFS Vendor ID*

10 character(s) remaining

- If you do not have a 10-Digit SFS Vendor ID, you must submit a completed W-9 form to sfsvidr@health.ny.gov and advise that you are requesting a SFS Vendor account and ID number for your facility.

Assisted Living Residence Questions

- Select whether your facility currently has licensure as an Assisted Living Residence (ALR).
- If “YES”, an additional field will be required.
- If “NO”, you will be able to select “Next Page”.

5. To Be Completed by All Facilities Renewing ALR Licensure and EALR/SNALR Certification – Biennial Fee Calculation

Is Your Facility an Assisted Living Residence (ALR)?*

- Select -



Assisted Living Residence Questions (cont)

- If you selected “YES” because your facility is licensed as an assisted living residence, you will need to complete the “Total fee” and “Check #” fields following the instructions.

Is Your Facility an Assisted Living Residence (ALR)?*

Yes



Total fee (add ALR licensure fee and EALR/SNALR certification fee):*

Total Fee = Total ALR Licensure Fee + EALR/SNALR/Both Fee

Check #*

Please make check payable to the New York State Department of Health for the amount of the total fee. Please include your Operating Certificate # in the Note field on the physical check you mail in.

Changes Since Last Operating Certificate Renewal

- The next section only needs to be completed if there have been changes to the facility's real property ownership since your last Operating Certificate was issued.

Items 6 and 7 must be submitted as they apply to your particular operation only if there have been any changes since your last operating certificate was issued

6. Statement of Facility and Property Ownership

- Names and capital contributions of each operator/partner
- If leased, name of leasing company, members of corporation and their respective interests

No file chosen

[? Upload requirements](#)

7. Current Purchase/Lease Agreements for Property and Facility

No file chosen

[? Upload requirements](#)

Changes Since Last Operating Certificate Renewal

- If there have been changes to the Facility and Property Ownership, attach a document including the names and capital contributions of each owner/partner.
- If the property is leased, provide the name of the leasing company, their members of corporation and their respective interests.

Items 6 and 7 must be submitted as they apply to your particular operation only if there have been any changes since your last operating certificate was issued

6. Statement of Facility and Property Ownership

- Names and capital contributions of each operator/partner
- If leased, name of leasing company, members of corporation and their respective interests

No file chosen

[? Upload requirements](#)

7. Current Purchase/Lease Agreements for Property and Facility

No file chosen

[? Upload requirements](#)

Changes Since Last Operating Certificate Renewal

- If there have been any changes to the current purchase/lease agreement since the last Operating Certificate was issued, upload a copy of the Agreement to #7.

Items 6 and 7 must be submitted as they apply to your particular operation only if there have been any changes since your last operating certificate was issued

6. Statement of Facility and Property Ownership

- Names and capital contributions of each operator/partner
- If leased, name of leasing company, members of corporation and their respective interests

No file chosen

[Upload requirements](#)

7. Current Purchase/Lease Agreements for Property and Facility

No file chosen

[Upload requirements](#)

Workers' Compensation Proof of Coverage

- The last section is the Workers' Compensation Proof of Coverage.
- This is required for all facility types.
- Upload proof of coverage by selecting "Choose Files" and following the prompts.

8. The Workers' Compensation Law, Section 57 of the Workers Compensation Law, requires that employers obtain and continuously keep in effect workers' compensation coverage for all their employees. Please submit proof of coverage and check the corresponding box below for the documentation that will be submitted:

Proof of coverage*

- ☐ Workers' compensation insurance policy; or
- ☐ Self-insured policy for workers' compensation; or
- ☐ Evidence of legal exemption from the requirement to provide workers' compensation coverage

Proof of coverage*

No file chosen

[? Upload requirements](#)

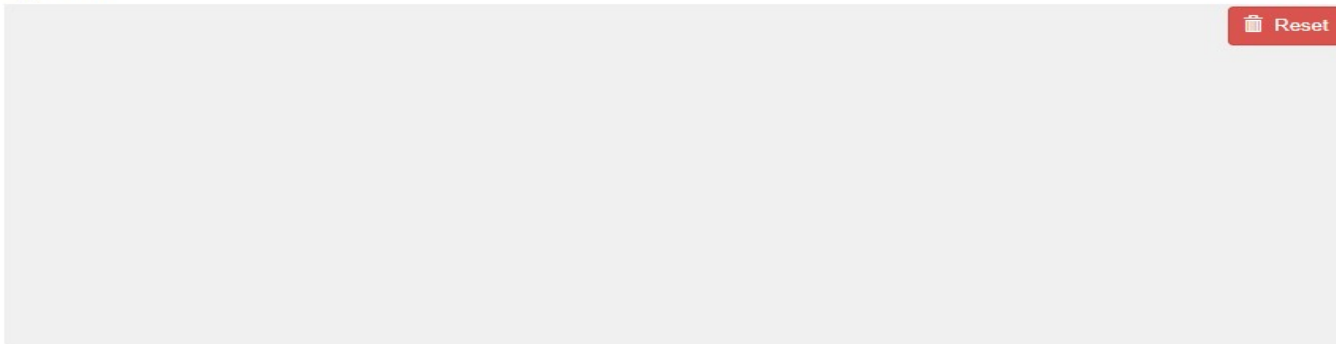
Certification of Applicant(s)

- You now need to Certify that all the information you have provided is true, correct and complete to the best of your knowledge.
- To sign you can use your mouse or finger (if you have a touch screen computer).

Certification of Applicant(s)

- Fill in your name, title and the date you are completed the form.
- If there are multiple individuals that completed the form, multiple names, titles, and dates can be accepted.

Signature*

A large, light gray rectangular area intended for a signature. In the top right corner of this area, there is a small red button with a trash icon and the text "Reset".

Sign above

Name*

Title*

Date*

Renewals

- If you are renewing as an assisted living residence (ALR), there are instructions regarding submission of the requisite ALR fee.
- Include your Operating Certificate number in the note/memo field of the physical check mailed to the Department of Health.

If you are renewing as an ALR, your ALR Licensure Fee must be mailed to:

To: Division of Adult Care Facility & Assisted Living Surveillance Bureau of Licensure and Certification
875 Central Avenue
Albany, New York 12206

Please make check payable to the New York State Department of Health for the amount of the total fee. Please include your Operating Certificate # in the Note field on the physical check you mail in.

ACF Renewals

- Complete the reCAPTCHA
- Then click “Submit”

☐ I'm not a robot


reCAPTCHA
[Privacy](#) - [Terms](#)

[< Previous Page](#)

[Submit](#)

ACF Renewals

- Once you click submit you will be brought back to the Home page, and you will receive this message:

Application for Renewal of Operating Certificate and Living Residence Su... 

Submitted on Fri, 07/15/2022 - 11:05
Submitted by: jzd23
Submission ID: 631694

Thank you Dixisset for submitting your Application for Renewal of Operating Certificate and Assisted Living Residence. Your application will be reviewed and if acceptable the Department will make your operating certificate available on HFIS.

If you are renewing as an ALR, please make check payable to the New York State Department of Health for the amount of the total fee. Please include your Operating Certificate # in the Note field on the physical check and send your renewal check to:

Division of Adult Care Facility & Assisted Living Surveillance Bureau of Licensure and Certification
875 Central Avenue
Albany, New York 12206

Submission Verification

- Once your information has been successfully submitted, you will receive an email acknowledging the submission. The email will include a Submission ID.

Webform submission from: Adult Care Facility Renewals



donotreply-sb@health.ny.gov

To

Cc



Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Submitted on Fri, 07/15/2022 - 11:05

Submitted by: jzd23

Submission ID: 631694

Thank you Dixisset for submitting your Application for Renewal of Operating Certificate and Assisted Living Residence. Your application will be reviewed and if acceptable the Department will make your operating certificate available on HFIS.

If you are renewing as an ALR, please make check payable to the New York State Department of Health for the amount of the total fee. Please include your Operating Certificate # in the Note field on the physical check and send your renewal check to:

Division of Adult Care Facility & Assisted Living Surveillance Bureau of Licensure and Certification
875 Central Avenue
Albany, New York 12206

DO NOT REPLY TO THIS E-MAIL

IF YOU NEED ASSISTANCE PLEASE E-Mail

acfopcert@health.ny.gov and include your submission ID and Operating Certificate # in the subject line.



Renewal Operating Certificate

- Operating Certificates cannot be renewed until after the current one expires.
 - For example, if your Operating Certificate expired on May 31, 2022, the Division will process the renewal on the next business day. The next business day in this case was June 1, 2022.
- The Operating Certificate will be available to you via the Health Facilities Information System (HFIS) within 5 business days of the date of your expired Operating Certificate.
- Log into the Health Commerce System and use the HFIS application to print a copy of your renewed Operating Certificate.

Questions

Please outreach acfopcert@health.ny.gov with any questions regarding the renewal of your Adult Care Facility Operating Certificate.