



## Department of Health

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**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

June 11, 2021

DAL: DAL 21-14  
DHCBS 21-08  
NH 21-15

**SUBJECT:** Submitting False or Inaccurate Information or Omitting Material Information

Dear Applicants:

The purpose of this letter is to inform individuals submitting certificate of need applications, licensed home care services agency (LHCSA) applications, adult care facility (ACF) common applications or transfer of ownership interest notices (“applicants”) that the Department of Health (the “Department”) has adopted a policy regarding the review of an applicant’s character and competence when that applicant has provided false or inaccurate information or has omitted material information at any point during the course of the review.

As part of this policy, the Department will maintain a database of all applicants who have received a character and competence review in connection with a Certificate of Need Application, LHCSA Application, ACF Common Application, or Transfer of Ownership Interest Notice, and the results of that review. This information will be viewable by the Department, for seven (7) years in relation to applications or notices submitted for Article 36 home care agencies and for ten (10) years in relation to all other applications and notices.

Effective immediately, applicants whom the Department has discovered submitted a false affidavit in lieu of an application schedule or submitted false or inaccurate information or failed to disclose material information anywhere in an application or at any point in the application process, will have such fact noted in the character and competence database. This information will be a factor in determining whether the Department will recommend approval of the applicant in any concurrent or subsequent character and competence review undertaken on other applications filed by the applicant.

Applicants will be given an opportunity to provide the Department with a written explanation or supplementary materials to account for any discrepancies identified in their submission. Applicants must submit this written explanation or supplementary material within seven (7) calendar days from the date the Department notifies the applicant of the identified discrepancies. If an affidavit is found to be false or the applicant fails to provide a reasonable written explanation or supplementary materials addressing the false or inaccurate information, an automatic recommendation of disapproval of the applicant’s character and competence may occur for a period of three years, beginning on either the date of the Department’s discovery of the falsehood or the date of the Department’s determination that the written explanation or supplementary materials are unreasonable, whichever is later. Applicants should note that the submission of false or inaccurate information or the failure to disclose material information will continue to be a

factor, among others, in determining whether the Department will recommend approval of the applicant's character and competence, beyond any three-year period of automatic recommendation of disapproval, for as long as this information is maintained in the database.

General questions regarding this policy may be submitted to [b-pad@health.ny.gov](mailto:b-pad@health.ny.gov).

Questions regarding applications should be directed, accordingly, to the following:

- Certificate of Need Applications: [cons@health.ny.gov](mailto:cons@health.ny.gov)
- Licensed Home Care Services Agency Applications: [homecareliccert@health.ny.gov](mailto:homecareliccert@health.ny.gov)
- Adult Care Facility Common Applications: [acfcon@health.ny.gov](mailto:acfcon@health.ny.gov)

Sincerely,

Richard Becker, M.D.  
Deputy Commissioner  
Office of Primary Care and  
Health Systems Management