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FACILITY SURVEY

In MHPD

FACILITY SURVEY – Discussion Points

- Overview
- Getting started with the survey
- Facility-wide review
- Program review
- Completion of the survey and post-survey edits

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The purpose…

- The Facility Survey allows your facility to update all facility, program, site, and contact information in MHPD in preparation for the Patient Characteristics Survey (PCS).

- Your facility designates a PCS Coordinator, who is the point person between your facility and OMH during the PCS process.

- Updating MHPD also helps OMH keep abreast of your programs and of the necessary contact information that allows us to get important information out to you.

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Very Useful Links

Behavioral Health Providers

Behavioral Health Resources & Tools:

Mental Health Provider Data Exchange (MHPD)

The MHPD is a Web-based application designed to support an accurate and timely master directory of providers in the New York State public mental health system. The MHPD enables local mental health authorities and providers to use the ease of the Internet to verify or request changes to program information they are required to submit to OMH.

Patient Characteristics Survey (PCS)

PCS Data Collection

Programs funded or licensed by OMH report client-level demographic, clinical, and service descriptions for persons they served during the week of the survey. All survey data are submitted to OMH electronically using the Web-based PCS application. This page provides mental health providers with information about the survey timeframe and requirements for preparing for and obtaining access to the Web-based PCS application.

Security Management

Security Management System (SMS)

The Security Management System (SMS) is an OMH Web-based application that state and local facilities use to grant their staff access to secured OMH Web-based applications including the Patient Characteristics Survey (PCS) and PSYCKES Medicaid.

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MHPD HOME PAGE

Mental Health Provider Data Exchange (MHPD)

Description

The Mental Health Provider Data Exchange (MHPD) is a web-based application designed to support an accurate and timely master provider directory of the New York State public mental health system. The MHPD enables local mental health authorities and providers to verify or request changes to program information they are required to submit to the Office of Mental Health (OMH). This master provider director can be used by local mental health authorities to help evaluate access to services across their counties and regions.

Review Process

Program Administrators at OMH Central Office, OMH Field Offices, and local mental health authorities are the key parties who participate in the MHPD approval process. Each request prompts the MHPD application to send e-mails to the requestor and other key parties notifying them of the request and need for review. The key parties are able to correspond with each other within the MHPD application.

When an administrator approves or denies a request, MHPD sends a notice of the action and the administrator's comments to each of the parties. If a Change Request, Administrative Action (AA), or Easy Prior Approval Application (EZ PAR) is denied, the facility may resubmit it with additional information for further review. Using MHPD, the facilities can assign a Primary Facility Contact to receive approval and denial notifications.

- Getting Access to MHPD via the Security Management System (SMS)
- MHPD (**Restricted - User ID and Password Required**)
- Manuals
- Facility Survey Training
  - Training Slides | WebEx Recording
- Frequently Asked Questions (FAQs)
- Definition of Terms
- Find a Mental Health Program In Your Community

Comments or questions about the information on this page can be directed to the Surveillance & Surveys Unit.

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When you log in to MHPD…

Verify Contact Information

Contact Information for Provider Administrator

Yes

No

NOTE:

For security reasons, OMH asks that you verify your title, email address and phone number before accessing MHPD. Please check the information provided below and, if correct, click "YES" to continue using MHPD. If any information is not correct, please contact the Security Manager at your facility, who can correct this information for you in the Security Management System. If your email address is missing, you will not be allowed to continue, and MUST contact your Security Manager in order to proceed.

The following are Security Managers at your facility:

Security Manager's Information:

Security Managers:	Security Manager's Name	Email Address	Phone #
	Sample Name1	name1@omh.ny.gov	(xxx) xxx-xxxx
	Sample Name2	name2@aol.com	(xxx)xxx-xxxx

Contact Information:

User Id:	MHPD_PA
User Name:	Provider Administrator
Title:	Provider Administrator
Email Address:	mhpd_pa@omh.state.ny.ys
Phone #:	(123) 456-7890 x _____

If there are errors in your contact information, contact your Security Manager to make corrections in SMS.

Click Yes to move past the Verify Contact Information

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Getting to the Facility Survey

Click the Survey tab in the gold toolbar to get to the Survey page.

Surveys Page

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health	Mental Health Provider Data Exchange (MHPD)			Thursday, March 2, 2023 User: Prov Admin

Directory Search | My Change Requests | Administrative Actions | EZ PARs | Comprehensive PARS | Surveys | Reports | Maintenance | Help | About | [Logout] |

Surveys

Survey Name	Survey Type	Start Date	Due Date	
Facility Survey - 2023	For Patient Characteristics Survey	04/01/2023	04/28/2023	✏

Select the pencil icon to access the Facility Survey

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Facility Survey

Facility Survey takes place April 3rd – 28th

Facility Survey - 2023 [Due Date: 04/28/2023]

Filter Criteria

Facility Code: [   ] Facility Name: [   ] [Filter]

Survey Status: ☐ No Activity   ☐ Partially Complete

☐ Complete

	C O M P L E T E D				
Facility ▲	Facility Information?	PCS Coordinator?	Program/Sites	Survey Status	Last Updated
[2222] - Test Facility (for user manual)			0 of 4	No Activity	✏

Status bar indicates completion of Facility Survey.

Click the pencil icon to proceed into the survey.

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Programs Required to Report in PCS

About the Facility Survey:

NOTE: The purpose of the Facility Survey is to give providers the chance to correct and update information in MHPD for programs that provide direct services [?] to clients. These programs are expected to report data in the Patient Characteristics Survey (PCS). Facilities that provide no direct services [?] are still required to complete the Facility Survey, even though they will not be expected to complete the PCS.

Definition of Direct Services ✖

Direct Services are services provided to consumers or collaterals through face to face or telephone contact. Services may be provided individually or in a group setting. Services may be provided by the program itself or may be subcontracted. Programs offering ONLY administration (e.g., accounting, financial services), staff training, public education, discharge planning, coordination, linkage or referral are NOT considered "direct service" providers.

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Facility Information

Facility Survey - 2023   *[Due Date: 04/28/2023]*

Facility: [2222] - Test Facility (for user manual)		Response:	Completed: 0 of 3

About the Facility Survey:

Return

NOTE: The purpose of the Facility Survey is to give providers the chance to correct and update information in MHPD for programs that provide direct services [?] to clients. These programs are expected to report data in the Patient Characteristics Survey (PCS). Facilities that provide no direct services [?] are still required to complete the Facility Survey, even though they will not be expected to complete the PCS.

Facility Information:

*Facility Name: Test Facility (for user manual)

*Address: 122 Main Street

P. O. Box: 144

*City, State Zip: Albany   NY   12209-____

*County: Albany

Director's Information:

*Name: John Jones

*Phone: (518) 555-1212 Ext. ____

*Email: jjones@yahoo.com

Survey Response:

Response:

Last updated by:

About the Facility Survey:

NOTE:	The purpose of the Facility Survey is to give providers the chance to correct and update information in MHPD for programs that provide direct services [?] to clients. These programs are expected to report data in the Patient Characteristics Survey (PCS). Facilities that provide no direct services [?] are still required to complete the Facility Survey, even though they will not be expected to complete the PCS.	**Submit Survey** **Return**

Facility Information:

*Facility Name:	Test Facility (for user manual)
*Address:	123 Main Street
P. O. Box:	
*City, State Zip:	Albany NY 12209-_____
*County:	Albany

Director's Information:

*Name:	John Doe
*Phone:	(123) 555-1000 Ext. _____
*Email:	john@email.com

NOTE:	Please make sure that the Facility Information and Director's Information is correct and that each of your program units offering direct services [?] is listed below. If any Facility Information and/or Director's Information is incorrect or programs are missing, please click the 'Edit Facility' and/or 'Add Program' icons below.
Response:	
Last updated by:	

Security Manager's Information:

Security Managers:	Security Manager's Name	Email Address	Phone #
	Sample Name1	name1@omh.ny.gov	(xxx) xxx-xxxx
	Sample Name2	name2@aol.com	(xxx)xxx-xxxx

Directions for Updating Security Manager:	**Your Facility Director may appoint a new Security Manager by forwarding the email he or she has received from OMH Security. If the Facility Director no longer has this email, he or she should contact the OMH Security Department by calling 1-800- HELP NYS and requesting it be resent.**

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Facility Information

Facility Survey - 2023   *[Due Date: 04/28/2023]*

⊡ ⊟ Facility: [2222] - Test Facility (for user manual)   Response: Correct   Completed: 0 of 3   ℗ ✎

About the Facility Survey:

NOTE:	The purpose of the Facility Survey is to give providers the chance to correct and update information in MHPD for programs that provide direct services [?] to clients. These programs are expected to report data in the Patient Characteristics Survey (PCS). Facilities that provide no direct services [?] are still required to complete the Facility Survey, even though they will not be expected to complete the PCS.

Submit Survey

Return

Facility Information:

*Facility Name: Test Facility (for user manual)

*Address: 122 Main Street

P. O. Box: 144

*City, State Zip: Albany   NY   12209-____

*County: Albany

Director's Information:

*Name: John Jones

*Phone: (518) 555-1212 Ext. ____

*Email: jjones@yahoo.com

Survey Response:

NOTE: Please make sure that the Facility Information and Director's Information is correct and that each of your program units offering direct services [?] is listed below. If any Facility Information and/or Director's Information is incorrect or programs are missing, please click the 'Edit Facility' and/or 'Add Program' icons below.

Response: The facility information is correct and all programs are listed   ✎
I submitted a change request and/or 'add new' program requests

Last updated by: Provider Administrator on 02/11/2019 10:40 AM

Click pencil to Edit Facility Information

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Facility or Director's Information

NOTE*:*   In order to edit Facility information or Director's information on the Facility Survey, you must have Provider Admin or County Admin level access to MHPD. If you need to have your access changed, contact your Security Manager.

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Correcting Facility Information

Make updates to Facility Information using a Change Request.

When you are finished, you will be returned to the Facility Survey.

Survey Response Boxes

Survey Response:

NOTE: Please make sure that the Facility Information and Director's Information is correct and that each of your program units offering direct services [?] is listed below.
If any Facility Information and/or Director's Information is incorrect or programs are ...w.

The facility information is correct and all programs are listed
I submitted a change request and/or 'add new' program requests

Response:

Last updated by:

Facility and Director's Information

Unlicensed Program

Survey Response:

Response:

The program/main site information is correct as shown
I submitted a change request
I submitted a request to close this program

Last updated by:

Survey Response:

Response:

The program/main site information is correct as shown
I have/will submit an AA, PAR or Amendment to Oper.Cert.

Last updated by:

Licensed Site

- Each section of the survey has a response box with similar choices.
- All response boxes must be populated before the survey can be submitted.

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PCS Coordinator

The PCS Coordinator should be someone who knows about your Facility and about completing PCS. This will be the person who is your point of contact with OMH about the PCS.

The PCS Coordinator should plan to attend the PCS training in the fall.

PCS Coordinator Information:

NOTE:	The PCS Coordinator is designated by your Facility Director to be the contact person for PCS related issues. You must designate at least one person as the PCS Coordinator. Coordinator information from the last PCS may be displayed. Please update this information if necessary.

PCS Coordinators:

*PCS Coordinator's Name	*Email	*Phone
Aaa123, Aaa1	aaa@aa.com	(518) 474-1234
Bbbbbb. Aaaaa	aa@bb.com	(963) 963-9639 x 666

View Facility Contacts

Verify PCS Coordinator Information:

NOTE:	If the PCS Coordinator information is not correct, please click the 'Edit' icon below to update it.
Response:	I have corrected the PCS coordinator information
Last updated by:	

If the PCS Coordinator listed is incorrect or if there is no PCS Coordinator, click the pencil icon or "View Facility Contacts" link.

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To Update the PCS Coordinator

Facility Contacts

Facility: [2222] - Test Facility (for user manual)

New Facility Contact | Return |

Name	Email Address	Phone #	Contact Type		
Doe, John	john.doe@omh.ny.gov	(518) 123-4567 x __89	Patient Characteristics Survey (PCS) Coordinator	X	✎

- Click on the "New Facility Contact" to add a contact

- Click on the "X" icon to delete or the pencil icon to edit this contact.

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Facility Contact Page – top half

NOTE: Fields preceded by an asterisk (*) must be completed.

NOTE: Click Add Facility Contact when done.

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Facility Contact Page – bottom half

Contact Type	
💬 24/7 Incident Safety Check Contact	☐
💬 Adult Services	☐
💬 Bed Availability Survey	☐
💬 Care Coordination	☐
💬 Children's Services	☐
💬 Clinic	☐
💬 COVID-19 Vaccination	☐
💬 CPEP	☐
💬 Facility Incident Management E-mail	☐
💬 Fiscal Contact	☐
💬 Health Alerts	☐
💬 Housing	☐
💬 Information	☐
💬 Inpatient	☐
💬 OMH Pre-Employment Checks (SEL, CBC, SCR)	☐
💬 PCS Coordinator	☑
💬 PROS	☐
💬 Quality Improvement	☐
💬 Recipient Run Services	☐

Update Facility Contact
Delete Facility Contact
New Facility Contact
Return
Fields prefixed with * are required.

NOTE: When updating an existing contact's information, click Update Facility Contact in the gold box to save the information and then click return.

Click in the box for the role the facility contact will have. For example, PCS Coordinator.

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Unlicensed Programs

Program/Site Listing:

Program Type: [1760] - Advocacy/Support Services

⊟ Program: [008] - Housing Coordinator | Response: | Completed: 0 of 1

Program/Main Site Information:

*Program Name:	Housing Coordinator
*Program Type:	[1760] - Advocacy/Support Services
*Address:	123 Main Street, 2nd Floor
P. O. Box:	
*City, State Zip:	Buffalo NY 14201-____
*County:	Erie
*Direct Services: [?]	Our records indicate that this program DOES NOT provide direct services [?]. If this is NOT the case, then please click this ----> ✎ <----, 'Edit' icon, to submit an 'Edit Site' change request.
	Once submitted, complete the 'Survey Response' section below by selecting 'I submitted a change request' for the Response and entering the CR# in the box that appears.

Survey Response:

Response:	[ ] ✎
Last updated by:	The program/main site information is correct as shown
	I submitted a change request
	I submitted a request to close this program

Submit Survey

Return

Click either pencil icon to bring up the Change Request screen to edit this program.

Direct Service "Edit Site" change request

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Change Request to Close Program

Edit Program

Agency:	[20202] - Test Facility (for user manual)
Facility:	[2222] - Test Facility (for user manual)
Program:	[010] - Advocacy for PCS Test xxx
CFR Site ID #: [2222010]	

Submit Change Request

Close Without Submitting

Fields prefixed with * are required.

*Program Type: [1760] - Advocacy/Support Services

*Effective Open Date:

*Recipient Run: No

*Program Status: Open

Open Date: 08/05/2011

Close Date:

Requestor's Information:

Requestor's Name:

Requestor's Email:

Phone #:

Field Office Contact Person:

Date of Field Office Contact:

Requestor's Comments:

• Click dropdown to Change Program Status to "Closed"

• Enter a close date that reflects the actual date of the program's closure

• Explain the reason for the closure briefly in requestor's comments

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Change Request Confirmation
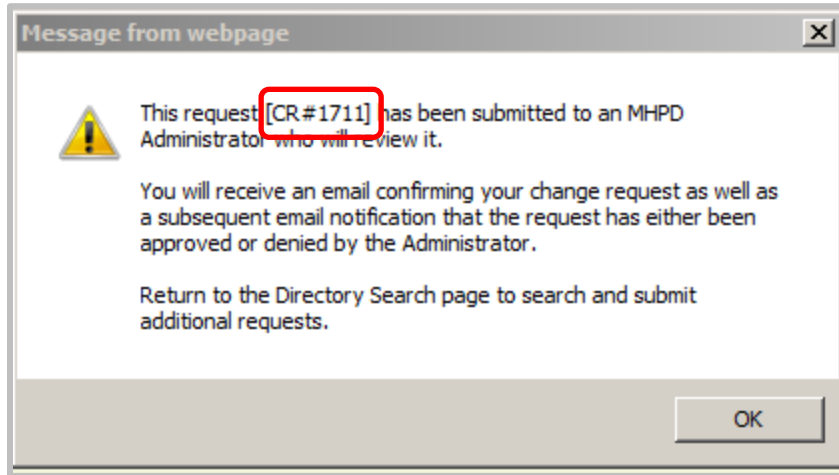
Make a note of the CR number, to enter in the Survey Response Box

After Submitting Change Request…

Survey Response:

Response:	I submitted a request to close this program ▾
CR# of Change Request:	1711
Last updated by:	

Enter the Change Request number in the box that appears below the response. The application will not accept an incorrect number, so please enter it carefully.

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Licensed Programs and Sites

Administrative Actions or EZPARs can be submitted here for the main site…

and here for the satellite site.

Note that programs have a **blue** banner, while sites are indented and have a **green** banner.

Error Messages

Program/Main Site Information:

*Program Name:	Housing Coordinator
*Program Type:	[1760] - Advocacy/Support Services
*Address:	123 Main Street, 2nd Floor
P. O. Box:	
*City, State Zip:	Buffalo NY 14201-____
*County:	Erie

*Direct Services: [?]   Our records indicate that this program DOES NOT provide direct services [?].
If this is NOT the case, then please click this ----> ✎ <----, 'Edit' icon, to submit an

> Please select a response before you submit the survey.   ✕

I submitted a change request for the Response and entering the CR# in the box that appears.

Submit Survey
Return

Survey Response:

Response:

Last updated by:

After you click Submit Survey, the application will direct you to fill in missing answers, if any.

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Successfully Finished!

You can make corrections even after submitting the survey by returning to this page and clicking the pencil icon to return to the survey.

FACILITY SURVEY

If you have any questions, please send them to
mhpd@omh.ny.gov

To enable MHPD accounts, please call 1-800-435-7697 (option #2)

Reference documents:

Security Management System (SMS) Reference Manual
https://www.omh.ny.gov/omhweb/sms/

MHPD Home page with Basic User and Facility Survey Manuals
https://omh.ny.gov/omhweb/mhpd/

PCS Home page
https://www.omh.ny.gov/omhweb/pcs/submissions/

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