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Guidance on Becoming a Licensed Provider

Bureau of Inspection and Certification



Office of
Mental Health

The Office of Mental Health (OMH) is responsible for licensing mental health programs in New York State based on Mental Hygiene laws, rules, and regulations that prospective providers are required to comply with. OMH's Prior Approval Review (PAR) application processes and procedures are designed to help organizations become part of the community of licensed mental health services providers.

This guidance document provides information and direction to providers who are new to the OMH by delineating the steps involved in opening a new licensed program and other aspects of operating a licensed program, such as developing an incident management plan and accessing relevant OMH database systems. In addition, the document serves as a guide to providers new to billing Medicaid for services rendered, obtaining a Medicaid Management Information System (MMIS) number, and contracting with Managed Care Organizations and private health insurance providers.

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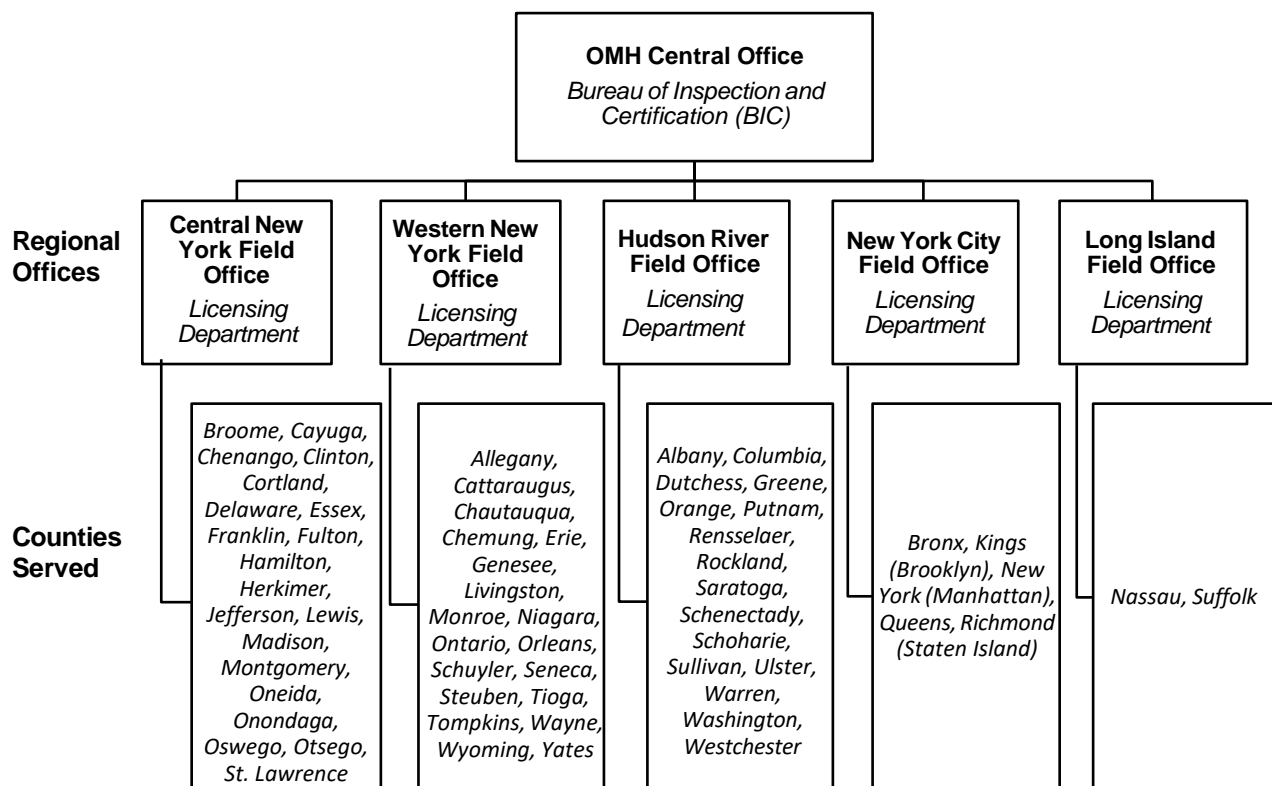
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Licensing

Structure of OMH Licensing Teams

Each Field Office has licensing staff available to provide technical assistance during the application process. PAR Managers within BIC are also available to answer questions. The appendix contains [contact information](#) for each office.



Who Can Apply for an OMH License?

Applications can be submitted by an entity that is responsible for the operation of a program or network of programs. Such entity may be a corporation, limited liability company, or public or private agency. Mental hygiene law section 31.22 outlines the requirements for a prospective provider's certificate of incorporation or articles of organization and the general process for OMH approval of the operating language which should state, "To operate programs for the mentally disabled pursuant to Article 31 of the Mental Hygiene Law and the rules and regulations adopted pursuant thereto, as each may be amended from time to time, which shall require as a condition precedent before engaging in the conduct of such services, an Operating Certificate from the New York State Office of Mental Health and the corporation may not establish any such facility or program without first obtaining such Operating Certificate."

Before Submitting a Prior Approval Review (PAR) Application

It is important that applicants familiarize themselves with the OMH Regulations and related Standards of Care, if applicable, governing the Article 31 licensed program they wish to establish.

Before submitting a PAR application, applicants are **required to consult** with their local [Director of Community Services](#) as well as with the [OMH Field Office](#) in their region.

Applicants should conduct research to support the need for the proposed program and how it will

function within the public mental health system in the community they intend to serve. This should include concrete data to support the need for the program such as the prevalence of mental health conditions, individuals seeking services and providers currently available in the geographic region. Concrete data could consist of existing waitlists, maps, documented conversations with local resources, and local service plans.

Where to Submit a PAR Application

If the applicant currently has a four-digit numeric facility code, the Comprehensive Prior Approval Review application can be submitted via the Mental Health Provider Data Exchange (MHPD). See the section below titled, *OMH Applications and Data Systems* for more information on how to access MHPD.

If the applicant does not have a four-digit numeric facility code, the applicant must follow the process for obtaining this code by completing the [New Provider Access Request Form](#). Once the application is complete it can be uploaded to the MHPD.

Timeframes

The Bureau of Inspection and Certification (BIC) at OMH's Central Office receives the completed application. Within this department are PAR Managers who coordinate the PAR review process. Upon receipt of a completed application the PAR Manager will distribute the application for review by the Local Governmental Unit (LGU) and OMH staff. Reviewers will then provide comments about the application to the PAR Manager, who will combine all the comments and issue a formal inquiry to the applicant. Applicants can expect to receive requests for additional information, that will follow the process described above, throughout the review process. Once the LGU and OMH reviewers recommend conditional approval, the PAR Manager will work with the applicant to schedule the project to be presented to the Behavioral Health Services Advisory Council (BHSAC).

The timeline for the review of a Comprehensive PAR varies based on the type of program being established, the applicant's experience operating mental health programs, and the complexity of the application. Final approval of an application, from receipt to completion, may take up to several months.

If applicants have questions about the status of their PAR application or the review timeframe, they should contact the assigned OMH PAR Manager.

Certificate of Need (CON) Applications

Applicants licensed by NYS Department of Health (DOH), or proposing services which require approval by DOH, must determine if the proposed mental health project also requires the submission of a Certificate of Need (CON) application. The CON process governs establishment, construction, renovation, and major medical equipment acquisitions of health care facilities, such as hospitals, nursing homes, home care agencies, and diagnostic and treatment centers. Visit [How to Determine if CON Submission is Required](#), for assistance in determining whether a CON application is required for the proposed project. Approval of the PAR may be contingent upon approval of a CON application.

Completing the PAR Application

The application is divided into several sections. Applicants may complete the required fields within the online form utilizing the fillable fields or, if more space is needed, attach completed responses to the application. Be sure to clearly label which section each attachment is responding to.

Below are tips for completing the PAR application.

- Acknowledgment
 - Ensure that the Chief Executive Officer signs the application.

- Reference [14 NYCRR Part 551.3](#) for information about the type of entities eligible to apply for an OMH license.
- General Information
 - Include contact information (phone and email address) of the applicant's main point of contact for the application. If a consultant will be involved, include contact information for the agency and consultant staff.
 - Identify the applicant's experience operating mental health programs and any affiliations with other organizations within the service area.
- Project Description
 - Identify the type of program being established, proposed caseload/capacity, populations to be served, name of the agency and program, anticipated hours of operation, site address, and counties to be served.
 - Additional information is required for certain PARs such as expansions or reductions of inpatient programs, changes of sponsors, program closures, or capital projects. Complete all relevant fields based on the application type.
- Prior Consultation
 - Locate the [Director of Community Services](#) using the embedded link and schedule a meeting.
 - Identify the county(ies), Field Office(s), individuals present, and date of the prior consultation meeting.
 - It varies by region and county if the prior consultation will occur with the county and OMH Field Office together or separately.
 - Applicants are required to consult with the County where the proposed program will be located. However, OMH encourages providers to engage surrounding counties that may be served by the proposed program.
- Program Specific Information
 - Indicate the caseload/capacity, required services to be provided, and optional/additional services to be provided based on the proposed program type.
 - Be sure that for any optional/additional services selected, the staffing plan reflects the appropriate staff, the budget reflects any anticipated revenue related to that service, and the application describes how that service will be provided.
 - If the program intends to provide [Telehealth Services](#), attach the agency's Telehealth Policy & Procedure and completed [Telehealth Attestation](#).
 - Describe the service area to be served by the program including demographics of the individuals to be served.
 - Describe how the proposed program will operate within the mental health system, include Memorandums of Understanding (MOU) or linkage agreements with other providers in the service area.
 - Describe how the program will ensure the services will be accessible to individuals in the service area (e.g., Americans with Disabilities Act accessibility, physical location accessibility, language access services, ensure the medically indigent receive services).
 - Describe the process for individuals who need urgent services outside of the regular hours of operation.
 - Provide a timeline for phase-in and opening of the program.
 - Describe how the program will operate including the admission and discharge criteria and processes, discharge summaries and referral process, services to be provided by the program, required documentation and timelines for completion, qualifications and duties of each staff person, utilization review, and incident management processes. **Note:** Programs are responsible for reviewing the program requirements outlined in regulations, guidance, and standards of care. The responses included in the PAR application should reflect the applicant's knowledge of the program requirements and demonstrate the program's detailed plan to implement.
 - Provide a description of the physical space, if applicable. Attach a labeled floor plan

that includes the room dimensions and how each space will be utilized.

- Staffing
 - For each position in the staffing plan, indicate the program's total number of Full Time Equivalent (FTE) staff, days and hours worked, annual salary cost, and for professional staff, include credentials.
 - Indicate any specific training or experience working with the population(s) to be served that are required for staff being hired or already employed.
 - Indicate the number of hours in a standard work week for a full-time staff person (e.g., 37.5, 40).
 - Describe how staff supervision will be provided, including the frequency (e.g., weekly, monthly) and format (e.g., individual, group).
 - Provide an organizational chart that outlines the lines of supervision.
- Financial
 - Provide an operating budget for the first two years of operation including a breakdown of expenses and revenue, which should include an estimated revenue by payor (e.g., Medicaid, Medicare, Commercial Insurance, Private Pay). See the section below titled, *Fiscal* for more information.
 - Where available, use a budget template provided by the Field Office at the prior consult.
 - Provide a plan for how any projected deficits will be covered, if applicable. Providers are also encouraged to provide a plan for how any deficits would be addressed if projected revenues are not met.
 - Indicate estimated annual visits for individual and group for the first two years of operation.
 - Address the questions related to the methodology for calculating the revenue, impacts of construction on the cost per unit of care, program development costs, administrative and overhead costs, and the anticipated state share of Medicaid.
 - Explain the methodology used to derive expenses, such as rent and other than personal services.
 - Explain how the agency will support the program financially during initial implementation.
 - Attach three years of financial statements prepared by a certified public accountant.
- Disclosures
 - Respond to all the disclosure questions and if any of the answers are yes then provide an explanation.
- Ownership, Character, and Competence
 - The board of directors should include member(s) that have experience operating or overseeing an Article 31 licensed program.
 - Provide the requested information in the *Attachments for Ownership, Character, and Competence* for each board member or owner.
 - Ensure board members are trained and familiar with their responsibilities as a member of the board.
 - The review of ownership, character, and competence is focused on ensuring the members of the board of directors, officers, owners, members of limited liability companies, and stockholders are of such character, experience, competence, and standing in the community as to give reasonable assurance of their ability to responsibly manage the affairs of the organization and to provide services consistent with the needs, goals, and best interests of individuals receiving services, taking into consideration the criminal history record of any natural person operator, if any, obtained in accordance with Part 550 of this Title. Regulatory compliance of existing programs and services will be taken into consideration during review of the application ([14 NYCRR Part 551.7\(a\)\(1\)](#)).
 - Provide the complete current Certificate of Incorporation (COI)/Articles of Organization (AOO). Note, that the COI/AOO must include the following OMH operating language:

- To operate programs for the mentally disabled pursuant to Article 31 of the Mental Hygiene Law and the rules and regulations adopted pursuant thereto, as each may be amended from time to time, which shall require as a condition precedent before engaging in the conduct of such services, an Operating Certificate (OC) from the New York State Office of Mental Health and the [corporation] or [company] may not establish any such facility or program without first obtaining such Operating Certificate.
- Indicate all the human service programs the organization has operated in the last 10 years, including the oversight agency(ies).
- Provide any additional information substantiating the organization's character and competence (e.g., letters of support from the community, experience providing mental health services).
- Facility Description
 - Indicate the address, type of program, if the agency will lease (attach lease, if applicable) or own the property.
- Additional Requirements
 - Before OMH can issue an Operating Certificate, the agency must complete a site visit with the OMH Field Office and provide a valid Certificate of Occupancy.

Policies & Procedures

Draft policies and procedures should be submitted separately to the OMH Field Office when the PAR application is submitted. The Field Office will continue to work with applicants to finalize their policies throughout the PAR review process. A finalized policy and procedure manual will be reviewed at the initial recertification visit, which will occur within the first 12 months of the program's operation. For guidance on what should be included in the policy and procedure manual, refer to the applicable regulations for the proposed program type and contact the Field Office with any questions.

Behavioral Health Services Advisory Council (BHSAC)

Once all LGU and OMH concerns have been satisfactorily addressed, the PAR Manager will work with the provider to schedule the project at the next BHSAC meeting.

The BHSAC advises OMH and the Office of Addiction Services and Supports (OASAS) on issues related to the improvement of behavioral health services in New York State. The Project Review Committee (PRC), a sub-committee of BHSAC, reviews project proposals from OMH and OASAS and makes a recommendation to the Commissioners for each project. The BHSAC PRC meets four to five times per year and the complete schedule can be found on the [BHSAC website](#).

The Commissioner or their designee will issue a decision (Approval with Conditions, Approval, or Disapproval) based on the recommendation of the LGU, OMH, and BHSAC PRC. If OMH issues approval with conditions, the applicant must meet all conditions including a pre-occupancy site visit with the OMH Field Office before final approval will be issued. The program cannot begin operation until final approval and an Operating Certificate is issued.

Pre-Occupancy Site Visit

The purpose of the pre-occupancy site visit is to ensure the space is adequate for the program being established and the population it will serve. The OMH Field Office will conduct a walkthrough of the proposed program space to confirm the space is in compliance with regulations, including a review of fire safety and verification that the appropriate signage is in place.

Applicants should contact their Field Office to schedule the pre-occupancy visit once the space is close to completion and has most of the furnishings and signage.

Final Approval

Once all reviewers have supported the application and all outstanding conditions of approval have been addressed, OMH will issue final approval. In preparation of issuing final approval, the PAR Manager will ask the applicant to confirm the effective date for opening. It is expected that the program will begin providing services on the effective date. If there are delays in initiation of service delivery, applicants should contact the Field Office to make them aware of issues or reasons for delays. An Operating Certificate may be issued in advance of the effective date if all conditions have been met. If this is the case, the Operating Certificate will clearly indicate the date it was issued and the date that it is effective, which is the date the program can begin providing services.

Initial Recertification Visit

The initial Operating Certificate (OC) is issued for a period of twelve (12) months. Prior to the expiration of the Operating Certificate the Field Office will send a renewal application. Providers are responsible for completing this application and returning it to the Field Office within 30 days. The Field Office will conduct an initial recertification visit. In rare instances where the Initial Recertification Visit takes place after the Operating Certificate renewal date, the initial Operating Certificate remains current and valid. If the program's Operating Certificate has expired, the Field Office can issue a current and valid letter.

The recertification survey will include a review of administrative functions, including but not limited to incident review, hiring and training, and complaints and grievances. During the recertification visit, the program must provide the OMH Field Office staff access to all applicable information, including policy and procedure manuals, relevant meeting minutes, and staffing list(s). In addition to the administrative review, the survey will include, but is not limited to, a review of open records, closed records, screened and not admitted records, interviews and an environmental review. If the minimum standards are not met, action will be required before a new operating certificate can be issued.

Fiscal

OMH Field Office fiscal staff will provide support for the development of the program budget at the prior consultation and as needed throughout the PAR process. This support will include:

- Review of budget templates if they are available for the applicable program
- Demonstration of the current service rates
- Guidance on where to find Medicaid rates on the website and how to determine the rates if they are not available online
- Review of how State Aid should be included in the budget

Consider the following when developing a projected budget:

- To find the most up to date rates that providers are entitled to receive from Fee-For-Service and Medicaid Managed Care, visit the [Medicaid Reimbursement Rates Website](#). If further support is needed as to what rates to utilize when developing the budget, contact the respective Field Office before submitting the PAR.
- If the program is receiving State Aid funding via Direct Contract or State Aid Letter, the funds made available should match the revenue line on the application budget.
- For modeled programs, the revenue must align with the expectations related to the model.
- The PAR budget should align with the Consolidated Budget Report (CBR) in the direct contract (for example: adjusted for the timeframes used).
- For programs selected through a procurement process, information and guidance on how to prepare contract documents and submit Consolidated Fiscal Reports (CFR) can be found on the [OMH Direct Contracting Process](#).
- When available, use the budget template provided by the Field Office during the prior consult.
- For Other Than Personal Service (OTPS) expenses, provide details and use appropriate distinct categories such as training, travel, and equipment.
- Expenses related to property should also be detailed for example, provide explanation for how expenses are allocated in a shared space.
- Administrative expenses per OMH guidance should not exceed 15% of total expenses.
 - Exclude rent or mortgage and equipment expenses when calculating the administrative expense.
 - For example: Total Expenses is \$100,000, Rent/Mortgage expense is \$20,000 and Equipment is \$5,000. The maximum allowed Adm Expense should be 15% of \$75,000.
- Ensure that expenses and revenue are consistent throughout the PAR application.
 - For example: the staff salaries in the budget align with the PAR narrative and staffing plan.

Medicaid Management Information System (MMIS) & National Provider Identifier (NPI)

To enroll or re-enroll the new program in NYS Medicaid, visit the [eMedNY Provider Enrollment Website](#), select “OMH” from the Provider List, then select the appropriate program from the drop down. The program will have its own NPI/MMIS combination, separate from individual prescriber or clinician NPI/MMIS numbers.

Complete the Enrollment Form. Be sure to check the appropriate box (e.g., New Enrollment or Reinstatement/Reactivation) and choose *either* Billing Provider or Managed Care Only (non-billing). Providers must have an Operating Certificate number to complete the MMIS process. PAR Managers will guide applicants to obtain an MMIS prior to the finalization of their PAR.

Note: To avoid delays in payment, providers with multiple NPI/MMIS numbers should consider the options and select what NPI/MMIS to use for claim submissions **before** the rates are loaded in eMedNY. Changing the NPI/MMIS after the rates are active will cause delays in reimbursement due to system reprogramming and the updating of the program’s Operating Certificate number. Additionally, making this change could also require a revision to the program’s contracts with Managed Care Organizations.

If the MMIS/NPI numbers must be changed, email OMH’s [Medicaid Fee-For-Service Billing Help](#) for assistance.

Medicaid Managed Care

It is critical to become familiar with Managed Care Organizations (MCOs), or “Plans” for billing purposes. Providers must have a contract in place or execute a single case agreement prior to delivering services to Medicaid Managed Care enrollees. Failure to do this may result in claims denials and loss of revenue as Plans are not required to pay claims for any services delivered prior to the execution of a contract or single case agreement. To this end, MCOs provide billing criteria for individuals who are covered by Medicaid, Medicare, and for individuals covered by private/commercial payors.

New providers are encouraged to review the [Managed Care Technical Assistance Center Plan Matrix](#) to determine the list of MCOs the provider would like to contract with for the counties served. Review the “Contracting Tab” within the Plan Matrix for MCO contact information.

Providers can contact the MCO’s Provider Services/Provider Relations department for information regarding how to become an in-network provider. Not only will this ease billing concerns, but it may also be a source of referrals. A MCO Provider Services Representative can inform providers about information necessary to submit to become part of the MCO’s preferred network. Usually, this includes completing an application with general information including but not limited to:

- A copy of the program’s Operating Certificate from OMH
 - In the absence of an Operating Certificate, providers can send the OMH conditional approval letter to the MCO to begin the contracting process.
- A list of clinicians’ expertise and/or specialty areas
- A copy of malpractice insurance
- A copy of the program’s W-9

Providers should be aware that MCOs must meet minimum network adequacy standards for OMH licensed services as outlined in Section 21.19 of the [Medicaid Managed Care Model Contract](#). Additionally, per Section 21.4 of the Model Contract, MCOs must accept OMH license in place of, and not in addition to, any MCO credentialing process for individual employees, subcontractors or agents of such providers. MCOs are expected to comply with time frames for reviewing the contract and providing a determination as outlined in Public Health Law 4406-h. If the MCO is meeting network adequacy for a particular service/county, MCOs are not required to contract with additional providers.

Note: MCO contracting and credential requirements may be different across product lines such as Commercial, Medicare, and Medicaid.

Prior to entering contracts with the MCOs, it is recommended providers review the following resources:

- [Standard Clauses for Managed Care Provider/IPA/ACO Contracts](#) – Provides important information to understand the areas where the State requirements are established and where negotiations with the MCO may occur.
- [Billing Behavioral Health Medicaid Services under Managed Care](#) – The managed care billing page with several provider resources, including:
 - [New York State Health and Recovery Plan \(HARP\) / Mainstream Behavioral Health Billing and Coding Manual](#) – Provides detailed billing and coding requirements for OMH services included in the Managed Care benefit package (Mainstream, Health and Recovery Plan, HIV Special Needs Plans)
 - [New York State Medicaid Advantage Plus \(MAP\) Behavioral Health Billing and Coding Manual](#)
- [Medicaid Reimbursement Rates Page](#) – Provides most up to date rates that providers are entitled to get from Fee-for-Service and Medicaid Managed Care.

- [OMH Managed Care Mailbox](#) – Questions, inquiries, [complaint forms](#), and concerns can be sent here.
- [Medicaid Managed Care Model Contract](#) – Provides contracting requirements between the State and the MCOs for operating the Medicaid Managed Care benefit including requirements related to contracting and credentialing.
- [Managed Care Technical Assistance Center \(MCTAC\)](#): To assist behavioral health providers with training, consultation, and educational resources, NYS has contracted with the MCTAC. New York University's McSilver Institute in partnership with the National Center on Addiction and Substance Abuse (CASA) at Columbia University lead MCTAC. MCTAC provides training and intensive support on quality improvement strategies, including business, organizational and clinical practices to achieve the overall goals of delivering behavioral health services in Medicaid Managed Care. Providers will need to create an account to access certain features of the website and trainings.
 - [UB-04 Billing Tool](#): The MCTAC Billing tool is an interactive UB-04 form that walks through the components required to submit a clean claim for behavioral health services in managed care.

Incident Management

The Protection of People with Special Needs Act, or PPSNA (Chapter 501 of the Laws of 2012) created the Justice Center for the Protection of People with Special Needs (The Justice Center). The Justice Center is a State Agency charged with the responsibility to track and prevent, as well as investigate and prosecute, reports of abuse and neglect of persons who have disabilities or special needs (i.e., vulnerable persons).

Providers of mental health services must develop and implement effective incident management programs to protect the health and safety of individuals served and enhance their quality of care. Incident management programs include the components of effective abuse protection; the classification of incidents; tracking and trending of incidents; and implementing effective actions to protect individuals served from harm.

Licensed providers of service for OMH will be required to report incidents in accordance with 14 NYCRR Part 524. This includes reporting suspected allegations of abuse and neglect, significant incidents, and deaths, to the Justice Center, which will decide whether the incident will be investigated by the Justice Center or OMH. Incidents delegated to OMH may be delegated to the provider for investigation.

Directors of mental health providers shall ensure that all employees who are Mandated Reporters shall receive training in the following areas on at least an annual basis:

- Abuse prevention, identification, reporting, and processing of allegations of abuse
- Laws, regulations, and policies/procedures governing protection from abuse
- Incident reporting and processing

All staff shall also receive [Code of Conduct](#) training on an annual basis.

Documentation of the above trainings must be maintained in personnel files and available for inspection.

Access the Justice Center's [Training Resources](#) for more information.

Incident Management – Program Requirements

OMH licensed providers are required to develop and implement effective incident management programs, in accordance with Part 524, to protect the health and safety of individuals served and enhance their quality of care.

At a minimum, incident management programs shall:

- Identify staff responsible for the program and train staff on their roles and responsibilities
- Develop and implement a written incident management plan
- Ensure the program is monitored for effectiveness

Incident Management Plans must include:

- Goals and objectives of the program
- Policies and Procedures for the operation of the program that address:
 - Identification, documentation, reporting and investigation of incidents
 - Review of individual incidents to identify appropriate preventive or corrective action
 - Review of the facts, circumstances, processes, systems, and areas of risk that contributed to an incident, as well as opportunities for performance improvement
 - Identification and review of incident patterns and trends

- Monitoring of incident management practices and developing proactive strategies for risk reduction, error prevention, and performance improvement

Learn more about the Justice Center and its requirements by visiting the following websites:

- [The Incident Management Field Guide](#)
- [Investigations & Appeals](#)

Safety Checks

A safety check is a series of questions that captures efforts to ensure the immediate safety of any individuals receiving services who are named in an allegation of abuse or neglect. Mental health providers under the jurisdiction of OMH are required to provide contact information in MHPD for administrators who can be contacted at any time (24 hours) for the purpose of completing a safety check. Facility safety check contacts completing the safety checks cannot be part or involved in the alleged incident.

All necessary safety check requirements are described during incident training. OMH Office of Quality Improvement (OQI) has staff available to complete safety checks 24/7: Customer Relations during business hours and a Standby On-Call Team for after hours. Basic requirements, if not reflected in the narrative of the incident, will be obtained. OMH staff calling to complete a safety check cannot provide any guidance outside of the safety check process.

Significant Incidents, OMH-Only Reportable Incidents, and Deaths

Provider submission of investigations for Significant Incidents, OMH-Only reportable incidents, and patient deaths is done in the New York State Incident Management and Reporting System (NIMRS) application. Submissions should contain enough information to make clear that each incident was investigated, reviewed, and monitored as required by 14 NYCRR Part 524. This includes the details of the investigation conducted, the specific findings and conclusions of the investigation, and a description of any identified issues of concern with corresponding corrective actions. The Incident Review Committee discussion should address clinical and systemic issues and how they impact quality.

After submitting via NIMRS, the investigation will be reviewed by OMH. If the required information is present, the incident will be approved. If additional information is required, OMH will request a revision via NIMRS, which re-opens the incident and sends an email notification to the provider. The provider would then make the requested revision(s) and re-close the incident, sending it back to OMH.

**Refer to [14 NYCRR Part 524 Incident Management Program Regulations](#) for specific incident types, definitions, timelines and requirements for investigation.*

Incident Review Committee (IRC)

Providers must appoint a standing IRC to ensure all reportable incidents, and incidents that may adversely affect the care and safety of individuals served, are appropriately reviewed with necessary corrective actions implemented and monitored for effectiveness. The composition of the IRC should promote the free and open exchange of information.

The IRC must include:

- Members of the governing body of the mental health provider
- Persons identified by the provider's director, including some members of the following:
 - Direct Support Staff
 - Licensed Health Care Practitioners
 - Service Recipients

- Representatives of Family, Consumer, and Other Advocacy Organizations
- A physician, on an ad hoc or regular basis. The physician must attend the reviews of all medically related incidents
- The Director of the provider agency, e.g., Chief Executive Officer, shall not be a member of the IRC.

Corrective Action Plans

Corrective Action Plan (CAP) submissions are required for all cases involving Allegations of Abuse/Neglect (A/N) assigned to OMH licensed/operated facilities. The CAP contains all documented Corrective Actions deemed necessary to mitigate the re-occurrence of a similar event and any continued risk.

Once the investigation into A/N allegations is submitted and reviewed by the NYS Justice Center, they issue a Letter of Determination to both the provider and OMH Central Office. The provider has 45 days, from the date of the Letter of Determination to submit their CAP in NIMRS for OMH to review. The provider's IRC should review the investigation findings and determine what, if any, corrective actions are needed. The CAP should address the following: any substantiated findings, any areas of concern noted by the investigator, the NYS Justice Center or the IRC's review. Each action is documented individually on the Corrective Action Plan tab in NIMRS and should include: a description of the action taken, a person responsible, an implementation status and an implementation date. Each action, except for personnel or clinical actions specific to an individual receiving services, require the attachment of supporting documentation that verifies the completion of each action. Any case that has all allegations deemed unsubstantiated and reveal no noted areas of concern can have a "None" CAP submitted in NIMRS.

Once submitted, the CAP is reviewed by OMH Central Office. If the CAP is approved, it becomes available to the NYS Justice Center for a potential CAP Audit. If the CAP requires revision, it will be sent back to the provider in NIMRS under the status of "Provider Revision Required". An approved CAP is required in NIMRS, to be accessible to the NYS Justice Center within 100 days from the date of the Letter of Determination.

For more information regarding CAP Audits:

- Visit the [Spotlight on Prevention: Corrective Action Plan Guidance](#).
- Visit the [CAP requirement under 14 NYCRR 524.9](#).

Sentinel Events

A Sentinel Event (SE) is a patient safety occurrence that results in death, permanent harm, or severe temporary harm and occurs in an inpatient psychiatric program or Residential Treatment Facility. SEs require a particular review called a Root Cause Analysis. This comprehensive systematic analysis identifies the root causes of an event and develops corrective actions to reduce the probability of such an event occurring in the future. Provider incident management policies and programs should address the identification and review of Sentinel Events.

OMH follows the Joint Commission guidelines:

[Sentinel Event Policy and Procedures](#)

[The Root Cause Analysis and Corrective Action Plan](#)

Customer Relations

Customer Relations (CR) is part of the Office of Quality Improvement. The CR office receives questions and processes complaints from the public, including individuals receiving services from mental health providers that are under OMH's jurisdiction. Concerns are received via phone, email,

fax mail, non-NYJC referral and from other NYS agencies. CR staff will review content to decide on the appropriate response, obtain all needed information, offer appropriate resources, redirection and determine if additional follow up is needed. If follow up is required to properly address a concern, appropriate staff will be notified of the received concern. Assigned staff will then outreach to the provider to notify of the need for follow up on a new concern and a due date for needed response will be provided, which is automatically generated by an algorithm. Details of concern resolution and follow up with the individual receiving services should be provided by the due date to close the concern in the system.

Providers are encouraged to post information about OMH's CR Line prominently so that individuals who have complaints or concerns about their care are informed about their option to call OMH CR for assistance. CR posters and brochures can be ordered and should be displayed in all OMH licensed units and facilities. Customer Relations related materials can be obtained by emailing the [Office of Quality Improvement](#).

Customer Relations staff are available weekdays from 9am-6pm via phone at 1-800-597-8481 and has a 24/7 confidential voicemail available. Find more contact information at [Contact OMH](#).

Incident Management Resources

- [Title 14 NYCRR Part 524](#)
- [Incident Management Field Guide](#)
- [Clinical Risk Management](#)
- [OMH NIMRS Definitions for Incident Types and Reportability](#)

Pre-Employment Checks (PEC)

Providers of licensed OMH services must conduct PECs to hire an employee, intern, consultant, volunteer, or contractor who is expected to have routine unsupervised and unrestricted contacts (including services provided via Telehealth) with vulnerable persons. Additionally, OMH performs such checks for Natural Person Operators of for-profit businesses, including S Corporations and limited liability companies (LLCs). These requirements come from [New York State's Mental Hygiene Law 31.35](#) which states that with some exceptions:

Every provider of services who contracts with or is approved or otherwise authorized by the office of mental health to provide services...shall request that the justice center for the protection of people with special needs check, and upon such request such justice center shall request and shall be authorized to receive from the division of criminal justice services criminal history information...concerning each prospective operator, employee or volunteer of such provider who will have regular and substantial unsupervised or unrestricted physical contact with the clients of such provider. For purposes of this section, "operator" shall include any natural person with an ownership interest in the provider of services.

OMH and Provider responsibilities are outlined, in part, by regulation: 14 NYCRR Part 550 Criminal History Record Checks.

For additional information on PEC, please see [Pre-Employment Checks \(ny.gov\)](#), or contact cbc@omh.ny.gov.

Password resets: Email the [ITS Service Desk](#) (preferred) or call **(844) 891-1786**.

OMH Data Systems & Applications

OMH has a variety of web-based data systems and applications that providers, managed care organizations, counties, and other entities use to support data collection, communication with OMH and obtain valuable information to improve client care. To authorize staff access to use any of the secured OMH web-based applications, all organizations must use the Security Management System (SMS).

Brief descriptions of each OMH application are provided below, along with how organizations can gain access to each, add new users, token & login instructions, as well as brief descriptions for each OMH application.

Enrollment in the Security Management System (SMS)

To access any OMH application, the organization must first be set up in SMS, which greatly improves the efficiency of adding and removing users and expanding or reducing users' access to sensitive data.

The steps to access SMS are:

1. The organization's CEO/ED must first review and electronically sign the Confidentiality & Non-Disclosure Agreement (CNDA.) The CNDA can be requested from the [ITS Service Desk](#) and will be emailed to the CEO/ED on file for the organization. View [CNDA Required for Accessing the OMH Security Management System](#) for more information.
2. Once the CNDA is electronically signed, OMH Security will send the CEO/ED a Security Management System Self-Registration (SMSSR) email. The CEO/ED will need to forward the SMSSR email to any staff that will be assigned the Security Manager role, the person(s) responsible for locally managing OMH application access to other staff at the agency.
 - Note: It is recommended that each organization has at least two Security Managers (SM).
3. The Security Manager(s) will go to the [OMH Security Management System](#) (also provided in email) and:
 - Select their agency from a drop-down list
 - Use the agency control ID listed in the email
 - Provide information to self-register
4. Security Managers will receive an email confirming them as a Security Manager along with their OMH ID.
5. The Security Manager will self-register via the SMSSR application. The self-registration will generate an SMS User ID, and an RSA Token request.
6. The Security Manager token request will go to the SAT team who will then create a User ID in RSA and send an email to the SM with the RSA User ID, password and the link to the [Token Self-Service Console](#).
7. The Security Manager will receive the email, go to the [Token Self-Service Console](#) and request a token.
8. The token request will go to the RSA pending token queue. One of the members of the SAT team will approve the token.
9. The Security Manager will be notified of the approval and will download the token on their phone.

If security managers have issues obtaining a token, they can contact the [ITS Service Desk](#).

Adding Users in SMS

After the Security Manager completes their self-registration via the SMSSR, they can begin to create user accounts in SMS. View [The Security Management System Manual](#) in the SMS application for

additional help.

The Security Manager will need the following information to create a user account:

- Name
- OMH User ID
 - If this is the first OMH application being accessed at the user's current agency, a unique User ID will be generated/provided once the agency's security manager(s) creates the user account in SMS.
 - If the staff member works at multiple agencies/hospitals, they should NOT provide their OMH User ID they received from one outside agency/hospital to another. The OMH User ID assigned is specific to an agency.
- E-mail address and mailing address of user
- Token preference (mobile-based "soft" token or physical "hard" token). NOTE: if a hard token is requested, a justification must be provided for why the user cannot use a mobile token.

Once the user account is created, the Security Manager will use SMS to grant access to OMH applications by selecting the specific data system checkbox within the user's account. Additionally, the Security Manager will choose the security token preference for that user (soft or hard token). If a hard token is selected, OMH will mail it to the organization's address listed on file. It is the responsibility of the Security Manager to provide the token to the user.

Note: A policy for ensuring the protection of protected health information (PHI) should be shared with staff (e.g., staff must have HIPAA training before getting access to certain OMH applications) and login tokens should not be shared among staff. The organization's existing policies may be sufficient but should be reviewed, and possibly modified.

Token & Login Instructions

Staff with access to OMH databases will receive an OMH User ID and an RSA Token. For users whose Security Manager selected "soft token" access, they will receive an email from OMH Security containing a link to the [Self-Service Console](#) as well as a User ID and password to login. Within the Self-Service Console, users will choose which mobile device they have (iOS, Android, etc.) and then activate their token. For users whose Security Manager selected "hard token" access, they will first need to be provided the hard token from their Security Manager. Once the hard token is in the user's possession, the user will receive an email from OMH Security containing a link to the [Self-Service Console](#) as well as a User ID, Enablement Code, and Token Serial Number to login and activate.

Once a user has activated their token, they will need to create a PIN to use with their User ID and token to login to OMH applications. If users have issues with or obtaining their token, they can reach out to the [ITS Service Desk](#).

PIN requirements:

- PIN must contain eight numeric digits
- Cannot start with a 0 (zero)
- Cannot have sequential and consecutive numbers (forward or reverse) such as 11111111, 12341234, 12345678, or 12344321

Login requirements for OMH applications:

- Enter User ID
- Enter Passcode:
 - Soft token – enter 8-digit PIN into RSA token to generate passcode for passcode field
 - Hard token – enter 8-digit PIN + RSA token passcode into the passcode field

Login Issues

All users are encouraged to set up their [Self-Service Console](#) security questions in advance, which allows users to use the 'Troubleshoot SecurID token' option to reset their PIN, without needing to contact the ITS Service Desk. The PSYCKES website has training guides available for further assistance: [Self-Service Console Training Guides](#).

If a user is locked out of their RSA token and did not set up the security questions in advance, or if the user can't log into [Self-Service Console](#), contact the [ITS Service Desk](#) or call 1-800-435-7697. Another common issue is setting up Microsoft Edge to access OMH systems. Providers should work with their internal IT department to ensure that they can access Microsoft Edge to access OMH systems across their agency. See appendix for "Enterprise Mode Site List Setup for OMH Applications".

Accessing OMH Applications and Data Systems

Please review this list of OMH applications and data systems to identify which systems the agency/program will need access to and how to access them:

Mental Health Provider Data Exchange (MHPD)

Description:	MHPD is a web-based application that allows provider agencies to submit requests, of varying complexity levels (Change Request, Administrative Action, EZ PAR and Comprehensive PAR, from simplest to most complex) to make changes to their provider data stored in CONCERTs. Only these requests – not any provider data - is stored in MHPD.
Program Types (Required or Recommended)	Required for mental health providers funded, operated, or licensed by the Office of Mental Health. Available functionality within MHPD differs between licensed and unlicensed programs.
Website(s):	OMH Mental Health Provider Data Exchange (MHPD) Description and Resources Mental Health Provider Data Exchange (MHPD) Application
How to Obtain Access:	Ask Security Manager to go into the SMS System and grant access to MHPD.
Notes:	Providers are expected to submit a Change Request in MHPD if there are any updates to the agency's contact information. This ensures that OMH sends important communication to the appropriate staff. Facilities shall provide the Office with 24/7 Incident Safety Check Contact information for administrators who can be contacted by the Office at any time, on a 24 hour per day, 7 day a week basis, for the purpose of ensuring that following the occurrence of an allegation of abuse or neglect, the facility immediately provides assistance and secures appropriate care for the involved patient or patients. Providers should also include contact information for individuals involved in Incident Management and Quality Improvement. See appendix for details on how to enter this information into MHPD. To edit facility contacts, go onto the Directory Search page in MHPD and click the "Pencil" icon on the top (FACILITY) row in the data grid. On the screen that comes up, click the "Edit Facility Contacts" link that appears at the bottom of the "Facility Contacts" section.

New York State Incident Management and Reporting System (NIMRS)

Description:	<p>New York State Incident Management and Reporting System (NIMRS) is a secure, web-based tool for reporting incidents under Part 524 of the NYS Rules and Regulations. Providers can report incidents and restraints in a real-time environment.</p> <p>This tool assists risk management staff in making informed policy decisions. Our goal is to make changes that improve quality of life for the individuals we serve.</p>
Program Types (Required or Recommended)	Required for mental health providers operated or licensed by the Office of Mental Health. May also be required for OMH funded programs.
Website:	New York State Incident Management and Reporting System (NIMRS)
How to Obtain Access:	<p>OMH requires all agencies to sign an OMH Confidentiality & Non-Disclosure Agreement (CNDA) prior to granting user access to NIMRS and other OMH applications.</p> <p>After the CNDA is signed, the facility's director will assign one or more Security Managers for their agency. Due to absence, turnover, or other circumstances that may arise - OMH recommends assignment of at least 2 Security Managers.</p> <p>The Security Manager will then be responsible for managing user access to NIMRS and other OMH applications via the Security Management System (SMS).</p> <p>An RSA SecurID Token is needed to access NIMRS.</p>
Notes:	<p>For NIMRS technical support, contact the NIMRS Help Desk</p> <p>For Login/Token support, email the ITS Service Desk or call 518-474-5554 (option 2)</p>

Child & Adult Integrated Reporting System (CAIRS)

Description:	The New York State Office of Mental Health (NYS OMH) Child and Adult Integrated Reporting System (CAIRS) is a secure and confidential HIPAA compliant information system developed and utilized by OMH to record, facilitate, monitor, and evaluate mental health services provided to children and adults with mental health needs in NYS.
Program Types (Required or Recommended)	<p>Child program types 4800 - Children and Youth Assertive Community Treatment 0910 - Children's Crisis Residence 7050 - Community Residence - Children & Youth 7000 - Mobile Mental Health Team 1080 - Residential Treatment Facility - Children & Youth</p> <p>Adult program types 0800 - ACT 7080 - Apartment/Support 7070 - Apartment/Treatment 6080 - Congregate/Support 6070 - Congregate/Treatment 5020 - Intensive Crisis Residence 6340 - PROS-Comprehensive with Clinic 7340 - PROS-Comprehensive without Clinic 5030 - Residential Crisis Support 8050 - SRO Community Residence</p> <p>Children/Adolescents/Adults program types 1760 - Advocacy/Support Services 2100 - Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Treatment 6110 - Community Residence for Eating Disorder Integrated Treatment Program 0910 - Children's Crisis Residence 0200 - Day Treatment 0040 - Family Care 1650 - Family Support Services - Children & Family 2730 - Health Home Care Management 2620 - Health Home Non-Medicaid Care Management 3040 - Home Based Crisis Intervention 2720 - Non-Medicaid Care Coordination 0690 - Outreach 1520 - School Program without MHOTRS 1400 - Single Point of Access (SPOA) 0780 - Specialty Mental Health Care Management 6060 - Supportive Housing 5070 - Supportive Single Room Occupancy (SP-SRO)</p>
Website:	CAIRS Salute Login

Child & Adult Integrated Reporting System (CAIRS)

How to Obtain Access:	<p>To request or update access to the CAIRS application, please contact your Facility's Security Manager. If you are unsure who that is, you will find a list by agency under the Help/Getting CAIRS Access menu in CAIRS.</p> <p>CAIRS Access process:</p> <ul style="list-style-type: none">• All Non-OMH CAIRS access requests (including changes in access) are sent to the user's facility security manager. A list of security managers is available in CAIRS under the HELP/Getting CAIRS Access menu.• The security manager will enter the user's information into SMS. The information needed can be found on the CAIRS Access Form which is available in CAIRS under the HELP/Getting CAIRS Access menu.• The appropriate OMH business owner and the OMH Security unit will be notified via email, starting the application approval and token assignment process.• Users will receive an email from OMH security when the process is complete which will include the user's token and log in instructions. This process typically takes 2-5 business days. If you have not received your token and instructions within 10 days, check your spam/junk mail and then call 800-435-7697 or email the ITS Service Desk• If token already obtained and only updating access, CAIRS will be updated on top of the next hour after the security manager has submitted the access change in SMS.
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Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)

Description:	The Psychiatric Services and Clinical Knowledge Enhancement System (About PSYCKES) is an OMH web-based application that securely shares information from Medicaid billing data and other state health databases for NYS Medicaid enrollees. Programs can access individual client-level medical and behavioral health data from the past five years, along with flexible population level reports and quality improvement data.
Program Types (Required or Recommended):	Recommended for all program types.
Website:	PSYCKES Homepage
How to Obtain Access:	<p>Due to the Protected Health Information (PHI) in PSYCKES, additional steps to access are required:</p> <ul style="list-style-type: none"> • Provider completes PSYCKES Access Online Contact Form Survey • Provider CEO (or another person who is legally authorized to bind the organization to the contractual terms) receives and signs the Office of Mental Health (OMH) PSYCKES Confidentiality Agreement (this is agreement to the CNDA described above) in which the organization acknowledges that PSYCKES provides access to Medicaid claims data and protected health information and agrees to comply with all New York State and Federal privacy laws and regulations. Agreements will be countersigned by the OMH PSYCKES Director. Scan signed copy and email to PSYCKES Help Desk. • Once this information has been provided, the PSYCKES Team will check to see if your agency has signed the CNDA and has registered Security Managers. If all steps are completed, your agency's access to PSYCKES will be granted and Security Managers will see "PSYCKES" as an option in SMS.
Notes:	For PSYCKES related questions, contact the PSYCKES Help Desk . PSYCKES Training Webinars are available for additional help.

Vital Signs Dashboard

Description:	The Vital Signs Dashboard (VSD) is a tool to visualize public mental health system performance within domains of access, quality and treatment outcomes. Data in the VSD can be stratified by race & ethnicity to assist in identify emerging and persistent disparities and promote health equity.
Program Types (Required or Recommended)	Recommended for OMH licensed program types, in particular: <ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Certified Community Behavioral Health Clinics (CCBHC) • Community Residence (CR) • Comprehensive Psychiatric Emergency Program (CPEP) • Continuing Day Treatment (CDT) • Day Treatment (DT) • Mental Health Inpatient • Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) and Intensive Outpatient Program (IOP) • Partial Hospitalization Program (PHP) • Personalized Recovery-Oriented Services (PROS) • Residential Treatment Facility (RTF)
Website:	OMH Vital Signs Dashboard
How to Obtain Access:	From the time of its launch in July 2022, the VSD link/access is only being shared with OMH licensed and designated providers and county mental health authorities, to allow you an opportunity to review your data before a broader release. Do not share outside your organization.
Notes:	For VSD related questions, email the Help Desk .

Electronic Provider Assisted Claim Entry System (ePACES)

Description:	<p>ePACES is a web-based application available to enrolled Medicaid providers. ePACES allows for the following types of transactions:</p> <ul style="list-style-type: none"> • Claims • Claim status requests • Prior approval requests • Eligibility requests • Utilization Threshold service authorizations <p>Providers Must Have Their Own Electronic Transmitter Identification Number (ETIN) to Enroll in the electronic Provider Assisted Claim Entry System, ePACES.</p>
Program Types (Required or Recommended)	Recommended for all OMH Licensed Program Types that are Medicaid-reimbursable
Website:	ePACES Login
How to Obtain Access:	eMedNY Enrollment Login
Notes:	Helpful resources for ePACES can be found on this page: eMedNY Tool Center

Patient Characteristic Survey (PCS)

Description:	<p>The PCS survey collects demographic, clinical, services & outcome data from all facilities in New York that receive OMH funding or have OMH licensed programs that provide direct services to clients. PCS is conducted biennially, and the next cycle is 2023.</p>
Program Types (Required or Recommended)	All programs that offer direct services and are funded and/or licensed by OMH must complete the PCS.
Website:	<p>Data Collection: Patient Characteristics Survey</p> <p>Public Portal for PCS Reports: Tableau Visualizations</p>
How to Obtain Access:	Granted by a Security Manager at each facility.
Notes:	<p>Prior to each PCS cycle, the Facility Survey in MHPD is conducted.</p> <p>The Facility Survey is used to ensure accuracy of facility information in preparation for the Patient Characteristics Survey (PCS).</p> <p>The survey gives providers the opportunity to correct and update information in the Mental Health providers Data Exchange (MHPD) for programs that provide direct services to clients.</p>

Appendix

Prior Approval Review Project Categories

The following table identifies the three categories that projects can fall under:

Administrative Action (No PAR Required)	E-Z PAR	Comprehensive PAR
<ul style="list-style-type: none"> • Relocate outpatient program or satellite to new location within county • Relocate a portion of an existing outpatient program in county (no expansion) • Clinic program expansions or reductions of between 10% and 25% in program caseload or capacity • Outpatient program (not including clinic) expansions or reductions up to 10% in program caseload or capacity • Change in inpatient bed capacity less than 5% or less than 10 beds, whichever is less • Close outpatient satellite with ≤ 5.5 FTE staff • Consolidate programs (no major program reduction) • Change satellite program to full program • Minor change in population served, services provided, or days and hours of operation • Capital project under \$250,000 • Transfer of 10% or less of stock for programs operated under a for-profit corporation or a limited liability company** • Certificate of Incorporation ** • Articles of Incorporation** • Amendment to Certificate of Incorporation** • Management contracts** • Clinical service contracts** <p><i>All requests processed through field office unless noted with **. If "" they are processed through Bureau of Inspection and Certification (BIC) at OMH Central Office.</i></p>	<ul style="list-style-type: none"> • Establish new outpatient program by existing provider • Establish new outpatient satellite(s) • Capital projects under \$600,000 and above \$250,000 • Expand or reduce existing outpatient program (excluding clinic) by more than 10% • Expand or reduce existing clinic program by more than 25% • Relocate outpatient program or satellite to new location outside of current county • Expand or reduce existing licensed inpatient beds from 5% up to 15% or by a maximum of 10 beds, whichever is less • Close outpatient program • Close outpatient satellite with > 5.5 Full Time Equivalent (FTE) staff • Change of sponsor of a licensed program (existing providers) • Expand or reduce number of beds in a licensed community residence • Close community residence • Establish Community Residence (CR) program by a for-profit corporation who is an existing provider • Community residence capital project $> \\$250,000$ • Relocation of licensed community residence • Substantial change in population served, services provided or program type • 9:39 waiver request • Transfer of stock of greater than 10% for programs operated under a for-profit corporation 	<ul style="list-style-type: none"> • Establish new outpatient program by new provider • Establish new inpatient program • Close inpatient program • Expand or reduce inpatient program by greater than 15% or by more than 10 beds, whichever is less • Change of sponsor of a licensed program (new provider) • Inpatient capital projects that relate to a Comprehensive PAR or exceed \$600,000 • Outpatient capital projects in excess of \$600,000

Table current as of April 2024

Licensed Program Type Descriptions

Please refer to Title 14 of the NYS Codes, Rules, and Regulations to obtain more specific program definitions and information.

Licensed Outpatient Programs

- **Assertive Community Treatment (ACT)** - A comprehensive and integrated set of psychiatric, psychosocial rehabilitation, case management and support services for youth, young adults, and adults. These services are provided by a mobile multi-disciplinary mental health treatment program mainly in the client's residence or other community locations.
- **Comprehensive Psychiatric Emergency Program (CPEP)** - A hospital-based program which offers/provides access to crisis outreach, intervention, and residential services; and/or provides beds for the extended observation (up to 72 hours) to adults, adolescents, and/or children who need emergency mental health services.
- **Children's Mental Health Rehabilitation Services (CMHRS)** - The goals of CMHRS programs are to assist children/youth and their families with significant mental health and behavioral challenges function successfully within their homes and community, ameliorate mental health symptoms and prevent the progression of mental health conditions by providing a coordinated array of clinical treatment and rehabilitative and support services.
- **Continuing Day Treatment** - Provides adults with serious mental illness the skills and supports necessary to remain in the community and or work toward a more independent level of functioning. Participants often attend several days per week with visits lasting more than an hour.
- **Day Treatment** - Integrates mental health and age-appropriate education services for children and adolescents living in the community until they can attend regular classes. It usually operates five full days per week during the school year and on a curtailed schedule during the summer. It may or not be school based.
- **Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)** - A program for adults, adolescents, and/or children which provides an array of treatment services for assessment and/or symptom reduction or management. Services include but are not limited to individual and group therapies. The purpose of such services is to enhance the person's continuing functioning in the community. The intensity of services and number/duration of visits may vary.
- **Partial Hospitalization** - A program for adults, adolescents, or children which provides active treatment designed to stabilize or ameliorate acute symptoms in a person who would otherwise need hospitalization.
- **Personalized Recovery Oriented Services (PROS)** - A comprehensive recovery-oriented program for individuals with serious mental illness. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery.

Licensed Residential / Housing Programs

- **Apartment, Treatment Community Residence** - Provides adults an apartment, in the community with staff visits as necessary to provide rehabilitative services designed to improve functioning and develop greater independence.
- **Children and Youth Community Residence** - A single site residence that provides group living for six to eight children and/or adolescents. The program provides a supervised, therapeutic environment which seeks to develop the resident's skills and capacity to live in the community and attend school/ work as appropriate.
- **Community Residence for Eating Disorder Integrated Treatment (CREDIT)** - A subclass of community residence program for either children and adolescents ages 12-18 or for adults over age 18 who have been diagnosed with an eating disorder, whose individual treatment issues preclude family settings or other less restrictive alternatives. A CREDIT program in addition to the requirements for licensed residential programs also must be affiliated with an entity designated by the New York State Department of Health as a Comprehensive Care Center for Eating Disorders (CCCED).
- **Congregate, Treatment Community Residence** - A single site residence that provides group living for adults, three meals a day, 24 hours per day supervision/ staff, and rehabilitative activities.
- **Crisis Residence** - A single site residence designed to provide 24 hours per day supervision, generally for up to 30 days, to adults or children/adolescents experiencing acute symptoms or a temporary disruption in community supports. Services are designed to avoid hospitalization and return the resident to a stable environment.
- **Service Enriched Single Room Occupancy** - A program that provides adults private living units at a single site; and on-site staff and support activities to assist residents to negotiate routine challenges of living in the community.

Licensed Inpatient Hospital Programs / Hospitalization Programs

- **Inpatient Treatment Program** - A 24 hours per day hospital-based program which includes psychiatric, medical, nursing, and social services required for the assessment and or treatment of a person with a primary diagnosis of mental illness who cannot be adequately served in the community. Programs are offered to adults, adolescents, and/ or children by general hospitals, private hospitals for the mentally ill, and state operated psychiatric centers.
 - **General Hospital Inpatient Programs** - 24 hours per day inpatient treatment programs that are jointly licensed by the New York State Office of Mental Health and the New York State Department of Health and operated in medical hospitals.
 - **Hospital for Mentally Ill Persons Inpatient Programs** - 24 hours per day inpatient treatment programs that are licensed by the New York State Office of Mental Health and operate in private hospitals that provide behavioral health services exclusively.
- **Residential Treatment Facility (RTFs) for Children and Youth** - A 24 hours per day inpatient treatment program which provides intensive treatment services to children and adolescents age 5 - 21 who need longer term treatment than would be provided on an inpatient psychiatric program operated by a general, private mental hospital, or state psychiatric center.

Comprehensive Prior Approval Review (C-PAR) Application Flow for New Providers

Where applicable, sections are hyperlinked for further guidance. All steps in bold are completed by the applicant. The appendix has additional resources including a new provider checklists.

Step 1: Applicant schedules and attends prior consultations with the Local Government Unit and OMH Regional Field Office. **Applicant should be familiar with relevant program regulations and standards of care at the time of these meetings.*

Step 2: Applicant completes the C-PAR application and submits it to OMH Central Office's Bureau of Inspection and Certification (BIC).

Step 3: The application is assigned to a Project Manager (PM) within BIC and distributed for review.

Step 4: The application goes through the review process including relevant units in OMH Central Office, OMH Field Offices, and Local Government Units.

Step 5: Applicant receives and responds to inquiry(ies) from the PM outlining all comments, concerns, and recommendations that the applicant needs to address before conditional approval.

Step 6: Responses are reviewed, and outstanding comments, concerns, and recommendations are sent to the applicant from the PM.

Step 7: Application goes to the Behavioral Health Services Advisory Council for review and recommendation.

Step 8: The PM issues conditional approval of the application and sends the conditions to the applicant.

Step 10: Applicant receives, addresses, and responds to the conditions of approval.

Step 11: The conditions of approval are reviewed.

Step 12: Applicant completes a pre-occupancy visit at the proposed program site with the Field Office.

Step 13: Upon recommendation of all reviewers, the PM issues Final Approval.

Step 14: Applicant receives a Final Approval Letter along with their Operating Certificate valid for 12 months.

New Provider Checklists

Before Submitting a Prior Approval Review (PAR) Application

- ☐ Conduct research to support the need and functioning within the public mental health system
- ☐ In preparation of the prior consultation, review relevant regulations and resources based on the program type
- ☐ Complete a prior consultation(s) appointment with the OMH Field Office and LGU
- ☐ Confirm if the application will require a CON

PAR Application Review Process

- ☐ Submit the completed PAR Application
- ☐ Respond to requests for additional information
- ☐ Develop an Incident Management Policy
- ☐ Develop an Internal and External Incident Reporting Process
- ☐ Establish a Complaints Process
- ☐ Establish IRC Composition
- ☐ Submit a draft Policy and Procedure Manual to the OMH Field Office for review with the PAR
- ☐ **For-profit entities only:** BIC completes OMH Pre-Employment Checks (SEL, CBC, SCR) of natural person operator

Behavioral Health Services Advisory Council (BHSAC)

- ☐ Provide the name(s) and title(s) of agency staff that will attend to the assigned PAR Manager at least three weeks prior to the BHSAC meeting
- ☐ Attend BHSAC Project Review Committee (PRC) meeting to address any additional concerns raised by the PRC

Conditional Approval Received (Post BHSAC)

- ☐ Respond to the conditions of approval
- ☐ Submit the New Provider Information form to OMH PAR Manager
- ☐ Complete a pre-occupancy site visit with OMH Field Office
- ☐ Identify a Security Manager
- ☐ Request access to IT Systems
- ☐ Risk Manager or designee should contact OMH OQI at 518-474-3619 to be connected with the regional CRM and receive a welcome packet
- ☐ Post required complaint documentation
- ☐ Assign 24-hour safety check and incident management contact in MHPD
- ☐ Submit Managed Care Organizations Contracting & Credentialing materials

BIC provides Pre-Employment Checks (PECs) materials. Agency's responsibilities:

- ☐ Obtain access for at least one Authorized Person (AP) to run SEL, CBC, SCR for all people applying for subject positions (hires or volunteers).
- ☐ Agency leadership and APs should view the PEC training and familiarize themselves with resources provided by BIC.

The following items must be completed as staff are hired but before they provide services to individuals:

- ☐ AP completes OMH Pre-Employment Checks (SEL, CBC, SCR) for all people applying for subject positions (hires and/or volunteers)
- ☐ Provide training to custodians on Code of Conduct (per 14 NYCRR Part 524.15) and mandated

reporter requirements (as staff are hired)

- ☐ Train IRC members on responsibilities (as staff are hired)

Final Approval & Operating Certificate Received

- ☐ Apply for MMIS and National Provider Identifier (NPI) numbers
- ☐ Contact OMH OQI to receive training for staff on regulations, NIMRS reporting, incident management and investigations
- ☐ Train appropriate staff on the use of NIMRS
- ☐ Train staff on the Root Cause Analysis (RCA) process for sentinel events (applies to inpatient, residential, CPEP and RTF)
- ☐ Obtain access to appropriate databases

OMH Field Offices

Please contact the local [Field Office](#) for additional questions about the application process.

Western New York Field Office

737 Delaware Avenue, Suite 200
Buffalo, NY 14209

(716) 533-4075

*Counties: Allegany, Cattaraugus,
Chautauqua, Chemung, Erie, Genesee,
Livingston, Monroe, Niagara, Ontario,
Orleans, Schuyler, Seneca, Steuben,
Tioga, Tompkins, Wayne, Wyoming,
Yates*

Central New York Field Office

545 Cedar Street, 2nd floor
Syracuse, NY 13210

(315) 426-3930

*Counties: Broome, Cayuga, Chenango,
Clinton, Cortland, Delaware, Essex,
Franklin, Fulton, Hamilton, Herkimer,
Jefferson, Lewis, Madison, Montgomery,
Oneida, Onondaga, Oswego, Otsego, St.
Lawrence*

Hudson River Field Office

10 Ross Circle, Suite 5N
Poughkeepsie, NY 12601

(845) 454-8229

*Counties: Albany, Columbia, Dutchess,
Greene, Orange, Putnam, Rensselaer,
Rockland, Saratoga, Schenectady,
Schoharie, Sullivan, Ulster, Warren,
Washington, Westchester*

New York City Field Office

330 Fifth Avenue, 9th floor
New York, NY 10001

(212) 330-1650

*Counties: Bronx, Kings (Brooklyn), New
York (Manhattan), Queens, Richmond
(Staten Island)*

Long Island Field Office

998 Crooked Hill Road
Building 45, 3rd floor
West Brentwood, NY 11717

(631) 761-2508

Counties: Nassau, Suffolk

Update MHPD Facility Contact Information

Updating Facility Contact Information in MHPD

1. Login to the [MHPD](#) application



Important: Incident Alert Email and 24/7 Safety Check contacts are NOT set up in NIMRS. Login to the Mental Health Provider Directory (MHPD) to enter this information.



- Troubleshooting MHPD Login Issues:
 - To resolve login issues, contact healthhelp@its.ny.gov.
 - To request access to MHPD, contact your facility security manager and request "Provider Admin" access to MHPD, or work with your facility security manager to determine which staff already have MHPD access and can help with these updates.

2. Select the "Directory Search"

- Navigate to the top tool bar and select "Directory Search" from the MHPD home screen. If this is your first time logging in, you'll be prompted to verify your contact information before the MHPD home screen becomes available.



3. Select the "Eyeglass" icon on the "Facility" line

Facility	City	Program Type	
Facility [18003/1222] - Test Facility (for user manual)			
Program [200] - * ADE Mohawk Clinic	Mohawk	[200] - Clinic Treatment	
Program [220] - Advocacy for PCS Test	Albany	[170] - Advocacy/Support Services	

4. Select the "Edit Facility Contacts" hyperlink

- Scroll to the bottom of the "View Agency/Facility" page and select "Edit Facility Contacts"



Scroll down to the very end of the page and select the Edit Facility Contacts hyperlink

Enterprise Mode Site List Setup for OMH Application

Enterprise Mode Site List Setup for OMH Applications (IT Department Use Only)

NIMRS, CAIRS and MHPD use an older technology that is not compatible with newer browsers. However, Microsoft Edge will support these applications if Internet Explorer Mode is turned on. Follow these steps to turn Internet Explorer Mode on via Microsoft Edge Enterprise Mode Site List settings. IT departments should follow internal procedures to update group policies.

Instructions:

1. Add **ONLY** the following URLs to the Enterprise Mode Site List: <https://nimrsweb.omh.ny.gov/>, <https://mhprovider.omh.ny.gov/cairs3/>, <https://mhpdp.omh.ny.gov/>. Any other URL variations should be removed.

2. Below is the XML code to add to the Enterprise Mode Site List.

```
<site url=https://nimrsweb.omh.ny.gov/>
<compat-mode>IE5</compat-mode>
<open-in> IE11 </open-in>
</site>
```

```
<site url=https://mhprovider.omh.ny.gov/cairs3>
<compat-mode>IE5</compat-mode>
<open-in> IE11 </open-in>
</site>
```

```
<site url=https://mhpdp.omh.ny.gov/>
<compat-mode>IE5</compat-mode>
<open-in> IE11 </open-in>
</site>
```

Note: the Enterprise Mode Site List administrator may need to add a "redirect" flag for Internet Explorer Mode to turn on, **ONLY if this is the case** update the nimrsweb URL to:

```
<site url=https://nimrsweb.omh.ny.gov/>
<compat-mode>IE5</compat-mode>
<open-in allow-redirect="true"> IE11 </open-in> </site>
```

3. Add [\[*.\] omh.ny.gov](https://*.omh.ny.gov) to the Pop-up blocker allowable list

To confirm Enterprise Mode Site List settings were properly updated:

- A. Open Microsoft Edge and type in the URL field, "Edge://Compat" into the address bar. It should display all added URLs. (NIMRS example shown below)

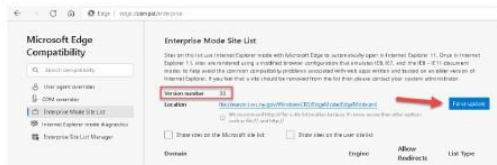


- B. Right-click on the Location URL and select "open in new window" option to Check if the "Compat-Mode" tag is properly set.



See XML codes in step 2 (above).

- C. Users may need to navigate to Edge://Compat and click the blue "Force Update" button to ensure the latest version of the Enterprise Mode Site List has been added. After clicking the Force update button, the Version Number increase should increase.



- D. Check the application after update and log into NIMRS, CAIRS or MHPD from Microsoft Edge. Confirm that you see the Internet Explorer icon in the URL field.



E. Troubleshooting Notes:

- ***Only*** if login page keeps refreshing itself after adding credentials, please add this URL: <https://mhprovider.omh.ny.gov/> to the enterprise site list.
- If the user is still experiencing issues, please make sure to:
 - Delete their Manual Internet Explorer mode settings, as entered by following the manual method instructions.
 - Remove any other Manual IE mode URLs containing *mhprovider* **except for**:
 - <https://mhprovider.omh.ny.gov/> (if added)
 - <https://mhprovider.omh.ny.gov/cairs3/>