



Office of
Mental Health

FACILITY SURVEY

In MHPD with NY.GOV

FACILITY SURVEY in MHPD

PART I

Transitioning to NY.GOV for MHPD

PART II

Completing the Facility Survey

PART I

Transitioning to NY.GOV in MHPD

NY.gov for MHPD - Outline

- What is NY.GOV?
- How will the transition to NY.gov for MHPD occur?
- Choice of methods to register for NY.gov for MHPD:
 - Self registration
 - Registration for NY.gov by Security Manager
- Next steps

What is NY.gov?

- Provides secure access in one platform
- Establishes Identity Assurance Level 2 (AL2) in accordance with State and Federal policies
- Mandated for streamlining state government
- Used to report incidents to Justice Center
- Used to confirm employment in NYESS

Steps for Transition to NY.gov

- Starting April 8th, registration for NY.gov IDs begins, including establishing AL2.
- Continue using OMH IDs and Web salute for MHPD
- Starting July 1, log in with NY.gov ID at <https://my.ny.gov>

OMH Website - <http://www.omh.ny.gov>

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Information for Service Providers

This page provides links to information to assist mental health service providers.

- [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 2015 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 2015 survey timeframe and requirements for preparing for and obtaining access to the Web-based PCS application.
- [Patient Characteristics Survey \(PCS\) Portal](#) - The PCS provides a comprehensive one-week "snapshot" of the population served by New York State's public mental health system. View demographic, clinical, and service-related information for each person who receives a mental health service during the specified one-week period using the dynamic Portal Summary or Planning Reports.

- [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.

MHPD HOME

Mental Health Provider Data Exchange (MHPD) Home Page

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 use the ease of the Internet to verify or request changes to program information they are required to submit to the Office of Mental Health (OMH). This master provider directory 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 Review 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 \(SMS\)](#) 📎 (621kb)
- [Enroll in Training for General MHPD Use](#)
- [MHPD Restricted - User ID and Password Required](#)
- [Manuals](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [Definition of Terms](#)
- [Find a Mental Health Program In Your Community](#)

Contact us:

For help with Training Enrollment or accessing the MHPD application, please contact the OMH Helpdesk at 1-800-HELP-NYS (1-800-435-7697). Please [send feedback and recommendations](#) on the MHPD application and Training enrollment.

Comments or questions about the information on this page can be directed to the [Bureau of Data Infrastructure](#).



Self-Registration

- Log in to [Web Salute](#) as you typically do
- Choose “Register Now” to start the process



Starting July 1st, MHPD will be utilizing NY.Gov user IDs.

To register, please verify that your current email address is displayed below.

If it is correct, click "Register Now" button.

If it is not correct, click "Register Later" button and then contact your Security Manager to update your email address in SMS.

Email Address mhp_d_p2222@omh.state.ny.us

Register Now

Register Later

Self-Registration – Step 2

- Edit data imported from SMS, if necessary
- Complete fields to enable AL2 authentication



Please complete the form below to create your NY.GOV user account.

Username		* Denotes required field	
Email Address	mhpd_p2222@omh.state.ny.us		
First Name *	Provider	Middle Initial	<input type="checkbox"/>
Last Name *	2222		
Gender	Male	Date Of Birth *	1/1/2001 (MM/DD/YYYY)
Address Line 1 *	<input type="text"/>		
Address Line 2	<input type="text"/>		
City *			State * Select One
Postal Code *			Country * Select One
Phone Number	(123) 456-7890	Ext.	<input type="text"/>

Please enter the information below. (Note: This NYS DMV Client ID Number, NYS DMV License Document Number, and SSN are not stored in NY.GOV. There are only used to validate your identity.) If you do not have a DMV Client ID, Drivers License or an SSN, please make arrangements with your Security Manager to help you validate your account.

NYS DMV Client ID	<input type="text"/>	What is this?
NYS DMV Drivers License Document Number *	<input type="text"/>	
Last four digits of SSN *	<input type="text"/>	
Zip code on license *	<input type="text"/>	
<input type="button" value="Submit"/> <input type="button" value="Cancel/Register Later"/>		

Self – Registration Completed



Congratulations. You have been granted Assurance Level 2 (AL2) access to MHPD with your NY.gov User ID istcfwm. AL2 access will enable you to log in to MHPD at <https://my.ny.gov> starting July 1st. On that date, unless you access other applications through NY.gov, obtain your password the first time you log in by selecting the 'Forgot your Username or Password?' option on the <https://my.ny.gov> main portal page.

Until July 1st, please continue to log in to MHPD via Web salute (<https://mhprovider.omh.ny.gov/websalute/>), using your OMH User ID (istcfwm) and password.

[Continue To Application](#)



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Registration by Security Manager in SMS

Edit User

User Information:

User ID: L222EKC

Name: * First Name: Ellen M.I.: M * Last Name: Securitymanager

Date of Birth: 05/18/1980 Gender: Male

Title: Director Of Operations For A Test Facility

* Email: mhpd@omh.ny.gov

* Work Phone #: (518) 555-1212 Ext.:

* Agency: Test Facility (for user manual)

SecurID® Token: Not assigned

Assurance Level 2: No

Last Updated By: Ellen M. Securitymanager on 03/23/2015 02:51:07 PM

[New User](#) [Update](#) [Deactivate](#) [Reset Password](#) [Users](#) [Set Assurance Level](#)

Registration in SMS – Step 2

Identity Assurance Level 2 Account Information

In compliance with the E-Authentication Guidance for Federal Agencies and NIST 800-63 Recommendation for Electronic Authentication, access to this resource will require you to establish what is known as an Assurance Level 2 account. The collection of the personal data used to establish this account is in accordance with the Public Officers Law Article 6-A Personal Privacy Protection Law. The personal information collected will be used solely to verify the user is who (s)he claims to be and will not be stored once this process is completed. If further assistance is needed, a list of Agency Assistance Contact Information can be found at: [Agency Contact Help](#)

The list of user(s) shown below are from NY Gov Repository searched using user's Email ID. Please click on the list to select a user.

If the user has an existing NY Gov User ID, please enter it in the box below to search in NY Gov Repository.

NY Gov User ID:

Assurance Level 2 account type:

* Identity Source:

* Identity Source 1:

* Identity Source 2:

[A]U.S.Passport, with photograph and name

[A]US Driver's License with photograph and name

[A]US Federal,NY State ID card with photograph

[B]Alien Registration Card with photograph

[B]Driver's Lic issued by Canadian Govt

[B]Military dependent ID Card

[B]Native American Tribal Document

[B]Social Security Card

[B]Unexpired Employment Card(INS I-688A)

[B]Unexpired Employment Document(INS I-688B)

[B]Unexpired foreign passport with I-551/I-94

[B]Unexpired Reentry Permit(INS I-327)

[B]Unexpired Refugee Travel Document(INS I-571)

[B]Unexpired Temporary Resident Card(INS I-688)

[B]US Coast Guard Merchant Mariner Card

[B]Voter's Registration Card

[C]Any ID with name which can be verified

Identity verification sources:

Source 1 and [C]

By completing this request, you are certifying that you have independently verified that the applicant is whom he or she claims to be using current government photo ID containing either address or nationality of record.

Use SMS or Self-Register?

- Use SMS to:
 - Give access to apps for new users
 - Set AL2 for people who don't drive or have licenses from other states
 - correct email addresses
 - Perform in-person validation
- Self-registering reduces the workload for the Security Manager.
- Self-registering for NY.gov is only for MHPD.

Transition to NY.gov for MHPD - Summary

- April 8th, registration for NY.gov IDs begins, including establishing AL2.
- Methods to register for NY.GOV ID
 - 1) Self-Registration
 - 2) Registration by Security Manager
- Starting July 1, log in with NY.gov ID at <https://my.ny.gov>

Next Steps

- Continue using OMH IDs and Web salute for MHPD through June
- A reminder email will be sent to all NY.gov IDs in mid-June
 - *You have been granted AL2 access to MHPD with your NY.gov User ID abcdefg. AL2 access will enable you to log in to NY.gov (<https://my.ny.gov>) **starting July 1st**. Unless you access other applications through NY.gov, obtain your password the first time you log in by selecting the “Forgot your Username or Password?” option that page.*

PART II

Completing the Facility Survey

FACILITY SURVEY – Discussion Points

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

OMH Website - <http://www.omh.ny.gov>

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The purpose...

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

When you log in to MHPD...

Verify Contact Information

Contact Information for Provider 2222

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 Name	Email Address	Phone #
Sample Tester	tester@omh.ny.gov	(xxx) xxx-xxxx

Contact Information:

User Id: MHPD_P2222
 User Name: Provider 2222
 Title: Title
 Email Address: mhpd_p2222@omh.state.ny.us
 Phone #: (123) 456-7890 x ____

Director's Information:

If your director's name or contact information is incorrect, please ask your MHPD Administrator to correct this information.

Name:	Title:	First Name:	Last Name:	Degree:
Mr.		John	Doe	
Phone:	(123) 555-1000	x ____		
Email Address:				

[Yes](#)
[No](#)

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

Click yes to confirm.



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Getting to the Facility Survey

NEW YORK STATE OF OPPORTUNITY | Office of Mental Health

Mental Health Provider Data Exchange (MHPD) Tuesday, March 17, 2015

User: Provider 2222

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Surveys

Survey Name	Survey Type	Start Date	Due Date	
Case Management Annual Survey - 2014	Case Management Annual Survey	01/02/2015	03/17/2015	
Facility Survey - 2015	For Patient Characteristics Survey	01/02/2015	04/29/2015	
Total Unique Individuals Served Q4 2014	Total Unique Individuals Served	01/01/2015	01/31/2015	
Total Unique Individuals Served Q3 2014	Total Unique Individuals Served	09/01/2014	10/31/2014	
Total Unique Individuals Served Q2 2014	Total Unique Individuals Served	05/01/2014	07/31/2014	
Case Management Annual Survey - 2013	Case Management Annual Survey	01/06/2014	03/17/2014	
Facility Survey - 2013	For Patient Characteristics Survey	04/02/2013	04/29/2013	
Case Management Annual Survey - 2012	Case Management Annual Survey	10/01/2012	03/16/2013	
Case Management Annual Survey - 2011	Case Management Annual Survey	10/01/2011	03/16/2012	
Case Management Annual Survey - 2010	Case Management Annual Survey	01/01/2011	03/17/2011	
Case Management Annual Survey - 2009	Case Management Annual Survey	01/01/2010	03/17/2010	
Case Management Annual Survey - 2008	Case Management Annual Survey	01/01/2009	03/15/2009	

Click the Survey tab in the menu to get to this page.

Then select the pencil icon for the Facility Survey

Facility Survey

Facility Survey - 2015 [Due Date: 04/29/2015]

Filter Criteria

Facility Code: Facility Name:

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 12	No Activity	

Status bar indicates completion of Facility Survey.

Click the pencil icon to proceed into the survey.

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.

Direct Services are 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.



Facility Information

Facility Survey - 2015 [Due Date: 04/29/2015]

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

Response: Correct

Completed: 12 of 12



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: executive.director@email.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

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



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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



Facility Information

Facility Survey - 2015 [Due Date: 04/29/2015]

Facility: [2222] - Test Facility (for user manual) Response: Correct Completed: 12 of 12

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: executive.director@email.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
Last updated by: The facility information is correct and all programs are listed
I submitted a change request and/or 'add new' program requests



Edit Facility Information

Facility or Director's Information

- **Note:** In order to edit Facility 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.

Correcting Facility Information

Edit Agency/Facility

Agency: [20202] - Test Facility (for user manual)

Submit Change Request

Close Without Submitting
Fields prefixed with * are required.

Agency Information:

Web Site: www.mhpd.testing.com

Web Site:

Chairperson of the Board:

	Title:	First Name:	Last Name:	Degree:
Name:	Dr.	Susan	Brown	M.D.
Position:	Board Chair			
Address:	123 Main Street			
City, State Zip:	Albany	NY	12209-1010	
Phone:	(123) 555-1000	x	_____	

Name:

Position:

Address:

City, State Zip:

Make corrections 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 each of your program units offering direct services is listed below. If any are missing, please click the 'Add Program' icon below.

Response:

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

Facility and Director's
Information

Unlicensed Program

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

Survey Response:

Response: AA PAR

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

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.

PCS Coordinator

The PCS Coordinator should be someone who knows about your Facility, and about completing PCS, as that person 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
	Tester, Test	123test@yahoo.com	(123) 456-7890

[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:

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.

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.

Facility Contact Page – top half

New Facility Contact

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

Facility Contact Information:

	Title:	*First Name:	M. I.:	*Last Name:
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position:	<input type="text"/>			
*Email:	<input type="text"/>			
Phone number is generally not required. However, when requested you must enter the phone number.				
*Phone:	<input type="text"/>	x	<input type="text"/>	
Fax:	<input type="text"/>			
Enter address only if different from Facility's address. If entering a different address, please enter the complete address.				
*Address:	<input type="text"/>			
	<input type="text"/>			
P. O. Box:	<input type="text"/>			
*City, State Zip:	<input type="text"/>	NY	<input type="text"/>	<input type="text"/>

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

Facility Contact Page – bottom half

***Contact Types: (Check at least one or more)**

Contact Types:

Contact Type	<input type="checkbox"/>
Adult Services	<input type="checkbox"/>
Care Coordination	<input type="checkbox"/>
Children's Services	<input type="checkbox"/>
Clinic	<input type="checkbox"/>
Fiscal Contact	<input type="checkbox"/>
Health Alerts	<input type="checkbox"/>
Housing	<input type="checkbox"/>
Information	<input type="checkbox"/>
Inpatient	<input type="checkbox"/>
Justice Center	<input type="checkbox"/>
NIMRS	<input type="checkbox"/>
PCS Coordinator	<input checked="" type="checkbox"/>
PROS	<input type="checkbox"/>
Quality Improvement	<input type="checkbox"/>
Recipient Run Services	<input type="checkbox"/>

[Update Facility Contact](#)

[Delete Facility Contact](#)

[New Facility Contact](#)

Return

Fields prefixed with * are required.

Click update facility contact in the gold box and then click return.

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

Unlicensed Programs

Program Type: [1760] - Advocacy/Support Services

Program: [009] - Advocacy (test whether added to PCS) Response: Correct [Submit Survey Return](#)

Program/Main Site Information:

*Program Name: Advocacy (test whether added to PCS)
 *Program Type: [1760] - Advocacy/Support Services
 *Address: 123 main street

P. O. Box:

*City, State Zip: CO SPRING NY 12345-____
 *County: Albany

*Direct Services: [?]
 Our records indicate that this program DOES provide direct services [?].
 If this is NOT the case, then please click this ---->  <----, 'Edit' icon, to submit an 'Edit Site' change request. Describe the services provided by the program in the 'Requestor's Comments' box prior to submitting the 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:

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

Direct Service “Edit Site” change request

Change Request to Close Program

Edit Program

Agency: [20202] - Test Facility (for user manual)

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

Program: [003] - Blended Case Management

CFR Site ID #: [2222003]

Program Information:

Program Type: [0820] - Blended Case Management

*Program Status:

Open Date:

Close Date:

Person:

Date of Field Office Contact:

Requestor's Comments:

[Submit Change Request](#)
[Close Without Submitting](#)
 Fields prefixed with * are required.

- Change Program Status to closed
- Enter a Close Date that reflects the actual date of the program's closure
- Explain the closure briefly in requestor's Comments

Change Request Confirmation

Message from webpage 

 This request [CR#908] has been submitted to an MHPD Administrator who will review it.

You will receive an email confirming your change request as well as a subsequent email notification that the request has either been approved or denied by the Administrator.

Return to the Directory Search page to search and submit additional requests.

Make a note of this number, to enter in Survey Response Box

After Submitting Change Request...

Survey Response:

Response:

I submitted a request to close this program

CR# of Change Request:

Last updated by:

Provider 2222 on 03/18/2015 09:54 AM

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.

Licensed Programs and Sites

Program: [008] - * ACME Mohawk Clinic Response: Completed: 0 of 3 A* PAR

Program/Main Site Information:

*Program Name: ACME Mohawk Clinic
 *Program Type: [2100] - Clinic Treatment
 *Address: 500 North Main St.

P. O. Box:
 *City, State Zip: Mohawk NY 12345-____
 *County: Oneida
 *Direct Services: [?] By definition, this program provides direct services [?].

Survey Response:

Response: A* PAR
 Last updated by:

Site: [1001] - * ACME Mohawk Satellite 1 Response: A* PAR

Site Information:

*Site Name: ACME Mohawk Satellite 1
 *Address: 510 North Main St.

*City, State Zip: Mohawk NY 12345-____
 *County: Oneida

Survey Response:

Response: A* PAR
 Last updated by:

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: [008] - * ACME Mohawk Clinic Response: Completed: 2 of 3 A: PAR

Program/Main Site Information:

*Program Name: ACME Mohawk Clinic
*Program Type: [2100] - Clinic Treatment
*Address: 500 North Main St.
P. O. Box:

Please select a response before you submit the survey. ✖

*City, State Zip:
*County: Oneida

Survey Response:

Response: A: PAR
Last updated by:

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

Successfully Finished!

NEW YORK STATE OF OPPORTUNITY | Office of Mental Health

Mental Health Provider Data Exchange (MHPD)

Tuesday, March 17, 2015

User: Provider 2222

[Directory Search](#) | [My Change Requests](#) | [Administrative Actions](#) | [EZ PARs](#) | [Surveys](#) | [Reports](#) | [Help](#) | [About](#) | [Logout](#)

Facility Survey - 2015 [Due Date: 04/29/2015]

Filter Criteria

Facility Code: Facility Name: [Filter](#)

Survey Status: No Activity Partially Complete Complete

COMPLETED					
Facility	Facility Information?	PCS Coordinator?	Program/Sites	Survey Status	Last Updated
[2222] - Test Facility (for user manual)	Yes	Yes	12 of 12	Complete	03/17/2015

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

Reference documents

SMS Home Page and Reference Manual (<http://www.omh.ny.gov/omhweb/sms/>)

MHPD Home page with Basic User Manual and Facility Survey Manual (<http://www.omh.ny.gov/omhweb/mhpd/>)

NY.gov Web address for log in to MHPD after July 1st (<https://my.ny.gov/>)