



**Office of
Mental Health**

FACILITY SURVEY

In MHPD

**Office of Population Health and Evaluation
New York State Office of Mental Health
March 2025**

Before We Begin

- **Questions?** Send them to our dedicated mailbox MHPD@omh.ny.gov
- **Training Materials:**
 - A copy of today's training slides and the FAQ will be posted on the MHPD homepage <https://omh.ny.gov/omhweb/mhpd/>
 - The FAQ page will be updated periodically with answers to your inquiries.

Facility Survey in (MHPD) vs. Patient Characteristics Survey (PCS): Key Differences

Feature	Facility Survey (MHPD)	Patient Characteristics Survey (PCS)
Purpose	Enables facilities to update and maintain accurate information for all facility, program, site, and contact details	The PCS is conducted every two years, and collects demographic, clinical, and service-related information for each person who receives a public mental health service during a specified one-week period.
Survey Location	MHPD homepage https://omh.ny.gov/omhweb/mhpd/	PCS homepage https://omh.ny.gov/omhweb/pcs/submissions/
Timeline	April 1 to April 30	October 20 – November 27
Survey Completed By	All Facilities that receive OMH funding and is recorded within the Mental Health Provider Directory (MHPD) system.	All Facilities in New York that receive OMH funding or have OMH licensed programs and provide direct services.
Access	Contact your Security Manager – MHPD Provider Admin or User	Contact your Security Manager – PCS Supervisor or Submitter

Calendar of Events for Patient Characteristics Survey (PCS) 2025

Date	Activity
March 25 & March 27	Webinar trainings for Facility Survey.
April 1 – April 30	Each facility will complete the “Facility Survey” tab in the web-based Mental Health Provider Directory (MHPD).
Mid-August	Webinar trainings for Patient Characteristics Survey (PCS) Module in the Security Management System (SMS)
August 11 – September 18	Each facility’s Security Manager will grant its staff access to the web-based Patient Characteristics Survey (PCS) using the Security Management System (SMS).
Mid-September	Webinar trainings for PCS.
September 17 – October 1	A PCS Practice Platform will be available to staff who have been granted access to the PCS by their Security Manager. (Practice data will be deleted prior to the actual PCS start date of October 20th.)
October 20 – October 26	The PCS week (report clients served during this week)
October 20 – November 27	Each Mental Health provider will report data for the clients it served during the PCS week
November 28 – December 10	Delinquent providers will be contacted by OMH Central and Field Offices
December 10	Last day that the PCS application is open for data entry, edit, file upload, data import, lock units or request waivers for programs.
June 1	Final reports will be available.

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

The purpose...

- The Facility Survey allows your facility to update all facility, program, site, and contact information in MHPD in preparation for the Patient Characteristics Survey (PCS).
- Your facility designates a PCS Coordinator, who is the point person between your facility and OMH during the PCS process.
- Updating MHPD also helps keep OMH informed of your programs and of the necessary contact information that allows us to get important information to you.

How to Access the MHPD homepage

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



Very Useful Links

Information for Providers

Resources & Tools:

[Mental Health Provider Data Exchange \(MHPD\)](#)

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

Patient Characteristics Survey (PCS)

[PCS Data Collection](#)

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

Security Management

[Security Management System \(SMS\)](#)

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

MHPD HOME PAGE

Mental Health Provider Data Exchange (MHPD)

DESCRIPTION

The Mental Health Provider Data Exchange (MHPD) is an online master provider directory of the New York State public mental health system. It offers accurate and up-to-date information.

Local mental health authorities and providers can use the MHPD to verify or request changes to program information required by OMH. Local mental health authorities can use the MHPD to review access to services across their counties and regions.

REVIEW PROCESS

Who is part of the Review Process:

Program Administrators at:

- OMH Central Office
- OMH Field Offices
- local mental health authorities

Each request prompts the MHPD to send notification to requestor and other key parties. The key parties are able to correspond with each other within the MHPD application.

Next Steps:

When an administrator approves or denies a request, MHPD sends a notice to each of the parties. If a request is denied, the facility may resubmit it with more information for further review.

Using MHPD, facilities can assign a Primary Facility Contact to receive notifications.

RESOURCES

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

Comments or questions about the information on this page can be directed to the [Surveillance & Surveys Unit](#).

Running MHPD in MS Edge

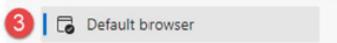
MHPD is only compatible with Internet Explorer (IE) Browser!

Allow IE Mode Settings

- A. Open Microsoft Edge and click on the 3 dots in the upper right-hand corner and in the menu click *Settings*.



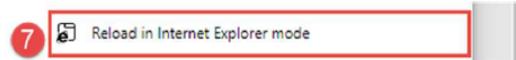
- B. Click on *Default browser* in the left side menu and change the “Allow sites to be reloaded in Internet Explorer mode” dropdown to *Allow*.
- Note: If *Default Browser* and/or the *Allow* drop down are not available/disabled, you will need to reach out to your agency’s IT department to enable it.
 - Click the blue **Restart** button for the settings to take effect. This button will not appear until the drop down is changed to *Allow*.



Running MHPD in MS Edge

Reload in Internet Explorer mode

- C. To access, NIMRS, CAIRS or MHPD open a Microsoft Edge and visit <https://mhprovider.omh.ny.gov/websalute/legal.asp>
- D. Click on the 3 dots in the upper right-hand corner, then click **Reload in Internet Explorer Mode**.



When you log in to MHPD...

Verify Contact Information

Contact Information for Provider Administrator

Yes

No

NOTE:

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

The following are Security Managers at your facility:

Security Manager's Information:

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

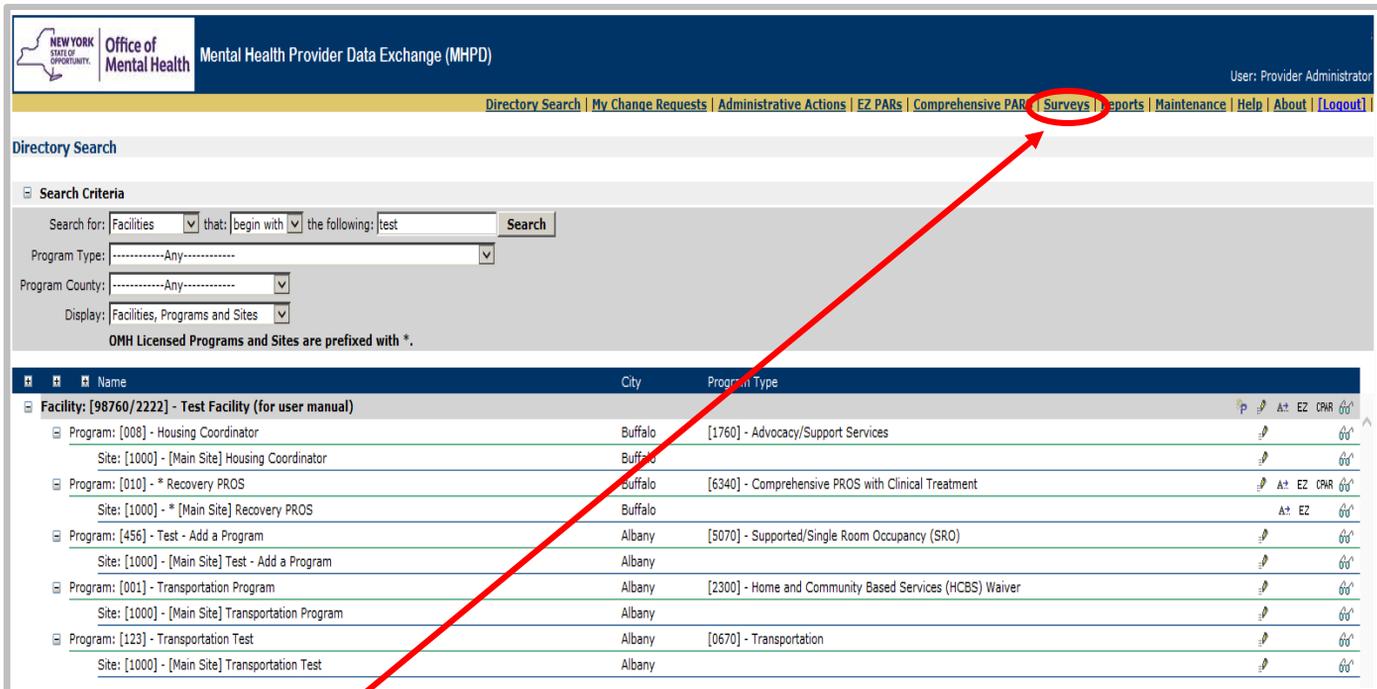
Contact Information:

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

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

Click Yes to move past the Verify Contact Information

Getting to the Facility Survey



NEW YORK STATE OF OPPORTUNITY | Office of Mental Health | Mental Health Provider Data Exchange (MHDP)

User: Provider Administrator

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

Directory Search

Search Criteria

Search for: Facilities that: begin with the following: test

Program Type: Any

Program County: Any

Display: Facilities, Programs and Sites

OMH Licensed Programs and Sites are prefixed with *.

Name	City	Program Type				
Facility: [98760/2222] - Test Facility (for user manual)						
Program: [008] - Housing Coordinator	Buffalo	[1760] - Advocacy/Support Services				
Site: [1000] - [Main Site] Housing Coordinator	Buffalo					
Program: [010] - * Recovery PROS	Buffalo	[6340] - Comprehensive PROS with Clinical Treatment				
Site: [1000] - * [Main Site] Recovery PROS	Buffalo					
Program: [456] - Test - Add a Program	Albany	[5070] - Supported/Single Room Occupancy (SRO)				
Site: [1000] - [Main Site] Test - Add a Program	Albany					
Program: [001] - Transportation Program	Albany	[2300] - Home and Community Based Services (HCBS) Waiver				
Site: [1000] - [Main Site] Transportation Program	Albany					
Program: [123] - Transportation Test	Albany	[0670] - Transportation				
Site: [1000] - [Main Site] Transportation Test	Albany					

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

Surveys Page



Mental Health Provider Data Exchange (MHPD)

Tuesday, March 18, 2025

User: Test

[System Auditing](#) | [Directory Search](#) | [My Change Requests](#) | [Administrative Actions](#) | [EZ PARS](#) | [Comprehensive PARS](#) | [Surveys](#) | [Reports](#) | [Maintenance](#) | [Help](#) | [About](#) | [Logout](#)

Surveys

Survey Name	Survey Type	Start Date	Due Date	
Facility Survey - 2025	For Patient Characteristics Survey	04/01/2025	04/30/2025	

Select the pencil icon
to access the Facility
Survey

Facility Survey

Facility Survey takes place **April 1st – 30th**

Facility Survey - 2025 [Due Date: 04/30/2025]

Filter Criteria

Facility Code: Facility Name:

Survey Status: No Activity Partially Complete
 Complete

Facility ▲

[2222] - Test Facility (for user manual)

COMPLETED

Facility Information?	PCS Coordinator?	Program/Sites	Survey Status	Last Updated
		0 of 4	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.

Definition of Direct Services ✕

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

Facility Information

Facility Survey - 2025 [Due Date: 04/30/2025]

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

Response:

Completed: 0 of 0



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 Jones

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

*Email: mjones@yahoo.com

Survey Response:

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

Response:

About the Facility Survey:

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

[Submit Survey](#)[Return](#)**Facility Information:**

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

Director's Information:

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

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

Response: 

Last updated by:

Security Manager's Information:

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

Directions for Updating Security Manager:

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

Facility Information

Facility Survey - 2025 [Due Date: 04/30/2025]

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

Response:

Completed: 0 of 0



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 Jones

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

*Email: mjones@yahoo.com

Survey Response:

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

Response:

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



Last updated by:

Click pencil to Edit Facility Information

Facility or Director's Information

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

Correcting Facility Information

Edit Agency/Facility

Submit Change Request
Close Without Submitting

Agency Information:
 Agency: [98760] - Test Agency (for user manual)

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

Facility Information:
 Facility Name: Test Facility (for user manual)
 Address: 123 Main Street
 P. O. Box:
 City, State Zip: Albany NY 12209-____
 County: Albany
 Phone: (123) 555-1000 x __240
 Fax: (123) 555-1001
 Last Updated: 10/17/2018 02:26 PM

Name changes for a facility require a request in writing with the submission of the amended certificate of incorporation to ODH. This is followed with a copy of the proof of filing with the Secretary of State.

***Facility Name:**
***Address:**
 P. O. Box:
***City, State Zip:**
***County:**
***Phone:** x
Fax:

Director:

Title:	First Name:	Last Name:	Degree:
Name: Mr.	John	Doe	AD
Position:	Acting Executive Director		
Phone:	(123) 555-1000 x ____		
Email:	executive.director@email.com		

Title:	*First Name:	*Last Name:	Degree:
*Name: Mr.	John	Doe	AD
Position:	Acting Executive Director		
*Phone:	(123) 555-1000 x ____		
*Email:	executive.director@email.com		
Information Email:	<input type="text"/>		

Make updates to Facility Information using a Change Request.

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

Survey Response Boxes

Survey Response:

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

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

Last updated by:

Facility and
Director's
Information

Unlicensed
Program

Survey Response:

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

Last updated by:

Survey Response:

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

Last updated by:

Licensed Site

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

PCS Coordinator

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

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

PCS Coordinator Information:

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

PCS Coordinators:

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

[View Facility Contacts](#)

Verify PCS Coordinator Information:

NOTE: If the PCS Coordinator information is not correct, please click the 'Edit' icon below to update it.

Response: 

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

- 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:

Position:

*Email:

Phone number is generally not required. However, when requested you must enter the phone number.

*Phone: () - - x

Off Hours Phone: () - - x

Fax: () - -

Enter address only if different from Facility's address. If entering a different address, please enter the complete address.

*Address:

P. O. Box:

*City, State Zip: NY

Add Facility Contact

[Return](#)

Fields prefixed with * are required.



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

NOTE:
Click Add Facility Contact when done.

Facility Contact Page – bottom half

Contact Type	
24/7 Incident Safety Check Contact	<input type="checkbox"/>
Adult Services	<input type="checkbox"/>
Bed Availability Survey	<input type="checkbox"/>
Care Coordination	<input type="checkbox"/>
Children's Services	<input type="checkbox"/>
Clinic	<input type="checkbox"/>
COVID-19 Vaccination	<input type="checkbox"/>
CPEP	<input type="checkbox"/>
Facility Incident Management E-mail	<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"/>
OMH Pre-Employment Checks (SEL, CBC, SCR)	<input type="checkbox"/>
PCS Coordinator	<input checked="" type="checkbox"/>
PROS	<input type="checkbox"/>
Quality Improvement	<input type="checkbox"/>
Recipient Run Services	<input type="checkbox"/>



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

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

Unlicensed Programs

Submit Survey
Return

Program/Site Listing:

Program Type: [1760] - Advocacy/Support Services

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

Program/Main Site Information:

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

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

Once submitted, complete the 'Survey Response' section below by selecting 'I submitted a change request' for the Response and entering the CR# in the box that appears.

Survey Response:

Response:
 Last updated by:

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: [010] - Advocacy for PCS Test xxx

CFR Site ID #: [2222010]

[Submit Change Request](#)
[Close Without Submitting](#)

Fields prefixed with * are required.

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

*Effective Open Date:

*Recipient Run: No

*Program Status: Open

Open Date: 08/05/2011

Close Date:

Requestor's Information:

Requestor's Name:

Requestor's Email:

Phone #:

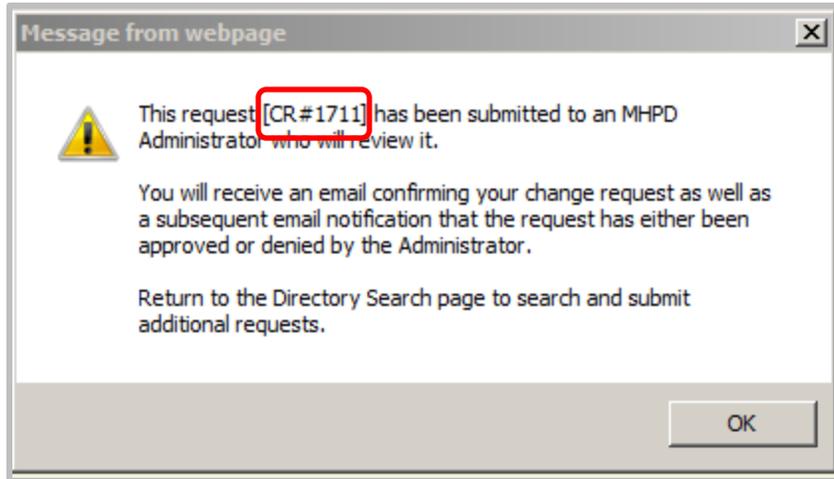
Field Office Contact Person:

Date of Field Office Contact:

Requestor's Comments:

- Click dropdown to Change Program Status to "Closed"
- Enter a close date that reflects the actual date of the program's closure
- Explain the reason for the closure briefly in requestor's comments

Change Request Confirmation



Make a note of the CR number to enter in the Survey Response Box

After Submitting Change Request...

Survey Response:

Response:

I submitted a request to close this program



CR# of Change Request:

1711

Last updated by:

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

Licensed Programs and Sites

Program: [008] - * ACME Mohawk Clinic5 Response: Correct Completed: 3 of 3
A+ PAR

Program/Main Site Information:

*Program Name: ACME Mohawk Clinic5

*Program Type: [2100] - Clinic Treatment

*Address: 500 North Main St. ABC

Submit Survey
[Return](#)

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: Correct
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/Main Site Information:

*Program Name:	Housing Coordinator	Submit Survey Return
*Program Type:	[1760] - Advocacy/Support Services	
*Address:	123 Main Street, 2nd Floor	
P. O. Box:		
*City, State Zip:	Buffalo NY 14201-____	
*County:	Erie	
*Direct Services: [?]	Our records indicate that this program DOES NOT provide direct services [?]. If this is NOT the case, then please click this ---->  <----, 'Edit' icon, to submit an	

Please select a response before you submit the survey. 

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

Survey Response:

Response:	<input type="text"/>
Last updated by:	

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

Successfully Finished!

The screenshot displays the MHPD web application interface. At the top left is the logo for the New York State Office of Mental Health. The main header reads "Mental Health Provider Data Exchange (MHPD)". A navigation menu includes links for "New Provider", "Directory Search", "My Change Requests", "Administrative Actions", "EZ PARs", "Comprehensive PARs", "Surveys", "Reports", "Maintenance", "Help", "About", and "[Logout]". The current page is titled "Facility Survey - 2025" with a red "Due Date: 04/30/2025".

Below the header is a "Filter Criteria" section with input fields for "Facility Code:" and "Facility Name:", and a "Filter" button. There are also radio buttons for "Survey Status" with options: "No Activity", "Partially Complete", and "Complete".

The main content area shows a table with a "COMPLETED" status bar above it. The table has columns for "Facility Information?", "PCS Coordinator?", "Program/Sites", "Survey Status", and "Last Updated". A red box highlights the "COMPLETED" status bar and the "Survey Status" column. A red circle highlights a pencil icon in the "Last Updated" column for the first row, which is "[2222] - Test Facility (for user manual)".

Facility	Facility Information?	PCS Coordinator?	Program/Sites	Survey Status	Last Updated
[2222] - Test Facility (for user manual)	Yes	Yes	4 of 4	Complete	

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:

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

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

PCS Home page (2025 Survey Form & Calendar Available)
<https://www.omh.ny.gov/omhweb/pcs/submissions/>